



# **MICHIGAN'S CONSOLIDATED CHILD AND FAMILY SERVICES PLAN**

2010-2014

JUNE 2009

## Table of Contents

I. Introduction .....	4
DHS Mission .....	4
DHS Vision .....	4
Michigan’s Child Welfare Mission .....	4
Organizational Structure .....	4
Child Welfare Demographics and Caseloads .....	7
II. Child Welfare Reform .....	8
DHS Settlement Agreement .....	8
Race Equity .....	9
Michigan’s Child Welfare Improvement Task Force.....	13
DHS’ Vision for Change.....	16
Assumptions .....	16
Guiding Principles.....	17
Tracking Global System Outcomes of Improvement.....	18
III. Case Practice Model .....	20
Structured Decision Making (SDM).....	20
Team Decision-Making (TDM).....	21
Caseworker Qualifications and Caseload Reduction .....	23
IV. Child Welfare Continuum of Care .....	26
Needs Assessment and Gap Analysis.....	27
V. Coordination with Other Federal Programs.....	29
Poverty Summit .....	29
Coordinated Service Delivery .....	30
Federal Financial Assistance (TANF): Family Resource Centers.....	32
Coordination between the Title IV-E and the Title IV-D Programs.....	34
Coordination with Fostering Connections and Increased Adoption Act of 2008 .....	34
Title IV-E Compliance .....	35
VI. Educational Collaboration .....	40
Early Childhood Investment Corporation (ECIC) .....	40
Before or After School Programs.....	41
VII. Coordination with Tribes: Office of Native American Affairs.....	43
VIII. Domestic Violence Shelter and Support Services.....	52
IX. Mental Health – National Federation Policy Academy .....	54
X. Prevention of Child Abuse and Neglect .....	55
Children’s Trust Fund of Michigan .....	55
XI. Staff Development and Training Plan .....	62
Child Welfare Training Institute (CWTI) .....	62
XII. Community-Based Services.....	74
Title IV-B (2) Promoting Safe and Stable Families (PSSF).....	76
Child Protection Community Partners (CP/CP) .....	80
Child Safety and Permanency Plan (CSPP) .....	81
Families First of Michigan (FFM) .....	82
Family Reunification Program (FRP) .....	84
Family Group Decision-Making (FGDM).....	85

XIII. Children’s Protective Services – CAPTA State Grant .....	86
XIV. Permanency .....	103
Foster Care.....	103
Health Care Services Plan.....	109
Permanency Division.....	129
The Permanency Planning Unit.....	129
Revision of Michigan Permanency Goals .....	136
Implementation of the Guardianship Assistance Program (GAP) .....	139
Adoption .....	139
Adoption Subsidy.....	147
Foster and Adoptive Parent Recruitment.....	148
XV. Quality Assurance .....	151
Children’s Services Continuous Quality Improvement Program .....	151
Additional DHS Quality Assurance .....	159
Office of Family Advocate.....	159
Office of the Children’s Ombudsman .....	160
The Bureau of Child and Adult Licensing.....	161
Michigan Foster Care Review Boards (FCRBs) .....	164
Purchased Services Division (PSD) Quality Assurance.....	165
XVI. DHS Data Management .....	170
XVII. Evaluation, Research and Technical Assistance .....	180
XVIII. Disaster Plans .....	182
XIX. Juvenile Justice Transfers .....	189
XX. Inter-Country Adoptions.....	191
XXI. Monthly Caseworker Visit Data.....	192
XXII. Interstate Compact on the Placement of Children .....	194

## **I. Introduction**

The State of Michigan, Department of Human Services (DHS), is the agency recognized by the Department of Health and Human Services (DHHS), Administration for Children and Families (ACF) as responsible for administering federal child welfare programs under titles IV-B, IV-E and XX of the Social Security Act. The state's child welfare program is state-supervised and administered. The DHS mission includes a commitment to ensure that children and youth served by our public systems are safe; to promote, improve and sustain a higher quality of life while enhancing their well-being; and to have permanent and stable family lives.

The DHS Children's Services Administration (CSA) is responsible for planning, directing and coordinating statewide child welfare programs, including social services provided directly by DHS via statewide local offices and services provided by private child-placing agencies (CPAs). Michigan has 83 counties served by 109 local DHS offices, including six child welfare specific offices, four in Wayne County, one in Oakland County, and one in Genesee County.

### **DHS Mission**

DHS assists children, families and vulnerable adults to be safe, stable and self-supporting.

### **DHS Vision**

DHS will:

- Reduce poverty.
- Help all children have a great start in life.
- Help our clients achieve their full potential.

### **Michigan's Child Welfare Mission**

The State of Michigan is committed to ensuring that economic, health and social services are available and accessible to vulnerable families, children and youth.

Services are designed to:

- Strengthen families and help parents create safe, nurturing environments for their children.
- Reduce child maltreatment, abandonment, neglect, preventable illness, delinquency, homelessness, and other risks to a child's development and well-being.
- Strengthen economic security, promote strong nurturing parenting, and improve access to health care and safe, secure housing.

### **Organizational Structure**

DHS has undergone a significant restructuring of child welfare services over the last year. True child welfare reform requires an emphasis in the field and the ability to monitor successful outcomes. DHS central office expanded its functions to provide

technical assistance and resources to the field, with a focus on quality assurance and data management.

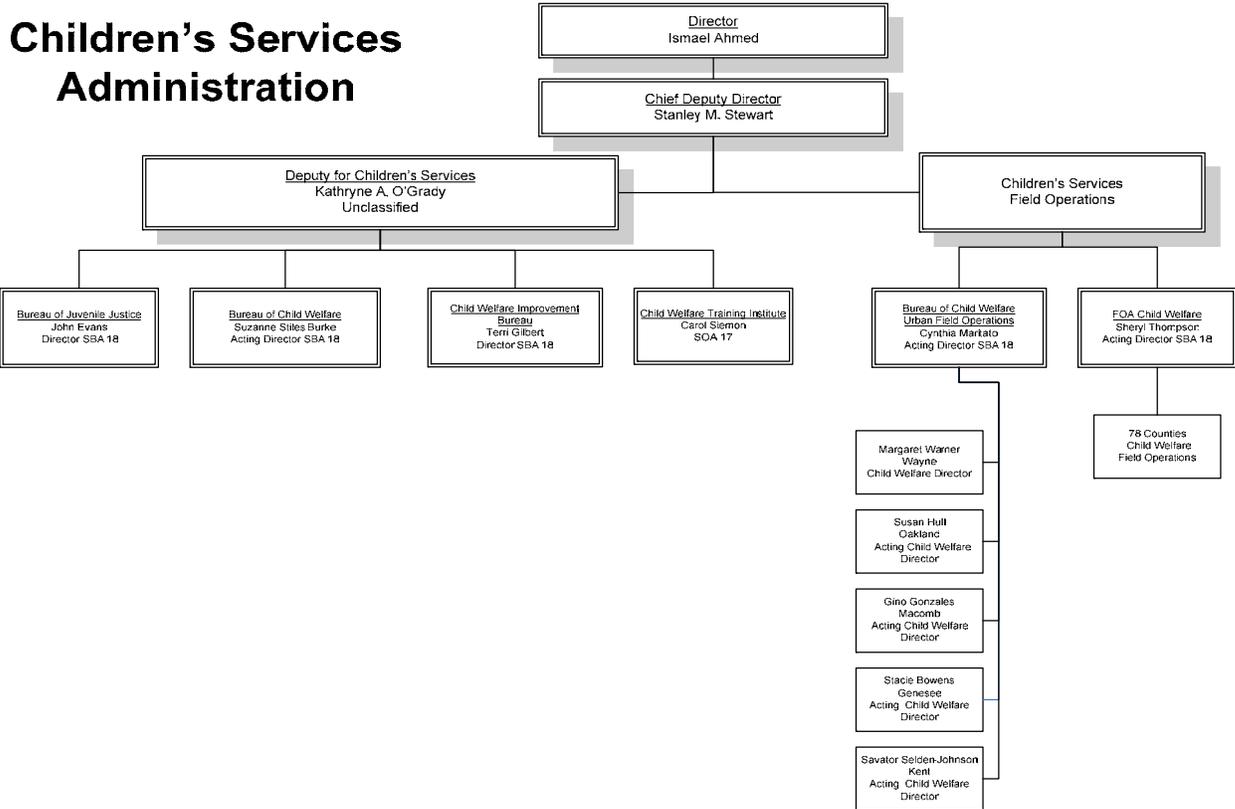
To align field and central operations, DHS created a new CSA including separate child welfare field operations in the five largest counties: Wayne, Oakland, Macomb, Kent, and Genesee, also known as the “Urban” counties. The former county director position was split into two separate positions, one who supervises the public assistance programs, and an equivalent level director who supervises all child welfare programs. This organizational change was made to heighten the Department’s ability to address the issues that affect the child welfare program operation in large urban counties. All five child welfare county directors were on board by November 2008. An Urban Field Operations (UFO) director supervises these five county directors. Under this new structure, there is also a Child Welfare Manager in the Field Operations Administration. This position is responsible for ensuring that policies and practices established by the CSA are followed in the other 78 counties and that the needs of these other counties are taken into account when CSA establishes policy and procedures. The UFO and the Children’s Welfare Manager report to the Deputy Director, Stanley Stewart, who reports to the DHS Director.

In central office, there are four bureaus within the CSA. The CSA bureaus are: Bureau of Juvenile Justice (BJJ), Bureau of Child Welfare, Child Welfare Improvement Bureau, and the Child Welfare Training Institute (CWTI). These four bureaus report to the CSA Deputy Director who also reports to the DHS Deputy Director. The CWTI was moved from field operations to the CSA; the BJJ is an existing bureau within Children’s Services. The CWIB is new and it includes the Federal Compliance Office, the Purchased Services Division and the newly created Quality Assurance and Data Management Units. The Bureau of Child Welfare includes Community Based Services and Children’s Protective Services (CPS), Foster Care, Youth Services, the Michigan Children’s Institute, Adoption and Guardianship, and Permanency policy offices.

Finally, to ensure regular communication, DHS established a Children’s Services Cabinet, headed by the CSA Director. The Cabinet is comprised of the bureau directors, the five child welfare urban directors and CSA administration with others invited as needed. The Cabinet meets regularly to ensure uniformity and efficiency in administering all child welfare programs, policies and practices.

The Bureau of Children and Adult Licensing (BCAL) is also located with DHS, but it is not a part of CSA. BCAL conducts onsite evaluations to determine compliance with state law and licensing rules, consults with child welfare organizations to improve the quality of service, and investigates complaints alleging administrative rule or statute violations. BCAL regulates child welfare agencies, foster homes, child development and care providers, juvenile court operated facilities, adult foster care facilities, homes for the aged, and camps for children or adults.

# DHS CSA and Field Operations Organizational Chart



The entire DHS organizational chart is located at:  
[http://www.michigan.gov/documents/DHS-Org-Chart\\_145051\\_7.pdf](http://www.michigan.gov/documents/DHS-Org-Chart_145051_7.pdf)

## Child Welfare Demographics and Caseloads

Michigan operates the seventh largest child welfare system in the country. As of December 22, 2008, DHS was responsible for the care and supervision of approximately 17,496 children. This number includes children who are supervised by private child placing agencies under contract with DHS. In 2006, there were about 2.6 million children in Michigan ages 0-19; the number of youth under the supervision of the DHS represents less than 1 percent (.7 percent) of the total state youth population. The number of children under DHS care and supervision has been in a downward trend from a peak of 19,214 in 2003, with the exception of 2007 in which an increase was noted.

In FY 2008, there were 124,716 CPS complaints made to DHS. Of these, DHS assigned 74,339 for an investigation (60 percent). Substantiated child victims of abuse and neglect numbered 29,227 (23 percent).

For foster care cases in Michigan among the current living arrangements:

- Thirty-seven percent of children in care are placed with relatives.
- Thirty-five percent are placed in foster homes.
- Eleven percent are supervised in their own homes under court jurisdiction.

DHS contracts with 56 private child placing agencies (CPAs) who provide case management services to thirty-seven percent of the children in out-of-home care; private agencies provide both foster care and adoption services. At this time, private CPAs complete most of the adoptions in Michigan. Nine agencies are contracted to provide supervised independent living (SIL) services. Many of these agencies provide multiple services.

As of September 30, 2008, of the roughly 1089 juvenile justice youth under DHS supervision, 845 are male and 244 female. Approximately 18 percent are placed in state-operated residential programs, 22 percent are placed with privately-operated residential programs contracted by the state, 54 percent are served in community-based programs, and the remaining six percent are assigned to miscellaneous placements such as jail or detention.

In Michigan:

- Thirty percent of the foster care caseload is in Wayne County.
- Fifty-nine (58.5) percent is in the five largest populated counties (the “Big Five”), including Wayne.
- Seventy-eight (77.8) percent is in the “Big 14” which also includes Berrien, Calhoun, Ingham, Jackson, Kalamazoo, Muskegon, Saginaw, St. Clair and Washtenaw, in addition to the Big Five.
- Twenty-two (22.2) percent is in the remainder of the state.

The Urban counties account for over half of all foster children in the system, and over three-quarters of the child welfare caseload is in the “Big 14”.

## **II. Child Welfare Reform**

Since Ismael Ahmed was appointed DHS director in September 2007, reforming the child welfare system has been one of his key priorities. Two significant events occurred since Director Ahmed's tenure began that have already had significant impact upon the way DHS provides services to child welfare clients.

- The first was the *Dwayne B. v. Granholm, et. al.* lawsuit, in which DHS reached an historic Settlement Agreement with Children's Rights, Inc. The Agreement builds upon reform efforts already underway and improves safety for children while providing stronger support for those who care for them.
- The second reform Director Ahmed initiated was the Child Welfare Improvement Task Force (CWITF), detailed later in this section.

Another significant reform effort includes DHS' examination of the over-representation of African American children and other children of color in the child welfare and juvenile justice systems. In March 2006, DHS released a major report, "Equity: Moving Toward Better Outcomes for All of Michigan's Children".

These efforts, coupled with the results of the state assessment prepared for our September 2009 CFSR, form Michigan's Child and Family Services Plan for FYs 2010-2014. The CFSP plan has been developed in consultation with DHS stakeholders and child welfare partners. The Governor's Task Force on Children's Justice is Michigan's standing and extended stakeholder groups for the CFSR and the CFSP.

### **DHS Settlement Agreement**

On July 3, 2008, Director Ahmed, on behalf of DHS, reached an out-of-court agreement with Children's Rights, Inc. Key components of the Agreement that impact child welfare staff and agencies in both DHS and its private sector partners include:

- Reduced caseload levels.
- Increased timelines and resources to achieve permanency including the development of data management reports and county plans.
- Increased capacity to license relative and non-relative providers.
- Establishment of a medical director position who will oversee the policies related to medication and medical services for children under DHS care.
- Increased education and training requirements for children's service specialists and managers.
- The creation of the new DHS Quality Assurance Unit and Data Management Unit (DMU) to evaluate and make recommendations for the improvement of child welfare policies, procedures, and services.
- An improved monitoring unit for purchase of service contracts and the implementation of performance-based contracting (PBC).

Kevin Ryan, the former state child welfare director of New Jersey, is acting as an independent court monitor in the Settlement Agreement. He and his team are assisting

and monitoring DHS in meeting or exceeding federal standards for child safety, permanency and well being.

The Settlement Agreement provides Michigan with a valuable opportunity to reform the existing child welfare system. For this to be successful, Michigan must streamline child welfare functions and recognize the interconnectedness of all programs and providers, communities and individuals in the achievement of this reform. DHS will collaborate with all of its child welfare partners and stakeholders to effect necessary changes.

Reform must involve a culture change within DHS and central to that change is the appropriate structure to promote child welfare alignment and focus between the field and central operations. DHS must focus on outcomes for children in the child welfare system to ensure that DHS is making a positive difference in their lives. By constantly measuring and evaluating progress, DHS will be able to deliver the highest quality care possible. Each person involved in this effort must understand the indelible mark their efforts make on the lives of the children and families.

Michigan's first year of reform focused on communicating the vision and outcomes for the achievement of the Agreement. DHS is developing strategic and tactical plans with input from a variety of stakeholders. Staff is reviewing baseline data and evaluating it for compliance; improvement efforts are being initiated and the general infrastructure of the child welfare system is being reconfigured and strengthened.

In the second year, DHS expects to see preliminary results of these efforts, including reducing children's length of stay, improving safety and well-being, and achieving lasting permanency. DHS will embark on developing new and innovative ways to identify and address gaps in service array to address currently unmet needs. Staff and management will also begin systematically to measure and evaluate services to ensure positive outcomes.

Finally, in subsequent years, DHS will continue to improve the outcome achievements of the child welfare system to positively affect children and families, as well as update its child welfare implementation plan and the Annual Progress and Services Report (APSR) based on program evaluation.

## **Race Equity**

### **Service Description**

To address racial equity effectively, DHS is committed to making systemic changes that will ensure all children, regardless of their race and/or ethnicity, receive protection from abuse and/or neglect. These changes include maintaining children safely in their homes. However, when children must be removed, they should be placed in an environment that is supportive of their physical, emotional and cultural needs in a holistic manner. Outlined below is an overview of Michigan's plan to address disproportionality in the coming five years.

The report resulting from Michigan's examination of race issues is entitled *Equity: Moving Toward Better Outcomes for All Michigan's Children - Report from the Advisory Committee on the Overrepresentation of Children of Color in Child Welfare (March 2006)*. The report clearly identified that at every decision point in the child welfare continuum, African American and Native American children and families are represented in numbers that exceed their relative proportion of the population. From the initial intake call, maltreatment substantiation, entry into out-of-home care, and length of stay data, African American and Native American children are over-represented. Though reasons underlying this data are multi-faceted (poverty, substance abuse, racial bias, etc.), the report illustrated that a child's race and ethnicity are strong predictors for their involvement with the child welfare system. For example, though African American children represent slightly less than 18 percent of all children in Michigan, more than half of the children in foster care are African American.

One of the recommendations from the *Equity* report focused on the need for Michigan to conduct an external review of its child welfare system. This review was intended to "help identify the strengths of current programs, policies, and procedures in addressing the needs of families of color, as well as to clarify specific changes needed to reduce over-representation." The broad scope of this review, which was provided by the CWTF, provided a unique opportunity to delve deeper into the problem of over-representation, and the lessons learned in Michigan can be broadly applied to other states and localities.

The findings and recommendations are as follows:

**1. Review the impact of all policies, programs and procedures on families and children of color.**

- Review SDM tools to assess their effect on families and children of color.
- Develop a workgroup to review policy and procedures to assess their effect on families and children of color.
- Redefine and/or clarify the purpose of TDMs, emphasizing their intended use and the focus being on family engagement and maintaining family strengths.
- Develop a community implementation plan and monitoring system to address recommendations from the external review in both Wayne and Saginaw counties.
- Conduct external reviews in various counties throughout the state.
- Gather data on racial disproportionality and disparities.
- Ensure hiring practices are bias free.
- Ensure staff is culturally competent and reflect the demographics of the county being served.
- Establish a policy on dual wards to guide the case management of youth who are being treated in both the maltreatment and delinquency components of the child welfare system.
- Explore how being involved in the child welfare system criminalizes "normal" youth behavior.

- Increase recruiting of Native American foster, kinship and guardianship homes and determine ways to meet the needs of child welfare and delinquent youth while preserving culture and heritage.

## **2. Ensure culturally proficient practice.**

- Conduct quality assurance reviews annually to assure the implementation of policy is consistent with expectations.
- Develop strategies to support local community based and nontraditional providers to ensure fairness and equity in contracting.
- Require contracted service providers to:
  - Demonstrate capacity to serve diverse populations.
  - Report on their outcomes by race and ethnicity.
  - Participate in consumer feedback.
  - Provide flexible hours.
- Develop and implement a procedure to monitor contracts to ensure families are receiving timely, effective and equitable services.
- Continue work with the Tribal State Partnership (described in Coordination with Tribes: Office of Native American Affairs on page 43).
- Create an internal work group composed of staff from various levels of DHS to monitor progress on increasing racial equity and the implementation of policy, procedure and/or practice changes.
- Establish performance standards and issue an annual report card on the outcomes for children and families, racial equity and the progress on the systemic shifts.

## **3. Engage families as partners.**

- Establish a broad coalition of child welfare professionals, community partners, parents, youths, and other relevant stakeholders to address disproportionality in policies, procedures and training.
- Advocate for and with children and families to ensure they are getting adequate legal representation and support from the judicial system.
- Engage the state historic Tribes, Indian organizations, the federal government and other community and state organizations to address the unique needs of Native American families.

## **4. Address families' basic needs and focus resources on the most vulnerable families.**

- Train child welfare workers on the culture of poverty and how to determine whether the family is neglectful or impoverished.
- Access the services being provided to families by DHS or through contracted agencies.
- Develop strategies to support local community based and nontraditional providers.
- Establish a broad coalition of child welfare professionals, community partners, parents, youths, and other relevant stakeholders to address the needs of the counties as they relate to children and families.

**5. Building community support for reducing disproportionality.**

- Educate professionals and community members about racial disproportionality and disparity in child welfare.
- Conduct site visits in various communities of color to learn about their encounters with the child welfare system.
- Use information learned in communities to guide changes in policy and/or procedures.
- Create and implement a community awareness campaign.

**6. Monitor DHS' progress in reducing disproportionality.**

- Develop, implement and monitor strategies for change.
- Create a group composed of representatives from both the public and private sectors to monitor progress on increasing racial equity and the implementation of policy, procedure and/or practice changes.
- Monitor the effectiveness of providers by race and ethnicity and work with them to improve their outcomes across the continuum of care.
- Use data to develop more responsive strategies for groups that are over-represented.
- Conduct quality assurance reviews to assure the implementation of policy is consistent with expectations and reduce practices that contribute to disproportionality.
- Monitor the use of TDMs with families of color to ensure the focus is maintained on family engagement and strengths.

**7. Ensure local accountability.**

- Issue an annual public report on progress towards reducing disproportionality.

**8. Training and workforce development.**

- Commit to training that achieves:
  - Cultural responsiveness.
  - Cultural competence.
  - Appropriateness.
  - Adherence to the Indian Child Welfare Act (ICWA).
  - Race equity.
- Provide training to agency and judicial leadership and key managers on disproportionality that includes DHS focus on:
  - Trends in service provision by race.
  - History of racism in child welfare.
  - Leadership role in addressing race equity issues.
  - Role of cross-system and community partnerships.
- Front-line supervisors and workers should be trained in cultural competence and race equity so that the principles of fairness are integrated into their daily practices.
- Educate child welfare professionals about cultural competence, racial disproportionality and disparities in child welfare.

- Create a workgroup including both private and public professionals, parents, kinship providers and youth to review training curricula, ensuring racial equity is being enforced.

### **Collaboration**

As part of DHS continuing efforts to reform child welfare, DHS will collaborate with the following: public and private child welfare professionals, national and local leaders addressing racial bias, public and private universities, birth parents, foster parents, relative caregivers, and youths.

**Goal:** Because the recommendations from the *Equity* report were incorporated into the CWITF recommendations, DHS will continue to track the disproportionality within the child welfare system through that effort. Reference Change Priority number 4 in the section below.

### **Michigan's Child Welfare Improvement Task Force**

In April of 2008, DHS Director Ismael Ahmed established the Michigan Child Welfare Improvement Task Force (CWITF), charged it to assess the state's policies and programs and recommend outcomes and actions that will drive future reforms. While several other committees and task forces have been created to examine parts of the state's child welfare system in the past several years, the CWITF was unique in the breadth of both its scope and its composition. Its task was to examine all parts of the state supported system, inclusive of policies and programs for youth and families at risk of or experiencing maltreatment, delinquency, and teen homelessness. The 85 members of the Task Force include state and local public officials and leaders from all sectors of the child welfare community, including 16 young adults with direct experience in the system. Their perspectives were complemented by a presentation from birth parents who were recipients of services from the system.

The Task Force's last meeting was conducted in March 2009, with a final report issued in April 2009. The CWITF change priorities, key actions, and proposed outcomes frame a strategic map for systemic reform of Michigan's child welfare system. The Task Force recommends clearly-stated goals to safely reduce the number of Michigan children in foster care, address the needs of seriously emotionally disturbed children in juvenile justice residential care, and address the disproportionately high rate of African American and Native American children in out-of-home care. The CWITF recommendations also acknowledge the reforms included in the Agreement. Timely implementation of the Agreement is essential to the protection of children.

As noted in the Task Force's final report, global factors in Michigan's current child welfare system include:

#### **Increase in confirmed abuse and neglect investigations**

Child welfare caseloads have increased due to the deteriorating conditions of many children and reduced resources for public and private human services. According to DHS data generated for the Task Force, the total number of CPS investigations

assigned by the department increased between 2000 and 2008 by 7 percent. Assigned investigations went from 69,400 to 74,439 during this time and the total number of confirmed CPS investigations increased by 13 percent, from 15,210 in 2000 to 17,460 in 2008 (Reference Children's Protective Services – CAPTA State Grant section).

### **Insufficient resources for prevention and transitional services**

Upon review of historical data generated by DHS, the Task Force also found that the Michigan Legislature has consistently appropriated an insufficient level of funding for preventive, early intervention, and transitional services for children, youth, and families who come into contact with the child welfare system. While the state is experiencing growth in new child welfare cases and a backlog of existing cases, twelve-month enrollments in the Families First of Michigan program have declined by 25 percent between 2000 and 2007 based on the flat funding appropriated by the state legislature. The CWITF also identified geographic difference in services provision. Most services are contracted at the local level, funded with state dollars. With large geographic areas to cover and no funding increase, agencies have to provide services to fewer clients.

Many young adult members of the task force indicated that sufficient services are not being provided as they age out of the child welfare system. This is a critical period of transition that has tremendous impact on their social, educational and professional outcomes. In order to address these problems, Michigan is expanding its Michigan Youth Opportunities Initiative (MYOI) (Additional information is contained in the Chafee Foster Care Independence Program section).

### **Growing numbers of children in the child welfare system**

On average, children spend 15 months under the jurisdiction of Michigan's child welfare system. As a result, Michigan is experiencing a problematically high rate of children and youth in foster care who are awaiting adoption or other permanency services. The average length of stay for children in the child welfare system has steadily decreased between 2004 and 2007. While this trend appears to be moving in the right direction, it only accounts for cases that were closed and does not include cases that remain open in the system. In 2004, DHS investigations resulted in 6,952 new foster care entries. Of these cases, 18 percent were closed within the first 12 months of services, 61 percent were closed between one and three years, and 11 percent were closed between three to five years. Another 10 percent (696) of these cases still remained open as of April 2009. These data indicate that a large number of youth remain in the system after several years and are not attaining permanency outcomes in a timely manner.

Moreover, the Foster Care Review Board's 2007 Annual Report indicates that the local courts also play a role in the unsatisfactory permanency and reunification outcomes. There are four court-related issues that need attention:

- Absence of consistent judicial leadership.
- Inefficient administrative processes.
- Lack of mandatory jurist training and experience.
- Inconsistent local court/agency collaboration and cooperation.

Reference the Court Improvement Project and the Permanency sections for additional information.

### **Michigan's building blocks**

Despite these significant challenges, there is much to build on within Michigan's child welfare system. The engagement of citizens and their extensive contribution of time, energy and talent to the Task Force is a measure of broad community commitment to meeting the needs of the most vulnerable children and families. Michigan has a history of demonstrated leadership and a capacity for system improvement. Some jurisdictions have instituted parent-advocacy programs to assist parents in working with the child welfare system. Model courts expedite permanency decision making and local collaboratives improve integration of services across systems. Additionally, there are programs such as the Michigan Youth Opportunity Initiative (MYOI) that support young people who are aging out of the foster care system.

The state recently participated in a pioneering qualitative study of racial equity issues and has received a set of recommendations, authored by the Michigan Advisory Committee on the Over-representation of Children of Color in Child Welfare. A focus on racial equity will be critical to achieving the proposed systems outcomes for this effort.

### **CWTF Recommendations**

The CWTF made the following recommendations in their final report:

**Change Priority #1:** Create a seamless array of services that meets the full needs of children and families in a respectful way, with emphasis on prevention and early intervention.

**Change Priority #2:** Planning and provision of service should be guided by a timely comprehensive screening and assessment of the child and family and their needs.

**Change Priority #3:** Secure greater funding and use it more flexibly to achieve the structural system and service reforms.

**Change Priority #4:** Racial, gender and cultural equity must become a priority for the child welfare system.

**Change Priority #5:** Engage and empower consumers, children and youth, birth and adoptive parents, families, Tribes and Tribal organizations to ensure their involvement and voice as decision makers and respected partners in case planning, program/policy development, service delivery and systemic change efforts.

**Change Priority #6:** Foster a seamless approach to service delivery through cross systems collaboration and community partnerships to improve the conditions of vulnerable children and families.

**Change Priority #7:** Improve the strategic use of data collection, analysis and reporting to improve performance of the system as measured by outcomes for families and children.

**Change Priority #8:** Provide opportunities for training and workforce development to ensure that judicial officers and public/private providers have adequate skills and competencies to serve effectively the needs of children, youths and families.

## **DHS' Vision for Change**

The recommendations of the CWITF are intended to improve the outcomes for children and youth, and to restructure services for children and their families.

First and foremost, the intention is to create networks of supportive, preventive and early intervention services at the community level, allowing families to resolve problems without disrupting relationships unless absolutely necessary to protect the safety of the child. This will require a shift in funding strategies so that investments are made in less intrusive services. As community-based services are developed, the reliance on out-of-home placement must diminish and be restricted to those children who cannot be safely cared for in their own homes or who need specialized treatment.

The provision of services should be tailored to the individual needs of children, youths and families within the context of community and culture. This will require the ability to make accurate assessments that lead to individualized family service plans driven by needs rather than resources. The service array must be developed based on needs and the most effective models available. Focused effort must be directed at integrating service systems through shared goals, collaborative planning, and community partnerships. Out-of-home placements, when necessary, should be close to family and community and be focused on specific treatment or developmental goals.

Permanency services -- including reunification, adoption, and guardianship -- should start from the day of placement. This reform strategy will allow children and families to have their needs met in their own communities, minimize disruption to critical relationships, and promote their long-term well-being.

## **Assumptions**

- When children are separated from their families and familiar environments, they experience trauma.
- All services must be guided by knowledge and understanding of the developmental needs of children, youth and their families. They must recognize that childhood is a short period of time and interventions must be provided consistent with a child's sense of time. All children and youth are in their formative years and are entitled to safe, nurturing environments and high-quality, developmentally appropriate services. Children experience the least trauma when such environments can be provided by parents and other relatives.
- Services should be provided in the homes and communities whenever safe and appropriate. This requires the development, expansion, and coordination of a continuum of prevention, early intervention, and placement services. All services should be accessible and focus on safety as well as the outcomes of permanency, physical and mental health, and educational achievement for children and youth. Services and decisions should be guided by the best interest of the child. They should balance the needs of children and youth with those of their families, and, above all, should do no harm.

- Racial disparities in both the delivery of service and the outcomes for children, youths and their families must be eliminated.

## **Guiding Principles**

- A vibrant and viable public and private sector network working in concert is in the best interest of Michigan’s children and families.
- Michigan and its public and private provider network will strive to provide an array of resources and services that best meet the child and family’s need in the timeliest manner – the right service at the right time.
- The well-being of all children and youth is fostered by assuring safety; strengthening families, marriage and parenting; engaging fathers and paternal relatives; and fostering permanent relationships within the birth family, kinship and/or Tribal networks or in an alternative community-based family setting.
- Services best meet the needs of children, youth, and families when they are based on the strengths of the family, community, and culture from which children and youth come. Outcomes improve when family members are actively engaged in the problem-resolution process.
- Services should be provided to children, youth, and families based on their particular needs as determined by a comprehensive assessment conducted at all entry points. Service should be equally accessible to all residents of the state and be responsive to the family’s race, culture, Tribal affiliation, language, religion, sexual orientation, disability status, gender of the head of household, geographic location, and economic status.
- The community must be engaged through partnership and public education. Communication must be honest, consistent, respectful, and reflect a commitment to resolving critical issues.
- Services must be provided in the least restrictive manner in terms of the levels and duration, thereby minimizing trauma. Placements outside the family should be utilized only when necessary to protect and/or stabilize the child.
- Children, youth, and birth parents or guardians should be respected, active participants in all levels of service delivery, and their voices and opinions must be valued. The state must be committed to engaging consumers of services, and resources must be available to facilitate their involvement.
- A developmentally appropriate continuum of care must be safe and nurturing and demonstrate dignity and respect for the individual, family and culture. The continuum should include:
  - Community-based services focused on prevention, early intervention, and diversion from placement.
  - A range of effective placement resources, including specialized care within the state.
  - Treatment, family reunification, re-entry/ post-placement services.
  - Permanency (family preservation, reunification, adoption, and guardianship) services.
  - Post-placement support for children who have returned to their communities and families.

- Support services and permanent connections for young persons making the transition to adulthood.
- Peer youth advocacy.
- The provision of a seamless system of care requires collaboration among multiple child serving systems (child welfare, juvenile justice, mental health, public health and education) in order to: keep children and youth safe; reduce high-risk behaviors; ensure permanence; and foster development. This collaboration must occur at the case and system level and must involve shared outcomes, accountability, and funding strategies. Courts, which have responsibility for decision-making for children and youth, should actively participate in the resolution of issues consistent with the judicial role and ethics.
- DHS in collaboration with the counties, private providers, Tribes and Tribal organizations is responsible for ensuring that services are provided by a trained workforce. The workforce must be skilled in working with children, youths and families; grounded in evidence-based practice; culturally competent; focused on results; and able to engage families and communities in responding to needs.
- Michigan's elected and appointed leaders, along with local public service administrators, must be accountable to the residents, Tribes and Tribal organizations, and the federal government for performance. They must provide regular reports on the results achieved for children, youths and their families.
- Every effort must be made to use financial resources flexibly to facilitate the creation of a seamless array of effective community-based services. Transparency in the use and allocation of funds is essential for public stewardship.

## **Tracking Global System Outcomes of Improvement**

Once the plan is implemented, in order to determine progress, numerous measures of change will be tracked over a five-year period and reported to the public annually.

Expected outcomes include:

- The proportion of children, youths and families safely served in family and community based settings will increase.
- More families will receive prevention and early intervention services.
- More children, families and youths will receive community based placement diversion services.
- Communities will increase their capacity to meet the needs of families using a mix of public, private, voluntary, and faith-based resources.
- Out-of-home placements will decrease by 50 percent by 2020.
- For children and youth in need of placement, the following outcomes are expected:
  - The number of children placed in licensed family foster care will increase.
  - The number of placement changes will decrease.
  - Re-entry rates will decline for children and youth in the child welfare system.
  - The length of time in care will be reduced.
  - The number and proportion of children reunited with their families and relatives will increase.

- The number and proportion of children who are adopted or placed in legal guardianship arrangements will increase.
- The number and proportion of children aging out of foster care will decrease.
- Inappropriate congregate-care placements will decrease.
- Recurrence of maltreatment and delinquency will decrease.
- An increased number and proportion of vulnerable youth transitioning (out of homelessness and the child welfare system) to adulthood will have the educational, occupational, emotional, and social resources needed to promote long-term well-being.
- An increased proportion of services will be tailored to respond to racial, cultural and gender and other diversities.
- Equity for children and families in outcomes will increase as it relates to:
  - Substantiation of maltreatment.
  - Access to community based services.
  - Placement rates and type of setting.
    - Length of stay in care.
    - Safety and permanency (reunification, adoption and guardianship) outcomes.
    - Aging out.
- Transparency will increase as evidenced by annual reporting on the safety, permanency and well-being outcomes of children, youths and families.
- State and federal funding for community based services will increase.

For additional information, reference the Data Management Unit section of this Plan.

### **III. Case Practice Model**

Michigan's caseworker practice model includes the Structured Decision Making (SDM) and Team Decision Making (TDM) models. These practices assist DHS and private CPA caseworkers in assessing child safety and permanency planning. The SDM tools ensure consistent caseworker practice. TDMs assist caseworkers to meet child and family needs and ensure family engagement in the case planning process.

#### **Structured Decision Making (SDM)**

In the 1990's, DHS implemented the SDM case management model with CPS, foster care and juvenile justice caseworkers, relying upon an array of case decision tools and assessments. SDM was developed in response to rapidly increasing caseloads and the large percentage of families re-referred for child abuse and neglect, which was interpreted as a need to strengthen the initial assessment and service determination process in order to assure effective child protection.

The SDM case management model is designed to improve decision making and service delivery in child welfare. It identifies the multiple decision points during a child welfare case and guides workers through each discrete decision point with a structured assessment. Previous practice relied on a worker's clinical judgment alone to address all decision points with a single assessment process. In comparison, the SDM model clarifies the purpose of each decision, focuses on the factors needed to make each decision and allows the agency to monitor compliance with established policies and procedures. The model has the following components:

- First, structured assessments guide workers through discrete decision points:
  - Response priority: assessment protocols to guide to accept referral or not and, if accepted, how quickly investigative staff should respond to a referral alleging child abuse/neglect.
  - Safety assessment: to identify the immediate threat of harm and potential protecting interventions or, need for removal.
  - Risk assessment: a unique research-based risk assessment, empirically valid for all racial and ethnic groups, that estimates the likelihood of future abuse and/or neglect, guides decisions to provide services and determines the level of intervention regarding contact needed.
  - Strength and Needs Assessments: standardized assessments of family and child strengths and needs to guide service planning.
  - Reassessments: Periodic reassessments of safety, risk and needs to measure progress, adjust service level, amend service plan, and/or review readiness for case closure.
  - Reunification assessment: that guides the decision to reunify the child with his or her family or to change the permanency-planning goal.
- Second, service levels (e.g., low, moderate, high, and intensive) guide the minimum contact standards a worker makes with the family. This practice ensures that staff time and attention are concentrated on those families at the highest levels of risk and need.

Proven outcomes from using the SDM model include:

- After SDM implementation, workers made better decisions about which cases to open for ongoing services and provided a higher level of services. A significantly lower proportion of families CPS investigated were subsequently referred and substantiated for child maltreatment and families had lower rates of child injury from maltreatment and foster care admission.
- Workers using Michigan's CPS risk assessment demonstrated greater reliability than did workers using the other models in that they were more likely to score the Michigan risk assessment the same and come to the same risk decision. Michigan's risk assessment increased the validity of risk decisions with workers more accurately identifying families by their risk of future child maltreatment.
- In foster care cases, an evaluation showed that permanency was expedited regardless of the type of permanency achieved and children were less likely to return to care after being at home<sup>1</sup>.

The SDM tools are integrated into the statewide information systems (Reference the Data Management Unit section).

### **Team Decision-Making (TDM)**

Michigan continues to integrate the principles of family engagement through its use of TDMs, which are a crucial component to facilitate a family centered, strength based, team guided decision making process. TDMs are the process that Michigan uses to engage families, including youth, in service planning.

- The goal of TDMs is to involve the birth families and community members, along with resource families, service providers and agency staff in all placement decisions, to ensure a network of support for the child and adults who care for them.
- The purpose of the TDM is to use the gathered information in making placement and permanency decisions and to provide "reasonable efforts" services.

A facilitator conducts the TDMs at critical case decision points. The focus of the TDM is on issues of safety and protection for the child(ren). The TDMs include the parent(s) from whom the child has been or may be removed, the foster parent(s) or relative caregiver, age appropriate child(ren), family identified support persons, friends, other service providers, and the caseworker, with supervisory participation when necessary. For children placed with a private CPA, the private CPA caseworker and the private CPA supervisor are also present.

The key elements of a TDM include:

#### Issue Identification:

- The caseworker presents a review of the presenting family issues and the team members review the structured decision-making tools.

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<sup>1</sup> *Evaluation of Michigan's Foster Care Structured Decision Making Case Management System*, Children's Research Center, National Council on Crime and Delinquency, 2001.

- Other team members are invited to give their perspective.

#### Brainstorming of Team members:

- Review current and prior services provided to the family.
- Offer ideas toward possible solutions that keep the child(ren) safe and discuss available services and barriers.

#### Decision/Placement/Safety Plan:

- The facilitator presents all of the team member's ideas.
- The team moves toward a consensus decision with DHS staff retaining the safety related decision making authority.
- The facilitator documents the action steps and accessible services, which includes the time frames for accomplishment, in the TDM Activity Report.

#### Recap/Closing:

- The facilitator reads the TDM Activity Report to the team members and answers any questions.
- Each team member is asked to sign the signature sheet.
- The facilitator provides a copy of the decision to each member and s/he hands out a TDM survey form to gather data about the TDM meeting process.

The facilitator provides the report, which includes a section identifying areas in which supervisory follow-up is needed, to the worker and the worker's supervisor. During the ongoing case supervision process, the supervisor is responsible for tracking the appropriate TDM action items and providing supervisory oversight of case plan.

The principles of TDMs are aligned with the CWITF's Change Priority number 5 (Reference the Child Welfare Reform section on page 8 of this document).

Currently, of the 83 Michigan counties, 53 are conducting TDMs in the following circumstances:

1. Considered removals (prior to placement).
2. Emergency removals.
3. Prior to reunification.
4. Prior to a change in permanency goal.
5. When a child returns from absent without legal permission (AWOLP) status.

**Goal:** By October 2011, DHS and private CPAs will hold TDMs in all eight circumstances listed below, in all counties of the state.

#### **Urban County Implementation**

By October 2009, DHS and private CPAs in the urban counties of Wayne, Oakland, Macomb, Kent, and Genesee, will hold TDMs in the following circumstances:

1. Prior to placement, or by the next working day after an emergency placement (private CPAs will not hold a TDM in this circumstance).

2. At the initial case planning assessment and service plan and the quarterly reassessment and service plan.
3. Prior to a placement change for a foster child, or by the next working day after an emergency transfer.
4. When a child returns from AWOLP status.
5. Prior to reunification.
6. Prior to a change in the permanency goal.
7. When a child has been in care for 9 months with a goal of reunification and sufficient progress has not been achieved to ensure reunification within 12 months.
8. When a child has been legally free for adoption for three months but does not have a permanent placement identified.

### **Big 14 Implementation**

The additional Big 14 counties will conduct TDMs:

- By October 2009, circumstance numbers 1-2 (listed above under Urban County Implementation).
- By October 2010, numbers 3-6.
- By October 2011, numbers 7-8.

### **Remaining Counties**

For the remaining counties,

- By October 2009, numbers 1-2.
- By October 2010, numbers 3-4.
- By October 2011, numbers 5-8.

Statewide implementation will include the following action steps:

- Collect the available county data for those counties that are currently conducting TDMs to determine best practices and whether TDMs are being conducted as designed. The Data Management Unit (DMU) staff will incorporate or link the existing TDM database into SWSS. Once this is done, they will establish a baseline of information on case outcomes to assess the TDM efficacy.
- Review draft policies for TDMs that will detail the responsibilities of DHS and private CPA staff, along with the applicable documentation requirements.
- By October 2010, implement the TDM policy into the statewide policy manuals.
- Implement the mandate for TDMs in the CPA contracts by July 2009 to require a rollout concurrent to the statewide rollout plan for DHS.
- During FY 2009, DHS will provide statewide training for all TDM facilitators at both DHS and private CPAs. Additional sessions will be held in 2010 and 2011 as required to achieve compliance with the implementation dates. The training will also contain a component for administrators and managers to ensure the effective implementation of this project.

### **Caseworker Qualifications and Caseload Reduction**

To implement these child welfare reforms effectively, all DHS child welfare workers must have a bachelor's degree in social work or a related human services field. After

January 2009, child welfare supervisors must have a master's in social work or equivalent degree. Current DHS supervisors with less than 18 months of experience as a supervisor are required to earn a master's in social work or a master's degree in a comparable/equivalent field by October 2012. The DHS Director may grant exceptions for persons who have demonstrated the knowledge, skills and abilities necessary to be an effective supervisor.

High caseloads contribute to negative outcomes for children. Over the coming five years, DHS will continuously examine child welfare caseloads to avoid ratios that exceed the targets set forth below.

**Goal:** DHS has set the following caseload reduction goals:

Supervisors:

Each foster care, adoption, CPS, licensing, and POS monitoring supervisor will be responsible for the supervision of no more than five caseworkers. DHS will achieve this standard as follows:

- By January 2010, 50 percent of foster care, adoption and CPS supervisors will supervise no more than five caseworkers.
- By January 2011, 95 percent of foster care, adoption and CPS supervisors will supervise no more than five caseworkers.
- By January 2011, 50 percent of licensing and purchase of service (POS) monitoring supervisors will supervise no more than five caseworkers.
- By January 2012, 95 percent of licensing and POS monitoring supervisors will supervise no more than five caseworkers.

Foster Care Workers:

Each Foster Care worker will have a caseload of no more than 15 children. DHS will achieve this standard as follows:

- By November 15, 2008, 95 percent of foster care workers will have caseloads of no more than 30 children and 60 percent of foster care workers will have caseloads of no more than 25 children.
- By October 2009, 70 percent of foster care workers will have caseloads of no more than 22 children.
- By October 2010, 80 percent of foster care workers will have caseloads of no more than 20 children.
- By October 2011, 95 percent of foster care workers will have caseloads of no more than 15 children.

Adoption Workers:

Each Adoption worker will have a caseload of no more than 15 children. DHS will achieve this standard as follows:

- By February 2009, 60 percent of adoption workers will have caseloads of no more than 25 children.
- By April 2009, 95 percent of adoption workers will have caseloads of no more than 30 children.

- By October 2009, 70 percent of adoption workers will have caseloads of no more than 22 children.
- By October 2010, 80 percent of adoption workers will have caseloads of no more than 20 children.
- By October 2011, 95 percent of adoption workers will have caseloads of no more than 15 children.

#### CPS Investigation Workers:

Each CPS worker assigned to investigate or assess allegations of abuse or neglect will have a caseload of no more than 12 open cases. DHS will achieve this standard as follows:

- By April 2009, 95 percent of investigation/assessment staff will have no more than 16 open cases.
- By October 2009, 60 percent of investigation/assessment staff will have no more than 14 open cases.
- By October 2010, 80 percent of investigation/assessment staff will have no more than 13 open cases.
- By October 2011, 95 percent of investigation/assessment staff will have no more than 12 open cases.

#### CPS Ongoing Workers:

Each CPS worker assigned to provide ongoing services will have a caseload of no more than 17 families. DHS will achieve this standard as follows:

- By April 2009, at least 95 percent of CPS ongoing services workers will have no more than 30 families.
- By October 2009, 60 percent of CPS ongoing services workers will have caseloads of no more than 25 families.
- By October 2010, 80 percent of CPS ongoing services workers will have caseloads of no more than 20 families.
- By October 2011, 95 percent of CPS ongoing services workers will have caseloads of no more than 17 families.

#### POS Monitoring Workers:

Each POS monitoring worker will have a caseload of no more than 45 cases. DHS will achieve this standard as follows:

- By October 2009, 60 percent of POS monitoring workers will have a caseload of no more than 55 cases.
- By October 2010, 75 percent of POS monitoring workers will have a caseload of no more than 50 cases.
- By October 2011, 95 percent of POS monitoring workers will have a caseload of no more than 45 cases.

#### Licensing Workers:

Each licensing worker will have a caseload of no more than 30 cases. DHS will achieve this standard as follows:

- By October 2009, 60 percent of licensing workers will have a caseload of no more than 36 cases.
- By October 2010, 75 percent of licensing workers will have a caseload of no more than 33 cases.
- By October 2011, 95 percent of licensing workers will have a caseload of no more than 30 cases.

Managers conducted a caseload hand count in October 2008 for both DHS and private CPA staffs. Based on that caseload count, DHS added staff for FY 2009 to comply with the October 2009 goals resulting in several hundred new services workers being hired. Currently, DHS has achieved its goal that 60 percent of its caseloads do not exceed a 25:1 ratio for DHS cases and 95 percent of the caseload meets the 30:1 ratio. Private CPAs are also compliant with these caseload goals. DHS will continue to monitor the caseloads of its local offices and private CPAs.

For more information on training requirements for DHS and private CPA staffs, reference section Staff Development and Training Plan: Child Welfare Training Institute.

#### **IV. Child Welfare Continuum of Care**

Michigan continues to offer a broad array of services. The following information details the continuum of care services that DHS and community providers deliver. These services range from prevention services where DHS may or may not be involved in the lives of the family, to post-permanency and transition services for youth who are leaving the foster care system. Safety, permanency and child and family well being frame the goals and outcomes for these programs. In the future, quality assurance and data management will play a large part in the design of Michigan's continuum of care. DHS is also implementing new program standards for child welfare services contracts, including the implementation of outcome based contracts for private CPAs. The CFSR outcomes, the Child Welfare Improvement Task Force, the children's services philosophy and the principals of the Settlement Agreement are the foundation for all DHS service contracts.

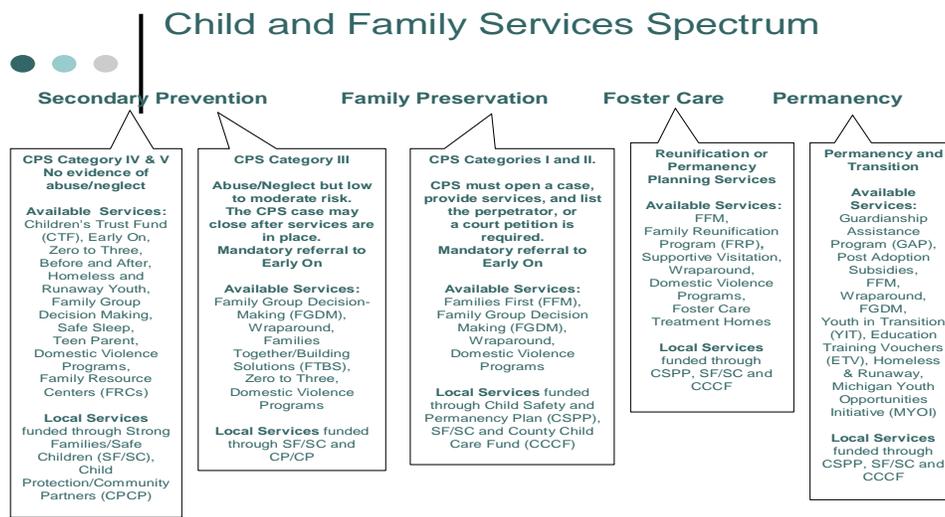
Michigan is in a deep financial crisis. The seasonally-adjusted unemployment rate for May 2009 was 14.1 percent, compared to the US unemployment rate of 8.9 percent.<sup>2</sup> State general funds are expected to be cut by at least 30 to 40 percent because of lower than estimated tax revenues.<sup>3</sup> It is undetermined at this time how this reduction will affect DHS in 2010 and beyond. Over 38,000 state employees have been furloughed (unpaid mandatory days off) for six days before the end of fiscal year (FY) 2009. On-call emergency child welfare services will continue during these days.

**Goal:** DHS' goal is to refine the coordinated service delivery system with other state agencies in order to meet the needs of children and families in a more coordinated approach.

<sup>2</sup> Michigan Department of Energy, Labor and Economic Growth (DELEG) at: <http://www.michigan.gov/dleg/0,1607,7-154--215125--,00.html>.

<sup>3</sup> Gongwer News Service, Michigan Report. NO. 93, Volume 48-- Thursday, May 14 2009.

This goal also corresponds to the CWITF's Change Priorities 1, 2, 3, and 6.



These services are discussed later in this document.

## Needs Assessment and Gap Analysis

The Child Welfare Resource Center (CWRC) at Michigan State University conducted a needs assessment for DHS per the Settlement Agreement that assesses the Michigan child welfare service array. DHS will use the results of the assessment to guide decision making for developing services and programs that are essential for the safety, permanency and well-being of Michigan's children. The goals of the needs assessment include:

- The evaluation of the current DHS service array, including availability and utilization.
- The identification of additional services and placements, including the need for family preservation services, foster and adoptive homes, wraparound services, reunification services, and medical, dental, and mental health services.
- A review of and recommendations regarding the use and availability of flexible funds at the caseworker level to meet identified needs of children or families and/or remove barriers to reunification or permanency.
- The identification of evidence based practices and services to meet needs.

Over the last eighteen months, the CFSR staff conducted focus groups with a broad array of partners. Participants included children's protective services (CPS) specialists, foster care specialists (both DHS and private agency), law students, private citizens, youth, court personnel, child welfare agency administrators (both DHS and private agency), advisory committee members, family preservation staff, foster care review board (FCRB) members, adoptive parents, relative caregivers, court appointed special advocates (CASAs) and representatives from the Office of the Children's Ombudsman.

The following list details the most often reported needs for services in the state:

- More prevention programs, including more Families First services.
- Mentors for children and parents.
- Counseling services, mental health assessments, substance abuse services, housing, and parent aides for help with parenting.
- Additional Youth in Transition (YIT) services.
- Additional workers to reduce the worker caseload ratio and caseworker turnover.
- Foster homes for older children and youth.
- Improved coordination with the education system.
- Financial help for relatives who are taking care of their related children.
- Improvement in the collaboration between courts and DHS.

The CWITF also identified systemic issues that affect service delivery in Michigan (Reference the Michigan's Child Welfare Improvement Task Force section). Additional information on the barriers to permanency can be found in the Permanency Division section.

**Goal:** Once the needs assessment has been approved by the Settlement Agreement Monitor and plaintiffs, DHS will develop a plan for addressing the services gaps. The plan will ensure that the services provided are sufficient in range and quality to meet services and placement needs, including medical and dental care, mental health services, and appropriate educational services.

**Goal:** DHS will monitor the provision of services to determine whether they are of appropriate quality and are having the intended effect (Reference the Quality Assurance section).

**Goal:** DHS will designate an administrative staff who is responsible for determining funding sources for the provision of goods and services.

**Goal:** DHS will conduct or contract for a second needs assessment two years after the conclusion of the first needs assessment.

## **V. Coordination with Other Federal Programs**

Director Ahmed expanded the DHS mandate to provide financial assistance to individuals and families in need by publicly examining the causes and effects of poverty and beginning a discussion of ways to address poverty in Michigan through a broad based coalition of the public and private sectors. This examination culminated, in part, in a poverty summit, which took place in the autumn of 2008.

### **Poverty Summit**

DHS, in conjunction with the Governor's Commission on Community Action and Economic Opportunity, hosted *Voices for Action: The 2008 Poverty Summit*, on November 13, 2008. The Poverty Summit began Michigan's Campaign to End Poverty. It is designed to educate everyone about the effects of poverty and the fact that communities can work together to enable families to move to self-sufficiency. In 2007 and 2008, the Michigan Commission on Community Action and Economic Opportunity held several forums on poverty in various Michigan cities including Big Rapids, Detroit, Waterford, Flint, Kalamazoo and Sault Sainte Marie. During these forums, 130 people provided testimony about their experiences with poverty. Speakers at the forum ranged in ages from 21 to 76 and came from diverse backgrounds.

This was the largest state summit on poverty in over 40 years with nearly 5,000 attending. The largest group represented at the summit was low-income individuals, making up 16 percent of the participants. Low-income persons participated in significant numbers in every best practice session and each regional breakout session. High school, undergraduate and graduate students made up another significant percentage of participants at the summit.

Twelve leaders from nine state departments moderated best practice sessions. The level of interagency and interdepartmental involvement in the poverty summit was truly exceptional. State departments and agencies represented include:

- Michigan State Housing Development Authority.
- Michigan Department of Corrections.
- Michigan Department of Education.
- Michigan Department of Labor, Energy and Economic Growth.
- Governor's Office of Community and Faith-based Initiatives.
- Michigan Department of Community Health.
- Michigan Department of Civil Rights.
- Michigan Office of Services to the Aging.

Other key statewide groups that moderated best practices sessions included Michigan's Early Childhood Investment Corporation (ECIC), Traverse Bay Poverty Reduction Initiative, and Council of Michigan Foundations.

During the summit, eight regional breakout sessions provided participants with regional data, information on regional networking, and poverty reduction projects already under

way in their communities. Most importantly, the regional breakouts provided a forum for 5,000 people to discuss issues related to poverty in the context of their own communities. Each of the regions completed a preliminary 100-day plan indicating how engagement of key stakeholders, especially low-income persons, will continue after the summit.

Each participant made a commitment to what s/he could do, no matter his or her socioeconomic status. This highlighted the emphasis on community, reframing the role of government, and the notion that poverty reduction will require all of us to do our part. Finally, participants completed surveys in order to identify poverty reduction priorities for their regions.

### **Next Steps**

The statewide leadership team provides support for the local system by identifying possible resources to support engagement, including technical assistance or training and proposals for funding. A robust evaluation component will accompany the various phases of planning and implementation. Efforts will continue to involve consumers and students in the ongoing poverty reduction work. Leveraging resources and working with the regions to identify funding opportunities within their communities will take on a critical focus moving forward.

### **Coordinated Service Delivery**

Michigan is a state administered, state supervised child welfare system, meaning that policy is developed at the state level and state staff through county based offices deliver services. This system allows for flexibility in service delivery driven by the identified needs of individual communities. Michigan's model assures continuity of policy and practice across these diverse communities to ensure all children and families are cared for utilizing the same set of principals.

DHS also administers Temporary Assistance for Needy Families (TANF), known as the Family Independence Program (FIP), State Disability Assistance (SDA), Refugee Assistance Program (RAP), Child Care and Development Block Grant (CCDBG), known as the Child Development and Care (CDC) program, the Food Assistance Program (FAP), State Emergency Relief (SER) services, the Low-income Home and Energy Assistance Program (LIHEAP), adult community placement and protective services, and the title IV-D program. DHS also determines eligibility for Medicaid, although the Department of Community Health (DCH) is the administering agency. Finally, DHS administers the Disability Determination Services for title II and XVI funds. Service descriptions for all DHS programs are located at:

[http://www.michigan.gov/documents/dhs/DHS\\_Program\\_List\\_207362\\_7.pdf](http://www.michigan.gov/documents/dhs/DHS_Program_List_207362_7.pdf)

During the summer of 2008, all county DHS directors were surveyed requesting information from child welfare (CW) and Family Independence Program (FIP) staffs on how services are coordinated within their communities. The survey also asked directors about the provision of DHS and community based prevention services and how clients are informed about the array of resources available to them. Finally, to examine best

practice efforts at improving coordination and family involvement in case planning, directors were asked if financial assistance staffs are members of TDMS.

Findings that were common to informal coordination were:

- Co-location of CW and FIP workers allows for face-to-face discussion on the needs of the family.
- The CW staff notified FIP staff when a child was removed from his/her home or returned home to assure coordination of benefits.
- Some counties reported joint case planning, i.e., if a CW case is active for FIP, the services worker shares information that the FIP worker needs in regards to Jobs, Education and Training (JET) program activities. The FIP or JET worker uses the information provided by the services worker in screening, assessment, accommodation, referrals, and JET activities.
- The FIP worker shares information with the services worker related to the financial circumstances of the family.
- Interaction occurs between FIP and CW specialists for clients who have special needs and active services cases.
- The goal of interagency coordination of services for the client is to assure the client is self-supporting and maintaining a positive family structure. This may include additional counseling or intervention, application for other public assistance programs, support services or other needed assistance for the client to keep or be reunified with their children.
- TDM meetings were mentioned specifically by nine counties in terms of their method of coordinating case plans.
- CDC services are available to parents who are participating in CPS services for the purpose of family preservation. Foster parents and relative caregivers are also categorically eligible for CDC services for the foster children in their home.

The counties who reported a formal procedure noted the following:

- FIP and CW workers coordinate the provision of services by determining a family's eligibility for Child Protection Community Partners (CPCP), family reunification, state emergency relief (SER) and Emergency Services (ES) funds.
- When staff is not located in the same office, there is a structure in place to allow the FIP and CW staff the opportunity to coordinate their service plans.
- Local protocols have been developed to check for other open cases to assure all assigned workers are advised of the opening of a different program case. (Note: The new public assistance application, Bridges, automatically notifies assigned staff at case opening when other programs are already active in the system.)
- Casework is accomplished as a collaborative team at the Family Resource Centers (FRCs) with one county practicing one family one plan, which requires not only coordination between FIP and CW workers but among the community partners as well.
- Some counties have a designated FIP unit and/or specialist for relatives who have foster children in their care. Services Specialists advise relatives of their right to apply for public assistance programs for their relative foster children and where to apply.

The majority of counties utilize a multi-faceted approach to identify and refer at-risk families to community resources. The strategies used to provide services to these families include:

- Providing cards and pamphlets describing the availability of and contact information for community resources.
- Utilizing the United Way's 211 Call Center, which is available all counties.
- Utilizing web-based resources, such as the Listening Ear Community Resource Directory.

Some of these resource manuals are maintained by the FRC, others by a designated local manager or by a community agency. Wayne County DHS, being the largest urban county, houses a Contract Management Unit that updates the community resource list on their Web site as contractors and resources change.

Forty-five counties reported their consistent practice is to include FIP staff as a member when a TDM is convened; seven stated they occasionally invite them and one county said that they never invite them. In the large counties, staffs routinely collaborate via telephone or email contact and smaller counties report they engage in more face-to-face case conferencing. FIP staff attendance at TDMs is considered a best practice and it is tracked, however, it is not yet mandated.

### **Federal Financial Assistance (TANF): Family Resource Centers**

Family Resource Centers (FRCs) are comprised of DHS and community agency staff housed within schools to coordinate services to families, including financial assistance. Each FRC developed service goals that are shared by families, the community, school and other partner agencies. These centers serve as "one stop shops" for family services located within or near a neighborhood school. There are currently 66 FRC sites in operation. A full evaluation of the FRC initiative is planned for 2009.

Services provided through FRCs include all DHS services, including cash assistance, food, clothing and shelter assistance, prevention services, Medicaid eligibility, and assistance for utility shut off, rental eviction and other housing issues. FRCs also provide access to mental health services and school-based programs.

Long-term goals for the FRCs are:

- The creation of user-friendly service delivery for families in need of state and local human services.
- Increase efficiency of state and local services through pooling resources.
- The promotion of family stability through collaborative service provision.

The expected family outcomes include:

- Improved academic performance.
- Increased parental participation.
- Decreased absenteeism and truancy.
- Decreased student school behavior problems.

FRC sites are funded through partnerships with local intermediate school districts and other local funding sources, such as private foundations. The funding partners may be different in each community. Local DHS offices with FRC sites have been successful in working with their community partners to bring in additional external (private and federal) funding because of the potential efficiencies of the FRC collaborative model.

Local evaluations indicate that the impact of FRC involvement is positive across expected outcomes. These outcomes include:

#### Attendance

- For students identified as having “problem attendance”, i.e., 12 or more absences in a school year, truancy decreased by an average of 12.3 percent at FRC schools.
- The number of students identified as having “positive attendance”, three or fewer absences, increased by 1.78 percent at FRC schools.

#### Feedback

- Priority schools with FRCs are significantly more likely to meet federal Adequate Yearly Progress (AYP) expectations enough years in a row to move completely off the priority schools list (40 percent of FRC-linked schools compared to ten percent of non-FRC linked schools).
- Partner agencies who locate services within FRCs have reported significantly improved outcomes for children and families due to the increased accessibility of services.

## **Coordination between the Title IV-E and the Title IV-D Programs**

The DHS foster care and juvenile justice workers perform an initial screening and determination of the need for paternity and/or child support order establishment. When the worker opens a Medicaid case in the Services Worker Support System for Foster Care, Adoption and Juvenile Justice (SWSS FAJ), an automated referral is sent to the child support system, the title IV-D system. The referral contains limited information, and the DHS worker must provide additional information to the child support worker via a paper form.

If there is no existing court order and/or the location of either parent is unknown, the child support worker will provide location services. When the parent is located, the child support worker informs the DHS worker of the location of the parent via telephone, email or in writing. Additionally, the child support worker initiates any appropriate paternity and/or child support action. If there is an existing child support order, the child support computer system assigns the support obligations to DHS at the time the automated referral is made.

DHS workers, including CPS, may also make a referral to child support for Federal Parent Locator Services (FPLS) without making a referral for paternity or child support establishment. This process is documented in the "Absent Parent Protocol" (Reference the Child Welfare Training Institute section for additional information).

## **Coordination with Fostering Connections to Success and Increased Adoption Act of 2008**

To address the educational stability provision in Fostering Connections, DHS has taken steps to amend Michigan's Revised School Code, MCL 380.1 et seq. Michigan law currently states that if a child has been placed outside of his or her home by court order, for school enrollment purposes that child resides in the school district in which he or she is placed. This often requires a child to change schools while in foster care. The proposed amendment, in compliance with PL 110-351, will require children to remain in the school of enrollment at the time of placement unless the caseworker determines that it is in the child's best interest to move to a new school.

Other activities Michigan is undertaking to implement Fostering Connections include:

- Changes to the Services Worker Support System (SWSS) to track outcomes.
- Implementation of the 30-day notification requirement for relatives.
- Required reporting on licensing waivers for relative placement.
- Implementation of a 90-day transitional plan for youth transitioning from foster care.
- De-linking a child's eligibility for adoption assistance from their eligibility for the former Aid to Family with Dependent Children (AFDC) eligibility.

Additional information on Michigan's implementation of Fostering Connections is addressed later in this document.

## **Title IV-E Compliance**

### **Federal Compliance Office (FCO)**

#### **Funding Unit**

DHS established a Federal Compliance Office to oversee Michigan's coordination of federal programs and to assure continuity across the state. The Office includes the management of the title IV-E state plan, title IV-B state plan, federal Consolidated CFSP and the Annual Progress and Services Report (APSR), and the federal CFSR process and Program Improvement Plan (PIP).

In addition to the creation of the Federal Compliance Office, the Michigan legislature authorized the hiring of 80 Child Welfare Funding Specialists (commonly referred to as IV-E Funding Specialists) in the local offices. The main responsibilities of these staff are to assure foster care funding determinations and redeterminations are done correctly and to interface with relative's when children are placed to encourage them to become licensed foster care providers. FCO staff is developing a plan for more specialized training and ongoing support for the field. There is a need for specific support to the newly hired Funding Specialists to assure their local office work plans and training are sufficient to guide them in their work. DHS is also developing training on topics such as juvenile justice funding determinations and court orders.

Local offices submit work plans and monthly reports to the FCO that record and provide information on the work of the Child Welfare Funding Specialists. FCO staff follows up with the local offices based on the reports submitted to assure consistency. Additional technical assistance is offered to the Urban offices to assure title IV-E program compliance. FCO analysts are conducting monthly visits in those counties for consultation and title IV-E case reading as a quality assurance practice.

FCO also worked with Department of Information Technology (DIT) programmers on modification to SWSS for Foster Care, Adoption and Juvenile Justice (SWSS FAJ) as it relates to the Funding Specialists. The SWSS FAJ sign on for Child Welfare Funding Specialists, which is a security feature, was modified to allow the Specialists efficient access to all cases they are assigned within their districts and/or local offices. This enhanced feature went into practice in June 2009. The FCO is also actively involved in testing and development of data systems. They are involved in the rewrite of the foster care and adoption payment system and the Model Payment System (MPS), as it relates to processing foster care payments and compliance with title IV-E.

Coordination with the State Court Administrative Office (SCAO) also continued with regard to training and preparation for the title IV-E Federal Review. SCAO and DHS co-presented title IV-E training for 594 court and DHS participants across the state in January, February and March of 2009. FCO anticipates additional coordination with SCAO as planning for the onsite federal review continues.

FCO staff continues to provide technical assistance to local DHS and court staffs on specific child welfare cases regarding appropriate title IV-E eligibility. The internal DHS

title IV-E Review Committee continues to review inquiries from courts and local DHS offices weekly.

DHS also provides direct support and consultation for the Wayne County title IV-E agreement. DHS assures coordination between DHS and the County of Wayne as it occurs to assure the contract is being administered with adequate controls and quality assurance.

### **Child and Family Services Review Unit**

The CFPSR unit has two main responsibilities that include:

- All aspects of the CFPSR review process, including the development of the Statewide Assessment and the PIP.
- The development of the CFSP and the APSR.

Michigan's CFPSR onsite review is scheduled for the week of September 21, 2009. Wayne County is automatically one of the onsite review counties as our largest urban county, and Kent County has been selected as our medium size county, with Berrien selected as our rural site.

The CFPSR Unit facilitates two stakeholder workgroups, the CFPSR Core Workgroup and the CFPSR Steering Committee. The CFPSR Core Workgroup's members includes the Office of Native American Affairs, field staffs, private CPAs, SCAO, FCRB and court staffs, service providers, two parents, and three tribal agency representatives. The members of our workgroups were selected to prepare the state assessment based on their diverse roles in our child welfare system. This workgroup will continue their role as we develop the PIP.

The steering committee is comprised of DHS central office management, field operations and SCAO staff. The role of the steering committee is to guide the work of the Core workgroup and to assure continued implementation of all child welfare reforms.

The Governor's Task Force on Children's Justice and the CFPSR Core Workgroup planned our statewide Self-Assessment Kickoff Event on December 2, 2008. The goal of the kickoff event was to prepare DHS staff and stakeholders to lend their expertise and commitment to improving services to Michigan's families through participation in the statewide self-assessment. To demonstrate the importance of collaboration between DHS and the courts, Supreme Court Justice Elizabeth Weaver presented a keynote address in the morning and in the afternoon; Supreme Court Justice Maura Corrigan spoke on the importance of collaboration. The conference agenda also included presentations on the current state of the child welfare system and the importance of collaboration with Native American Tribes, youth, parents, and other stakeholders. Additionally, the National Resource Center for Family-Centered Practice and Permanency Planning reviewed the importance of timely reunification as well as other CFPSR outcome goals and provided a broader perspective on the important use of data in child welfare. Region V staff from the Children's Bureau also attended to provide a broader perspective of the importance of the CFPSR in guiding practice.

CFSR staff meets with Justice Corrigan and SCAO staff on a bi-monthly basis. The purpose of these meetings is to discuss key child welfare improvement initiatives and their impact on performance.

In preparing the CFSR Statewide Assessment, CFSR staff collected case reading data from DHS supervisory case readings of CPS, foster care, and adoption cases. Data was collected from November 1, 2008 through February 28, 2009. During the months of November and December 2008, local Foster Care Review Boards (FCRBs) also reviewed foster care cases throughout the state to gather data for the CFSR state assessment. DHS staff completed:

- 1,118 CPS case readings.
- 1,221 foster care case readings (includes FCRB case readings).
- 116 adoption case readings.

The Quality Assurance Unit within the CWIB will continue to collect case data to track Michigan's CFSR PIP compliance (reference the Children Services Continuous Quality Improvement Program section). Additionally, the QA Unit will work with local offices to improve performance in those areas identified as needing improvement.

In addition to case reading, focus groups and the needs assessment, CFSR staff sent mail surveys to parents whose children are in foster care, children's protective services (CPS) caretakers, adoptive parents, and foster parents to seek the broadest range of input as possible. Results from all of the surveys will be used in the statewide assessment but will also inform the work of the Quality Assurance Unit. These case reviews enable DHS to identify strengths, barriers and best practice elements that will be highlighted in the state assessment. These case reviews also form the basis for ongoing quality improvement activities by our newly formed Quality Assurance Unit.

## **Michigan Court Improvement Program**

The Court Improvement Program (CIP) works systemically to improve court performance concerning at-risk families and children. Michigan's CIP program is organizationally housed within SCAO, which is the administrative office of the Michigan Supreme Court. With collaboration from key stakeholders, the CIP assesses judicial processes, identifies barriers to effective decision making, and examines child welfare laws and court rules to determine if changes are needed to ensure a unified child protection system. The CIP also measures court performance to help ensure children's safety, well-being, and permanence.

DHS central office staffs from the CSA, CWTI, Bureau of Child Welfare, and the CWIB participate in the CIP committee and sub-committee meetings. The CIP partnership has enabled the two agencies to recommend practice and policy changes targeted at achieving better outcomes.

Currently, Michigan is the recipient of three grants from the federal government to support the CIP. The Child Welfare Services division of the Supreme Court administers all three grants, which include the CIP main grant, the data collection and analysis grant, and the training grant. A description of each grant's activities follows.

### **Court Improvement Program (CIP) Main Grant**

The main grant supports the statewide CIP taskforce, which is a multi-disciplinary advisory committee to the Child Welfare Services division. The taskforce and Child Welfare Services work to identify and address barriers to safety, permanency, and child and family well-being at the state and local levels. Members of the taskforce participate on one of four CIP committees that include:

1. Quality Representation Committee.
2. Policy Committee.
3. Quality and Depth of Hearing Committee.
4. Child and Family Services Review (CFSR) Committee.

### **Court Improvement Program (CIP) Data Collection and Analysis Grant**

The Data Collection and Analysis Grant (data grant) allows Michigan courts and the DHS to use federal funds to share and study data to ensure that children in the abuse and neglect system receive the best and most timely placement possible. DHS signed a data sharing agreement with the State Court Administrative Office in June 2008. The data grant funds are being used initially for court and DHS data analysis in three pilot counties, Genesee, Oakland and Saginaw. Each county maintains a court information system that is unique to that county. The data grant supports building an infrastructure utilizing technology to identify common goals and complementary goals of the court and DHS child welfare. Once the pilot counties have implemented a data sharing plan focused on improved court performance for children, the data project will be expanded statewide. The timeline for this interface system being operational is by FY 2011-2012.

### **Court Improvement Program (CIP) Training Grant**

During 2008, the Child Welfare Services division of the Supreme Court provided numerous trainings in person and through the use of webcast technology that were designed to reach the greatest number of people. Child Welfare Services continues to collaborate with DHS and other area agencies in order to develop trainings that are useful to a broad spectrum of professionals. A luncheon webcast series addressed the topics of:

- AWOLP Update-Children Missing from Care.
- Court Agency Collaboration in Child and Family Services Reviews.
- Self Inflicted Violence.
- Reducing Trauma to Children During Removal and Replacement.
- Title IV-E Update.
- Improving the Legal System's Approach to Lesbian, Gay, Bisexual and Transgender Questioning of Youth in Foster Care.

The Webcast mode of training will continue in 2009 and throughout this five-year plan. For additional information on joint-DHS and SCAO trainings, reference the Child Welfare Training Institute and the Children's Protective Services – CAPTA State Grant sections.

## **VI. Educational Collaboration**

DHS leads or partners in a number of collaborative initiatives focused on the educational system that work toward improving outcomes for children from pre-school through high school. Although DHS customers are often direct beneficiaries of these collaborations, Michigan children of all income levels participate in programs and services at the community level.

### **The Michigan Model**

The Michigan Model for Health<sup>®</sup> is the nationally acclaimed school health education program. It is currently being implemented in over 90 percent of Michigan's public schools and more than 200 private and charter schools. Through replication of the Michigan Model<sup>®</sup>, comprehensive school health now encompasses over 30 states, foreign countries, universities, and medical schools.

The Michigan Model<sup>®</sup> was established in 1985 as a cooperative effort of seven state agencies: public health, education, mental health, social services (including DHS staff), Office of Highway Safety Planning, state police, and substance abuse. These agencies agreed to collaborate in providing an efficient delivery mechanism for key disease prevention and health promotion messages.

Today, the Michigan Model<sup>®</sup> curriculum facilitates skills-based learning through lessons that include a variety of teaching and learning techniques, skill development and practice, and building positive lifestyle behaviors in students and families. Teacher training in the implementation of the Model ensures that students, and their schools as a whole, get maximum benefits from this carefully structured program.

The joint resources of collaborating agencies have created a comprehensive school health education package with advantages for states, schools and students that include:

- Responsiveness to the need for new curricula in areas such as HIV/AIDS and substance abuse.
- Efficient delivery of a wide range of curricula and support materials.
- Mechanisms for parent involvement.

Central Michigan University's Educational Materials Center (EMC) is the official distribution center for the Michigan Model<sup>®</sup>. The Center works with the Michigan Model<sup>®</sup> State Steering Committee to keep materials current and to extend the network of concerned educators, parents, school districts, and state agencies committed to providing the best possible health education curriculum for grades K-12. Additional information on the model is available at: <http://www.emc.cmich.edu/mm/default.htm>.

### **Early Childhood Investment Corporation (ECIC)**

The Early Childhood Investment Corporation (ECIC) is a public corporation housed within DHS and is one of the Governor's key initiatives. It was created to assure that

every young child in Michigan has a Great Start and arrives at the kindergarten door healthy and ready to succeed in school, with parents who are committed to educational achievement. Accomplishing this important goal is not the work of any one organization or individual but takes the combined efforts of parents, community leaders, business, the legislature, state and local government, faith-based organizations, and philanthropy. The ECIC is uniquely positioned to bring these leaders together on behalf of a better life for Michigan's youngest citizens and their parents.

Each year too many Michigan children enter kindergarten with previously unidentified health, social-emotional or learning problems. Parents of young children across Michigan, lack easy access to information and resources in their communities that can help them in their role as their child's first and most important teachers. Research studies have demonstrated that necessary investment in the first five years of life pays high dividends both to the public and to the individual. In fact, for each dollar spent before age five, there is a \$17.00 rate of return that is realized through increased success in high school, higher earning employment opportunities and a decreased likelihood of incarceration.<sup>4</sup>

The ECIC provides funds for community leaders to work together as members of a Great Start Collaborative to create the kinds of helpful information, services and resources that parents want and need. The ECIC provides training and consultation to community leaders about what works to improve the health, development and learning of young children. The ECIC seeks to bring together information about child, family and community needs and to educate and advocate for policy changes that assure the most efficient and effective use of all financial resources.

The ECIC can solicit and receive funds from both the public and private sectors of the economy. The ECIC has an independent Board of Directors, comprised of leaders from state government, philanthropy, business, community and early childhood organizations, healthcare, and communities.

The ECIC is currently able to support 21 communities to improve results for young children and their parents and is seeking to expand. The ECIC is committed to funding Great Start Collaboratives throughout Michigan so that every Michigan child can reach his or her greatest potential and be a contributing, productive member of Michigan's workforce of the future. All Michigan families, including DHS customers, can benefit from this growing collaborative effort to improve outcomes for young children.

## **Before or After School Programs**

Funded through TANF funds

### **Description of Services**

Through contracts with community agencies, DHS funds Before or After School (BA) programs that are limited to low-income school-aged children in kindergarten through ninth grade (ninth grade is only allowed if located within a middle school). Effective BA

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<sup>4</sup> Early Childhood Investment Corporation Web site, History.

Programs combine academic enrichment and recreation activities to guide learning and inspire children in various activities. They provide children with a safe, engaging environment to motivate learning outside the traditional classroom setting. Eligibility is limited to geographic areas near school buildings that do not meet federal No Child Left Behind (NCLB) Adequate Yearly Progress (AYP) requirements and that include the BA Programs in the AYP plans as a means to improve outcomes.

Each program includes academic assistance, including help with reading and writing and at least three of the following topics:

- Abstinence-based pregnancy prevention.
- Chemical abuse and dependency.
- Preparation toward future self-sufficiency.
- Leadership development.
- Case management or mentoring.
- Gang violence prevention.
- Parental involvement.
- Anger management.

Funding is available statewide, to all public or private, profit or non-profit organizations/agencies, as long as they meet licensing and other requirements. The grantees may include, but are not limited to, faith-based organizations, boys or girls clubs, schools, libraries, etc.

### **Counties Eligible for Funding**

There are ten contracts currently operating in seven Michigan counties: Berrien, Genesee, Kalamazoo, Kent, Oakland, Saginaw and Wayne. Seven FY 2009 contracts started October 1, 2008, while three began February 1, 2009. All of the contracts will end September 30, 2011. It is anticipated new three year contracts will be initiated in 2011.

## **VII. Coordination with Tribes: Office of Native American Affairs**

### **Description of Services**

The Indian Child Welfare Act (ICWA) establishes clear responsibilities for federal and state governments, Indian children, families, and Tribes. Indian child welfare services in Michigan are focused on supporting and preserving Indian families and to create other permanent alternatives for Indian children if family preservation cannot be achieved.

The purpose of ICWA is:

To protect the best interests of Indian children and to promote the stability and security of Indian tribes and families by the establishment of minimum Federal standards for the removal of Indian children from their families and the placement of such children in foster or adoptive homes which will reflect the unique values of Indian culture, and by providing assistance to Indian tribes in the operation of child and family service programs (25 U.S.C. §1902).

Pursuant to the 1994 amendments to the Social Security Act, states are mandated to consult with Tribes and tribal organizations in developing a statewide plan to ensure ICWA compliance and in all other matters related to Indian children and families. DHS strives to provide culturally appropriate services to Indian families. This is accomplished through increasing the involvement of Indian tribes, communities and agencies in furthering the development of community based services to children and families as well as continued funding and support of:

- Continuing the Quarterly Tribal State Partnership meetings with representatives from Michigan's 12 federally-recognized Tribes, Tribal organizations, local county DHS and central office staffs, including CWTI trainers.
- Participating in Regional/National Tribal consultation as requested through the Midwest Alliance of Sovereign Tribes (MAST).
- Contracting with the Michigan Indian Child Welfare Agency (MICWA) and the Sault Sainte Marie Tribe of Chippewa Indian's Binogii Placement Agency for foster care and adoption services for Native American children.
- Strengthening the DHS Indian Outreach Worker (IOW) program.
- Training on ICWA and Indian Child Welfare (ICW) policy for DHS and private child-placing agency (CPA) staffs.
- Contracting for Families First of Michigan, a family preservation program, to service seven of ten reservation communities. Tribal representatives participated in the bid rating process in geographic areas servicing Tribes.
- Continuing Family Group Decision Making (FGDM), a family preservation service, that is culturally-based and serves as a mechanism that assists in meeting the active efforts requirement of the ICWA in Grand Traverse and Leelanau counties.

- Updating the DHS Web site where the public can find information about DHS programs, services and policies, as well as contact information for DHS staff, Tribes and Tribal organizations.
- Continuing review and revision of the Department's Indian Child Welfare (ICW) policy to strengthen and achieve compliance with federal rules and regulations.

Michigan is taking steps to increase government-to-government relations with Michigan's federally recognized Tribes by facilitating a Tribal Training Day in the summer of 2009. The purpose of this training day will be to address partnering related to Fostering Connections, the CFSR process and review, and the Settlement Agreement. Additionally, we anticipate a session on Tribal sovereignty. To engage the Tribes in the CFSR process, CFSR staff also conducted a conference call in January 2009 to review the material from the CFSR Statewide Assessment kickoff event. Because of bad weather, many of the Tribal representatives were unable to attend the event. CFSR staff and Michigan State University's (MSU) Child Welfare Resource Center staff also conducted an in-person focus group with Tribal representatives and another teleconference to seek their input on the Statewide Assessment.

The CIP has a new workgroup created to ensure compliance with and continuity in implementation of ICWA. The ICWA workgroup is creating a court resource guide to serve as the single informational source for courts. The ICWA workgroup includes representation from Michigan's 12 federally-recognized tribes, probate and circuit court judges, family court administrators, attorneys, the Superintendent of the Michigan Children's Institute (MCI), as well as other DHS representatives.

The DHS Purchased Services Division (PSD) conducts reviews of all placement Agency Foster Care (PAFC) contracts on an annual basis (effective FY 2009). DHS no longer identifies a particular contractor as primarily serving Native American children and their families. All PAFC contractors are now required to comply with the ICWA as well as DHS policies and procedures. PSD is modifying the current review tool to include specific criteria to address compliance with ICWA and related policies (Reference the Purchased Services Division (PSD) Quality Assurance section for more information).

Finally, the NAA and the CSA staffs will negotiate in good faith with any Indian Tribe or organization that requests the development of the title IV-E agreement with the state. Specifically, Michigan will assist the Tribe(s) in accessing title IV-E administrative funding, CFCIP, training, and data collection resources (Reference the Chafee Foster Care Independence Program section for additional information on the CFCIP and consultation with the Tribes).

This CFSP plan was developed with Tribal representatives through discussion at the Tribal State Partnership meetings and networking on the part of the DHS NAA director. The plan is comprehensive and includes ICWA requirements of tribal notification, case review and service provision as well as quality assurance. Also included are data requirements that will facilitate the collection baseline and ongoing data.

Below is the five-year plan for Tribal Consultation for FY 2010-2014.

<p><b>Child and Family Services Plan ICWA Specific Topics</b> <i>(Mandatory for Native American Affairs)</i></p>	<p><b>Tribal Consultation and Implementation in Present Plan</b></p>	<p><b>Tribal Consultation and Implementation for FY 2010-2014</b></p>
<p>Notification of Indian parents and Tribes of State proceedings involving Indian children and their right to intervene.</p>	<p>See Annual Progress and Services Report (APSR) 2008 and pages 32-35 in the Consolidated Child and Family Services Plan (CFSP) 2005-2009.</p>	<p><b>1) Training:</b>            a) All Children's Services Supervisors and staff will attend mandatory ICWA Training by FY 2013.            b) Mandatory ICWA Training will be a full (8 hr) day.            c) ICWA Training will be approved by the Tribal State Partnership (TSP) Training Subcommittee by FY 2012.</p> <p><b>2) Data Management:</b>            a) Quality assurance of ICWA will be ensured through quantifiable data demonstrating all American Indian cases per program (CPS/FC/JJ/Adoption/Guardianship/APPLA/YIT/ETV), ICWA data measures (notification, placement, active efforts, Tribal right to intervene), and case plan services (F2F/TDM/FGDM/APP/DFSP) per system (SWSS/JJOLT/SWSS-FAJ/BRIDGES) per county; will be captured from monthly ICWA case tabulations from FY 2010-2012.            b) By FY 2012, there will be a process to extract American Indian ICWA case totals and ICWA data measures reports electronically (reports will be per county and reflect gender, ages, and Tribal affiliation).</p> <p><b>3) Quality Assurance:</b>            a) Quality Assurance Plan development and implementation will occur by FY 2011 (includes: standards, case reads, self-assessment and reporting).            b) A Tribal ICWA Compliance Review Board will be created by FY 2011.            c) DHS and Tribes will define Tribal Consultation by FY 2010.</p>
<p>Placement preferences of Indian children in foster care, pre-adoptive, and adoptive homes.</p>	<p>See Annual Progress and Services Report (APSR) 2008 and pages 32-35 in the Consolidated Child and Family Services Plan (CFSP) 2005-2009.</p>	<p><b>1) Quality Assurance:</b>            a) 25Percent of all ICWA cases will be reviewed for compliance annually (Tribal ICWA Compliance Review Board) by FY 2011.            b) DHS and Tribes will define Tribal Consultation by FY 2010.</p> <p><b>2) Data Management:</b>            a) Reports tabulating 1) Placement via ICWA,            2) Placement outside of ICWA with Tribal</p>

		<p>approval, and 3) Placement outside of ICWA without Tribal approval will be developed from hand-counted ICWA cases from FY 2010-2012.</p> <p>b) By FY 2012, there will be a process to extract American Indian Placement Priority Reports electronically per county to reflect gender, age and Tribal affiliation.</p>
Active efforts to prevent the break-up of the Indian family when parties seek to place a child in foster care or for adoption.	See Annual Progress and Services Report (APSR) 2008 and pages 32-35 in the Consolidated Child and Family Services Plan (CFSP) 2005-2009.	<p><b>1) Policy:</b></p> <p>a) Reinstatement and implementation of an acceptable "Active Efforts" rate for Tribal contract agencies and private agencies for active efforts by FY 2010.</p> <p>b) By FY 2010, "Active Efforts" will be defined by Tribes.</p> <p>c) DHS will dedicate leadership staff to quarterly Tribal State Partnership Meetings to ensure coordination and collaboration with Tribes and honor Tribal sovereignty.</p> <p>d) DHS and Tribes will define Tribal Consultation by FY 2010.</p>
Tribal right to intervene in State proceedings, or transfer proceedings to the jurisdiction of the Tribe.	See Annual Progress and Services Report (APSR) 2008 and pages 32-35 in the Consolidated Child and Family Services Plan (CFSP) 2005-2009.	<p><b>1) Data Management:</b></p> <p>a) Monthly county report (hand count) of Tribal intervention and transfers to Tribal court cases will be generated by FY 2010; reports will reflect child age, gender and Tribal affiliation.</p> <p>b) By FY 2012, there will be a process to extract Tribal Intervention and Transfer to Tribal Court Reports electronically per county to reflect gender, age and Tribal affiliation.</p> <p>c) DHS and Tribes will define Tribal Consultation by FY 2010.</p>
<b>Overall Child and Family Services Plan Topics</b> <i>(Optional for Native American Affairs)</i>	<b>Tribal Consultation and Implementation in Current Plan</b>	<b>Tribal Consultation and Implementation for Future 5-Year Plan</b>
Stephanie Tubbs Jones Child Welfare Services Program (title IV-B subpart 1 – DHS Foster Care Services).	See attached Consolidated Child and Family Services Plan (CFSP) 2005-2009: pages 9-10, 22-25 and 30-31.	<p><b>1) Policy:</b></p> <p>a) Minimum of one county with a Tribe should be selected for any future pilot programs occurring from FY 2010-2014.</p> <p>b) Tribes will be consulted regarding contract opportunities by FY 2010.</p> <p>c) Tribal representatives will be invited to participate in DHS Policy Committees that impact ICWA and Tribal Sovereignty by FY 2010.</p> <p>d) Tribal set-asides for programming will be researched by FY 2010.</p> <p>e) DHS and Tribes will define Tribal Consultation by FY 2010.</p>
Family Preservation (Includes Families First)	See attached Consolidated Child	<p><b>1) Policy:</b></p> <p>a) Minimum of one county with a Tribe should</p>

<p>of Michigan (FFM), Family Reunification Program (FRP) and Family Group Decision-Making (FGDM).</p>	<p>and Family Services Plan (CFSP) 2005-2009, pages 10-12.</p>	<p>be selected for any future pilot programs occurring from FY 2010-2014.  b) Tribes will be consulted regarding contract opportunities by FY 2010.  c) Tribal representatives will be invited to participate in DHS Policy Committees that impact ICWA and Tribal Sovereignty by FY 2010.   d) Tribal set-asides for programming will be researched by FY 2010.  e) DHS and Tribes will define Tribal Consultation by FY 2010.</p>
<p>Adoption Promotion and Support Services.</p>	<p>See attached Consolidated Child and Family Services Plan (CFSP) 2005-2009, pages 17-20.</p>	<p><b>1) Policy:</b>  a) Minimum of one county with a Tribe should be selected for any future pilot programs occurring from FY 2010-2014.  b) Tribes will be consulted regarding contract opportunities by FY 2010.  c) Tribal representatives will be invited to participate in DHS Policy Committees that impact ICWA and Tribal Sovereignty by FY 2010.  d) Tribal set-asides for programming will be researched by FY 2010.  e) DHS and Tribes will define Tribal Consultation by FY 2010.</p>
<p>Caseworker Visit Funds</p>	<p>New</p>	<p><b>1) Policy:</b>  a) Minimum of one county with a Tribe should be selected for future pilot programs occurring from FY 2010-2014.  b) Tribes will be consulted regarding contract opportunities by FY 2010.  c) Tribal representatives will be invited to participate in DHS policy committees that impact ICWA and Tribal Sovereignty by FY 2010.  d) Tribal set-asides for programming will be researched by FY 2010.  e) DHS and Tribes will define Tribal Consultation by FY 2010.</p>
<p>Training activities and costs to be funded through titles IV-B and IV-E of the Social Security Act.</p>	<p>See Consolidated Child and Family Services Plan (CFSP) 2005-2009, pages 21-22.</p>	<p><b>1) Policy:</b>  a) Minimum of one county with a Tribe should be selected for any future pilot programs occurring from FY 2010-2014.  b) Tribes will be consulted regarding contract opportunities by FY 2010.  c) Tribal representatives will be invited to participate in DHS Policy Committees that impact ICWA and Tribal Sovereignty by FY 2010.  d) Tribal set-asides for programming will be researched by FY 2010.</p>

		e) DHS and Tribes will define Tribal Consultation by FY 2010.
Child Abuse Prevention and Treatment Act (CAPTA) – DHS Child Protective Services.	See attached Consolidated Child and Family Services Plan (CFSP) 2005-2009, pages 14-16 and 49-53.	<p><b>1) Policy:</b></p> <p>a) Minimum of one county with a Tribe should be selected for any future pilot programs occurring from FY 2010-2014.</p> <p>b) Tribes will be consulted regarding contract opportunities by FY 2010.</p> <p>c) Tribal representatives will be invited to participate in DHS Policy Committees that impact ICWA and Tribal Sovereignty by FY 2010.</p> <p>d) Tribal set-asides for programming will be researched by FY 2010.</p> <p>e) DHS and Tribes will define Tribal Consultation by FY 2010.</p>
Chafee Foster Care Independence Program (CFCIP).	See attached Consolidated Child and Family Services Plan (CFSP) 2005-2009, pages 12-13 and 36-48.	<p><b>1) Quality Assurance:</b></p> <p>a) DHS will survey Tribes regarding their process for informing Tribal youth of Education &amp; Training Voucher Program (ETV) eligibility and how to access services by FY 2010.</p> <p>b) Tribes will be provided technical assistance regarding Education and Training Voucher Program (ETV) on an annual basis starting FY 2010.</p> <p>c) DHS and Tribes will define Tribal Consultation by FY 2010.</p> <p><b>2) Data Management:</b></p> <p>a) Quality assurance of ICWA will be ensured through quantifiable data demonstrating all American Indian cases per program (CPS/FC/JJ/Adoption/Guardianship/APPLA/YIT/ETV), ICWA data measures (notification, placement, active efforts, Tribal right to intervene), and case plan services (F2F/TDM/FGDM/APP/DFSP) per system (SWSS/JJOLT/SWSS-FAJ/BRIDGES) per county; will be captured from monthly ICWA case tabulations from FY 2010-2012.</p> <p>b) By FY 2012, there will be a process to extract ICWA case totals and ICWA data measures reports electronically (reports will be per county and reflect gender, ages, and Tribal affiliation).</p> <p><b>3) Policy:</b></p> <p>a) Minimum of one county with a Tribe should be selected for any future pilot programs occurring from FY 2010-2014.</p> <p>b) Tribes will be consulted regarding contract</p>

		<p>opportunities by FY 2010.</p> <p>c) Tribal representatives will be invited to participate in DHS Policy Committees that impact ICWA and Tribal Sovereignty by FY 2010.</p> <p>d) Tribal set-asides for programming will be researched by FY 2010.</p>
Education & Training Voucher Program (ETV).	See Consolidated Child and Family Services Plan (CFSP) 2005 -2009, pages 12-13 and 36-48.	<p><b>1) Quality Assurance:</b></p> <p>a) DHS will survey Tribes regarding their process for informing Tribal youth of Education and Training Voucher Program (ETV) eligibility and how to access services by FY 2010.</p> <p>b) Tribes will be provided technical assistance regarding Education and Training Voucher Program (ETV) on an annual basis starting FY 2010.</p> <p>c) DHS and Tribes will define Tribal Consultation by FY 2010.</p> <p><b>2) Data Management:</b></p> <p>a) Quality assurance of ICWA will be ensured through quantifiable data demonstrating all American Indian cases per program (CPS/FC/JJ/Adoption/Guardianship/APPLA/YIT/ETV), ICWA data measures (notification, placement, active efforts, Tribal right to intervene), and case plan services (F2F/TDM/FGDM/APP/DFSP) per system (SWSS/JJOLT/SWSS-FAJ/BRIDGES) per county; will be captured from monthly ICWA case tabulations from FY 2010-2012.</p> <p>b) By FY 2012, there will be a process to extract American Indian ICWA case totals and ICWA data measures reports electronically (reports will be per county and reflect gender, ages, and Tribal affiliation).</p> <p><b>3) Policy:</b></p> <p>a) Minimum of one county with a Tribe should be selected for any future pilot programs occurring from 2010-2014.</p> <p>b) Tribes will be consulted regarding contract opportunities by FY 2010.</p> <p>c) Tribal representatives will be invited to participate in DHS Policy Committees that impact ICWA and Tribal Sovereignty by FY 2010.</p> <p>d) Tribal set-asides for programming will be researched by FY 2010.</p>
Child Welfare Waiver Demonstrations approved under section	See Consolidated Child and Family Services Plan (CFSP)	<p><b>1) Policy:</b></p> <p>a) Minimum of one county with a Tribe should be selected for any future pilot programs</p>

<p>1130 of the Act, as appropriate.</p>	<p>2005-2009, pages 54-55.</p>	<p>occurring from FY 2010-2014.  b) Tribes will be consulted regarding contract opportunities by FY 2010.  c) Tribal representatives will be invited to participate in DHS Policy Committees that impact ICWA and Tribal Sovereignty by FY 2010.  d) Tribal set-asides for programming will be researched by FY 2010.  e) DHS and Tribes will define Tribal Consultation by FY 2010.</p>
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The following collaborations and programs, though not funded solely through title IV-B funds, represent important aspects of the DHS Child Welfare Services Continuum, as they broaden access to services that increase family well-being, reduce risk and improve child safety. For example, research has established the correlation between domestic violence and child abuse and neglect, as well as negative affects on child well being.<sup>5</sup> The DHS houses the Domestic Violence Prevention and Treatment Board, which funds shelter and other domestic violence services throughout the state.

The department participated in the National Federation Policy Academy collaborative effort to promote parent leadership and shared decision-making in mental health services. This shift in how mental health services are conceptualized and delivered will assist DHS' efforts to improve outcomes through effectively targeted services and family engagement.

In Michigan, community-based prevention services play an important role in educating parents and others on issues that, if addressed early in the life of a family, can prevent escalation of concerns to proportions that increase risk. The Children's Trust Fund, through its funding of local projects and technical assistance to parents and community leaders, provides an extensive network of help and support to families and those who serve them.

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<sup>5</sup> Edelson, J.L. (1999). "The Overlap Between Child Maltreatment and Woman Battering." *Violence Against Women*. 5:134-154.

## **VIII. Domestic Violence Shelter and Support Services**

The goals of the Michigan Domestic Violence Prevention and Treatment Board (MDVPTB) funded services are to:

- Contract for the provision of:
  - Emergency shelter and related services (counseling, information, referral, and advocacy) to victims of domestic violence and their children.
  - Rape Prevention and Services (counseling, advocacy, public awareness, emergency intervention services) to victims of sexual assault, their family members and/or their significant others.
  - Transitional Supportive Housing and supportive services (transitional housing, counseling, transportation, financial/specific assistance, employment services, health care, and client development seminars).
- Educate service providers and other professionals on the prevention and treatment of domestic and sexual violence.
- Improve the response of the criminal justice, legal, medical, mental health and social welfare systems to the crimes of domestic and sexual violence.
- Ensure that safety, confidentiality and justice are provided to victims of domestic and sexual violence.

### **Program Description**

To achieve these goals the enabling legislation mandates the MDVPTB to:

- Provide funding to community-based agencies for domestic violence prevention and treatment.
- Develop standards for operation of victim service programs.
- Provide technical assistance to service providers.
- Conduct research to identify means of domestic violence prevention and treatment.
- Assist the state police in setting up a reporting system for law enforcement agencies.
- Carry out educational efforts targeted to both the public and relevant professionals.
- Advocate for policies and procedures that will improve the treatment of domestic violence victims.
- Advise the legislature and governor.

### **Services Provided**

#### **Comprehensive Domestic Violence Services**

The following services are provided under contracts with 44 non-profit domestic violence programs: emergency shelter, emergency intervention (24-hour crisis lines and emergency response services), supportive counseling, community education and prevention services, personal and support advocacy with health care, criminal justice systems, housing location, financial assistance, transportation and child care and children's services.

### STOP Violence Against Women Grant

The Federal STOP Violence Against Women Grant will provide \$3.4 million to local collaborative projects to improve victim services and the criminal justice response to violent crimes against women. Local projects address domestic violence, sexual assault and stalking throughout the state including specialized Sexual Assault Nurse Examiner programs. These funds also support the development of statewide policies, protocols and training in collaboration with state agencies and statewide organizations.

### Rape Prevention and Services Program

The MDVPTB currently funds 29 non-profit sexual assault programs under the Rape Prevention and Services programs to provide comprehensive services to sexual assault survivors.

### Transitional Supportive Housing Projects

The MDVPTB currently funds 20 non-profit Domestic Violence Transitional Supportive Housing programs under the Transitional Supportive Housing program to provide for safe transitional supportive housing for up to 24 months.

Sources of funding for the MDVPTB include:

- State funds.
- Federal Family Violence Prevention and Services Act Grant.
- Violence Against Women Act – STOP Violence Against Women Grant.
- Violence Against Women Act – Rural Domestic Violence and Child Victimization Enforcement Grant.
- TANF Block Grant.
- Violence Against Women Act – Centers for Disease Control.
- Violence Against Women Act – Grants to Encourage Arrest Policies.
- Violence Against Women Act of 2000 and 2005 – Safe Havens/Supervised Visitation.

## **IX. Mental Health – National Federation Policy Academy**

In February 2009, the Michigan DHS participated in a four-day session on improving family driven practices with representatives from the Department of Community Health (DCH), Association of Children’s Mental Health, SCAO, other public and private mental health agencies, parents, and youths. Through this meeting, participants developed a comprehensive policy action plan, “It’s About Families”, whose purpose is to inform the public about the effort and invite concerned citizens to participate. The group is working to develop an ethic of parent leadership within communities and at the statewide level to ensure that shared decision making and responsibility for outcomes is the norm for mental health services.

Strategies in this comprehensive change effort include the establishment of a resource Web site, development of a logic model and a strategic plan to establish a comprehensive approach to family driven care across human service communities in Michigan. By training, coaching, and positive peer modeling based on performance data, the group will implement a comprehensive policy examination and change process, including connecting the state policy initiative with community level implementation.

Upcoming meetings of the leadership team are scheduled and the team will seek technical assistance as necessary throughout the progress of this effort.

## **X. Prevention of Child Abuse and Neglect**

### **Children's Trust Fund of Michigan**

The Children's Trust Fund (CTF) serves as Michigan's source of permanent funding for the statewide prevention of child abuse and neglect. Established by the Michigan Legislature as an autonomous agency by Public Act 250 of 1982, CTF does not receive state general funds for operations. CTF has been designated by Governor Granholm to serve as the state lead agency to receive and administer the federal Community Based Child Abuse Prevention (CBCAP) grant.

The United States Congress mandates that states receiving federal Child Abuse Prevention and Treatment Act funding develop and utilize a minimum of three Citizen Review Panels. In 1999, CTF assumed responsibility for overseeing the Michigan Citizen Review Panel for Prevention (CRPP). CTF is working in conjunction with the DHS to strengthen this role in the coming five years.

CTF is in the process of hiring a new executive director. The executive director will be responsible for overall operations of CTF finances, staff and local council activities, developing productive relationships with state legislators, state department personnel and the Board of Directors. S/he will also be responsible for developing and overseeing fundraising activities. The director will also lead CTF in the development of a five year plan that is consistent with the goals of the state for child welfare and abuse/neglect prevention. While many of our goals articulated in this five year plan will coordinate with the new director's vision, we believe the APSR for 2010 will include new directions based on this change in leadership.

To serve Michigan's families and protect Michigan's children, CTF works with an extensive network of local prevention organizations. CTF provides funding for direct service programs and local child abuse and neglect prevention councils (hereafter referred to as "local councils"). By statute, local councils develop and facilitate collaborative community prevention programs. Councils also conduct local needs assessments and provide public awareness and other prevention services based on community needs. CTF supports its community based prevention programs through training and technical assistance, evaluation assistance, Child Abuse Prevention Month resources, and other support activities.

CTF is also the administrator and fiduciary for the Zero to Three Secondary Prevention Initiative. Zero to Three is a statewide, research and evidence based, community collaborative prevention model. Zero to Three programs serve Michigan's most vulnerable populations that have multiple risk factors that can contribute to child abuse and neglect. Zero to Three is funded through blended appropriations from DHS, MDE and DCH.

## **Service Description**

In FY 2009, councils were in their second year of a three year grant cycle. Local council allocations are awarded based on compliance with the CTF designation agreement and tier criteria. Most local councils serve a single county, but several northern Michigan councils serve two or three counties. In addition to developing collaborative community prevention programs, councils provide non-direct service prevention activities based on identified community needs.

By statute, local councils have as their primary purpose the development and facilitation of a collaborative community prevention program. Local councils are also charged with conducting local needs assessments and increasing public awareness, and they provide a wide array of additional services based on specific community needs. Activities include providing information and referrals, implementing public awareness campaigns, distributing prevention information, organizing Child Abuse Prevention (CAP) Month activities, providing prevention leadership on local committees, developing local resource directories and providing educational workshops and in service trainings such as Shaken Baby Syndrome, body safety, parent/child nurturing, and mandated reporting.

Direct service grants fund prevention programs and services to promote strong, nurturing families and to prevent child abuse and neglect. Direct service programs are designed to meet identified needs based on community assessments. They provide services to families who do not have an active CPS case (i.e., CTF does not fund tertiary or crisis intervention programs).

### **Expanding and strengthening the range of services.**

A priority for CTF for the coming five years is to evaluate the most effective ways to implement best practices into our grantees' programs and services. Specific areas that CTF will address are the inclusion of evidence based and evidence informed practices (EBP/EIP), improved evaluation processes among grantees, improved reporting on outcomes, and the increased use of logic models. CTF will provide trainings and technical assistance to help grantees develop and implement programs and processes that align with these priorities. Additional goals are as follows:

Local Councils: The four local council work groups, Standards, Capacity Building, Designation Agreement, and Education, developed an overarching guiding body, the Local Council Work Group, in March of 2008. During the coming five years, CTF plans to continue this work group and to explore ways to implement stronger peer review, possibly via "tier mentoring", regional meetings or site-to-site visits.

CTF will also provide outreach and technical assistance to any councils struggling with evaluation or sustainability issues. Starting with the FY 2010 application renewal process, all councils will be required to submit logic models with their prevention plans. CTF will continue to provide training and technical assistance to help strengthen councils' evaluation and outcome activities. In particular, CTF will support the Tier I and Tier II local councils that often do not have the capacity or staffing of the Tier III

councils. CTF will also explore ways to help support program areas such as Safe Sleep and Mandated Reporting, in addition to working with federal partners to identify evidence informed primary prevention services, outcomes and evaluation tools.

**Goals for FY 2010-2014:**

- Assist local councils in sustainability and capacity building strategic efforts.
- Advance the ability to add valid and reliable measures to their respective work plans.
- Increase collaborative efforts between state and local councils.
- Increase partnering efforts between the state CTF and local councils.
- Increase local councils' partnering with local initiatives.
- Continue to fund 72 local councils at the current level of funding.
- Bring Lenawee County, the only county currently without a prevention council, into the CTF-funded network.

**Goals for FY 2010-2011:**

- Pilot a local council peer review process.
- Review survey results from Child Abuse and Prevention Month 2009 and use them to determine plans and direction for future activities.

**Goals for FY 2012-2014:**

- Implement a statewide peer review process for local councils.
- Develop a survey or measurement tool to measure the impact of the peer review process.
- Provide logic model and outcomes trainings prior to the new grant application renewals (for FY 2013-2015).

Direct Service Programs: CTF will refine the criteria and outcome expectations of direct service programs to implement a more data driven system. A major change for FY 2010 grants will be the required use of the FRIENDS Protective Factors Survey, a valid and reliable tool developed by the University of Kansas, for any family or parent support programs. Use of the PFS will allow CTF to collect more comprehensive, outcome based evaluation data from its direct service grantees.

In the APSR for 2009, it was noted that the direct service RFP process underwent significant revisions in FY 2008 to strengthen services and improve outcomes. These changes remain in place for the 2010, including:

- The requirement that programs minimally meet the "Emerging Programs and Practices" level as defined by the federal CBCAP Program Assessment Rating Tool (PART) guidelines.
- The inclusion of the five protective factors as identified by FRIENDS, and the requirement that grant applicants state how their proposed service(s) will promote one or more of the protective factors.
- Stronger emphasis on parent involvement and leadership.

- A standard form distributed by CTF to report on parent/client satisfaction. This will help CTF more cohesively evaluate client satisfaction and will ensure that grantees are actively incorporating client feedback into their programs.

Peer Review: Over the coming five years, CTF will develop a formal peer review model for the CBCAP funded programs.

It is important to DHS to engage the grantees in developing a viable peer review model. This ensures that grantees have ownership of the process and view it as a positive vehicle to discuss prevention goals and challenges, share resources and review their practices and procedures. There are many peer review models in existence for various programs. During the coming five years, CTF will develop a preferred model and then implement that model to assure continuous quality improvement.

MSU Partnership: Under our prior five year plan, CTF awarded a grant to Michigan State University for the creation of a coordinated media campaign, entitled Children's Central, that explores the various aspects of child abuse and neglect prevention. The mission of Children's Central is to broaden the definition of child abuse and neglect, and subsequent prevention activities, include negative effects of media, effect social change for the more ethical practice of advertising and media targeted to children, work toward the protection of families and generate recognition of violence by or against children. Children's Central will also be involved in examining social marketing and branding strategies that would be most effective for CTF and CTF grantees, particularly local councils. In addition, CTF is currently working with MSU staff to hold a joint conference in November 2009 (FY 2010) that will feature the CTF annual training as well as the MSU conference entitled, "Consumer Culture and the Ethical Treatment of Children: Theory, Research, and Fair Practice".

**Goals FY 2010-2011:**

- MSU Children's Central will develop and operate a conference on media and its negative effects on children.
- MSU Children's Central will contribute to the development of a special issue of the Spring 2010 issue of Journal of Advertising, devoted to advertising and its possible connection to violence and abuse in children and families.
- MSU advertising faculty will develop and present research studies at national and international conferences with appropriate recognition to CTF.
- MSU advertising faculty and students will participate with CTF in the implementation of a public awareness campaign, by providing guidance, advance the ethical treatment of children through the completion of the contract period, expiring September 30, 2011.

Parent Leadership: Building on the work of the Parent Leadership in State Government Advisory Board and the CTF Parent Leadership Work Group, CTF will continue to support parent leaders, both directly and through our funded programs. In 2010, CTF will identify the key ways in which parent leaders can be provided the tools they need to success in the community. For example, based on feedback from the Parent Leadership

Work Group, CTF provided reimbursements (for appropriate costs) for parent leaders to attend Prevention Awareness Day in March 2009. In FY 2010, CTF will work to expand parent leaders among our funded programs as well as the activities we directly administer, such as the Citizen Review Panel for Prevention.

Two CTF staff served on the Advisory Board for Parent Leadership in State Government (PLSG). The board was established in December 2006 to equip parents to be partners at the policy table and it is funded via an interagency agreement between the DCH, MDE and DHS. At least 51 percent of board members must be parents of children ages 0-18 who have been or are eligible to utilize specialized public services (i.e., disability, social services, special education, early childhood intervention, or mental health). Additional goals of the PLSG in FY 2010 will be to help place parents and caregivers in policy making bodies so they can influence and have a voice in decision making.

CTF also initiated a collaborative meeting with the Early Childhood Investment Corporation and a Zero to Three parent leader to discuss parent leadership. This joint meeting took place in September 2008. The group met again in December 2008, and plans to meet quarterly in FY 2009.

**Goals for FY 2010-2014:**

- Increase parent leadership line item in budget from \$10,000 in FY 2009 to \$20,000 in FY 2010.
- Explore options for implementing strong parent leadership, including parent leadership training and scholarships for parents to attend developmental opportunities in parent leadership.

**FY 2012:**

- Increase parent leadership line item to \$25,000 in FY 2012 budget.
- Develop a tool to gauge parent leadership in direct service programs.

**Research, evaluation, management information systems, and/or quality assurance systems that will be updated or implemented in FFY 2010.**

Moving toward greater knowledge and utilization of evidence-based and evidence-informed programs and practices (EBP/EIP), and evaluation, continues to be a high priority for CTF. CTF is working with grantees to achieve this goal. CTF will continue to provide trainings for and monitoring of quarterly and year end reporting. CTF has made it a priority to help educate our grantees and other stakeholders about the importance of evaluation and outcome accountability, and to provide training and technical assistance in the process.

Program Evaluation: A major change expected for FY 2010 is the implementation of the Protective Factors Survey for direct service grantees. Another change will be the increasing expectation that local councils set measurable objectives in their prevention plans, even for primary prevention activities. As in years past, direct service and local council grantees are required to provide quarterly reports to CTF via EGrAMS. Increased training in program data collection and evaluation has significantly increased

the quality of grantees' reporting. Therefore, CTF plans to continue to provide a high level of EGrAMS/data collection training and technical assistance to support these evaluation activities.

**Goals for FY 2010:**

- Assist grantees to implement the Protective Factors Survey to evaluate effectiveness of programs.
- Assess client satisfaction in direct service programs in a more comprehensive way.

**FY 2011-2014:**

- Create and compile a "Primary Practice: Best Practices Toolkit" to guide local councils that are implementing primary prevention.
- Create a year-end protective factors report, based on data compiled from grantees utilizing the Protective Factors Survey.

Program Assessment Rating Tool (PART): In FY 2010, CTF will meet the federal reporting requirements for the PART. Specifically, CTF will provide data on the amount of CBCAP funding used to support EBP/EIP. CTF staff will continue to educate grantees (especially new grantees) about EBP/EIP and PART goals and requirements. Each year, CTF provides training on PART at the CTF annual training and via a teleconference prior to the PART submission deadline.

**Goals for FY 2010-2014:**

- Minimally, all new direct service grantees will have a logic model and meet the other emerging level requirements as defined by CBCAP.
- To determine infrastructure costs associated with supporting evidence-based and evidence-informed programs and practices, CTF will evaluate costs related to training and technical assistance, evaluation and data collection, network development and collaboration and grants management and monitoring.

Zero to Three: Zero to Three programs are more uniform than CTF direct service programs, and outcomes are categorized by legislative requirements. Zero to Three grantees are required to describe their evaluation process including identified, measurable performance objectives for each time-oriented outcome, how they will be measured, and how they integrate with the Zero to Three Secondary Prevention indicators. Outcomes are measured using three main data collection tools, quarterly data collection forms, the Adult Adolescent Parenting Inventory-Bavolek (AAPI-2), and an analysis of CPS involvement. The Zero to Three Initiative has found these evaluation activities to be highly effective in demonstrating the return on investment and effectiveness of these prevention programs.

**Goals for FY 2010-2014:**

- Maintain and expand levels of service for Zero to Three prevention programs.

- Assist Zero to Three programs to provide home visitation services to at-risk families that foster positive parenting skills, improved parent/child interactions, promote access to needed community services, improve school readiness, increase local capacity to serve families at-risk, and support health family environments that discourage alcohol, tobacco and other drug use.

## **XI. Staff Development and Training Plan**

### **Child Welfare Training Institute (CWTI)**

#### **Overview**

In 2008, CWTI formerly the Child Welfare Institute, was organizationally moved back into the CSA from the Field Services Administration. The director of CWTI is part of the Children's Services Cabinet and CWTI has become more closely involved with the interplay between policy and program development and training issues.

In addition, family preservation training, previously also under the Office of Training and Staff Development, and residential juvenile justice training, previously under the Bureau of Juvenile Justice, came within the new CWTI. Training on TDMs will also be under the purview of CWTI. A new curriculum development unit was also created and staff increased nearly three-fold in anticipation of increased training needs for child welfare staff. These restructuring and expansion efforts were the result of the Settlement Agreement and the CWTF's Change Priority number 8 (Reference the Child Welfare Reform section).

Training through the CWTI ensures child welfare workers in Michigan are fully prepared to carry out the responsibility of keeping children safe from abuse and neglect. Both DHS and private CPA workers are trained in the laws, programs, policies, and philosophy of Michigan's child welfare system to assure standardized service application for both DHS and contract agencies service delivery.

The pre-service institute (PSI) is a full time nine week training program for newly hired CPS and foster care workers and a full-time eight week training program for newly hired adoption workers, to prepare them to assume a child welfare caseload. In response to the needs of children and families, CWTI has added PSI training modules on topics including engaging absent parents by utilizing the *Michigan Absent Parent Protocol*, constitutional rights of parents, and mental health and substance abuse. CWTI will continue to offer a focus on youths in transition issues, including a youth panel and youth co-trainers for a portion of pre-service training.

CWTI has also enhanced training on ICWA and is collaborating within DHS and other entities, including the Tribal/State Partnership and the SCAO, to offer a full continuum of ICWA related training for all Michigan child welfare professionals. Topics include active efforts, notification of Indian parents and Tribes, placement preferences, burdens of proof, and qualified expert witnesses.

Race equity is a key issue for CWTI. All curriculums are currently being reviewed for any needed modification. This review will also cover other issues, such as gender, sexual orientation concerns and a more concentrated focus on engaging parents, children and other family members. CWTI is contracting with a noted expert in child welfare and child trauma to offer a trauma informed perspective in all PSI training beginning in June 2009.

CWTI also offers Program Specific Transfer Training (PSTT) for workers who have previously completed pre-service training in one program area but who have transferred to a new program area. This training covers 10-14 days, depending on the program area.

For additional training on achieving permanency, reference the Permanency Planning Unit section.

### **CPS Training**

To enhance the ability of CPS workers to protect children from abuse and neglect and safely maintain children in their homes whenever possible and appropriate, CPS pre-service institute (PSI) trainees learn to assess families, develop investigation reports and service plans within the limits of Michigan's Child Protection Law and CPS policy. Additionally, trainees learn how CPS interfaces with the court system and develop skills in petition and report writing. With the addition of family preservation training to the CWTI arena, CWTI is integrating a family preservation focus into many areas of CPS training.

### **Foster Care Training**

CWTI offers PSI training for DHS and private CPA new foster care workers. PSI trainings are designed to provide the skills and knowledge necessary for foster care staff to ensure safety, well-being and permanency of children who are committed or referred to DHS for care and supervision by the courts. Additional focuses include continuity of family relationships and connections, educational needs, and provision of adequate services to meet their physical and mental health needs. As with CPS training, integration of family preservation concepts is augmenting the CWTI foster care training focus to instill in workers the goal of enhancing families' capacity to provide for their children's needs.

### **Child Welfare Supervisor Training**

A group consisting of public and private CPA foster care workers, supervisors, program managers, Michigan State University's School of Social Work and the Office of the Children's Ombudsman worked with CWTI to develop a training package for CPS, foster care, and adoption supervisors. This new 40-hour child welfare supervisor training began in April 2009 and will be ongoing for all private and public supervisors. The training consists of two days of general supervisor training and three days of program specific training, concluding with a competency-based written examination. The course content is outlined below.

General training courses:

- Transitioning from Worker to Supervisor.
- Role of a Supervisor.
- Self Assessment.
- Supervisory Process.
- Communication Skills.
- Practice of Retention-Focused Supervision.

Adoption supervisory training courses:

- Adoption Laws/ Policies/ Practices / Procedures.
- Relationships Between DHS and Contract Agencies.
- Michigan Adoption Resource Exchange.
- Assessments and Recruitment Efforts.

CPS supervisory training courses:

- CPS Intake.
- Investigations.
- Ongoing.
- Legal.
- Transfer to Foster Care.
- On Line Manuals.
- Report Review.
- SWSS Case Reports and Supervisory Functions.
- CPS Practice Cases.

FC supervisory training courses:

- Laws/ Policy/ Procedure.
- Worker Reports.
- System Reports.

In addition to CPS, foster care, and adoption supervisor 40-hour training, CWTI also provides the following family preservation supervisor training topics:

- Family Reunification Supervisor Orientation.
- Families First of Michigan (FFM) Supervisor Orientation.
- FFM Self Evaluation for Supervisors.
- Program Manager Overview.
- Supervisory Training (I, II, III).

CFSR outcomes addressed in Child Welfare Supervisor training are as follows:

1. Children are, first and foremost, protected from abuse and neglect.
2. Children are safely maintained in their homes whenever possible and appropriate.
3. Children have permanency and stability in their living situations.
4. The continuity of family relationships and connections is preserved for children.
5. Families have enhanced capacity to provide for their children's needs.
6. Children receive appropriate services to meet their educational needs.
7. Children receive adequate services to meet their physical and mental health needs.

## **In-Service Training**

CWTI is also working to expand the in service training available to staff to support a well-trained child welfare workforce. The seven Michigan universities with graduate social work programs have developed a DHS approved in-service track for continuing education offerings for both DHS and private CPA welfare staffs. A large array of in-service options will be provided and updated regularly on the CWTI Web site to reflect new offerings. CWTI was recently approved as a continuing educating unit (CEU) provider for licensed social workers.

CWTI provides several of its courses as in-service options for workers for whom the course would not otherwise be required. Titles of these trainings include:

- Foster Care Legal Process.
- Transitioning Youth to Independence and Adulthood.
- Making the Most of Parenting Time.
- Engaging Relatives.
- Parent Resources for Information Development and Education (PRIDE).
- Advanced Interviewing and Investigation Techniques.
- Constitutional Rights of Parents.
- CPS Legal Process.
- CPS Forensic Interviewing.
- Domestic Violence.
- Engaging the Family.
- ICWA.
- Medical Findings of Child Abuse and Neglect.
- Mental Health.
- Child Trauma.
- Mock Trial.
- Self-Awareness.
- Cultural Competence.
- Substance Abuse.
- Time Management.
- Working Safe Working Smart.
- Poverty.
- Family Preservation.
- Making Visits Count.
- Involving Fathers.

CWTI will harness the expertise of its trainers and collaborate with external partners to develop and implement stand alone in service training for the future, including topics such as effective caseworker visits, successfully working with parents, relative caregivers, and foster/adoptive parents, and specialized education, mental health, and substance abuse issues.

The CWTI has collaborated with Michigan graduate schools of social work to provide in-service trainings throughout FY 2009 and this partnership will continue to be refined. Current trainings are representative of future topics and include:

- Traumatic Stress and the Social Work Practitioner: Coping Effectively with the Cost of Caring.
- Substance Abuse and Child Welfare: Advances in Research and Practice.
- Grief and Loss: Working with Children and Youth.
- Relationship-Based Assessment, Referral, and Intervention for Families of Infants and Toddlers At-Risk for Neglect.
- Intersection between Child Welfare and Overrepresentation of Children of Color.
- Private Logic of Youth in Foster Care.
- Grief and Loss Experiences in the Child Welfare System: Implications for Helpers.
- The Effects of Sexual Abuse on Adolescent Sexuality.
- Legal and Social Work Ethics: When World Views Collide.
- Cultural Humility: A Paradigm Shift in How to Work with Diverse Populations.
- Working with Hard-to-Reach Families.
- Effective Assessment and Crisis Interventions for Traumatized Children.
- Neurodevelopmental Impact of Fetal Alcohol Exposure and Trauma: Understanding Difficult Behaviors.
- Successful Strategies for Working with Lesbian, Gay, Bisexual, Transgender and Questioning Youth in Out-of-Home Placement.
- Addressing Issues Affecting Adult Survivors of Childhood Abuse and Neglect.
- Getting Back to Basics: Engaging Challenging and Resistant Children, Adolescents and their Families.
- Cultural Competence in the New Millennium: Addressing the Changing Demographics of Southeast Michigan's Child Welfare System.
- Trauma Sensitive Intervention with Children and Families.
- Working through an Ethical Lens: Decision Making with Children, Youth and Adults.

### **Evaluation and Training Improvement**

All CWTI courses include a standard first level evaluation. Development of a second level evaluation for all courses was initiated in FY 2007. A draft third level evaluation was also completed on PSI and work on training evaluation components has been ongoing. CWTI staff will share the results with the Child Welfare Training Advisory Committee, DHS field and program offices and other stakeholders to develop an ongoing quality improvement strategy. A meeting of the Child Welfare Training Advisory Committee is scheduled in August of 2009 and will focus on a review of pre-service training, including content, duration, and delivery modalities to better serve the needs of caseworkers and children and families.

To further ensure new hires are prepared to effectively work with children and families, conduct investigations, provide services, and work with other child welfare

professionals, a competency-based examination is given at the end of each PSI and Child Welfare Supervisor Training.

CWTI has also been transitioning from the use of Registrar Learning Management System to JJOLT/Omni Track Plus (OTP). OTP enables CWTI to track and report training data and will allow private CPA trainees to register online.

### **Collaboration**

CWTI continues to expand its collaboration with DHS and private CPA partners through the Child Welfare Training Advisory Committee. The committee is comprised of various public and contract agency partners, university staff and other stakeholders. The charge of the committee is to review Michigan's current child welfare training program and to make recommendations for improvement. Special focuses include developing and planning the implementation of contract agency train-the-trainer sessions for CWTI pre-service training and exploring training issues faced by rural and northern counties and how best to address them.

Michigan continues to train in collaboration with the Michigan Association for Foster Adoptive and Kinship Parents, the Michigan Federation for Children and Families, the Michigan Public Health Institute, Prosecuting Attorneys Association of Michigan (PAAM), SCAO and Governor's Task Force on Children's Justice. CWTI works closely with the Tribal/State Partnership to ensure both that CWTI curriculum covers all salient issues and to expand training opportunities for tribal social services staff to participate in certain CWTI trainings.

CWTI is working to develop training for relative caregivers, foster and adoptive parents, court personnel, child welfare attorneys, and court appointed special advocates (CASA). While CWTI has long partnered with the SCAO to develop and implement cross professional training for caseworkers, court personnel, lawyers, CASAs, and related child welfare stakeholders, such as FCRB members and Office of Children's Ombudsman investigators, new partnerships will be forged to provide training to the underserved resource families, including relative caregivers, foster, and adoptive parents who provide safety, nurturance, and permanency for children. Prominent in this training will be the development of resources to facilitate these resource families' serving as mentors to and partners with the biological parent, when appropriate, to increase children's well being in out-of-home placement, assist with reunification efforts and support other permanency options when reunification is not feasible. For additional information on the joint trainings with SCAO, reference the Children's Protective Services – CAPTA State Grant section.

CWTI is also exploring ways to incorporate aspects of pre-service training requirements into a child welfare specialty curriculum that will be offered through the various Michigan schools of social work.

Staff retention and recruitment efforts in Family Preservation Services programs and training continues to be standing agenda items in collaborative contacts with other

entities, such as internally with CWTI and externally with the University of Michigan School of Social Work. The goal of these discussions is to promote enhanced cultural competency of staff in working with customers and partners in training.

#### **Title IV-E Partial Tuition Reimbursement (PTR)**

Due to budget constraints, funding for the IV-E partial tuition refund (PTR) program for staff working on child welfare related MSW degrees was eliminated in 2007. The Office of Professional Development previously administered PTR. CWTI will administer PTR in the future and is actively working on procedures for implementation when state funding is restored.

#### **Family Preservation Services (FPS) Training**

FPS delivers training to private agency contract staff that provide in-home crisis intervention, support services or reunification services to families with the goals to safely maintain children in their homes whenever possible and appropriate and to provide enhanced capacity to families to provide for their children's needs. These service programs include: Families First of Michigan (FFM), Family Reunification Program (FRP), Family Group Decision Making (FGDM), and Families Together Building Solutions (FTBS). FPS trainings focus on research based service delivery methods consistent with the philosophy of strength based, solution focused techniques and, in addition to being available to family preservation contract staff, are open for attendance by private agency and DHS workers.

The following is a list of courses offered to Family Preservation workers:

- Behavior by Design.
- Domestic Violence.
- Domestic Violence Laws.
- Families First Core Training (Series A, B and C).
- FFM Self Evaluation.
- FFM Skills Revisited.
- Family Group Decision Making Core Training.
- Family Preservation Services Documentation.
- Family Reunification Program Core Training (I, II).
- Incest-Affected Families (I, II).
- Mental Health Interventions.
- Mental Health for Kids.
- Parenting (I, II).
- Personal Safety for Workers.
- Self Awareness.
- Self Care for Workers.
- Solution Focus (I, II).
- Testifying in Court.
- The Money Whisperer.
- Working with Lesbian, Gay, Bisexual and Transgender Clients and their Families.
- Working with Substance Affected Families.

Family preservation trainers continue to provide technical assistance to support family preservation efforts. Michigan family preservation trainers will provide continuing technical assistance to Michigan programs, Kansas, Maine and other states, as requested.

### **Foster and Adoptive Parent Training**

The CWTI does not provide direct training to foster and adoptive parents; however, staff does provide train-the-trainer sessions. Foster PRIDE/Adopt PRIDE (Parents' Resource for Information, Development and Education) training is the required training curriculum for pre-placement training. Local offices collaborate with private agencies to provide advanced foster parent training.

All prospective foster and adoptive applicants are required to attend the Foster/Adopt PRIDE training curriculum, which consists of nine modules totaling 24 hours of instruction. Each foster parent must annually participate in a minimum of 15 hours of approved training. All foster and adoptive parents are required to attend classes and successfully complete training in first aid and CPR.

DHS and private CPAs provide orientation, pre-placement, and ongoing training for each prospective/licensed foster parent as referenced in the department's foster parent training plan. Combinations of counties/agencies with similar needs, called foster parent training coalitions, may deliver training or the local DHS office may deliver training. DHS staff and/or appropriate combinations of staff and available resources may also deliver foster parent training.

CWTI conducts "Train-the-Trainer" in a four-day session. This training targets staffs of both DHS and private CPAs. Normally, these individuals are licensing workers, and are responsible for the training of prospective foster/adoptive and kinship caregivers in compliance with Michigan's Licensing Rules for Foster Family Homes and Foster Family Group Homes for Children. Moreover, experienced foster/adoptive and kinship caregivers who will be co-trainers with agency staff must attend this training.

To ensure curriculum compliance, a CWTI master trainer observes trainer(s) conducting a Foster/Adopt PRIDE session. The master trainer evaluates the presenting trainer and they receive an "Approval" status upon a successful presentation in accordance to the standards set by the Child Welfare League of America (CWLA). To date Michigan has 286 "Approved" PRIDE trainers. CWTI staff conducted eleven PRIDE train-the-trainer sessions in FY 2008.

Foster and adoptive parents also receive ongoing training through community forums, the statewide foster parent association, the Michigan Association of Foster, Adoptive and Kinship Parents' annual statewide training conference, online training such as "Foster Parent College", parenting conferences and resource library materials in local DHS offices.

#### **CWTI Goals FY 2010-2014**

**Goal:** The DHS Foster Care Program Unit will make efforts to include relative caregivers and adoptive parents in foster parent training. There is an expectation that birth parents, teens and sibling groups will give presentations as part of the orientation or the initial foster parent training.

**Goal:** Enhance communication about training issues to DHS and private CPA staffs by developing and implementing specialized training letters, Web site updates and electronic communications in 2010-2011.

**Goal:** Expand the capacity of CWTI to provide pre-service training to newly hired child welfare workers by partnering with private CPAs to develop private agency led pre-service institutes.

- In FY 2010, expand the foster care pre-service training and implement adoption private agency led CWTI pre-service training.
- In FY 2010-2011, evaluate the effectiveness of private agency led pre-service training by comparing trainer evaluations and trainee competency-based examination scores to assess the success of this pilot.
- Modify and continue building of private CPA training capacity through 2014.

**Goal:** Expand ongoing/in-service training to public and private child welfare workers in FY 2010.

- In FY 2010, partner with universities to develop and present child welfare in-service options and organize and lead a child welfare training consortium to identify and seek to fulfill child welfare training needs for caseworkers, tribes and other child welfare professionals.

**Goal:** Explore with seven Michigan graduate schools of social work the development of course work that would cover a significant portion of the CWTI pre-service training to reduce the time needed after hire to assume a caseload.

- In 2010, meet with the universities and identify issues to be explored in more depth and share CWTI lesson plans for review by university curriculum staff.
- Implement course work at least one university by August 2011 and continue expanding to other university programs, including undergraduate social work programs, by 2014.

**Goal:** Proactively identify and implement training to address unmet needs of children and families that present barriers to safety, permanency and well-being.

- In 2010, CWTI will continue to integrate family preservation concepts into child welfare training to reduce unnecessary removal and placement of children.
- In 2010 and 2011, CWTI will work with the program office to implement concurrent planning policy and training to enhance worker skills in achieving permanency.
- CWTI will continue to both weave core concepts throughout its training and develop individual training modules or in-service training on key cutting edge issues.

**Goal:** During FY 2010, DHS will revise its Public Assistance Cost Allocation Plan (PACAP) to include the “expanded training group” under P.L. 110-351.

**Goal:** By 2011, at a minimum, CWTI will implement new training for relative caregivers and guardians, foster and adoptive parents and private CPA adoption workers.

## Office of Professional Development Training

The Office of Professional Development (OPD) provides training to all DHS staff on non-programmatic issues and provides training support services for the program offices. Media production staff produces instructional videos, web-based training, video conferences, and other tools for performance support and distance learning.

The following training is offered by OPD:

**New Supervisor Institute** – This program is offered at least four times each year for all new supervisors. It uses a "teaching organization" approach in which local and central office managers, who have been identified as Agency Leaders, train new supervisors. Subject matter experts from central office also train parts of the Institute.

**New Director Institute** – This six-day program is designed to provide new directors with the information needed to successfully perform Group Four competencies and provide detailed information about the functioning and services available from central office. Subject matter experts from central office teach the course, as well as guest speakers, and experienced directors and managers. They use the "teaching organization" concept to provide information on the rules, regulations and requirements of law and policy. Experienced directors and guest speakers share best practices in an effort to help new directors adjust to the operational demands of the position.

**Customer Service Excellence Training** – This two-day training focuses on improving internal and external customer service. Training involves identifying the customer conditions, adapting, and personalizing the delivery of service to suit the customer. Trainees are taught positive self-talk, effective listening and questioning skills and appropriate interaction strategies to increase customer satisfaction.

**Managing Customer Service Excellence** – This is a one-day training designed for Supervisors and Managers of staff who have attended Customer Service Training. It includes exercises and coaching techniques to reinforce skills and sustain continued application of Customer Service training concepts back in the office.

**Working Safe/Working Smart** – This one-day training program on workplace safety is offered in the classroom or via videoconference. The focus of the training is interaction of agency staff with clients or the general public. The overriding theme is how to plan for individual safety when resources are limited, yet action is needed. The training identifies techniques for field safety, office safety and interviewing. It will increase the knowledge and skills of staff in recognizing emotionally charged situations. This includes early risk assessment, prevention of exacerbation, and using appropriate referrals. The training focuses on the use of non-physical crisis intervention methods to defuse aggressive or hostile behavior.

**Leadership Academy** – The Office of Professional Development introduced two new Leadership Academies in 2009 (LA09). Only 20 participants are chosen to participate in the academy. Each participant is paired with a DHS executive level manager as a

mentor. The purpose of Leadership Academy is to develop a pool of high potential candidates who are prepared and ready to step into leadership positions as they become vacant. Using an accelerated development model, academy members are trained in a broad range of leadership competencies rather than groomed for particular positions. This is a great opportunity for DHS employees who are already demonstrating leadership skills and would like to develop their leadership competencies. Pre and post 360 assessments of candidates show significant improvement in overall skill levels.

For two consecutive years (2007 and 2008), the Leadership Academy was selected as one of the top 50 programs for the "Innovations in American Government" award, sponsored by Kennedy School of Government at Harvard University. Additionally, the Leadership Academy has won national recognition from the American Society for Training and Development. This "Excellence in Practice" citation is for "outstanding contributions and achievements in advancing learning and performance in the workplace." The academy is being replicated by other state agencies to build leaders who are prepared to step up to leadership positions as needed.

All DHS employees with Civil Service classification level of P-11 or above and supervisors at any level are eligible to apply for Leadership Academy. The academy requires a two-year time commitment that can be demanding and time consuming, similar to attending graduate school while working full time.

**Leadership Development Program** - The Leadership Development Program was created in response to interest sparked by the success of the Leadership Academy. The training is open to all staff statewide with management approval. The goal is to provide or increase leadership skills and address succession planning needs by preparing staff for leadership, supervisory, and management opportunities.

The program has three levels. In Level 1, classroom training introduces leadership skills. Level 2 builds knowledge and skills with online learning courses based on Group 3 management competencies. Level 3 uses a 360 assessment, development plans, and the mentoring partnership to identify and build strengths and create growth opportunities.

## **XII. Community-Based Services**

Since the mid-1990's, one of Michigan's primary commitments has been to support our children and families in their communities and to provide the services needed to keep children safe. Building the capacity of communities to be first responders, of sorts, when families and children are in crisis is one of the best ways to assure the achievement of safety, permanence and well being.

A primary tenet of DHS' service delivery strategy is to involve the family, their natural supports (relatives, friends, churches) and others in the community in planning for services. Keeping the family together, or placing the child (ren) in a setting close to home, family, school and friends is key to achieving sustainable outcomes. For this model to work effectively, a comprehensive network of community services and supports is required. The services and programs provided under the community based services umbrella support this continuum and incorporate the federal CFPSR standards.

Strong Families/Safe Children, Michigan's title IV-B subpart 2 program, Child Protection Community Partners (CP/CP), and the Child Safety and Permanency Plan (CSPP) provide financial resources to local communities for program development and implementation of services according to locally determined needs. This model is dependent upon a shared sense of vision and responsibility by the key community stakeholders as well as the service providers. Michigan's Multi-Purpose Collaboratives, or MPCBs facilitate the development of a local vision and plan.

There are 80 county based MPCBs that include all 83 Michigan counties. Each community collaborative, in partnership with the county based DHS staff, formally and informally assesses local resources, needs, service availability and gaps. The collaborative body utilizes a team based approach to develop a plan for improving results for at-risk children and families and commits to the development, implementation and oversight of the county services plan. Because needs for children and families are so great and resources are limited, prioritizing and maximizing resources for services is an important element of local planning.

Michigan's MPCB community system of care is currently under review. Recent changes now require that the local DHS director has the final decision making capability on the services that receive funding.

In other sections of this five-year plan, other community services have been highlighted including: Zero to Three Secondary Prevention, and Homeless Youth and Runaway Services. These dynamic programs figure prominently in the DHS service array and continuum of services. Additionally, two evidence-based services, Wraparound and Families Together/Building Solutions (FTBS), may also be purchased through local collaborative funding. Services commonly provided include parent aides, supportive visitation and family support or step down services.

Finally, there are three child welfare family preservation programs in Michigan that are funded through central office administered contracts: Families First of Michigan (FFM), the Family Reunification Program (FRP) and Family Group Decision-Making (FGDM). All three models are evidence based and have been a staple of our child welfare continuum for over 15 years. Additional information on these programs is included later in this section.

**Goal:** DHS will review the outcomes associated with these services and determine what important changes, if any, will be made to assure they are flexible enough to meet the needs of our children and families.

**Goal:** Services will be more closely targeted to specific client needs, the services will be evidenced based and will assure cultural competency as a hallmark of provision.

## **Title IV-B (2) Promoting Safe and Stable Families (PSSF)**

Strong Families/Safe Children (SF/SC), initiated in 1994, is Michigan's statewide implementation of the federal title IV-B (2) program entitled "Promoting Safe and Stable Families". DHS is the designated state fiduciary for these funds and provides program support for the operation of the model.

Michigan annually allocates the title IV-B (2) funds, based on a formula, to the 83 counties for community based collaborative planning and delivery of:

- Family Preservation services.
- Family Support services.
- Time-Limited Reunification services.
- Adoption Promotion and Support services.

### **Program Design and Decision Making Process**

The SF/SC program requires that the local Department of Community Health (DCH), Department of Education (MDE) and DHS participate in the development of the local community services planning process. Public and private service organizations, courts, parents and consumers, and other child welfare stakeholders are also involved but are not required members of the MPCBs.

The overarching goals for Family Preservation, Family Support, Time-Limited Reunification and Adoption Promotion and Support services funded by title IV-B(2) are improved outcomes for children and families in the areas of safety, permanence and well-being.

**Goal:** Federal legislation and state program design define SF/SC goals as:

- To keep children safe within their home, and prevent the unnecessary separation of families (when appropriate).
- Prevent child maltreatment.
- Promote family strength and stability.
- Return children in care to their families in a safe and timely manner.
- Promote and support more adoptions out of the foster care system and help families maintain permanency.

### **Service Description**

Services to families funded under SF/SC must fall under the following four areas:

Family Preservation Placement Prevention Services: Services to help families at risk or in crisis (due to issues of abuse/neglect/delinquency) alleviate crises that may lead to out-of-home placement of children, maintain the safety of children in their own homes when appropriate, provide follow-up care to families to whom a child has been returned, support families preparing to reunite or adopt, and assist families in obtaining services and other supports necessary to address their multiple needs in a culturally sensitive manner. They may also include:

- Parent aide or homemaker services.

- Parenting education.
- Wraparound coordination services to prevent the unnecessary out-of-home placement of children, and provide stability to families to whom a child has returned home from placement.
- Crisis counseling.

Target populations for Family Preservation Services are families with an open CPS or prevention case.

Time-limited Reunification Services: These include services and activities provided to a child who is removed from home and placed in a foster care setting or a child caring institution (CCI). Also included are services provided to the parents or primary caregiver of the child, to facilitate reunification safely and appropriately within a timely fashion, but only during the 15-month period that begins on the date that the child is considered to have entered foster care. Services and activities are individual, group, and family counseling, substance abuse treatment services, mental health services, assistance to address domestic violence, therapeutic services for families, and transportation to or from these services. They may also include:

- Wraparound coordination services for children and their families with reunification as the permanency goal.
- Supportive visitation.
- Services to address substance abuse, domestic violence and mental health.

Target populations for time-limited reunification services include families with a child or children in an open foster care case with a goal of reunification and adoptive families with children in residential care with a plan to return home.

Adoption Promotion and Support Services: These include services designed to encourage more adoptions from the foster care system, including such activities as pre- and post-adoptive services and activities designed to expedite the adoption process and support adoptive families. These services may include:

- Adoptive family counseling / post adoption services.
- Kinship or relative caregiver support services.
- Foster and adoptive parent support services.

Targeted populations for adoption promotion and support services are families adopting a child from the DHS foster care system.

All services must be provided to families with primary care of minor children, 18 years old or younger. Services must be parent and/or family centered and directed primarily at treatment needs of the parents/caregivers.

Family Support Services: These services promote the safety and well-being of at-risk children and families designed to increase the strength and stability of families, including adoptive, foster, and extended families. Services are designed to increase parents' confidence and competence in their parenting abilities to successfully nurture

their children, to afford children a safe, stable and supportive family environment, to strengthen parental relationships, promote healthy marriages, and enhance child development. They may include:

- Family advocate or family mentoring services.
- Healthy families.
- Parenting / life skills.
- Home-based family support services.

Target populations for family support services include families eligible for family preservation and time-limited family reunification services, families with an open CPS, foster care, prevention or delinquency case that was closed within the past 18 months, families with a CPS investigation within the past 18 months, and families with three or more CPS referrals that were not assigned for investigation.

### **Percentages**

The CFS 101 estimates for FY 2010, submitted with the 2009 Annual Progress and Services Report, reflect that the state will continue to work towards a minimum of 20 percent in each of the four service categories, with a maximum 10 percent for administrative costs. Administrative costs include planning and service coordination.

Federal Reporting percentages for FY 2008 were:

- Family preservation placement prevention services = 31 percent.
- Family support = 34 percent.
- Time-limited reunification = 16 percent.
- Adoption promotion and support services = 12 percent.
- Administrative costs = 7 percent.

Michigan did not spend 20 percent of the IV-B funds on each category during FY 2008. However, DHS does spend state funds on two of the categories, time limited reunification and adoption support. By utilizing state dollars for these programs, we are able to dedicate more of the IV-B (2) funding in the remaining two categories. This balances our service continuum so we are maximizing service delivery.

### **CFSP Goals for 2010 - 2014**

Michigan's SF/SC program for the 2010-2014 CFSP will maintain the services in our continuum but modifications to the community based model are being considered. As resources decrease, the ability to purchase evidence based, effective services in some communities has become increasingly difficult. While the community collaborative, in partnership with the county based DHS, will remain the vehicle for local collaborative planning of community based services, DHS is currently reviewing options that may enhance the service array by maximizing purchasing capacity. For FY 2010, SF/SC service plans will continue to be subject to the approval of the DHS local office directors and the DHS Field Operations Administration prior to implementation of contracts. Services will continue to be purchased through contracts with community based providers. The contracting process and procedures remain the same, with DHS serving as the fiduciary agent.

**Goal:** Based on the results of the needs assessment, DHS will develop a strategic plan to assure the expenditures in the four service areas are balanced and effective.

**Goal:** DHS will provide examples of evidence based program models to local communities for their consideration for inclusion in their local services array.

**Goal:** DHS will provide technical assistance to providers and local offices related to SF/SC program requirements.

For additional information on Michigan's services continuum and future planning, reference the Child Welfare Improvement Task Force and the Child Welfare Continuum of Care sections.

## **Child Protection Community Partners (CP/CP)**

CP/CP is a collaborative effort that requires DHS and community partners to plan for and provide services to at-risk children of families that meet specific eligibility of low to moderate risk of child abuse or neglect (Category III or IV CPS cases). The goal of CP/CP funding is to support prevention and early intervention programs.

### **Goals and Objectives**

Services target the designated population of substantiated low and moderate-risk CPS cases and unsubstantiated referrals to CPS. Goals are to:

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

### **Criteria/Client Eligibility**

Families investigated by CPS within the previous eighteen months where one of the following is true:

1. There was a preponderance of evidence of child abuse or neglect and a low to moderate risk of further harm to the child.
2. Evidence was insufficient to confirm abuse or neglect, but there is an indicated need for preventative services.

### **Services purchased with CP/CP funds may include:**

- Parenting classes.
- Parent aide services.
- Wraparound and wraparound flexible funds.
- Counseling.
- Prevention case management.

**Goal:** Through CP/CP, DHS will continue to fund locally-determined and delivered services, targeted to eligible families.

## **Child Safety and Permanency Plan (CSPP)**

CSPP funding is targeted to children who are at risk of removal for abuse and/or neglect and to move those children to permanence who are in out-of-home placement. Additionally, CSPP services can be utilized to reduce the length of time a child is in out-of-home placement through the provision of services to his or her birth family.

### **Criteria/Client Eligibility**

Families with an open CPS case (Categories I and II), families with at least one child placed out of the home (including juvenile justice youth), and families receiving prevention services. Up to 10 percent of total CSPP allocation may be used to serve families receiving prevention services.

### **Goals and Objectives**

Keep children safe within their own home and prevent the unnecessary separation of families.

- Return children and youth in care to their families in a safe and timely manner.
- Provide safe permanency alternatives for children and youth when reunification is not possible.

### **Examples of services provided through CSPP funding include:**

- Counseling.
- Parenting classes.
- Parent aide.
- Wraparound.
- Flexible funds to meet concrete needs.
- Families Together Building Solutions (FTBS).

**Goal:** Through CSPP, DHS will continue to fund locally-determined and delivered services, targeted to eligible families.

**Specifically appropriated funds for centrally initiated, research-proven service models administered through state contracts include:**

### **Families First of Michigan (FFM)**

A contracted service, FFM provides direct support to CPS, foster care, adoption, and JJ programs, and accepts referrals from specific domestic violence shelters and Native American Tribes in select areas. FFM is an intensive home based intervention, available in all 83 Michigan counties, the purpose of which is to keep children safely in their own homes.

Interventions are designed to reduce risk and help families make lasting changes that improve the children's safety and are provided through intensive home based services, minimally ten hours per week. Examples of intervention services that may be used include parenting skills development through modeling, budgeting, housekeeping, counseling, advocacy, and connecting families with appropriate community resources.

Child Welfare Training Institute (CWTI) staff provides training for the FFM model to the contracted agencies who perform the service (Reference the Child Welfare Training Institute section on page 62).

### **Criteria/Client Eligibility**

Families eligible for FFM services have at least one child at imminent risk of placement in out-of-home care. Some contract service areas are designated as providing services to families from tribal referral sources. Those agencies that are responsible for providing services to Tribal children and families must assure cultural competence is a requisite in the program intervention. Similarly, designated domestic violence shelter programs for families may also make referrals with at least one child at risk of homelessness due to domestic violence.

### **Goals and Objectives**

- Keep children safe within their own home and prevent the unnecessary separation of children from their families.
- Return children and youths in care to their families in a safe and timely manner.
- Support structure for the safety of children and all members of the family.
- Defuse the potential for violence within the family.

### **Specific outcome measures include**

- Ninety-five percent of families served will not require an out-of-home placement during program participation.
- Ninety percent of families served will have avoided placement after three months following the end of FFM services.
- Eighty-five percent of the families served will have avoided placement after six months following the end of services.
- Seventy-five percent of the families served will have avoided placement 12 months following the end of services.

**Program Effectiveness**

FFM served 3,030 families in FY 2008. Program evaluation statistics showed that 84 percent of families served continued to have their children with them in their home one year (12 months) after the FFM intervention ended. Because of the DHS commitment to model fidelity, this statistic has remained relatively constant during the prior five year CFSP period.

**Goal:** In the coming five years, DHS will endeavor to increase the success rate of the program from 84 percent to 90 percent of families retaining custody one year post-FFM intervention without further incidence of abuse or neglect.

## **Family Reunification Program (FRP)**

FRP directly supports DHS and private CPA foster care cases through a variety of private service provider contracts. FRP provides an array of intensive, in-home services that are specifically designed to enable children and families to reunify within 12 months of their removal from the home because of substantiated child abuse and/or neglect. FRP is available in 26 counties in Michigan. These counties serve approximately 85 percent of the child welfare population in the state. Services are home based and intensive, averaging four hours per week for four to six months. The providers assure immediate availability, 24 hours, seven days a week to assure child safety upon return from out-of-home care. The services are strength based, and focus on child safety. Services may begin as early as 30 days prior to the expected court approved return home date.

### **Criteria/Client Eligibility**

The FRP is available to families who have a child residing in out-of-home placement due to abuse or neglect who can be returned home with intensive services within 30 days of the referral. Out-of-home placement includes, but is not limited to, residential treatment, family foster care, group family foster care, relative placement and psychiatric hospitalization.

### **Specific Outcome Measures Include**

- Seventy-five percent of the families served shall successfully complete the services.
- Seventy-five percent of the families served shall not have any Category I, II, or III, preponderance of evidence CPS findings for a twelve month period following placement of the child(ren) in the family home.
- Seventy percent of the families served will not have a child(ren) removed from the family home and placed in out-of-home care for a twelve month period following placement in the family home.

### **Program effectiveness**

FRP served 730 families in FY 2008.

**Goal:** In the coming five years, DHS will determine what other geographic locations have a large enough client population to warrant the initiation of an FRP contract.

**Goal:** DHS will conduct research to determine if there are less intensive FRP models, specifically, interventions scaled to risk associated with a child's return home. The focus of this research is to maximize capacity for additional interventions to serve more families.

## **Family Group Decision-Making (FGDM)**

FGDM is a family preservation program designed to offer additional family based supports to children who are at-risk of removal or families where a child is already in out-of-home care. This contractual service supports the CPS, foster care and adoption programs. FGDM is available in 19 counties and has the potential to serve 368 families annually.

FGDM is designed to protect children in a culturally sensitive and family centered way. FGDM assists families involved in abuse and neglect cases to create written plans to increase safety for the children within their family network. In the FGDM process, families and trained professionals meet together to clearly define the conditions that have put their children at risk and to mobilize a support system that will help implement their family plan. FGDM offers long term assistance to families and can provide service to the family for up to a year after creation of the plan. The FGDM process may include immediate and extended family members, neighbors, friends, godparents, or anyone who has a significant relationship with either the child or parent.

### **Criteria/Client Eligibility**

Families eligible for FGDM services are those with open CPS cases, foster care youths aging out of foster care and adoptive families at risk of dissolution or disruption of the adoption.

### **Specific Outcome Measures Include**

- Eighty-five percent of families will not have additional substantiated CPS abuse/neglect complaints during program participation.
- Families will keep their children safely at home or within the kinship network during program participation.
- Eighty percent of families will not require an out-of-home placement within six months of case closure.
- Seventy-five percent of families will not require an out-of-home placement within 12 months of case closure.

### **Program Effectiveness**

- Ninety-nine percent of families served created acceptable plans to address safety issues for their children.
- At the conclusion of the FGDM service, 92.8 percent of children were living with parents or with kin.
- Ninety-four percent of families did not experience a recurrence of child neglect or abuse during the FGDM service period.

FGDM served 248 families in FY 2008.

### **XIII. Children’s Protective Services – CAPTA State Grant**

#### **Service Description**

CPS consists of two main functions: investigation and intervention. Investigation includes intake, screening, preliminary investigation, and field investigation. Cases are classified as Categories I through V, based on whether or not a preponderance of evidence of abuse and/or neglect occurred, in conjunction with the risk level determined through completion of the risk assessment. Category I cases are the highest risk cases indicating abuse and/or neglect has occurred and immediate removal from the family home is necessary. Category V cases are those where no risk is identified and no services are required. If a preponderance of evidence of child abuse or neglect is identified (Category I, II and III cases), services must be offered to the family.

Intervention services with the family may be voluntary or court-ordered. Services designed to remediate family problems resulting in risk to children may be provided by DHS staff or through contracts with community based service providers (Reference the Community-Based Services section).

#### **CPS Outcome Measures and Results**

<b>Measure</b>	<b>Baseline FY 2008</b>	<b>2009*</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
Number of complaints received	124,716	69,257					
Percent of complaints accepted for investigation	60%	60%					
Percent of investigations resulting in substantiation of abuse or neglect	23%	27%					
Absence of maltreatment within 6 months	92.9%	**					
Absence of maltreatment within 12 months	88.93%	**					

\*2009 figures are year-to-date as of 4/30/09.

\*\*Not available.

**Goal:** DHS will negotiate the percentage of improvement for the CFSR Safety Outcome One, Absence of Maltreatment within Six Months, during the development of the CFSR PIP.

#### **CPS Goals/Plans FY 2010 - 2014**

Following are elements of the DHS’ five-year strategic plan to improve CPS services pursuant to CAPTA, Section 106(a) 1 through 14, which Michigan has selected to improve.

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

### **Centralized CPS Intake**

**Goal:** To ensure consistency in response to CPS complaints across the state, the Settlement Agreement requires DHS to implement a statewide 24-hour centralized complaint intake hotline by October 2011.

Centralized intake staff will be responsible for the statewide receipt, screening and assignment for investigation of reports of suspected abuse and neglect. DHS currently operates a centralized intake in Wayne County as well as several other larger counties in the state.

DHS has convened a planning committee to implement centralized intake. DHS will accomplish the action steps below prior to implementation:

- Conduct a thorough review of Wayne County intake, which includes examining the process during working hours and after-hours. For example:
  - How much time does it take to complete an adequate clearance?
  - How long are reporting persons waiting in the queue?
  - What are the procedures currently in place for assignment of the complaints to the districts?
  - What are the procedures for review of rejected complaints – both at central intake and at the district level?
  - What quality assurance is in place to ensure decisions are consistent across districts?
- Investigate telecommunication issues such as exploring whether it will be necessary to have two locations for centralized intake in case of power outage or other electronic malfunction at one of the sites.
- Ensure quality assurance:
  - What kind of oversight is required for rejected complaints?
  - How can DHS ensure consistency and quality assurance when there are two separate sites?
- Determination of adequate staffing.

### **DHS Birth Match Process**

The DHS Birth Match Process has been cited as a national best practice for ensuring child safety. The Birth Match process is designed to match child births to parents whose parental rights have been terminated because of neglect or abuse. This process is designed to assure child safety and allows DHS to identify cases, which, by law, require a child welfare petition because of previous termination of parental rights or because of a history of severe physical abuse.

The Birth Match process uses the Department of Community Health data of new births provided by Michigan hospitals and medical reporters. The process lists all parents on the child's birth certificate in the database and matches those against a DHS file of all

parents and/or adults that have severely abused their children and/or have had a past termination of their parental rights. Using cutting-edge technology for this child welfare best practice, the birth match process allows a timely notification via an automatic email alert to the designated CPS supervisor in each Michigan county where a child is born to a potentially abusive parent.

The information match creates an automatic pre-fill to a CPS complaint in SWSS. SWSS requires an immediate CPS intake worker investigation. The birth match process also provides a means for documenting severe physical abuse, as it includes people who commit severe abuse to a child but who have no legal relationship to the child or no record of termination of parental rights.

The birth match process demonstrates best practice data management for public information technology and is SACWIS compliant.

### **CAPTA Criminal Background Clearances**

Michigan complies with federal requirements for criminal background clearances related to licensing or approving foster care, relative and adoptive placements. All prospective adoptive families are required to undergo criminal history clearances and abuse/neglect Central Registry background checks to assure the placement will provide a safe and secure home environment for the child. Adult members of potential adoptive household are also required to submit to several different background checks, clearances and criminal history checks.

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. BCAL will not issue a foster home license and the adoption worker cannot authorize an adoptive placement until the checks are completed. Licensing Rules for Child Placing Agencies (R. 400.12309) also require CPAs to conduct these checks. BCAL conducts annual inspections for each CPA.

Once the foster/adoptive applicant submits fingerprints, they become part of a system known as "RAP back". If the person commits any criminal activity after the initial fingerprinting, the state police will notify BCAL and routine database matching by the child welfare agency will alert child welfare staff of a match. This process then mandates the local office child welfare worker complete a subsequent safety check on the child placed with the family. Additionally, pursuant to the Adam Walsh legislation, DHS workers must conduct a check for substantiated child abuse or neglect in every state where the applicant or any adult household member has lived in the five years preceding the application for licensing.

CPAs must continue to apply the Good Moral Character process to the conviction information received from both the MSP and Federal Bureau of Investigation (FBI) clearances. If the conviction is for a "specified crime" as defined in R400.1151 and R400.1152, the CPA must prepare an Administrative Review Team (ART) summary and

recommendation for BCAL when the CPA continues to recommend licensure or renewal.

In the unlikely event that BCAL staff approves a license with a federally prohibited crime under the Adoption and Safe Families Act (ASFA), the foster care program office is notified so they can enter the information into SWSS to prohibit title IV-E payments.

Finally, when an organization applies for a child caring institution license, the facility must comply with all Licensing Rules for Child Care Institutions for an original license to be issued. BCAL clears the chief administrator through ICHAT (a Michigan based criminal history database), the CPS Central Registry and the public sex offender registry (PSOR). The Child Care Organizations Act (PA 116 of 1973) requires a CPS Central Registry check on all employees or volunteers who have unsupervised contact with children. The statute requires an institution to post whether or not they do criminal record checks on employees, but does not require criminal record checks. The rules require the facility to ask about convictions and assess any information they have. Most facilities do ICHAT checks on all employees.

The CCI rules are open for revision and the new rules will require an ICHAT check on all employees who have unsupervised contact with children. BCAL is required to complete an annual onsite inspection of every CCI. All personnel files are reviewed for anyone hired since the previous review and a sample of personnel files for current staff are reviewed. The consultant conducts the Central Registry clearance, checks training records, criminal history information, and other requirements, which vary depending on the position. The Michigan licensing rules and PA 116 are located:

[http://www.michigan.gov/dhs/0,1607,7-124-5455\\_27716\\_27720---,00.html](http://www.michigan.gov/dhs/0,1607,7-124-5455_27716_27720---,00.html)

For additional information, reference The Bureau of Child and Adult Licensing and the Substantiated Abuse/Neglect and Use of Corporal Punishment sections.

**Section 106(a) 2. Creating and improving the use of multidisciplinary teams and interagency protocols to enhance investigations. To improve practice in this area, DHS has initiated the following:**

### **CPS Investigative Protocols**

CPS investigative staff is trained in and have access to several protocols that guide investigation and risk assessment. These protocols utilize a collaborative approach and are research based. The protocols have also been developed to address specific issues that have emerged in Michigan. These investigative protocols are described below.

### **A Model Child Abuse Protocol: A Coordinated Investigative Team Approach**

In 1993, the Governor's Task Force on Children's Justice (GTFCJ, or "Task Force") created a protocol entitled, "A Model Child Abuse Protocol: A Coordinated Investigative Team Approach" to address the handling of child abuse cases in Michigan. The protocol requires that DHS work with law enforcement and prosecuting attorneys to adopt and implement standard investigation and interview protocols. It was designed to be adapted at the local level, applying guidelines to develop community based interagency

child abuse protocols. The protocol was disseminated and trained statewide by a cross-disciplinary team of professionals. After the creation of the protocol, the Michigan Child Protection Law was amended to require its use.

A contract with the Michigan Public Health Institute was issued in January of 2009 to conduct a study to determine the extent existing protocols are being adhered to in local communities and if they are not being utilized, what are the barriers to effective use. From this project, a primer on existing protocols will be published and disseminated statewide. The Governor's Task Force is planning to conduct a statewide, multi-disciplinary training of this protocol, possibly in conjunction with training on the revised Forensic Interviewing Protocol (see below).

### **Forensic Interviewing Protocol**

DHS, in conjunction with Central Michigan University and under the auspices of the Governor's Task Force, developed the Forensic Interviewing Protocol. Forensic Interviewing is a model where children are approached at their age level utilizing neutral words to discern actual events. It is intended for use in conjunction with the Coordinated Investigative Team Approach protocol and is trained in law enforcement and child welfare disciplines. After the development of the Forensic Interviewing Protocol, the Michigan Child Protection Law was changed to require its use when interviewing children during CPS investigations.

In 2004, the Task Force, along with non-Task Force members, completed a reassessment of the Forensic Interviewing Protocol and its implementation. Some changes were made to the protocol based on the updated information gained because of the assessment. The revised document was published and disseminated statewide with training on the revised protocol occurring. The Task Force continually evaluates the need to update the interviewing protocol to assure it meets appropriate guidelines for interviewers needs.

DHS provides forensic interview training to new CPS workers. In addition to the training DHS provides, the Prosecuting Attorneys Association of Michigan (PAAM) provides cross-professional training for CPS workers, law enforcement, prosecutors, tribal workers, judges, and others. In 2008, PAAM trained over 500 people in the Forensic Interviewing Protocol. PAAM has experienced a recent increase in requests for forensic interviewing training, and, as a result, has had to initiate a waiting list for the training. In order to meet these training needs, the Task Force agreed in March of 2009 to fund two additional sessions of training which are currently being scheduled.

### **Munchausen Syndrome by Proxy (MSBP): A Collaborative Approach to Investigation, Assessment and Treatment**

To address risk in families that include complex medical and psychological issues, the GTF developed a protocol document titled, "Munchausen Syndrome by Proxy: A Collaborative Approach to Investigation, Assessment and Treatment". This document encompasses the identification of MSBP and establishes guidelines for each discipline potentially involved in a MSBP case investigation. The professionals involved in a

MSBP case may include the court, law enforcement, medical staff, CPS workers, attorneys, and psychologists.

### **Absent Parent Protocol: Identifying, Locating, and Notifying Absent Parents in Child Protective Proceedings**

The GTF developed the Absent Parent Protocol to provide guidance for identifying and locating absent parents of children involved in the child welfare system in response to a broad based consensus that failure to identify and involve absent parents is a barrier to timely, permanent placement for children. The protocol provides information on the need to, and methods of, locating absent parents to ensure that all viable placement options for children are considered. The Absent Parent Protocol is covered in training provided by the CWTI and is considered standard practice in child welfare cases when placement is being considered (Reference the Coordination between the Title IV-E and the Title IV-D Programs and the Child Welfare Training Institute sections).

### **Child Injury and Death Coordinated and Comprehensive Investigation Resource Protocol**

The purpose of the Child Injury and Death Coordinated and Comprehensive Investigation Resource Protocol is to provide information to ensure coordinated investigation in child maltreatment cases, including child maltreatment cases that result in a child death. Additionally, the protocol addresses ways to minimize additional trauma to child victims during the investigative intervention. The protocol is a compilation of summaries on existing child abuse and neglect protocols and the entire Sudden and Unexplained Child Death Scene Investigation Form. These protocols provide information and guidelines directed towards responders from different disciplines including law enforcement, CPS workers, prosecutors, and others. They reflect current successful methods to conducting thorough coordinated investigations of child maltreatment cases. The goal of the protocol is to promote the highest level of effective handling of child maltreatment cases through clearly defining team roles, appropriately carrying out responsibilities, initiating consistency in dealing with children and families, and increasing the understanding and appreciation of the unique roles of each discipline involved.

### **Methamphetamine Protocol**

The Methamphetamine Protocol was developed to ensure that the health and safety of children found in or near methamphetamine laboratories is addressed consistently and appropriately. The environmental contamination and hazardous life styles of a methamphetamine lab setting create numerous risk factors for children, and may result in abuse, neglect and/or health endangerment. This protocol addresses the immediate health and safety needs of children, establishes best practices and provides guidelines for coordinated efforts between DHS workers, law enforcement and medical services. This protocol was codified into the Michigan Child Protection Law in 2008.

These protocols are available for statewide dissemination at any time. Copies are available from DHS through the Task Force state coordinator. PDF versions of the

guide are also available on the Task Force and DHS Web sites. These protocols and additional CPS publication can be found at:

[http://www.michigan.gov/dhs/0,1607,7-124-5458\\_7699---,00.html](http://www.michigan.gov/dhs/0,1607,7-124-5458_7699---,00.html)

**Goal:** DHS will address barriers to the effective use of investigative protocols and will provide training and technical assistance where needed in the field.

**Section 106(a) 3. Improving legal preparation and representation.**

In collaboration with the GTF, DHS has an array of training opportunities specifically geared to address legal issues relating to child welfare. These trainings are planned through agreement with the SCAO and the PAAM (Reference the Court Improvement Project and the Child Welfare Training Institute sections).

L-GAL/Parents' Attorneys Trainings: At least two training sessions for legal guardians ad litem and parents' attorneys are planned per year for the future, depending on continuing need and interest. It has been suggested that holding the training regionally with cross-professional county teams may be a more effective way of distributing information and enhancing cross professional communication and efforts.

Prosecutor/Attorney General Training: One training is planned each year for the future, depending on continued need and interest.

Specialized Training for Legal Professionals: Between April 29, 2009 and June 4, 2009, six CFSR regional trainings were conducted for state and tribal judges and court staff to inform the courts about their role for the upcoming CFSR, which is scheduled to take place in the fall of 2009. "Representing Parents in Child Protective Proceedings: How Effective Advocacy Can Further the Best Interests of Children", will be offered in each even year.

Children's Charter of the Courts of Michigan Contract: In February of 2009, the Task Force approved a contract with Children's Charter of the Courts of Michigan to provide for an update and conversion to an electronic version of a publication entitled, "Guidelines to Achieving Permanency in Child Protective Proceedings", commonly known as the "Yellow Book". The publication is a recognized resource for courts, attorneys, child welfare advocates, Court Appointed Special Advocates, and child welfare professionals. It is currently in its fourth edition.

The purpose of the contract is to update the Yellow Book with statute changes, as well as convert the paper book to an electronic format. This format will allow for making timely updates to the Yellow Book as well as provide efficient communication of changes, and a more efficient process for maintaining the currency of the Yellow Book.

Child Welfare Law Journal: The Task Force approved funds to provide partial funding for the publication and quarterly distribution of the Child Welfare Law Journal. The Journal focuses on an interdisciplinary approach to child welfare. The Journal's content revolves around practice issues and is distributed to professionals working in the field of

child welfare, including social workers, DHS county offices, attorneys, psychologists, and medical professionals.

**Goal:** DHS will continue to improve legal preparation and representation through training and publication and distribution of resource materials.

**Section 106(a) 4. Case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families. To improve in this area, DHS has instituted the following:**

**Team Decision-Making (TDM)**

Michigan continues to integrate the principles of family engagement through its use of TDMs, which are a crucial component to facilitating a family centered, strength based and team guided decision-making process (Reference the Case Practice Model section).

**Concurrent Permanency Planning (CPP)**

Public Act 202 of 2008 amended MCL 712a.19 to allow DHS to implement concurrent planning. Concurrent permanency planning (CPP) aims to expedite permanency for Michigan's children. It involves:

- The front loading of services and other intense work on family reunification.
- Concurrently, establishing a back-up permanency plan in case the child cannot return home safely.

In July 2008, DHS staff formed a CPP Committee, with representatives from SCAO, the courts, DHS, private CPAs, NAA and CWTI staffs. DHS also received technical assistance from the Casey Family Programs and Michigan State University's School of Social Work. During the first phase of implementation, DHS will use CPP in all cases with the goal of reunification. DHS may choose to implement concurrent planning for other case goals later. In June 2009, Clinton and Gratiot counties will pilot CPP.

In conjunction with SCAO, the kickoff event for CPP was held on March 10, 2009. The training included DHS and court staff. Linda Katz, ACSW, one of the creators of the concurrent planning model, discussed the concepts and methods of utilizing concurrent planning. Judge Leonard Edwards of California, nationally known for his judicial leadership in concurrent planning, also discussed his experience with concurrent planning. Other highlights of this program included:

- Principles and concepts of concurrent planning for all professionals involved in child welfare cases.
- Overcoming perceived conflicts with the concurrent planning model of services.
- DHS implementation of concurrent planning.
- The importance of parenting time and parental involvement with the concurrent planning process.

**Goal:** To implement CPP statewide, DHS staff will:

- Conduct focus groups with DHS CPS and foster care staffs and a Native American Tribe.
- Draft policy for the pilot is completed and approved. DHS developed the policy with input from the CPP workgroup and several consultants from Casey Family Programs. Key areas in the policy are:
  - The importance of achieving early permanency for all children, which includes the development of a concurrent plan and full disclosure to the family regarding concurrent planning.
  - Family search and engagement.
  - Frequent parent/child visits and how to make them successful.
  - Frontloading services.
  - Collaboration and engagement between birth family and foster parent (resource family) towards reunification plan.
  - Engagement of birth family through TDMs and other family meetings.
- Developed and conduct the training. The training includes a lecture, small group discussions, DVDs, case examples and role-playing.

SCAO staff will be providing training to the courts with a training planned for June 2009. Finally, the MSU CWRC will evaluate the program. Reference the Permanency section for additional information on DHS' permanency-planning efforts.

**Section 106(a) 5. Enhancing the general child protective system by developing, improving and implementing risk and safety assessment tools and protocols;**

See Munchausen Syndrome by Proxy and Methamphetamine Investigative protocols, above and the Case Practice Model section for information on the SDM risk and safety assessment tools.

**Section 106(a) 6. Developing and updating systems of technology that support the program and track reports of child abuse and neglect.**

See DHS Data Management Unit.

**Section 106(a) 7. Developing, strengthening and facilitating training, including research-based strategies to promote collaboration, the legal duties of such individuals and personal safety training for caseworkers.**

**Summits**

Yearly summit conferences will continue for state legislators and other policy makers on current issues pertaining to the investigation and judicial handling of child abuse/neglect and child sexual abuse in Michigan. The next Summit will be in the fall of 2009.

The theme for the 2009 Summit will center on infant and child brain development, and the impact of child abuse on brain development. Dr. Bruce Perry from the Child Trauma Academy in Houston, Texas, will be the featured speaker. Although the agenda is not

yet complete, there will be a session on the Michigan Early On program, a session regarding neuroscience issues in older children and how it affects their ability to participate in legal decision-making, as well as a session on pending child welfare legislation in Michigan and the impacts of the legislation if enacted. The Summit will be held September 2009 and between 150 and 180 child welfare professionals are expected to attend.

### **Training for Child Welfare Professionals**

The Governor's Task Force, through DHS, developed an interagency agreement with SCAO to provide child welfare training to child welfare professionals through established and developing curricula, training modules, conferences, interactive web casts and video presentations, and to write, print, distribute, and implement protocols, resource guides, practice manuals, and other materials related to such training (Reference the Court Improvement Project and the Child Welfare Training Institute sections).

The following is a list of some of the activities planned through the interagency agreement:

- Summer Series Training Sessions: Cross-professional workshops and trainings focusing on a specific theme are offered each summer.
- Contract with the PAAM to provide ten mandated reporter trainings around the state.
- Support of local DHS offices across the state in their efforts to train school, medical, law enforcement, and other personnel in their communities.
- Continuing collaboration with the Michigan DOE and the Michigan Public Health Institute to educate and train school personnel in each school district in Michigan regarding mandated reporter responsibilities.

Other specialized trainings to be offered during 2008-2009 are:

- Handling the Child Welfare Cases – Applying the Law to Practice (for LGALs/parent's attorneys).
- Handling the Child Welfare Cases – Applying the Law to Practice (for prosecuting attorneys and Attorneys General).
- Representing Parents in Child Protective Proceedings: How Effective Advocacy Can Further the Best Interests of Children.
- Medical Issues in Child Maltreatment: Things Judges and Lawyers Want to Know but Never had a Chance to Ask.
- Child and Family Services Review (CFSR) regional trainings.
- Representing Parents in Child Protective Proceedings: How Effective Advocacy Can Further the Best Interests of Children.
- Post Termination Proceedings – Post Termination Reviews and Adoption.
- Michigan's Forensic Interviewing Protocol for Legal Professionals.
- Title IV-E Training for county DHS and court staffs.
- Concurrent Planning: A Unified Approach for Providing Permanency to Children.
- Legal Issues Regarding Fathers' Involvement.

- Implementing the Absent Parent Protocol and What to Do About Incarcerated Parents.
- Engaging Fathers: Resources and Programs for Full Engagement.
- Addressing Invisible Injuries: Child Neglect, Exploitation, and Emotional Abuse.

The Task Force identified a need for assistance with travel costs for child welfare trainings. With the current economic climate in Michigan, and the reduction of DHS funds in combination with other cost saving measures, the Task Force continues to approve the use of Children's Justice Act funds to allow DHS staff or tribal workers to attend any Task Force funded and endorsed training. The Task Force also extended this funding to private CPA caseworkers as well.

**Section 106(a) 8. 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.**

**Digital Cameras for Child Welfare Caseworkers**

In 2008, the Task Force began the process of funding the purchase of digital camera packages, memory cards and camera cases for both DHS and private CPA foster care workers. The camera packages are being distributed at a rate of one camera for every four workers. The cameras will assist foster care workers in documenting any evidence they may find regarding the children on their caseloads, as well as used to update yearly photographs of the children, and provide evidence to the court regarding case service plan progress and other issues, as necessary.

**Goal:** DHS will continue to distribute cameras to caseworkers and expects to complete distribution by the end of the fiscal year.

**Section 106(a) 9. Developing and facilitating training protocols for individuals mandated to report child abuse or neglect.**

Through its Citizen's Review Panel, DHS is working on education for mandated reporters of child abuse and neglect. Exploratory work included reviewing public service announcements from other states, and developed a Request for Proposal for an educational campaign. The panel has further obtained information from a marketing expert to explain the process and give suggestions for a large scale educational campaign. Bids for a marketing campaign were due in mid-May 2009.

DHS has developed and maintains a Mandated Reporter's Resource Guide and Web site and is working with the Children's Trust Fund (CTF) to incorporate mandated reporter awareness and education into the activities the CTF facilitates as a part of Child Abuse Prevention and Awareness Month. The DHS Mandated Reporter Web site is located at:

[http://www.michigan.gov/dhs/0,1607,7-124-5452\\_7119\\_7193\\_7812-157836--,00.html](http://www.michigan.gov/dhs/0,1607,7-124-5452_7119_7193_7812-157836--,00.html)

**Goal:** DHS will follow through on the educational campaign for mandated reporters.

**Goal:** DHS will continue to work collaboratively with the CTF to incorporate mandated reporter awareness and education into its activities and projects.

**Section 106(a) 10. Developing, implementing or operating programs to assist in obtaining or coordinating necessary services for families of disabled infants with life-threatening conditions.**

The Medical Advisory Committee was developed in 1996 in response to CPS workers needing consultation with medical professionals who specialize in child abuse and neglect (CA/N) examination, diagnosis, and treatment. This committee was responsible for the development of the Medical Resource Services (MRS) contract in 1999 and also develops and organizes the annual Medical Advisory Committee Conference. The purpose of the annual conference is to educate physicians and medical professionals, and facilitate discussion on medical issues related to CA/N. Participants in the committee include representatives from the CPS Program Office and several physicians throughout the state that specialize in CA/N.

The committee meets bi-monthly and provides a forum to discuss a variety of medical issues pertaining to CA/N. Topics of past meetings have included CPS policy, child malnourishment and the use of psychotropic medication for children.

Committee meetings are also used to discuss and respond to general medical questions from the field. Questions and potential agenda items are sent to the CPS Program Office, which seeks answers and, in turn, provides them to the caseworkers.

Further, DHS addresses medical and health issues through the continuation of the contract with the Child Protection Team at DeVos Children's Hospital through the Medical Resource Services (MRS) contract.

**Goal:** DHS will continue the Medical Advisory Committee and the contract with the Medical Resources Services contract.

**Early On**

Each state in the U.S. has an early intervention system. Early On provides this early intervention system in Michigan. Early On is a comprehensive approach to intervention for infants and toddlers with developmental delay(s) and/or disabilities, and their families. Michigan's lead agency is for Early On is the Michigan MDE. Early On supports families through home visitation by health professionals who assess children's particular needs and assist parents in accessing a variety of developmental and therapeutic services as well as social interaction. Early On served 10,023 children in 2008.

DHS is compliant with a provision in the Child Abuse Prevention and Treatment Act (CAPTA) of 2003 by referring all children from birth to three years who are victims in Category I and II CPS preponderance of evidence cases. This referral begins an

eligibility assessment process, with services provided as appropriate. In 2008, DHS referred 3,096 children to Early On.

**Goal:** DHS will continue to refer children on substantiated CPS cases to the Early On program.

**Section 106(a) 11. Developing and delivering information to improve public education relating to the roles and responsibilities of the child protection system and the nature and basis for reporting suspected incidents of child abuse and neglect.**

See Section 106(a) 9 above.

**Section 106(a) 12. 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.**

### **Citizen Review Panels (CRP)**

The Citizen's Review Panel on Children's Protective Services, Foster Care, and Adoption is a subcommittee of the Governor's Task Force for Children's Justice. The panel focused on two issues, with recommendations made to DHS, during calendar year 2008:

The panel agreed to function as Michigan's stakeholder group for the CFSR Statewide Assessment and CFSP. The panel collaborated on developing CFSP, including identifying areas of weakness identified, including cooperation with Native American tribes and medical consultation for children in foster care.

Furthermore, the panel has reviewed CPS policy, with special focus on services, training and other arenas in which the panel is typically involved.

**Goal:** DHS will continue to work with the CRP and the CPS Advisory Committee to improve CPS policy. The policy revisions will be implemented through consultation and collaboration with field staff and other stakeholders. Policy is revised up to twice a year to incorporate new programs, initiatives or trends, and to provide staff with direction designed to allow them to carry out their responsibilities as effectively and efficiently as possible.

**Goal:** Over the course of the next five years, policy will continue to change as necessary, guided by changes in the Michigan Child Protection Law. DHS will urge changes in the law and in policy as driven by the needs of the children at risk along with the input of community stakeholders.

### **Citizen Fatality Review Panel**

The Citizen Fatality Review Panel (CRP) was established by law in 1999 by the federal government to provide an opportunity for citizens to aid in ensuring that states meet

goals of protecting children from abuse and neglect. The CRP evaluates the strengths, weaknesses and challenges in the child welfare delivery system and meets quarterly to review identified cases of child abuse and neglect that have occurred within a given year. Annually, CRP compiles findings and recommendations to DHS for consideration.

The CRP on Child Fatalities met eight times in 2008 and they reviewed 149 child deaths that occurred in FYs 2006 and 2007. Of the 149 cases reviewed, 64 (43 percent) were found to be child maltreatment deaths, 21 child abuse and 43 neglect. This means that of the 64 cases found to be child maltreatment, almost 67 percent were neglect.

The CRP and the foster care fatality reviews completed by the DHS Office of the Family Advocate have resulted recommendations for changes in DHS policy and procedure. DHS has developed and continues to implement new protocols to improve the quality of CPS investigations. The initiatives outlined below are all in various stages of development.

- **SWSS CPS Child Death Alert and Report.** This new software enhancement format collects child death information in a timely manner and notifies key DHS personnel. The information collected at intake and at disposition of an investigation is stored into a secure database accessed by the Data Management Unit. This new process promotes consistency and accuracy of data collection.
- **SWSS FAJ Child Death Alert and Report.** The initial steps of programming have started on software to create a notification system that will also allow DHS to collect accurate child death information for children under the care and supervision of DHS for foster care, juvenile justice or adoption services in a similar manner to the SWSS CPS format. The information collected prior to case closure will be stored in a secure database accessed by the Data Management Unit.
- **Infant Safe Sleep.** To promote infant safe sleep, DHS and community sponsors have initiated multiple education efforts. DHS sponsored a safe child/safe sleep campaign for the prevention of child deaths as data identified that half of the child deaths in Michigan in 2001 were preventable. Identified risk factors in child deaths included the lack of smoke detectors, poor prenatal care, drug or alcohol use during pregnancy, unsafe sleep environments, poor supervision and inappropriate selection of babysitters. A significant portion of these at risk families have contact with the local DHS offices for FIP, FAP, Medicaid and other services distributed by DHS.

Based on these findings, the DHS prevention campaign to educate customers on creating a safe environment for children continues. The local offices have brochures, lobby videos and other resources readily available to clients and providers that were developed by the CPS program office. The identified education programs are home safety, shaken baby syndrome and creating safe-sleep environments for children.

**Goal:** In response to a recommendation from the Office of Children's Ombudsman, CPS program office plans to review several cases in which the child fatality involved unsafe sleep conditions. The purpose of the review is to determine if guidelines can be developed to assist CPS workers investigating fatalities involving unsafe sleep conditions.

DHS also maintains the Infant Safe Sleep Web site [www.michigan.gov/safesleep](http://www.michigan.gov/safesleep).

- **Child Death Investigation Training.** A two-day training covering child death investigations, uniform definitions, new protocols, and prevention efforts is offered annually for CPS investigators, medical examiners, law enforcement and other professionals.
- **Child Death Investigation Checklist (DHS-2096).** DHS developed a comprehensive investigation checklist for CPS workers and supervisors to use to ensure that CPS child death investigations are thorough, timely and consistent with applicable laws and policies.

**Goal:** DHS will continue to provide training and resources to improve timely, thorough and consistent child death investigation to caseworkers and supervisors.

### **Michigan Child Death State Advisory Committee**

The Michigan Child Death State Advisory Committee reviews the findings and data from local Child Death Review (CDR) teams. The goal of the review is to make recommendations for policy and statute changes and to guide statewide education and training efforts to prevent future child deaths.

### **Child Fatalities – Safety**

Current Child Protection Law allows the establishment of local CDR teams and defines their membership to include at least one medical examiner, a representative for the local law enforcement, a DHS and local public health representative, and the prosecuting attorney or designee. Since 1990, the total number of child deaths in Michigan has declined by 36 percent. The Child Death Review program has recommended 276 prevention strategies and implemented 141 of the recommendations.

Largely due to improvements in the reporting of child deaths, there has been a steady increase in the number of child deaths in Michigan that were identified as attributed to child abuse and/or neglect.

**Goal:** DHS will continue to work with MPHI to refine the death review process and identify DHS policy changes and CPS investigative protocols needed to prevent future harm to children in Michigan.

## **Children's Trust Fund**

Michigan's third CRP is the Children's Trust Fund (Reference the Children's Trust Fund section).

**Goal:** DHS will continue to respond to the CRP annual reports over the next five years.

### **Section 106(a) 13. Supporting and enhancing interagency collaboration between the child protection system and the juvenile justice system for improved delivery of services and treatment.**

The CPS Program Office is not currently working on any collaborative initiatives with juvenile justice. The Federal Compliance Office within DHS is working with the BJJ to create and modify dual ward policy and practice. The Youth Services Unit is also collaborating with BJJ on CFCIP and ETV funds. Furthermore, the Data Management Unit is working on the integration of juvenile justice data into a single data repository (Reference the Data Management section on page 172).

### **Section 106(a) 14. 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.**

The Collaboration, Coordination and Problem Solving (CCPS) subcommittee of the Governor's Task Force met numerous times to revise and enhance its strategic plan. The CCPS subcommittee met with DHS' Director for Children's Services to align the Task Force strategic plan to DHS initiatives, including Settlement Agreement requirements. There are several new action steps associated with the plan that pertain to experimental, model, and demonstration programs that the Task Force would like to initiate in the next report period. They include the following:

- Identification of Fathers: This action plan involves collaboration between title IV-D (funding for the prosecution of paternity cases and processing affidavits of parentage) and title IV-E (funding for child abuse/neglect cases) program areas to provide for early identification of fathers. This early identification of fathers would assist in several areas including earlier permanency for children, additional placement options and knowledge of a child's genetic/medical history (Reference the Coordination between the Title IV-E and the Title IV-D Programs section).
- Appropriate Disposition Plans: This action plan involves obtaining early, appropriate assessments across domains, which the worker can then use to develop a dispositional plan tailored to each family's individual needs. The assessments used should be evidence-based or promising practices in research loops.
- Reunification/Safety Plans: This action plan involves addressing common issues that often delay reunification, including physical health/disabilities, substance abuse, domestic violence, and mental health. With an appropriate safety plan in place, children could return to the care of their parents. The safety plans should be evidence-based or promising practices in research loops.

- **Assessment Pilot:** This action plan involves finding or creating a standardized, validated assessment tool for children in different domains such as mental health, occupational therapy, developmental, etc. The tool would be geared toward DHS' "permanency backlog cohort" (a group of permanent court wards awaiting permanency who are a priority because of the Settlement Agreement), with a long-term goal of using the assessment at disposition for all children. The pilot would involve the permanency backlog cohort. The Task Force will collaborate with others currently working on these types of assessments. The assessments would eventually correspond to child's medical passport. (Reference the Health Services Plan and The Permanency Planning Unit sections for additional information).

**Goal:** The Governor's Task Force CCPS subcommittee will continue to work toward goals set in its strategic plan to improve casework practice in the areas listed above.

**In conjunction with the GTF, other CPS goals for FYs 2010 through 2014 include:**

**Goal:** DHS will modify CPS policy in accordance with changes in the Child Protection Law and encouraging changes to protect children at risk more effectively.

**Goal:** DHS will work toward decreasing the number of children in out of home care/foster care and increase the role of parents and families throughout the TDM process, while increasing the use of appropriate relative care placements.

**Goal:** DHS will increase public awareness of the dangers of placing infants to sleep in an unsafe sleep environment. DHS will continue to attend the Statewide Safe Sleep Advisory Committee, which is a multi-agency collaborative group that works to advocate for education of the public on this issue.

**Goal:** The Governor's Task Force will educate and influence policy makers at the national, state and local level to promote positive outcomes for abused and neglected children through continued communication with legislators and policy makers on Task Force initiatives and issues and through identifying partners within the legislative process to support Task Force initiatives and issues.

## **XIV. Permanency**

### **Foster Care**

The foster care program provides placement and supervision of children who are judicially ordered under the care and supervision of DHS and are either temporary court wards or permanent state wards. The goal of foster care in Michigan is to provide children a safe and stable home and family to care for them until they can be safely returned to their birth parents, adopted or placed in another permanent living arrangement.

The safety and support of children in all out-of-home placements, irrespective of the setting, is a focus for Michigan. Additionally, achievement of an appropriate permanency goal within ASFA timeframes is the desired outcome of any casework intervention. The foster care program provides case management services to children placed out-of-home and to their families. Compliance with the requirements of the Adoption and Safe Families Act (ASFA) is the responsibility of the foster care case manager. DHS provides foster care services through direct service provision either by a DHS staff or through contractual services with a private CPA under the supervision of DHS staff. DHS recently implement permanent legal guardianship as another permanency tool for casework staff.

### **Relative Searches**

Michigan continues to expand and implement its kinship care model to provide protection and nurturing relative care to children who cannot remain at home safely. DHS and CPA caseworkers must evaluate all children who enter out-of-home care for potential relative placements that are appropriate to meet their needs.

In May 2009, policy was revised to implement the provisions of PL 110-351, Fostering Connections to Success that required caseworkers to identify and provide notice of a child's placement to all adult relatives within 30 days of that child's initial placement. The notice, a DHS-990, Relative Notification Letter, explains that the child was removed from the home of the parent and that the relatives have the option of being considered for placement. The notice further advises that relatives may lose this option if they do not respond within 30 calendar days. Additionally, the advisory letter describes Michigan licensing requirements, explains the benefits of becoming a licensed foster parent and provides notification of the procedures for a guardianship assistance agreement.

Accompanying the DHS-990, the caseworker must also provide the potential relative placement with:

- The DHS-989, *Relative Response*, which allows the relative to indicate whether they would like to be considered for placement and/or provide any other type of support for the youth.
- The DHS-988, *Relative Search Information*, which allows the relative to provide contact information for other relatives who may wish to be considered for placement.

Once a relative indicates that they would like to be considered as a placement resource, the caseworker has 30-days to complete a home study. Relative caregivers must:

- Be at least 18 years old.
- Pass a criminal history background check and abuse/neglect Central Registry check.
- Be able to meet the child's medical and safety needs and provide a safe home environment.

Reference the CAPTA Criminal Background Clearances for additional information.

### **Licensure of Relatives**

Foster care workers must advise all relative caregivers of the advantages of becoming a licensed foster care provider. The relative is provided with the DHS-972, Relative Agreement for Placement and Licensure, and the relative caregiver must sign the form indicating they have discussed licensure with the worker and indicate whether they agree to become licensed.

DHS has a designated a staff person as the relative licensing coordinator in central office to focus on these efforts. Michigan's Settlement Agreement provides that relative foster care providers must undergo licensure with an exemption allowance not to exceed 10 percent for non-licensure. The DHS initiative to license the majority of relative providers remains a priority for DHS through 2013.

Beginning in FY 2008, the Michigan legislature appropriated \$2.4 million dollars to support relative licensing activities. Between March 1 and September 30, 2008, 113 relatives became licensed. Almost half of the relatives approached about the benefits of licensure declined the option of becoming licensed. Michigan continues to encourage relative caregivers to become licensed to enhance financial support and services for the families caring for related children in their home. Local community support groups for relative caregivers offer training and resources for grandparents raising grandchildren. DHS has a contract with Michigan State University to provide resources, information and assistance with the licensing process for relative care providers (Reference the Foster and Adoptive Parent Training and the Foster and Adoptive Parent Recruitment sections).

**Goal:** Continue to increase the number of relatives who become licensed foster homes through educating them on the benefits of licensure and assisting them with the licensing process.

### **Performance-Based Contracting**

Representatives from DHS and Placement Agency Foster Care (PAFC) contractors have developed performance based contracting practices for foster care services (Reference the Purchased Services Division (PSD) Quality Assurance for additional information).

### Wayne County Baby Court

The “Baby Court” is a court pilot where a specialized docket is established to address abuse/neglect cases where infants and young children are under court and DHS supervision. The purpose of the Baby Court is to assure young children move to permanency as quickly as possible whether it be through reunification or termination of parental rights. Genesee County successfully implemented a Baby Court and data is beginning to be evaluated. The Wayne County Baby Court (WCBC) collaborative is in the planning stage. Members of the pilot’s development team continue to meet with infant mental health agencies, court staff, DHS, and other service providers who establish the collaborative workgroup. The WCBC anticipates the docket will serve 25 cases per year initially.

**Goal:** Implement the WCBC to improve outcomes for very young children involved in the child welfare system.

### CFSP 2010 – 2014 Goals and Objectives

Michigan has adopted the CFSR Outcomes as the overarching goals and objectives for the foster care program. Specific action items to achieve the outcomes are indicated below. Outcomes and baseline measures specified may be altered following the completion of Michigan’s onsite review, and the subsequent development of the CFSR PIP.

Additionally, Michigan has incorporated the Settlement Agreement outcomes and measures which are predicated on the CFSR, into our strategic planning activities. These blended outcomes form the basis of our five-year Child and Family Services Plan.

Outcomes	Objectives	Performance Indicators	Action Steps
<b>Safety</b>			
Children are, first and foremost, protected from abuse and neglect.	Baseline: 99.51%	Absence of repeat maltreatment while in a foster care placement.	<ol style="list-style-type: none"> <li>1. Assess the current circumstances of any potential foster/relative home prior to placing another child in the home.</li> <li>2. Implement and oversee the limitations on the number of children in a foster home.</li> <li>3. Continue unannounced home visits with all foster care providers quarterly.</li> <li>4. Conduct and review ongoing criminal history and Central Registry checks of all caregivers monthly and other household members quarterly.</li> <li>5. DHS will negotiate the percentage of improvement on this outcome during the development of the CFSR PIP.</li> </ol>
<b>Permanency</b>			
Timeliness and permanency of reunification.	Maintain a 3.2% or lower re-entry rate within 12 months of prior episode.	Rate of foster care re-entries.	<ol style="list-style-type: none"> <li>1. Provide an array of services to reduce the rate of re-entry.</li> <li>2. Utilize SDM tools to ensure families are receiving the services needed to rectify removal conditions.</li> <li>3. Review and/or revise statewide policy to</li> </ol>

			ensure that all case planning involves the family and youth.
	<p>Increase percentage of children reunified in less than 12 months.</p> <p>Baseline: 47.7%.</p> <p>Decrease the median length of time to reunification.</p> <p>Baseline: 12.5 months.</p>	Reunification achieved in less than 12 months from the date of removal.	<ol style="list-style-type: none"> <li>1. Utilize SDM tools effectively to assess the family's needs and progress towards reunification.</li> <li>2. Increase supervisory oversight of assessments and service plans through monthly consultation with the caseworker prior to each assessment and service plan being finalized.</li> <li>3. Collaborate with courts to conduct regular and frequent permanency-planning hearings.</li> <li>4. Implement concurrent permanency planning.</li> <li>5. Review Michigan's Needs Assessment and examine the service gaps.</li> <li>6. Develop best practices reunification tool in collaboration with community partners.</li> <li>7. Continue to send the Reunification Alert report to local DHS offices and the court.</li> </ol>
Placement stability.	<p>Increase or maintain the percentage of children having two or fewer placements while in foster care.</p> <p>Baseline: Children in care less than 12 months = 85.8%</p> <p>Children in care between 12 and 24 months = 72.6%</p> <p>Children in care for longer than 24 months = 45.4%</p>	Two or fewer placements for children in foster care.	<ol style="list-style-type: none"> <li>1. Continue to assess current circumstances of any potential foster/relative foster home in accordance with individual needs of the child.</li> <li>2. Develop policy to limit the use of emergency or temporary foster care facilities.</li> <li>3. Develop policy and protocol to limit the number of children in residential care facilities.</li> <li>4. Monitor the implementation of the limitations on the number of children in foster homes.</li> <li>5. Continue to implement and evaluate Treatment Foster Care Services in the identified pilot counties.</li> <li>6. Identify barriers to relative caregivers becoming licensed as foster family homes.</li> <li>7. Monitor policy implementation of relative notifications as established.</li> </ol>
	Baseline: 87% of placements in close proximity of family home.	Proximity of foster care placement.	<ol style="list-style-type: none"> <li>1. Implement policy on the limitations of placement within 75 miles of removal placement.</li> <li>2. Provide training regarding the new policy for relative search and placement.</li> <li>3. By October 2009, provide ongoing data to county offices regarding geographical proximity of placements.</li> </ol>
	Increase number of relatives licensed as a foster family home. Baseline:	Relative placement.	<ol style="list-style-type: none"> <li>1. Identify barriers to relatives becoming licensed foster care homes.</li> <li>2. Collaborate with BCAL to develop and implement policy regarding waivers of licensing standards for relative</li> </ol>

	12%. Baseline: 35% of children in foster care are placed with relative caregivers.		caregivers. 3. Implement 30-day notification requirements to relatives when a child enters care.
	Increase percentage of monthly visits with a child by the caseworker. Baseline: 20%.	Caseworker visits with a child on a monthly basis.	1. Improve data collection to report information accurately. 2. Coordinate private CPA interface with the SWSS system to increase caseworker visit reporting. 3. By October 2012, develop and implement policy increasing face-to-face contacts with the child to two visits per month in the first month.
<b>Well-Being</b>			
Families have enhanced capacity to provide for their children's needs.	Baseline: 50% for parents; 17% youth; FP/relative 70%.  Baseline: 40%.	Needs and services of child, parent and foster parents.  Child, parent and foster family/relative involvement in case planning.  Caseworker visits with parents.	1. Continue to utilize SDM tools to identify the needs and strengths for children and families. 2. Implement TDM as statewide practice model. 3. Monitor and evaluate Wayne County Pilot. 4. Monitor the implementation of specialized foster homes for children 0-5 with emphasis on foster parent involvement and mentoring of birth parents. 5. Implement statewide the Substance Abuse/Child Welfare protocol. 6. Extend foster care eligibility to age 20. 7. Participate on the Fetal Alcohol Spectrum Disorders Statewide Taskforce and identify and implement policy changes. 8. Review statewide needs assessment and identify service gaps. Explore funding sources to fund effective programs identified. 9. By October 2009, implement policy increasing face-to-face contact with the parent to two contacts in the first month.
Children receive appropriate services to meet their educational needs.	No baseline data is available.		1. Collaborate with the MDE to ensure children are enrolled in school timely. 2. Advocate with the state legislature to revise state law MCL 380.1148 changing residency from foster home to child's original home school district. 3. Develop policy and procedures to screen children for general and special educational needs. 4. Develop policy and procedures to limit the number of school changes for a child in foster care. 5. Implement educational planners for identified groups of youth.

			<ol style="list-style-type: none"><li>6. Increase statewide awareness on obtaining a child's educational record.</li><li>7. Establish baseline measures to monitor that children receive appropriate services to meet their educational needs.</li><li>8. Develop and implement policy and processes to reimburse for transportation expenses to maintain a child in their school after removal.</li></ol>
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## Health Care Services Plan

### Overview

All children are entitled to health services that identify their conditions and needs, diagnose and treat identified problems and initiate appropriate follow-up and preventive health care. As a result of health care deprivation and abuse and neglect, nationally, children in foster care experience a high level of health services needs.<sup>6</sup> Recent research provides the following statistics:

- Approximately 60 percent of children in care have a chronic medical condition, and 25 percent have three or more chronic problems.<sup>7</sup>
- Developmental delays are present in approximately 60 percent of preschoolers in foster care.<sup>8</sup>
- Children in foster care use both inpatient and outpatient mental health services at a rate 15 to 20 times higher than the general pediatric population.<sup>9</sup>
- Between 40 percent and 60 percent of children in foster care have at least one psychiatric disorder.<sup>10</sup>

It is not surprising that those children entering foster care display higher rates of physical and emotional problems than children in the general population. Compared with children from the same socioeconomic background, they have much higher rates of serious emotional and behavioral problems, chronic physical disabilities, birth defects, developmental delays, and poor school achievement.<sup>11</sup> These problems may be due to conditions that existed before entry into foster care (abuse and neglect, inadequate health care, etc.) and are exacerbated when adjusting to placement outside the home or multiple placements that interrupt the consistent receipt of medical and/or mental health services.

ASFA provided a federal legislative framework to give new direction and parameters to child welfare agencies and the courts. The CFRS is the federal monitoring and evaluation component of ASFA. The CFRS process measures the achievement of states on the well-being outcomes for children in foster care as well as safety and permanency. These well-being outcomes hold states accountable for the timely and

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<sup>6</sup> *Working Together: Health Services for Children in Foster Care*, NYS Office of Children and Family Services, 2009, p. xi

<sup>7</sup> M. Szilagyi. "The pediatrician and the child in foster care," *Pediatric Review* 19 (1998), pp. 39-50. N. Halfon, A. Mendonca, & G. Berkowitz. "Health Status of Children in foster Care: The Experience of the Center for the Vulnerable Child," *archives of Pediatrics & Adolescent Medicine* 149 (April 1995), pp. 386-392.

<sup>8</sup> Ibid.

<sup>9</sup> S. DosReis, J.M. Zito, D.J. Safer & K.L. Soeken. "Mental Health Services for Youths in Foster Care and Disabled Youths," *American Journal of Public Health* 91:7 (2001), pp. 1094-1099. J.L. Takayama, A.B. Bergman, F.A. Connell, "Children in Foster Care in the State of Washington: Health Care Utilization and Expenditures," *Journal of the American Medical Association* 271 (1994), pp.1850-1855. N. Halfon, G. Berkowitz, & L. Klee. "Mental Health Services Utilization by Children in Foster Care in California," *Pediatrics* 89 (1992), pp. 1238-1244.

<sup>10</sup> DosReis, 2001.

<sup>11</sup> Administration for Children, Youth and Families. *Child Welfare Statistical Fact Book*. Washington, DC: US Office of Human Development Services; 1984

adequate provision of medical, dental and mental health services for children in foster care. Most recently, The Fostering Connections to Success and Increasing Adoptions Act of 2008 (Public Law 110-351) places additional emphasis on agencies to provide ongoing oversight and coordination of health care services for children in foster care, including their mental and dental health needs.

### **Call for Reform**

In Michigan, the Settlement Agreement emphasizes the importance of DHS monitoring the provision of health services to foster children to determine whether they are of appropriate quality and are having the intended effect. By October 2009, DHS will take all necessary and appropriate steps to ensure that each child entering foster care receives:

- Needed emergency medical, dental and mental health care.
- A full medical examination within 30 days of the child's entry into care.

The DHS Health Services Plan is designed to establish continuity of health care for children in foster care and ensure a comprehensive and coordinated treatment approach by all professionals involved in their care. The Health Services Plan sets forth specific action steps to ensure that each child entering foster care receives:

- A screening for potential mental health issues utilizing a valid and reliable tool within 30 days of entry into foster care and a referral for a prompt further assessment by an appropriate mental health professional for any child with identified mental health needs as indicated by the screening tool.
- All required immunizations, as defined by the American Pediatric Association, at the appropriate age.
- Periodic medical, dental and mental health care examinations and screenings, according to the guidelines set forth by the American Pediatric Association.
- Any needed follow-up medical, dental and mental health care as identified.

Current foster care policy and licensing rules provide general health requirements for DHS and private CPAs to ensure that each child has:

- A physical examination within 30 days of initial foster care placement (CFF 722-2).
- A dental exam within 90 days of placement if the child is 4 years old or older (CFF 722-2).
- Current immunizations (CFF 722-2).

There are also policy requirements to document all medical, dental and mental health care received, including information regarding prescriptions, and maintain a medical passport for each child that is provided to caregivers. A child's present health status and medical needs are required at the child's placement into foster care. CPS workers make every effort to obtain the medical information outlined in the "SWSS Transfer to Foster Care Module, Medical and Transfer Needs/Services", in preparation for placement. If the information is not available, it is the responsibility of the foster care worker to obtain the medical information. (CFF 722-6).

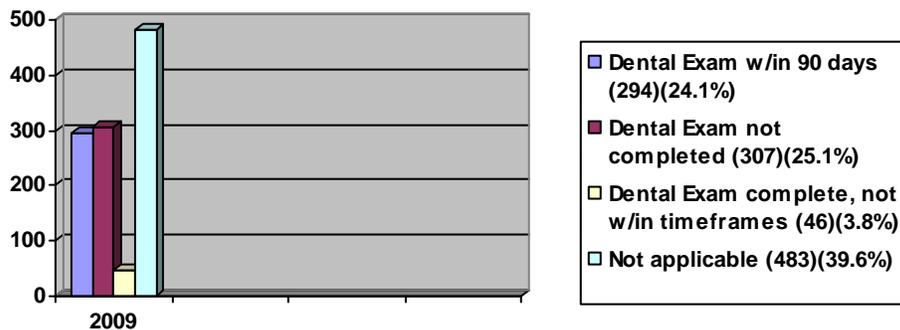
Historically, it has been particularly difficult to collect data regarding health care information for a number of reasons. When a child is removed, the removal household is either unwilling or unable to provide the caseworker with a complete medical history. High caseloads with numerous requirements for services have impacted the time a worker spends entering data into SWSS. This often resulted in case record entries being blank particularly for those areas where the worker does not have information. Without health information being consistently available or entered by the caseworker, a complete assessment of current practice and adherence to policy is not available. In addition, DHS purchases 38 percent of foster care casework supervision from private CPAs. Currently, private CPA workers cannot access SWSS to input medical information. Data is entered into SWSS by DHS purchase of service (POS) caseworkers for private agency cases, but medical information is not a mandatory completion module in SWSS and oftentimes, the information is missing.

To develop a baseline and future performance targets for improved health care delivery, DHS is using data collected in preparation for the CFSR Statewide Assessment for the upcoming CFSR. Approximately 1200 foster care cases were read by supervisors statewide and by the FCRB between 11/1/08 and 1/31/09. The results of the case readings support that children are not always receiving medical and dental services as required by policy (Reference the Title IV-E Compliance section).

#### Medical Exams



#### Dental Exams



Implementation of a health care system that provides accessible, quality care is the goal of our service provision.

#### Accessibility:

- Routine medical care should be available within a short distance from placement settings.
- Providers offer flexible and non-traditional hours of service.
- Foster children should have consistency in their health care and access to a medical home.
- Providers need to be identified who are willing to conduct comprehensive medical examinations within a 30-day timeframe.
- DHS staff carries caseloads that allow them to monitor the scheduling and follow up of appointments and provide assistance with transportation if needed.
- Caregivers need to be trained that health care is a priority.

#### Quality Care:

- Children in foster care should receive high quality medical and mental health care.
- Quality of care should be monitored by a variety of sources: interviews with caregivers, Medicaid and other qualified stakeholders, as well as being maintained electronically within SWSS.
- Child health care professionals must understand the unique culture of foster care that includes:
  - Removal from all that is familiar.
  - The impact on all aspects of health and well being.
  - Diversity of racial, ethnic, cultural, and linguistic background among children and their caregivers.
  - Federal and state regulations and laws that govern the child welfare system.

#### Integration:

- Collection of health care information should be integrated into existing venues, such as TDMs.
- Attention to health care needs to be integrated into services to children as a whole.

#### Collaboration:

- Foster parent training to share health care values and support is fundamental.
- Engage in partnerships with the DCH to share data and resources.

Developing a quality health care system that meets the well-being of foster children requires a commitment to build an infrastructure that can provide strong coordination of children's health needs and services. Building an infrastructure is based upon lowering DHS caseloads, revising the organizational structure to include a medical director and expanding the pool of available placements. While the desire is to address all the problems that negatively impact the provision of quality health care services to foster children, the reality is that we cannot move forward and hope to sustain efforts if the

infrastructure cannot support the change. We will need to move forward cautiously and coordinate the health care services plan with the progress made in building the infrastructure.

### **Health Care Access**

All foster children are Medicaid eligible, but a number of years ago a decision was made to exempt this population from enrollment in managed care because of problems associated with the frequent moves of this population, and enrolling and disenrolling from various health plans when placement moves occur. If a child is on Medicaid prior to removal and enrolled in managed care, the registration and enrollment in straight Medicaid might mean a delay in getting Medicaid information to the placement caregiver. Without Medicaid information, foster parents and other caregivers are unable to schedule needed medical or dental appointments.

Public Act 246 of 2008, Sec. 1772 called for DCH to establish and continue a program to enroll all children in foster care in Michigan into a Medicaid health maintenance organization (HMO). DHS has been working with DCH since March 2008 to implement this boilerplate. There will be benefits to foster children when enrolled in an HMO:

- Twelve of Michigan's Medicaid Health Plans were ranked in the Top 50 in the United States by U.S. News & World Report in 2008.
- With enrollment in an HMO, there is a significant reduction in visits to the emergency room.<sup>12</sup>
- HMOs provide transportation services.
- Mental health coverage is available for up to 20 visits a year.
- Early Periodic Screening Diagnostic and Testing (ESPDT) is done for all children.
- There is continuity of a medical home.

DCH is implementing a new Medicaid Management Information System (MMIS) system within the same timeframes as DHS is implementing our new integrated eligibility system (Bridges). DCH is represented on both the steering committee and in the program office for the Bridges project to ensure the necessary interfaces are maintained and policy changes are handled appropriately. SWSS passes child information through Bridges to the DCH MMIS. Until Bridges is completely rolled out, the movement of foster children to HMOs cannot successfully occur.

During this planning phase for the continuing enrollment of foster children in HMOs, DHS and DCH have the opportunity to work collaboratively to design managed care models to fit the needs of children in foster care. A meeting is scheduled in July 2009 to begin work on the models. With the expertise and input of a DHS medical director, we will develop contracts, set capitation and case rates and define the makeup of provider networks to address the special needs of children in custody. We will also work together to ensure that there are mechanisms to solve problems and to ensure continuity of care when a child changes placement.

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<sup>12</sup> Zuckerman S, Brennan N, Yemane A. "Has Medicaid Managed Care Affected Beneficiary Access and Use?" *Inquiry*. 2002;39(3):221-42.

At DHS, we will need to develop protocols and structures within local offices in response to the transition of foster children to managed care. There needs to be a point person or expert in each office serving as the face of the agency to work with the HMOs. A local office expert could also ensure timely health care access for children served by private agencies. The local office expert needs to:

- Know all the available HMOs.
- Facilitate the enrollment and disenrollment process.
- Ensure that established health care procedures are followed.
- Track health outcomes.
- Assess family, child and provider satisfaction.
- Make improvements based on data and outcomes.

A DHS Health Committee comprised of the Medical Director and Field Operations and Foster Care Program Office staff will convene in summer 2009 to begin this work. With careful planning, access to health care for foster children will improve when the transition to HMOs occurs. The current date for the implementation of the DCH boilerplate is October 2009, but delays in Bridges could impact that date.

Because the implementation date for the transition of foster children to managed care is contingent on the complete rollout of Bridges, a two-pronged approach to improving health care access is in place. In addition to the transition of foster children to managed care plan outlined above, DHS staff began meeting in April 2009 to develop an interim strategy. A "Health Care Survey" is under development and will be used to monitor the timely receipt of Medicaid cards by caregivers, and to solicit information from caregivers about timely access to quality health care for foster children. Each month the DHS Survey Center will contact a random sample of caregivers with newly placed foster children by phone or by mail. The caregivers will be asked questions about receipt of Medicaid cards, how long it took to get the cards, difficulty in scheduling medical and dental appointments, quality of the care received, questions about the mental health needs of children in their care, and the responsiveness of the agency and community to those needs. The surveys will be conducted from August 1, 2009 to February 28, 2010. The information from the surveys will be used to identify counties in the state that fall below performance targets set by the DHS Health Committee. In these counties, we will examine the existing health care delivery system and develop individualized plans to improve services to foster children in those counties.

### **Mental Health Screening**

The provision of mental health services for foster children is fragmented. The public DCH system does not have sufficient financial resources to serve the number of children needing mental health services. Currently, by contract, CMH serves children diagnosed as seriously emotionally disturbed who meet the medical necessity criteria for the Medicaid specialty clinic and rehabilitation services contained in the 1915(b) waiver and the specialty services for priority populations included in the Mental Health Code, i.e., children who have more severe emotional and behavioral disorders.

Children covered by Medicaid with mild to moderate mental health disorders are typically served by the HMO for up to 20 visits (outpatient) utilizing their plan benefit. However, since foster children are disenrolled from the HMO plans upon placement, this benefit is not currently available to them. DHS recognizes that abused and neglected children in child welfare are not receiving effective, comprehensive mental health services and supports to meet their needs.

At the worker level, all children are screened for mental health issues within the first 30 days of entering care, and quarterly thereafter, using the Child Assessment of Needs and Strengths (CANS). This tool is a part of the SDM system developed for Michigan by the National Council on Crime and Delinquency, The Children's Research Center (Reference the Case Practice Model section). Using provided definitions, workers score a child's mental health status. If the score is a negative number, it indicates a mental health need for the child. The top three negative scores on the CANS must be addressed in the child's service plan and services must be provided to meet the need. The CANS is a consensus-based assessment. The Settlement Agreement requires that screening for potential mental health issues occur within 30 days of entry into foster care utilizing a standardized, validated tool.

In an effort to address children's mental health needs, a Mental Health Screening Pilot Project with DCH began in the summer of 2007. Ingham and St. Joseph counties have been screening foster children with the Ages and Stages Questionnaire-Social Emotional (ASQ-SE) or Pediatric Symptom Checklist, depending on the age of the child, since the fall of 2008. Preliminary data supports that 32 percent of children entering foster care require a mental health assessment as indicated by the initial screening. DHS and DCH will analyze the pilot results to determine if these tools are effective for screening the mental health issues of foster children and consider expansion of the pilot sites by July 2009.

Once foster children are transitioned to Medicaid managed care, mental health screening will be included as part of the Well Child/EPSTD Program, which is included in current HMO contracts. The required Well Child/EPSTD screening guidelines are based on the American Academy of Pediatrics' recommendations for preventive pediatric health care. Also included in the current contracts is the requirement to make appropriate referrals for a diagnostic or treatment service if determined to be necessary.

### **Immunizations**

Immunizations are considered routine medical care and do not require a parents' authorization. However, some parents, acting in accord with state laws, refuse to have their children immunized because of religious beliefs. If this is the case, a signed statement from the parents specifying the prohibition must be contained in the case record.

The AAP recommends an immunization schedule that is congruent with the Michigan Medicaid Program. In addition, there is a schedule of required childhood immunizations for Michigan school settings that serves as a minimum standard for children in custody.

Current policy requires parental or Michigan Children's Institute consent for the human papillomavirus vaccine (HPV).

**Goal:** DHS will utilize the expertise of its medical director to evaluate all recommended immunizations to determine their appropriateness as preventive health care for foster children.

The Michigan Child Immunization Registry (MCIR) is a statewide practice by DCH to track the immunizations of all children in the State of Michigan. Doctors and health departments are able to update the system as immunizations are given. Since March 2005, SWSS automatically downloads data from DCH to get up-to-date information on immunizations for foster children. This information includes the immunization and date given. If a worker encounters documentation that is not on MCIR, a process is in place to add the information. This prevents duplicate or missed immunizations.

### **Data Collection and Monitoring**

**Goal:** In monitoring the health needs of foster children, it is apparent that inconsistent data exists to provide a full picture of current practice. Data that is more complete is a goal during this five-year plan.

Data entry into SWSS for children in foster care is inconsistent. Workers can leave the "Child Info" module of SWSS and move to other modules without entering any health information. In February 2009, a SWSS work requirement was submitted to the Department of Information Technology to improve the collection of health information. The worker will receive a prompt to complete health information before he or she can leave the "Child Info" module. Additional fields will also be added to the module to document mental health information and prescription medication. A policy change will be implemented by October 2009 requiring the DHS worker to enter all health information into SWSS.

Virtually all of DHS foster children have Medicaid as their medical insurance. A rich source of health data for foster children is available via Medicaid payment claims at DCH. A data sharing agreement between DHS and DCH is being drafted that will allow DHS to have access to claim data that will provide a more complete picture of the health care services that foster children receive. Future planning includes a SWSS interface with DCH for Medicaid claim information.

Monitoring access to and provision of health care services is an important facet of planning. The DHS Health Committee will identify an oversight process by October 2009 utilizing some of the current processes in place and supplementing the oversight as needed. DHS will ensure that performance based contracts address the provision of health care services and develop a quality assurance process when services or reporting by private agencies is not adequate. Supervisory review and other types of oversight need to include a review of electronic information entered into SWSS.

**Goal:** A two-pronged approach to implementation is being employed to bring about timely reform. DHS will work closely with DCH to assure a successful movement of foster children to HMOs, while continuing to implement interim strategies to improve health care delivery and oversight. Over the next two years, the reform will yield an improved health care delivery system that meets the physical and mental health needs of every child in foster care.

**Goal:** DHS will hire a medical director who will report to the director of CSA by fall 2009.

## Chafee Foster Care Independence Program

### **Description of Program Design and Delivery**

The DHS Youth Services Unit achieves the program purposes of the Chafee Foster Care Independence Program (CFCIP) through its Youth in Transition (YIT) program. The YIT program provides support to youths in foster care and increases opportunity for youths transitioning out of foster care through collaborative programming in local communities.

**Goal:** Michigan will involve the public and private sectors in helping adolescents in foster care achieve self-sufficiency through the following collaborative activities during FY 2010 through 2014:

- Develop a committee of public and private CPA staffs and transitioning youths to develop child welfare policy for the Youth Service Delivery Model. This model provides a coordinated continuum of services for youths 14-21 in foster care and transitioning from foster care that is based on the “permanency teaming concept”, by drawing in the community, committed adults, peer advocates, and family members to support the youth in attaining permanency and self-sufficiency by adulthood.
  - By summer 2009, finalize the development of the Youth Services Model utilizing expertise from the Jim Casey Youth Opportunities Initiative, the Finance Project, and Casey Family Programs.
  - Identify and solicit DHS and private CPA staffs to implement phase one of the Youth Service Delivery Model to begin October 1, 2009 (FY 2010).
  - Educate and involve public and private CPA staffs and supervisors in the model and utilize data from the Michigan Youth Opportunities Initiative (MYOI) to highlight and replicate successful practices. Bi-annual trainings will occur, with quarterly webinars or face-to-face one-day trainings.
  - Expand the model each year to ensure DHS and CPA staffs and stakeholders will be using the model statewide by FY 2014.
- Develop collaborative relationships with dental health colleges and dentist who will provide free or lower cost dental services to youths aging-out of foster care. Recruitment is a key element to the success of this support service. A minimum of two trainings during each fiscal year, 2010-2014, will be implemented as follows:
  - Presentations and information to Dental Schools in Michigan on the dental health challenges for foster youths.
  - Collaborate with Wayne County Community College (WCCC) on the WCCC Foster Youth Dental Program Pilot regarding other dental schools can develop a successful Foster Care Dental Program.

**Goal:** Involve youths in the design and implementation of the YIT program at every step. In FYs 2010 through 2014, Michigan will:

- Implement the Youth Service Delivery model (see above) statewide by the end of FY 2014.

- Continue youth involvement through youth boards, MYOI, youth participation in statewide committees and input on the Youth Service Delivery Model and legislative presentations.
- Develop and implement the Youth State Advisory committee by FY 2010. The board will document identified systemic changes, along with completion dates and outcomes based on the changes implemented.
- Increase the number of, as well as the diversity of, youths who are leaders in advocating for system change to address issues crucial to youth.
- Develop and implement robust youth boards that meet monthly in each urban or non-dual county, dual-county cluster, or regionally-based geographic area.
- Develop and implement an executive team of youth trained in communication, media, leadership and advocacy skills for each youth board.
- Develop a state-level youth board advisory committee that is representative of the local youth boards. The board will meet quarterly to provide a means of ongoing input by youth into decision making, as well as providing a venue for ongoing communication to young people about changes in policies and services.
- Support and develop an annual *Youth Voice* publication to identify youth priorities for practice and policy development beginning in FY 2010.
- Support and develop a web-based youth networking capacity for youth boards as well as to facilitate individual youth communication.
- Provide technical assistance and encourage each county, dual-county or region to develop their own monthly youth newsletter or ensure access to neighboring county's youth newsletter. The newsletter will be youth-driven.

Michigan also coordinates with other federal and state programs for youths, specifically, transitional living programs funded under Part B of the Juvenile Justice and Delinquency Prevention Act of 1974, in accordance with Section 477(b)(3)(F) of the Act.

**Goal:** Improve coordination between state and federal programs for youths.

- Develop and implement the state team for Teen Parent Pregnancy Prevention for foster youths. The core team will include stakeholders from the DCH, MDE and former foster youths, one of whom was a teen parent while in foster care.
- Continue collaboration with the Michigan State Housing Development Authority (MSHDA) regarding joint grant applications, such as the Family Unification Program for housing choice vouchers for youths
- Develop partnerships and community building opportunities to create affordable and safe housing for former and transitioning foster youth, while addressing youth housing barriers due to age and stereotypes associated with the young adult population.
- Develop partnerships with local land banks to provide housing for foster care youth who may have the skill level to make repairs and bring the house up to code. Collaborate with other agencies and businesses to assist youth in learning the necessary skills to rehabilitate housing. This effort will begin in one urban county in FY 2010.

- Coordinate with the BJJ to ensure those youth who are eligible for Chafee funds are aware of and have access to them. This includes completing a policy revision with input from BJJ.
- Develop policy with the MDE to improve the transition of students in foster from one school district to another when such a transfer is in the child's best interest. The policy will assure critical elements such as transportation to school, timely record transfer, credit transfers, and special education services with timely Individual Educational Plans (IEPs) are addressed (Reference the Coordination with Fostering Connections to Success and Increased Adoption Act of 2008 section).

**Goal:** Establish a foster care trust fund program for youths receiving independent living services for transition assistance.

House Bill 6089 (2008) Public Act 525 of 2008 (Effective: 1/13/2009) – Foster Care Trust Fund Act and House Bill 6090 (2008) amends the Michigan Income Tax Act to permit an individual to designate a contribution to the Foster Care Trust Fund on their annual Michigan income tax. This bill also:

- Established the Foster Care Trust Fund to oversee the development or operation of a public or private nonprofit foster care program, if the organization can match 50 percent of the amount received.
- Created a state foster care advisory board to administer the Fund and disburse money according to criteria developed by the board.
- Prohibited any money from being spent from the Fund until the amount donated to it met or exceeded \$800,000.
- Required the advisory board to prepare an annual accounting of revenue and expenditures from the Fund and provide it to the legislature.
- Required the advisory board to work collaboratively with private and public foster care programs to identify and address the problems facing children in the foster care system, work to raise awareness of foster care and develop a support network for youths aging out of foster care.

### **Consultation and Coordination with Indian Tribes**

**Goal:** The Youth Services Unit will improve its ongoing consultation with Michigan's Indian Tribes specifically related to determining eligibility for benefits and services and ensuring fair and equitable treatment for Indian youths in care.

### **Following is a description of how each Indian Tribe in the State has been consulted about the programs to be carried out under the CFCIP:**

DHS holds Quarterly Tribal State Partnership meetings with representatives from Michigan's twelve federally recognized Tribes, tribal organizations, local county DHS, central office and CWTI staffs.

During FY 2010, DHS and the Tribes will agree on a definition of Tribal consultation in order to ensure that the needs of Michigan's Tribal partners are being met. Discussion will include collaborative input and communication about funding, contracting and

service opportunities and ICWA compliance (Reference the Coordination with Tribes: Office of Native American Affairs section on page 43).

**Goal:** The Independent Living Coordinator and Youth Services Manager will attend two quarterly Tribal State Partnership meetings each year to ensure Michigan's Tribes are consulted and have input into Chafee and ETV funding.

**Describe the efforts to coordinate the programs with such Tribes.**

Michigan's Independent Living Coordinator will continue to collaborate with the DHS Director of Native American Affairs to update written procedures as needed for tribal youth to follow in order to receive YIT and ETV funding and services when needed.

**Discuss how the state ensures that benefits and services under the programs are made available to Indian children in the state on the same basis as to other children in the state.**

The Youth Services Unit will:

- Annually survey Tribes regarding their process for informing Tribal Child Welfare workers of ETV and YIT funding eligibility criteria and how to access those services.
- Conduct formal and/or informal surveys to identify which Tribes need additional information to access ETV and YIT funds.
- Collaborate with the Native American Affairs Director to provide training and technical assistance for Tribes to access funding.
- Revise the DHS-4713, Youth Service Profile Report and work with the DHS Data Management and Quality Assurance units to ensure data collection identifies the youth's Tribal membership (Reference the DHS Data Management section for additional information).

**Report the CFCIP benefits and services currently available and provided for Indian children and youth in fulfillment of this section and the purposes of the law.**

All Chafee benefits and services are available to Indian Children as long as they meet the criteria set for foster care youth. The DHS Native American Affairs Director will continue to verify Tribal Court documents to determine a youth's eligibility.

**Goal:** Invite Tribal representatives and Tribal youths to participate in DHS Youth in Transition policy development, changes and updates annually beginning in FY 2010.

**Describe whether the State has negotiated in good faith with any Tribe that requested to develop an agreement to administer or supervise the CFCIP or an ETV program with respect to eligible Indian children and to receive an appropriate portion of the State's allotment for such administration or supervision. Describe the outcome of that negotiation.**

No Tribe has requested an agreement to administer the CFCIP or ETV program. Enhanced collaboration and provision of any requested technical assistance for Tribes to develop such agreements will occur.

**Goal:** With the implementation of the YIT module in SWSS FAJ, the Youth Services will begin to track data on the number of Chafee and ETV eligible Tribal youth in comparison to non-Tribal youth.

**Goal:** At a minimum, develop one tribal partnership for ETV or YIT funds and grant administration by FY 2014.

## **The Michigan Chafee Foster Care Independence Program (CFCIP) Program Purposes**

### **Help youth transition to self-sufficiency.**

To achieve financial self-sufficiency, Michigan will assist youth in achieving financial independence through increasing the number of enrolled and opened Individual Development Accounts (IDA's). This includes the following action steps:

- Develop and implement a contract with an organization to manage and fundraise for IDA's.
- Increase the number of financial literacy trainings provided to youth who are YIT eligible which include budgeting, how to open and maintain a checking and savings account, investing, how to recognize financial scams, responsible credit use, and setting and achieving savings goals.
- Transition youth from holding one personal savings account and one IDA to holding one IDA savings account and one checking account.

**Goal:** Michigan will increase the number of youth who hold Individual Development Accounts (IDA) by 10 percent each year from FY 2010 through FY 2014.

The Youth Services Unit staff also plan to develop alliances with local business, non-profit and government agencies to support resources, provide free or discounted services and advocate for systems change for the young adult foster youth population.

**Goal:** During FYs 2010-2011, conduct quarterly presentations to local business, non-profit and government agencies and private CPA staff on youths' needs and best practice for serving them.

### **Ensure youth have opportunities for safe and stable housing as well as the supportive services to help them attain housing and remain in the housing.**

- Collaborate with the MSHDA to expand the program for youth aged 18-24 that provides assistance and supportive services over a two-year period beyond the five counties of Wayne, Kalamazoo, Saginaw, Lenawee, and Grand Traverse.
- Implement 100 housing choice vouchers under the Family Unification Program Grant in conjunction with MSHDA to Wayne, Kent, Genesee, Oakland, and Macomb counties. The vouchers will provide housing for up to 18 months for homeless aged out foster youth or those youths with substandard housing. DHS will provide or contract for supportive services for youth.

- Conduct meetings with local housing commissions to develop partnerships and community building opportunities to assure affordable and safe housing for former and transitioning foster youth is available. Address youth housing barriers based on age and stereotypes associated with the young adult population. Over the next five years, a minimum of five counties with the highest youth population of youth will develop local protocols.
- Develop partnerships with local land banks to provide housing for foster care youth who may have the skill level to make repairs and bring the house up to code. Collaborate with other agencies and businesses to assist youth in learning the necessary skills to rehabilitate housing.
- Collaborate with community stakeholders to develop a minimum of one walk in center per year for foster care youth as a safe haven for those youths who have aged out, need some direction, and counseling through peers, while providing short-term shelter and seeking options to get back on their feet. This would be a three bedroom furnished home with a complete resource center.

**Goal:** DHS will begin developing a walk in center in one urban county in FY 2010.

### **Serving Youth of Varying Ages and Stages of Achieving Independence.**

Youths with mental health challenges and/or disability issues will transition from children's foster care into stable, supportive living environments, which encourage and provide services for self-sufficiency. These youths will gain self-sufficiency through learning life skills that will help them acclimate to their social environment as adults (attending school, attaining and maintaining employment) and through practicing daily living skills (maintaining a household, grocery shopping, budgeting, and making medical appointments).

Caseworkers develop and implement transition plans for special needs youths that require specific steps to ensure they have the services and skills necessary to reach their full potential and self-sufficiency. Special needs foster youths and youths transitioned from foster care will be involved in developing their plan as well as DHS and private CPA staffs, DCH, Michigan Rehabilitation Services, and MDE.

**Goal:** Efforts to meet the needs of special needs youth include the following:

- Examine and evaluate the placement of 18 year olds who are mentally ill or disabled into adult foster care group homes when child foster care cases close. DHS will generate recommendations and development and implement policy from this evaluation, research and involvement of the youth population, with the goal of creating best practices and supportive placements outside of the adult foster care system.
- Develop protocols among public, private and statewide agencies to access expertise, develop and implement training to public and private CPA staffs, biological parents, foster parents, and youths on the available resources and funding to diagnose and treat special needs including educational and/or developmental and emotional.

- Provide services to youths who are Lesbian, Gay, Bisexual, Transgender, or Questioning (LGBTQ) to support their transition to adulthood.
- Conduct LGBTQ trainings to DHS and CPA staffs, biological and foster parents, community partner boards, and youths. Yearly trainings will occur as follows:
  - At least one training for Community Partner Boards.
  - At least two trainings for youths.
  - At least two trainings for staff.
  - At least two training for foster parents and biological parents.
- Provide LGBTQ links to resources on the youth in transition Web site, [www.michigan.gov/fyit](http://www.michigan.gov/fyit).
- Conduct a minimum of four trainings per year for DHS and private CPA staffs on special needs youth. This training will meet the requirements of in-service (Reference the Child Welfare Training Institute section for more information).
- Conduct trainings on special needs youth for CMH staff in collaboration with CMH staff.

### **Foster Youth in Transition (FYIT) Web Site**

While Michigan believes our Web site is comprehensive, a training component will only amplify its usefulness. The Youth Services Unit is in the process of establishing and developing numerous programs and services for Michigan's older youths in care and aged-out foster youth population. Therefore, this information will need to be disseminated statewide. Web based training will be developed in order to reach a large audience in a cost effective manner.

**Goal:** By FY 2013, Youth Services Unit staff will implement Web-based training as follows:

- For youths on how to complete a FASFA.
- For child welfare workers on how to complete the Medical Passport.

The Youth Services Unit staff will market of the FYIT Web site enhancements will occur:

- At the annual Michigan Teen Conference, which occurs every June.
- During bi-weekly telephone conferences with staff assigned to serve older youth in foster care and youths transitioned from foster care.

### **Youth who are 14-21 years old will have the knowledge and tools to be successful adults that include independent living skills as well as social, relational, and community engagement skills.**

**Goal:** To meet the needs of older youths, Michigan will:

- Continue to develop Community Partner Boards committed to improving outcomes for youth in or exiting from foster care.
- Develop alliances with local business, non-profit and government agencies to support resources, provide free or discounted services, and advocate for systems change for the young adult foster youth population.
- Contract with homeless youth and runaway providers and assure 25 percent of homeless youths served, ages 16-20, are former foster youths. Monitoring will be

conducted annually of each agency providing this service through on-site visits and case file reviews to ensure compliance with this requirement.

**Help youth receive the education, training and services necessary to obtain employment.**

**Goal:** To ensure that foster youths are receiving adequate education, training and services, DHS will:

- Support a Foster Care Youth Demonstration Project to assist foster youths with obtaining their high school diploma or GED and provide employment skills in the largest urban county in the state. Youths served are ages 17 to 21.
- Access staff from the Foster Care Youth Demonstration project to provide technical assistance to Michigan Works! Agencies (MWA's) in best practices for working with youths in foster care and older youths transitioned from foster care.
- Work with the Department of Energy, Labor and Economic Growth (DELEG) to ensure that a minimum of 150 foster youths participate in the Summer Training and Employment Program (STEP). STEP provides paid summer work experience and work-based learning activities integrated with classroom instruction.
- Ensure all foster youths age 14 and older without a reunification goal will be referred to Michigan Works! Agencies by their DHS worker. DHS Youth Services staff will work with local Michigan Works! offices and DHS offices to make sure the referral process is occurring without difficulties and that youths are receiving services.
- Increase the number of education planners from two to 14 in order to provide consultation and support of youth aged 14 and older in accessing educational services. Planners will assist with accessing educational services, education and employment goal setting, and support.
- Provide Chafee funds for services related to employment and training throughout Michigan through the development of Independent Living contracts in order to ensure consistency statewide and maximize access for all eligible youth.
- Collaborate with the Michigan Department of Treasury, Partnership for Learning, Wayne State University and University of Michigan to expand the project of Foster Care College Goal Saturday. The annual event assists high school seniors in foster care to complete their financial aid applications for college.

**Goal:** The program will expand to additional sites by making connections with more postsecondary institutions. In the next five years, three sites will be added to the one current site.

**Goal:** The Youth Services Education/Employment Analyst will provide training and/or presentations a minimum of five times per year to DHS, private CPA staffs, and foster parents. The training will include:

- The purpose of the DHS-945, Financial Aid Verification Form Tips.
- Information on the actions that workers can take with youths who are at the middle/high school levels to ensure they complete their high school diploma or GED.

- Information on how to advocate for youths to ensure their educational needs are met.
- Policy changes regarding education and employment services.
- Training on the new MW!A policy and the referral form, along with information on overcoming the barriers for youths receiving MW!A services.
- Summer employment opportunities.

### **Help youth prepare for and enter postsecondary training and educational institutions.**

DHS plans to increase the number of colleges, universities and community colleges that advocate for and provide support for foster youth as well as offer scholarship opportunities for foster youths entering postsecondary education. Michigan currently has four universities who offer scholarships and/or assistance to former foster care youths. The Youth Services Unit staff will also participate in the Michigan College Access Network (MCAN), a one-stop Web site for students to plan, apply and pay for college. This Web site is scheduled to be implemented in the fall of 2010. As a participant in the network, DHS Youth Services staff will ensure that resources for foster youth are included on the Web site.

**Goal:** Michigan will add one post-secondary institution offering a foster care scholarship opportunity each year for the next 5 years.

### **Provide personal and emotional support to youth through mentors and the promotion of interactions with dedicated adults**

**Goal:** DHS will implement the Youth Service Delivery model throughout Michigan over the next five years, which includes significant adults willing to support the youth in attaining permanency. The action steps also include:

- Mentor Michigan and Americorps will provide mentoring services and resources to foster youths in care and those who have aged out of foster care. A resource guide on the FYIT Web site will assist youths to access information in their area.
- The development of training on mentoring for AmeriCorps Vista volunteers and local DHS staff by the end of FY 2009. The training will be provided during FY 2010 a minimum of five times. It will include information on developing mentor programs, recruiting, training, and overseeing mentors.
- Develop an information guide for potential and established mentors describing the specific needs and issues related to foster youth. This guide will include how and where to volunteer in their area.
- Develop a model for dedicated adults who cannot commit to long-term mentoring, but are willing to develop secondary relationships in specific areas as a life skills coach, career mentor, educational support/mentor, as well as transitional mentors for six months after aging-out of foster care.

**Provide financial, housing, counseling, employment, education, and other appropriate support and services to former foster care recipients between 18 and 21 years of age.**

**Goal:** To ensure the provision of services to former foster care youths, DHS will:

- Educate public and private child welfare staff on Foster Care Transitional Medicaid (FCTMA), including information that youths aging out of foster care and receiving Medicaid managed care can receive up to 20 hours of mental health services annually.
- Conduct a workshop for youths at the annual Michigan Teen Conference convened at Central Michigan University each June.
- Present information to youths at the Youth Board Meetings.
- Ensure that Medicaid coverage for former foster youth ages 18-20 implemented in May 2008 is fully utilized.
  - Develop evaluation criteria and tools to track the referral process in FY 2010.
  - Conduct a mass mailing to youth who aged out of care from May 2008 to present of the FCTMA brochure. Annual mass mailing also will occur to inform youth of any changes or to provide general information.
- Implement a minimum of six trainings per year for DHS and private CPA staffs and supervisors. This training will count towards the in-service training requirements for on-going training (Reference the Child Welfare Training Institute section).
- Pursue resources offered through and supported by the Substance Abuse and Mental Health Services Administration (SAMHSA) to identify mental health services youths can access after they have exhausted mental health services through their Medicaid managed care health provider.
- Identify counseling services offered through colleges that generally can be accessed at no cost. Youth Services will provide this information to youths and foster care workers across Michigan.

**Make available vouchers for education and training, including postsecondary education to youth who have aged out of foster care.**

**Goal:** Provide ETVs to youth who have aged out of the foster care system.

The ETV Program is administered through a contract with Lutheran Social Services of Michigan (LSSM). LSSM maintains a database and Web site ([www.mietv.lssm.org](http://www.mietv.lssm.org)) that streamlines the application process. Youth may complete the ETV application by applying online, downloading a paper application or calling a toll-free number to request an application (1-877-660-METV).

Disbursements of the ETV vouchers are made directly to the postsecondary institutions, vendors, or in some instances, the youth. When funds are issued to vendors such as landlords or car insurance agencies, third party checks are written. This allows the youth to be responsible in managing the funds. LSSM provides all of the necessary services to assist a youth in completing an ETV application. LSSM has worked to develop relationships with community partners such as state agencies, postsecondary institutions and private CPAs.

**Provide services to youth who, after attaining 16 years of age, have left foster care for kinship guardianship or adoption.**

**Goal:** To ensure continuing services to youths who have left the foster care system to a guardianship or adoption, DHS will:

- Develop and implement policy by FY 2010 that includes the requirements that older youth have access to these services beginning October 1, 2010.
- Communicate policy updates to public and private CPA staffs and eligible youths through presentations, list serves, Michigan's foster youth in transition Web site, Youth Boards and conference calls.
- Review the DHS-4713, Youth Service Profile to identify the number of youth in this population in FY 2010. FY 2010 will be a baseline year for collecting data and monitoring services provided to this population.

**Describe steps taken to prepare and implement the National Youth in Transition Database (NYTD).**

Please see section entitled DHS Data Management Unit.

## **Permanency Division**

The Permanency Division within the Bureau of Child Welfare includes the Adoption, Guardianship and Permanency Planning Unit, the Youth Services Unit and the Michigan Children's Institute (MCI).

The goal of the Adoption, Guardianship and Permanency Planning Unit is to find permanent placements for foster children, when reunification is not possible. Adoption is the preferred permanency goal with families that have existing relationships or attachments to the children. This Unit is also responsible for the implementation of the Michigan Guardianship Assistance Program (GAP). Other responsibilities include the Central Adoption Registry, which maintains statements from birth parents consenting to or denying access to identifying information in adoption records.

The final organizational unit is the MCI, which was created to assure the proper care of children needing services from the state. The law established the MCI superintendent as the legal guardian for children committed to MCI when parental rights have been terminated. The MCI superintendent consents to all adoptions and guardianships for children committed to the MCI.

### **The Permanency Planning Unit**

Michigan is engaged in a major effort to reduce the number of children who have been awaiting reunification or adoption for over one year. This initiative addresses CFSR outcomes as well as the Settlement Agreement. The children awaiting permanency are defined as:

- Temporary court wards (TCWs). Children with a goal of reunification who have been in care for more than a year.
- Permanent state wards (Termination of Parental Rights or TPR). Children who have been "legally free" for adoption for more than one year.

DHS recognizes that too many children are cared for in Michigan's foster care system without a permanent home. Reducing the number of children awaiting reunification or adoption serves as a foundation for Michigan's child welfare reform efforts. This strategy involves the following key elements:

- Utilizing data collection and evaluation methods to assess needs and progress.
- Implementing legislative, policy and practice changes.
- Collaborating with private providers, courts, universities and child welfare advocates.

DHS laid the groundwork for addressing these children's need for permanency by restructuring and reducing caseloads. Moreover, the local office operational bifurcation of the five largest urban counties ensured a high level of strategic planning in addressing the concentration of children in this population. Additionally, DHS increased staffing in the Permanency Division of the Bureau of Child Welfare, including the permanency planning coordinator position, and created a Youth Services Unit. These units are critical in providing resources and technical assistance to the field to assist in

achieving the overarching goal of permanency for children in foster care for long periods of time.

**Goal:** DHS will achieve legal permanency for children awaiting permanency by the following:

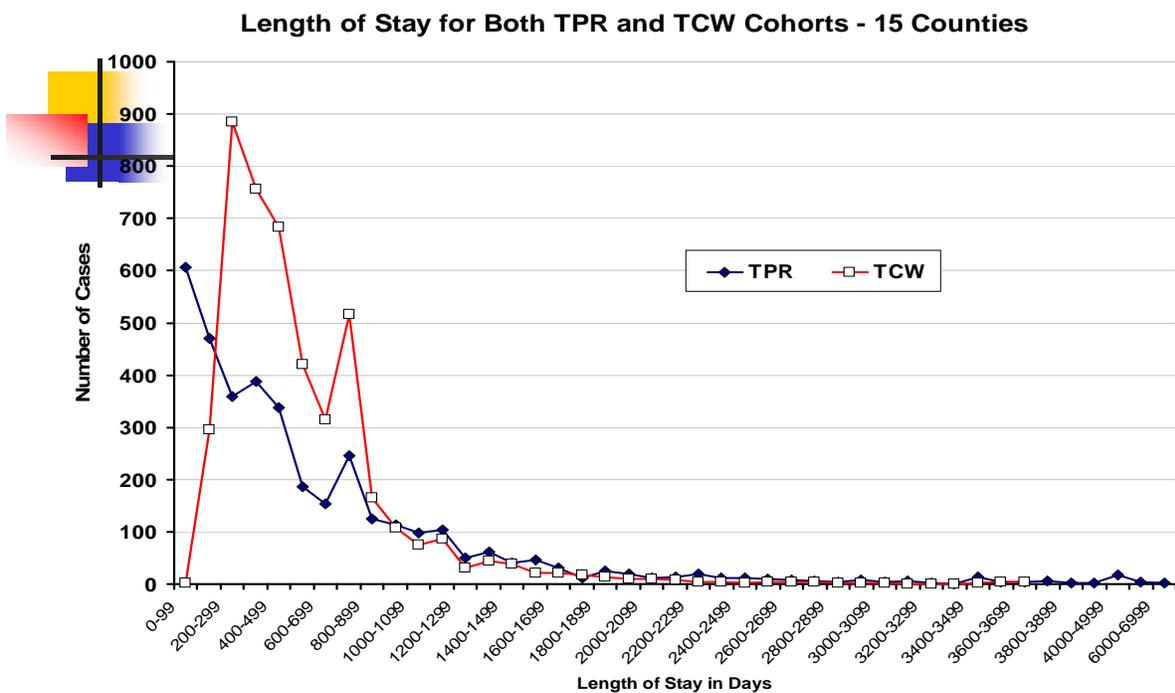
- Fifty percent by October 2009.
- Eighty-five percent by October 2010.
- One hundred percent by October 2011.

### Strategies for Improvement

#### Data Analysis

DHS identified the TCW and TPR legal status cases with data that was available as of September 29, 2008. The data was sorted by county and demographics to determine groups of children that were over-represented and who were awaiting permanency.

As of September 29, 2008, there were 5178 TCW cases (i.e., children) and 4396 TPR cases.



The data revealed important characteristics of the TCW and the TPR cases. A significant characteristic of the TCW cases is the age breakdown, with 25 percent of the children being age five and younger. In the TPR cases, the age breakdown reverses

with 60 percent of the youth being age 12 and older. Another characteristic of both of these groups of children awaiting permanence is the overrepresentation of African-American children. Of the children in the TCW cases, 50 percent are African-American. In the TPR cases, African-American children represent 57 percent of the population. Equally concerning is the fact that as the length of stay increases, the percentage of African-American males awaiting permanence also increases. This data provides DHS with an informed view on where some of our greatest needs for foster families, relative care providers and adoptive or guardian homes exists. Reference the Race Equity section for additional efforts that DHS is making.

To address these issues, DHS also provides the data monthly to SCAO for dissemination to local courts. SCAO began publishing the data online in January 2009 through their Web-based management information system. This data sharing enable local meetings between the courts and DHS to discuss and plan for the resolution of their TCW and TPR cases (Reference the Adoption Forum section below for additional information).

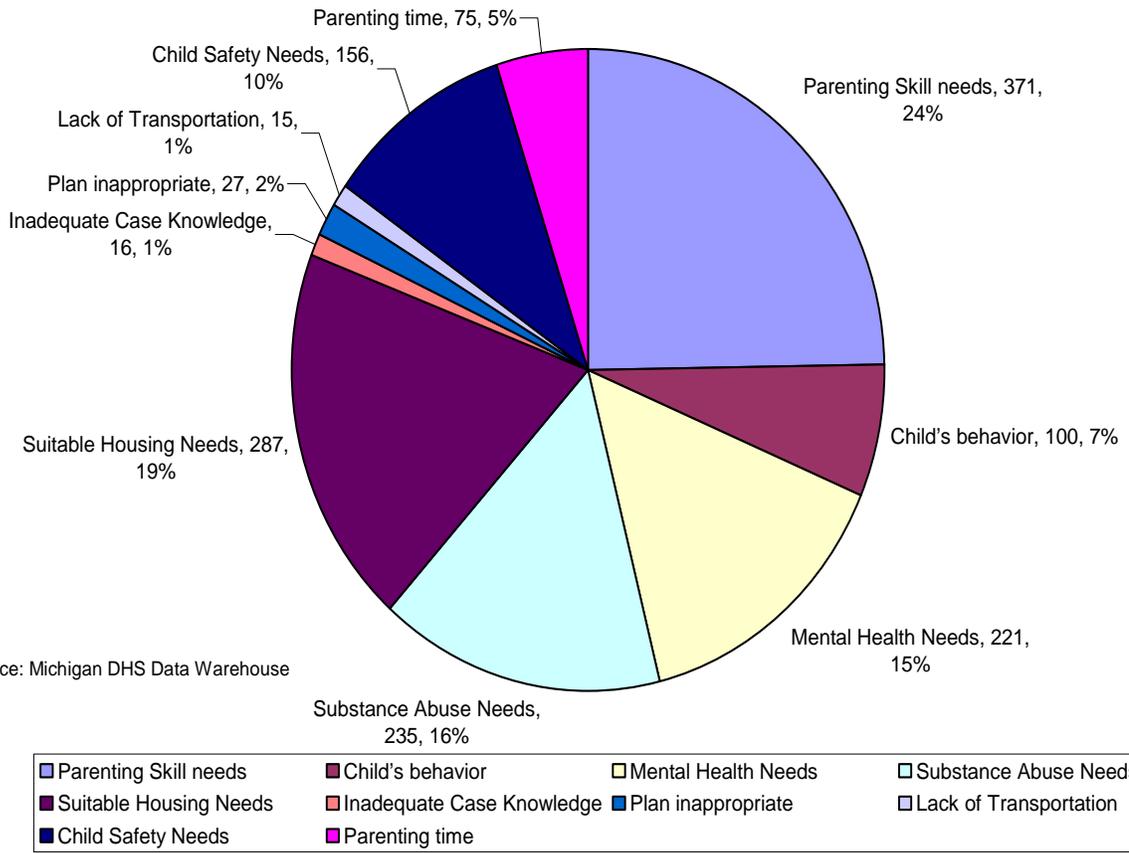
Since February 28, 2009, counties have been able to access their data through the DHS intranet-based InfoView system. These reports contain data that is accurate as of the preceding day, as long as the caseworker has entered the data into SWSS. The reports can also be downloaded to an Excel format, which allows local flexibility to sort and filter for particular characteristics.

### **Gap Analysis**

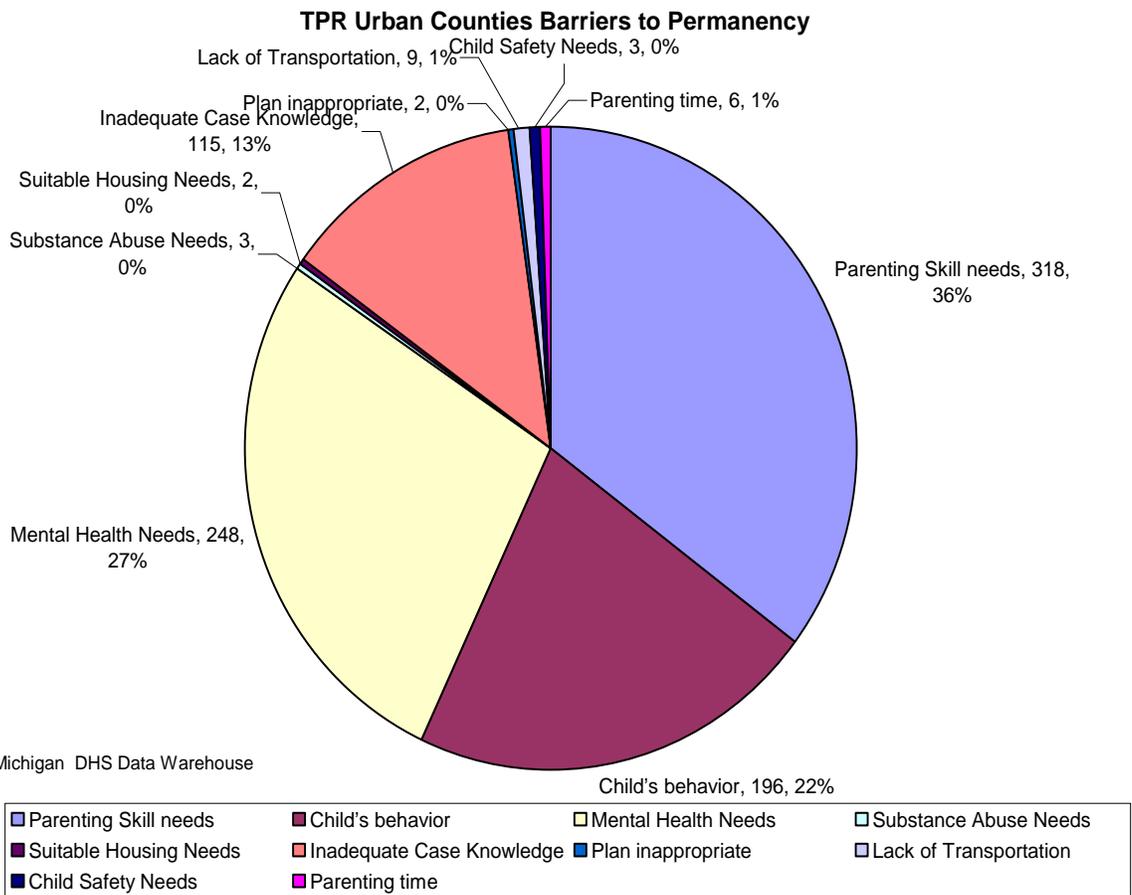
DHS Field Operations asked counties to complete and submit a gap analysis worksheet on each of the cases in their TCW and TPR cohorts. The data was compiled for the urban counties and reveals several barriers, including parenting skills needs, child's behavior, mental health needs, and substance abuse needs. The following charts display the most common barriers reported by the urban counties. Barriers reported from non-urban counties are very similar, with rural counties reporting a lack of transportation as a significant barrier.

**Goal:** DHS will use these preliminary results to study and respond effectively to the reported needs. Results of this further study will also help to highlight and address specific barriers to adoption and guardianship.

### Urban Counties TCW Barriers to Permanency



\*Excludes barriers identified as "Other"



\*Excludes barriers identified as "Other"

### Local DHS Permanency Plans

The counties began the planning process in October 2008 to address the challenge of finding permanent placements for children awaiting permanency. Initial plans were submitted in October and the counties have continued to update their strategic plans to reflect current and future activity. The county level plans address the unique situations in each county and address macro-level strategies, including county child welfare administrative functions and case oversight, and micro-level strategies involving individual case management and supervision. Cases will be reviewed to determine the most appropriate course of action so each child will achieve permanency.

Some of the highlights include:

- Increasing coordination with the local community mental health system to help provide reunification services when the identified needs include mental health treatment and supports and/or substance abuse services (Kent County).
- Identifying the children who are appropriate for guardianship or TPR and providing focused attention to those cases (Oakland County).
- Focusing supervisors and management staff on these children through individualized review of cases (Macomb County).

- Implementing a team approach and selecting highly experienced staff and supervisors to work on these cases (Genesee County).
- Implementing a team approach to focus on the most difficult cases to move to permanency and address the barriers presented by each case (Wayne County).

The Permanency Planning Coordinator, other DHS permanency staff and field operations staff will work together to identify county needs.

**Goal:** Continue to monitor the county permanency plans to ensure progress toward goals and provide any necessary technical assistance.

### **Permanency Planning Assistants (PPAs) and Permanency Planning Specialists (PPSs)**

To assist in the reduction of the number of children awaiting permanency, DHS county offices are forming Permanency Teams consisting of managers, supervisors, foster care and adoption workers. DHS has allocated permanency planning specialists (PPSs) and permanency planning assistants (PPAs) to support operations in field offices.

The newly developed PPS staff focus their case management on these children. The staff received special training and has been assigned a lower case load. The specialized caseloads for PPS staff provide frontline leadership in defining what works for children who have been in the system for a long time.

The PPA staff is assigned to work with the PPS staff and assist in a wide variety of areas of permanency planning. These staffs ability to mine case files, talk with youth about important people in their lives, assist in transportation to court hearings, and set up appointments and meetings is focused on identifying and supporting a permanent placement resource.

### **PPS and PPA Training**

A specialized permanency training curriculum for the PPA and PPS staff was developed in conjunction with the Child Welfare Resource Center at Michigan State University. The three-day training provides information and skill building in areas related to interviewing children and adolescents, family finding strategies, initial contact, case file mining, and key permanency principles. Training of private CPA staff is also occurring to ensure they conduct the same intensive work for children and youth under their case management.

The training focuses on best-practice approaches that are necessary to achieve permanency. Best practices discussed in the training include:

- Identifying and notifying fathers early in the life of the case.
- Conducting thorough and timely assessments of child and family needs and strengths.
- Engaging the family in service planning immediately upon case opening, if appropriate.
- Expediting service referrals.

- Arranging frequent parent-child visits during which the parent's capacity, competence and willingness to meet the child's needs are assessed.
- Involving the parents in planning for the child, if applicable; for example, parents should be involved in the child's school, recreational activities, medical care, meal planning during visits, birthday parties and family celebrations, purchasing clothing, and other activities which demonstrate the parent's capacity, competency and willingness to meet the child's needs.
- Implementing early and continual assessment of the family's readiness for reunification.
- Visiting the youths to develop a relationship, assess their situation and awareness of the permanency plan, identify relatives and other significant connections to the youth who may be potential placement and/or permanency resources.
- Empowering young people through information, support, and skills (including independent living skills) to be involved fully in directing their own permanency planning and decision making.
- Evaluating relative and non-relative extended family member homes to determine if they meet licensing standards.
- Developing contact and/or visitation plans for children, families and relatives.
- Connecting youth with other youth who are also in foster care or have aged out of foster care.
- Providing youths with opportunities to talk with other youth and young adults who have been adopted.
- Working with youths in group settings to develop potential family connections.
- Making sure that youth understand all of their permanency options.

In partnership with Casey Family Programs, the PPS staff will be trained to conduct specialized TDMs for older youth in which the youth have a central role and voice in decision making. The Integrated Teaming Model Team Decision Making Meetings will build support networks and develop individualized plans that address their needs as they define them. Through this process, the PPS staff will identify the barriers and delays to permanency and help to determine the additional professional expertise, resources or staffing needed to address the issues.

**Goal:** Provide training to DHS PPS and PPA workers and private CPA staff to expedite permanency for the children awaiting permanency.

### **Progress toward Reunification**

As of February 28, 2009, 47 percent (2418 cases) of the TCW cohort have been closed statewide.

The urban counties made significant progress in closing cases in their counties. Of the 2418 TCW cases that have closed since September 30, 2008, 1567, or 65 percent, are urban cases. The following chart details the closed case breakdown by county:

TCW	Closed	Open	Total	Percent Closed
Genesee	199	175	374	53.2
Kent	109	173	282	39.0
Macomb	151	129	280	54.0
Oakland	326	214	540	60.0
Wayne	782	1243	2025	39.0
<b>Totals</b>	1567	1934	3501	

Initially, each county began to make rapid progress in identifying cases that remained open due to administrative issues that could easily be resolved to allow the case to close. Significant overtime hours were allocated to address the critical needs of the children in this group to achieve permanency.

### Progress toward Permanency

Since September 30, 2008, 15 percent (605 cases) of the TPR cases have been closed statewide. The TPR cases continue to present a challenge for casework staff. The counties have identified multiple barriers such as mental health issues and lack of appropriate permanent homes that must be overcome to achieve permanency for each child.

The urban counties have also made progress in closing TPR cases in their offices. Of the 605 TPR cases that have closed since September 30, 2008, 345, or 51 percent, are urban cases. The following chart details the closed case breakdown by county:

TPR	Closed	Open	Total	Percent Closed
Genesee	47	338	385	12.21
Kent	25	107	132	18.94
Macomb	37	241	278	13.31
Oakland	43	254	297	14.48
Wayne	193	1283	1476	13.08
<b>Total</b>	345	2223	2568	

### Revision of Michigan Permanency Goals

Throughout our discussions with the county offices, private agencies and the courts, we learned that DHS was maintaining a set of Michigan permanency goals in SWSS that did not align with the federal permanency goals. Confusion for the workers in utilizing SWSS for permanency planning may have exacerbated children remaining in care for long periods of time. In order to address this issue, the Michigan permanency goals will be revised to mirror the federal permanency goals and SWSS will be modified.

**Goal:** To implement the federally defined goals, DHS will institute the following permanency goals (in descending order of priority):

- Adoption. When it has been determined that a child cannot reunify with a birth parent, the goal is to establish a permanent family for the child. Michigan has developed a delivery system that involves adoption staff in selected local DHS county offices and private adoption agencies through purchase of services. The

role of the adoption services specialist is to ensure a timely adoptive placement that meets the individual needs of the child.

- **Permanent Guardianship with Assistance.** Permanent guardianship with assistance provides permanence for foster children when reunification and adoption are not viable permanency options. The transfer of legal responsibility to a guardian removes the child from the child welfare system, establishes a permanent caregiver for the child and allows the caregiver to make important decisions for the child. The ongoing payments address the increased financial needs of the guardian. Permanent guardianship is not a temporary placement of children with a relative. The program is specifically for children who will remain with the guardian until adulthood. Reference the Guardianship Assistance Program (GAP) section below for additional information.

### **Permanent Placement with a Relative**

**The permanency goal of permanent placement with a relative shall be assigned only under the following circumstances:**

1. An appropriate relative has been identified and has cleared all background checks required for placement of a child in the home.
2. The relative is willing to assume long-term responsibility for the child but has legitimate documented reasons for not adopting the child or pursuing permanent legal guardianship.
3. It is in the child's best interests to remain in the home of the relative rather than be considered for adoption or permanent guardianship by another person.
4. The permanency goal receives the documented approval of the Director of the Bureau of Child Welfare or a higher-ranking official.

To qualify as an achieved permanency goal, the placement must be stable and must include a signed, written commitment that establishes the relative will care for the youth until the foster care case closes. The court must concur that this is the optimum permanent placement for the child and continue to review the case as long as the child remains in the foster home.

- **Placement in Another Planned Permanent Living Arrangement (APPLA)** (Formerly Permanent Foster Family Agreement). APPLA is the least preferred of all the permanency plans and must be used only when the other more permanent plans (reunification, adoption, guardianship or placement with a relative) have been ruled out as appropriate goals. When APPLA is a youth's permanency plan, it must be regularly reviewed to determine whether another permanency plan has become more appropriate for the youth. Furthermore, the goal cannot be assigned unless all of the following apply:
  1. The youth is at least 14 years old.
  2. Every reasonable effort has been made, and documented in the record, to return the youth home, to place the youth for adoption or to place the youth with appropriate family members.

3. Compelling reasons why the other permanency goals have been ruled out are documented in the updated service plan.
4. The foster parent(s) caring for the youth have agreed in writing to continue to do so until the youth's foster care case is closed.
5. The permanency goal receives the documented approval of the Director of the Bureau of Children Services or a designee.

To qualify as an achieved permanency goal, the placement must be stable and the caregiver must sign a written commitment that establishes that s/he will care for the youth until the foster care case closes. The court must concur that this is the optimum permanent placement for the child and continue to review the case as long as the child remains in the foster home.

- APPLA (E) (Formerly "Emancipation"). APPLA (E) involves another planned permanent living arrangement that includes a significant connection to an adult(s) willing to be a permanency resource for the child but may not involve residing with the adult(s). This goal may be appropriate for youth who currently have a goal of emancipation, but workers will be encouraged to review all possible permanency goals.

APPLA (E) is appropriate for youths age 16 or older whose plan does not include a goal of leaving foster care and transitioning into the home of a permanent family. The goal is to prepare the youth to leave foster care and become a self-supporting adult with documented supportive adult(s) to assist and provide guidance.

1. Documentation must be in case plans that the following steps have been completed:
  - a. All efforts have been made to achieve permanency through reunification, adoption or guardianship.
  - b. All efforts made to place the youth with a relative under a "Permanent Placement with a Relative" agreement.
  - c. All efforts made to place the youth in a foster home under a "Placement in Another Planned Living Arrangement" (APPLA) agreement.
  - d. Compelling reasons why the other permanency goals have been ruled out must be documented in the USP.
  - e. Efforts to complete a full relative search for both maternal and paternal sides of family.
  - f. Re-determination of appropriateness of placement with birth family.
  - g. Efforts to determine appropriate connections that can be established.
  - h. Follow up with any adult connections the youth identifies from their life; this can include a former foster parent, teacher, coach, neighbor, etc.
2. Required TDM meetings starting at age 16 or at establishment of APPLA (E) goal and documentation of:
  - a. Adult connections that will be in place for the youth after leaving foster care.

- b. A “Permanency Pact” signed by one or more adult connections.
- c. Mentor(s) established for youth based on common interest or ability to assist youth in specific areas.

To qualify as an achieved permanency goal, a signed formal agreement between the youth and the supportive adult(s) must be included in the file. Regardless of the specifics of the goal, there must be documented agency efforts to ensure that a youth who does not have a goal of adoption, reunification or guardianship has long-term stability until he or she reaches adulthood.

Youth in Residential Placements. Youth that are placed in a long-term care facility to meet special needs, and who are likely to be transferred to an adult facility at the appropriate time, are also eligible for APPLA (E). All efforts must be made to find family connections or develop other supportive adult connections to assist the youth after leaving the group home or transferring to an adult facility. The worker must individualize the agreement to meet the specific permanency needs of the child. If unable to secure a signed commitment with a relative or other supportive adult(s), the youth may have a signed agreement with the director of the facility to care for the youth. An older adolescent in a stable group home may have an agreement signed by the group home director and the youth, which states that it is in the youth’s best interest to remain in placement until adulthood.

### **Implementation of the Guardianship Assistance Program (GAP)**

The Guardianship Assistance Program is a newly developed permanency option for Michigan. A state funded subsidized guardianship program was signed into law in July 2008. Implementation delays for the state funded program occurred based on the passage of PL 110-351, The Fostering Connections Act, at the federal level. Michigan wanted to operate only one GAP model irrespective of the funding source. It was determined that some minor modifications to the state funded model must occur to align both programs. Michigan is awaiting final legislative approval for the model.

In the interim, policy has been written, the title IV-E state plan amendments have been submitted to ACF and training has begun. We anticipate a full implementation date of both programs within the month.

A conservative estimate of the number of children in Michigan’s foster care system that will find permanency through guardianship assistance is over 1500. Many of the eligible children will be children who have been awaiting permanency since many barriers or challenges to permanency and reunification will be overcome through guardianship.

**Goal:** Implement the new GAP program in Michigan.

### **Adoption**

A team of public and private adoption supervisors and caseworkers, licensing consultants, Children’s Ombudsman’s representatives, and other stakeholders worked

over a period of 18 months to revise adoption policy. This process involved full discussion of best practice research, what was working well, and the areas needed improvement. Adoption program staff are training and providing technical assistance to the field in the implementation of the policy changes. DHS will continue to train and schedule stakeholder and provider meetings throughout the state in 2009. DHS believes that the impact of the policy changes will be evidenced in 2010.

Another additional practice change is expected to have strong results. Currently, an adoption specialist is assigned a case after the termination of parental rights occurs and while the child is still in foster care. This causes delays in completing required processes for identified adoptive families who have had the child in their home in foster care. There are also critical time delays in beginning child specific recruitment if an adoptive family has not been identified.

Policy changes will require that the adoption specialist be assigned within 30 days of the change of goal to adoption rather than after termination. The foster care worker must file the TPR petition within 14 days of the change of goal and obtain a signed commitment from the foster parent to adopt. If no adoption resource is identified, the worker must develop and implement a child specific recruitment plan.

DHS will also implement policy to require that additional expertise be brought in for cases in which a permanent home has not been identified within six months of the child's permanency goal becoming adoption. A TDM meeting will be conducted and include an identified adoption expert trained in the development of individual recruitment planning. The minutes from the meeting will review the current recruitment efforts and develop a plan that includes:

- Identified barriers.
- Recommended recruitment efforts to be implemented.
- Individualized plans for child.
- Family finding and case review process.
- Resource identification.

As stated in the Settlement Agreement, If there is no identified adoptive resource one-year post TPR, an outside resource, engaged by DHS with expertise in permanency and adoption processes, will also attend the TDM meeting to determine if there are strategies or resources that have not been explored. The National Resource Center for Adoption is located in Southfield, Michigan and other nationally recognized agencies are located in the state. DHS will request technical assistance in the area of recruitment for specialized populations and best practice models for services to ensure placement of children in adoptive homes.

**Goal:** Implement policy and procedures that improves the timely adoptive placement of children and lead to early recruitment planning for children without an identified adoptive family.

## **Public/Private Partnership**

Adoption services in Michigan have historically been provided through a public/private partnership with approximately 50 percent of adoptions completed by DHS and 50 percent by contracted private agencies. This model began to shift in 2008 with the private agencies becoming responsible for over 70 percent of the adoption services cases.

To ensure quality adoption services through contracts with private agencies, specific expectations and outcomes included in the contracts in effect through 2010. The contract language includes:

- Increased training for adoption caseworkers from 3 weeks to 9 weeks.
- Increased training and educational requirements for adoption supervisors.
- Specific caseload requirements of 1:22 for caseworkers in 2010.
- Supervisory caseloads of 1:5 in 2010.
- Requirement to provide a report of children waiting for adoption over 1 year from termination of parental rights on January 1, 2009. Seventy-five percent of the identified children will achieve permanency (or no longer be in the foster care system) by September 30, 2010 and 100 percent by September 30, 2011.
- All changes to policy identified in the first section of this report will be required.
- Development of a recruitment plan to address the needs of the children under supervision of the agency and a quarterly report on goal achievements. The recruitment plan must reflect the number of placements that will be available for adolescents, sibling groups and children with disabilities. Reference the Foster and Adoptive Parent Recruitment section for additional information on the plan.

The Purchased Care Division (PSD) monitors contract agencies for compliance and quality of services provide to families and waiting children (Reference the Quality Assurance section).

## **Adoption Support**

Michigan State University developed a Post Adoption Support Services Web site through a contract with DHS. The Web site includes information for professionals, parents, teens, and kids. Information on current research, services and programs is available.

MSU developed a curriculum for “Strengthening Marriages and the Well-Being of Children: Post Adoption Marriage Education”. This effort is a partnership with Michigan’s public and private CPAs and other key stakeholders. There are four features to the project:

1. Assessing the needs and strengths of adoptive couples.
2. Developing and delivering marriage support training statewide for adoptive, kinship and foster parents.
3. Developing and offering training, as a companion to the couple curriculum, for adoption workers and community support professionals so they can more effectively assist couples.

4. Creating an on-line support network for adoptive couples and service providers addressing post-adoption services and marriage education and resources.

Train the trainer sessions were held in April 2009 and the sessions for adoptive, kinship and foster parents will begin in the summer and fall of 2009 and be ongoing through 2012.

A research project is also part of a multi-year federal grant through the Children's Bureau and includes surveys of adoptive couples and professionals. Focus groups were held around the state in 2007 and 2008 and surveys were sent to approximately 1300 adoptive couples around the state. The results of the surveys informed the development of the curriculum and will serve in determining services and supports for families.

### **Michigan Adoption Resource Exchange**

The Michigan Adoption Resource Exchange (MARE) is an information and referral service for adoptive families, contracted by DHS, to facilitate finding permanent homes for children. The exchange produces recruitment and service brochures, maintains a Web site, assists communities in the development of adoption recruitment activities and produces quarterly newsletters for professionals, parents and children. The Michigan Heart Gallery was developed in 2005 and travels the state to provide the faces of waiting children and educate the public.

MARE has developed a youth advisory board through the MYOI boards across the state. The youth provide a voice to inform and influence adoption services in Michigan. There is a monthly newsletter "Focus on Adoption and Leadership" (FOAL) with youth contributions. Projects such as youth designs for the MARE recruitment campaign allow creative expression from the youths.

The MARE contract will be up for bid and award in October 2009. Revision in the request for proposal will reflect the best practice services already in place and additional identified improvements.

### **Grant Projects**

Two agencies in Michigan, Bethany Christian Services and Homes for Black Children, have received federal grants to develop programs that address the need for older children to maintain connections with birth families. The agencies have identified important permanency strategies for older children. DHS will share the findings from this work as best practice with public and private agencies in 2010.

### **Adoption Incentives**

Subject to appropriations by the Michigan Legislature, any future funds received through the Adoption Incentive grants will be spent on the following activities:

- Development of curriculum and youth peer educators to assist teens in making permanency decisions.
- Statewide conference for DHS and private adoption staffs, adoptive advocates, adoptive families, court personnel, and professionals to present best practice

information and panels to encourage networking and development of improved practices.

- Post-adoption educational forums for parents and youths.
- Other adoption specific activities allowable under title IV-B and IV-E of the Social Security Act.

**Adoption Services Long-term goals for FY 2010 to 2014:**

1. Revise policy to ensure quality services, high standards and improved outcomes.
2. Develop public and private partnership to bring all resources to the table in addressing the needs of children available for adoption.
3. Collaborate with the judicial system to improve court processes and collaboration with DHS.
4. Increase recruitment and retention of resource families.
5. Increase the number of adoptions from the child welfare system within one year from termination.

**Michigan CFSR Permanency Outcomes Two and Three Baseline Data**

For FY 2008, DHS' performance on the Permanency Composite Two: Timeliness of Adoption was 95.5. The national standard is 106.4 or higher. Performance on the individual measures was:

	<b>Baseline FY 2008</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
C2-1: Exits to adoption in less than 24 months 75 <sup>th</sup> Percentile = 36.6%	30.6%					
Measure C2-2: Exits to adoption, median length of stay 25 <sup>th</sup> Percentile = 27.3 months	29.5 months					
Children in care 17+ months, adopted by the end of the year 75 <sup>th</sup> Percentile = 22.7%	23.7%					
Measure C2-4: Children in care 17+ months achieving legal freedom within 6 months 75 <sup>th</sup> Percentile = 10.9%	11.8%					
Measure C2-5: Legally free children adopted in less than 12 months 75 <sup>th</sup> Percentile = 53.7%	33.5%					

Source: DHS Data Warehouse

For FY 2008, DHS' performance on the Permanency Composite Three: Permanency for Children and Youth in Foster Care for Long Periods of Time was 118.5. The national standard is 121.7 or higher. Performance on the individual measures was:

	<b>Baseline FY 2008</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
Measure C3-1: Exits to permanency prior to 18 <sup>th</sup> birthday for children in care for 24+ months 75 <sup>th</sup> Percentile = 29.1%	27.6%					
Measure C3-2: Exits to permanency for children with Termination of Parental Rights 75 <sup>th</sup> Percentile = 98.0%	96.4%					
Measure C3-3: Children emancipated who were in foster care for 3 years or more 25 <sup>th</sup> Percentile = 37.5%	48.7%					

Source: DHS Data Warehouse

### Data Analysis

Based on the success of the Adoption Forum (see below) and the focus on goal achievement for the children awaiting permanency, DHS' performance decreased for composite two, "Timeliness of Adoptions". Although, the Adoption Forum increased the number of completed adoptions, the children who were adopted had been in care a longer time. While the composite scores and measures declined for measures C2-1 and C2-2, the percentage of children in care 17+ months, who were adopted by the end of the year (measure C3-3) increased. Finally, Michigan is meeting the C2-4 measure, "Children in care 17+ months achieving legal freedom within six months".

Conversely, the success of the Adoption Forum and the achievement of permanency for some of these children, Michigan also increased its performance on composite three, "Permanency for children and youth for long periods of time". The C3-1 and C3-2 measure increased, which is good. However, the C3-3 measure, "Children emancipated who were in foster care for three years or more" also increased, which is not the direction that Michigan wants to move. Nevertheless, with the implementation of subsidized guardianship, Michigan will be able to increase performance on composite three.

As Michigan implements concurrent permanency planning, its performance on both composites one and two will increase. Furthermore, as more of the children who have been awaiting permanency achieve that goal, performance in these two areas will increase over time.

**Goal:** DHS will negotiate the percentage of improvement on these outcomes during the development of the CFSR PIP.

## **DHS Collaboration**

### **Adoption Oversight Committee (AOC)**

The purpose of this Committee is to examine the focus and appropriateness of adoption and adoption services in Michigan, make recommendations for improvements and develop action plans to increase the number of child welfare adoptions. The 40-member committee is comprised of program office staff, workers and supervisors from DHS and private adoption agencies, adoptive families, foster care youth, MARE program staff, SCAO staff, local court personnel, and child welfare advocates.

The Adoption Oversight Committee has been in existence since March 2007. In addition to the main committee, the group has established four work groups that meet regularly outside of the larger group. These groups are:

- Adoption Service Provision.
- Policy and Legal Issues.
- Post Adoption Services.
- Adoption Recruitment.

The Adoption Oversight Committee provides DHS with a long-term work group that represents a thorough cross section of partners in the adoption arena. The AOC will continue to assist DHS in identifying areas of need, as well as strengths, and research areas of potential improvement and growth. Committee members act as ambassadors to the larger field, educating colleagues regarding system changes and obtaining input on areas in need of improvement.

DHS and court collaboration and communication are also key elements to achieving timely permanency. Several opportunities exist for continued collaboration.

### **Adoption Forums**

In March 2008, Michigan Supreme Court Justice Maura Corrigan and DHS Director, Ismael Ahmed, initiated an Adoption Forum that included the thirteen counties with the highest number of adoptions annually. County level teams of public and private providers, courts, parents, and youths met locally to discuss issues and plan improvements. The goal of the statewide forum was to discuss experiences and gain best practice knowledge to address adoption barriers that could be shared across all Michigan court jurisdictions. The following are examples of improvements that counties have initiated:

- The immediate finalization of adoptions for those cases where the children have been in the proposed adoptive home, as foster care wards, for an extended period.
- A new court report adopted to address the lack of communication to the court regarding the actual progress of the adoption case. The court report contains specific questions as to the reasonable efforts made and the dates upon which

the action was taken, the report serves as a checklist for both the jurist and the worker.

- The court and DHS hold monthly status conferences on the record and review every ward available for adoption. The court sends letters to uncooperative caregivers, contacts Interstate Compact to expedite progress, maintains an intern to follow up on barriers when workers are unable to get results, brings potential adoptive parents into court to discuss delays on their part, fast-tracks signing of paperwork, keeps a calendar of adoption progress in the courtroom, has termination papers processed the same day as the termination and hand delivered to DHS to speed the adoption process.
- The development a specialized Post-Termination Review (PTR) docket to be held every 30 days when a child is on hold with an identified family for adoption. The court has also assigned one lawyer-guardian ad litem for these cases on the expedited PTR docket. That L-GAL visits the child prior to the PTR as directed by the court. The expedited PTRs have also allowed the court to address and resolve barriers to adoption in a timely manner.
- DHS and private agencies implemented a new format for court reports for PTRs that sets forth the reasonable efforts made by the agency towards achieving an adoption in a succinct manner. From this new format, the jurist can readily discern progress towards adoption and make the applicable reasonable efforts findings in the order.
- The Presiding Judge of the Family Division transfers to his own docket—for special and focused attention—all cases initially identified as awaiting adoption for more than one year.

Adoption Forum II – Expediting Court Processes was held on Friday, October 17, 2008. County teams that participated in the first forum reported on their innovative improvements that helped to expedite adoptions. Sixty percent of cases identified by the Supreme Court in spring 2008 had achieved permanency by the time of the October Adoption Forum.

Adoption Forum III was held on March 13, 2009 with invitations to the next ten largest counties with teams of stakeholders. A panel of judges reported on the changes in practice resulting from the first forum. Judge David Gooding from Jacksonville, Florida presented on his court's best adoption practices.

DHS and SCAO plan a fourth Adoption Forum in September 2009. The ten counties involved in the first forum will again report on progress made and changes in the local adoption process. Efforts will be expanded to reunification and other permanency options to inform and develop improved process for all children in foster care.

In May 2009, SCAO released a report on the results of the first Adoption Forum. In the 13 original counties, they increased adoptions by 14 percent.

## **Permanency Options Workgroup (POW)**

Michigan Supreme Court Justice Maura Corrigan established the workgroup in the fall of 2006. Members include state and local judges, legislative, DHS, and FCRB staffs. Past efforts have included the creation of an Adoption Scheduling Order and passage of a “permanency bill” package. Current efforts focus on streamlining the process to obtain the MCI Superintendent’s consent to adoption. The POW will continue to identify barriers to permanency and work to eliminate those over the coming five years.

## **Adoption Subsidy**

The Adoption Subsidy program is located with Field Operations. It provides financial support and/or medical subsidy to adoptive families to support the placement of children in Michigan's foster care program who have special needs. The programs are funded with a combination of federal and state dollars.

In accordance with 45 CFSR 1355.32(d)(4), Michigan is required to develop and implement a title IV-E PIP to rectify the areas identified by ACF as compliance issues. The following changes to policy are required under the PIP as well as conform to the requirements of the Fostering Connections to Success and Increasing Adoptions Act. Changes were made to Michigan law and DHS policy to include required elements and oversight of federal and state regulations. The changes as they relate to Adoption Subsidy included:

- Eligibility.
- Timing of Eligibility Determinations.
- Adoption Assistance Rates.
- Medicaid Eligibility.
- Eligibility in Subsequent Adoptions.
- Extensions of Adoption Assistance Payments.
- Termination of Adoption Assistance.
- Adoption Assistance Agreements.
- Nonrecurring Adoption Expenses.
- Administrative Hearings.

For each of the above elements, DHS has incorporated changes to the Adoption Assistance Policy Manual, re-introduced legislation (since Michigan’s last legislative session ended prior to the Governor’s approval), upgraded the current Adoption Subsidy SWSS application, and modified current forms, letters and publications used for the Adoption Subsidy program. Further, DHS has assigned staff to complete timely reviews of changes in federal and state rules and regulations and make recommendations to the adoption policy staff for necessary changes.

The proposed timeframe for completion for the above changes are July 1, 2009, with the exception of the changes to the SWSS applications, which are slated to be completed by December 1, 2009.

## **Foster and Adoptive Parent Recruitment**

The recruitment of foster and adoptive parents to meet the unique needs of children in the state's care continues to be an ongoing priority for DHS and local communities. The need is clear for additional homes for teens, sibling groups, children with medical needs, and children waiting for adoption. BCAL issued 1,345 new foster home licenses between October 1, 2007 and September 30, 2008 (Reference the Bureau of Child and Adult Licensing section for additional information).

DHS contracted with the MSU CWRC for a needs assessment that will include the identification of the availability and types of foster and adoptive homes to determine whether they meet the current needs of the children in foster care. This study will provide DHS with additional information on what types of resource families we need to develop most quickly (Reference the Child Welfare Continuum of Care section).

**Goal:** DHS will use the results of the needs assessment to develop a targeted foster and adoptive parent recruitment plan to meet the needs of foster children. The recruitment plan will include neighborhood-based programs, which are culturally sensitive and located in the communities where foster children live. The families will be recruited with an understanding of the need for permanency and concurrent planning.

Local DHS offices have already submitted their recruitment and retention plans for FY 2009. Local recruitment committees and advisory groups, which include foster parents and administrators, meet regularly to plan recruitment strategies. The statewide recruitment and retention specialist is revamping the annual foster and adoptive home development planning process to provide better information, direction and oversight of county plans. Over the next three to six months, a standard template for annual foster and adoptive home development plans will be made available to counties.

Under the new contract beginning in June, private adoption agencies will be required to submit a recruitment plan based on the children under their supervision for adoption services to the adoption manager in central office. The agencies must report the outcomes of the recruitment efforts quarterly. These amendments should be in place by July 2009.

Plans for FY 2010 and beyond include an emphasis on measurable outcomes in recruitment and retention activities. Local offices will be required to provide specific, measurable outcomes from planned activities. Central office staff will review, evaluate and approve the plans. The plan must include an analysis of the previous year's activities and detail the proposed recruitment, training and retention activities for the next fiscal year. Central office staff will also provide feedback and suggestions for change to the agencies. They must approve the plan before the county has access to funding at the beginning of the new fiscal year. Finally, central office staff will conduct regular site visits to provide technical assistance and information to the local offices on their recruitment efforts.

**Goal:** Develop a standard format for the DHS foster and adoptive annual recruitment plans that will have an increased focus on outcomes.

With the recent addition of the new Data Management Unit, DHS will use data to track trends, determine the number of initial placements by county and age, track the number and size of sibling groups, and the number of siblings placed together.

**Goal:** The foster care program office will provide information on the children entering foster care to local offices on a regular basis for recruiting purposes.

Faith Based Initiatives. Many of the private agencies that contract with DHS to provide adoption services have a connection to the faith community. This provides DHS an avenue recruitment of adoptive families. One promising program is the Open Arms Project through Bethany Christian Services. Bethany's seven offices across Michigan have entered into partnerships with local churches to specifically identify older children in need of permanent homes and promote adoption recruitment activities within the church. Many of the private agencies have similar faith based initiatives in the local communities and churches.

In addition, groups such as the "Save Our Children Coalition" established by the University of Michigan-Dearborn are working to develop community coalitions on foster care. In March 2009, more than 60 representatives from congregations across Detroit came together to work with local social service agencies to identify and address the challenges. The Faith Communities Coalition on Foster Care are educating and recruiting families to provide permanent homes through adoption.

Moreover, individual and targeted family recruitment are effective tools to recruit homes for children. Counties identify areas where children are being removed and target recruitment efforts in those communities through community partners. By engaging local churches, schools and community organizations, DHS is able to educate the larger community about the need for more foster and adoptive homes to provide permanent, safe and stable placements for children. Following are examples of efforts directed toward recruiting additional families:

- Business cards with the foster parent's name and the name and phone number of the licensing worker are printed for foster parents to give out to acquaintances.
- Resource books and newsletters provide the names of other foster parents and resources, such as stores that offer discounts to foster families.
- Foster parent support groups provide ongoing training, resources and crisis intervention for new and experienced foster parents.
- Mentoring programs assign an experienced foster parent to potential foster parents. Mentors attend orientation and training with potential foster parents, answer questions, direct inquirers to resources in the community and assist with licensing activities.
- Family-centered events in the community serve as opportunities for the recruitment of foster families. Safety Day, annual picnics, cultural and recreational events, camping trips and holiday parties are popular. Churches and

civic groups sometimes sponsor these events. Friends and family of foster parents who may be interested in fostering may be invited to events.

- Foster parent recognition events, such as banquets or potluck dinners, are held annually to honor the efforts of foster parents in each county. Sometimes foster parents are asked to invite friends or family that may be interested in fostering to attend the event.
- General information about foster parenting is presented to the community through information booths at malls, presentations at church groups, 4-H groups, and other community forums.

**Goal:** Community collaboration and faith-based initiatives will continue and expand in the next five years.

Over 36 county courts participate in Adoption Day in Michigan. This is a specific day annually where adoption is celebrated and recognized. Courts have luncheons and invite state dignitaries to participate in the adoption finalizations. Special presents are given to children and the public joins in the celebration. During the five-year period in which Michigan has celebrated Adoption Day, more than 13,000 children have been placed into adoptive homes out of foster care.

**Goal:** Continue the Michigan Adoption Day in Michigan.

DHS is also in the process of developing a statewide two-year “Foster and Adoptive Family Recruitment Plan”. Once it is finalized, DHS will send the plan to all agencies who recruit and licensed approve foster and adoptive parents. The plan will detail specific activities and assignments to increase the recruitment of families for adolescents, siblings groups and children with disabilities. A preliminary workgroup of DHS and private CPA staffs, child advocacy groups and foster and adoptive parent associations is involved in the development of the plan.

Furthermore, Michigan currently has approximately 5,500 adolescents, age 14 and older, in foster care. DHS will use the MYOI youth board members to assist in recruitment and training of foster parents for this group of youth. However, DHS is having difficulty determining the number of siblings groups and children with disabilities from its information systems.

**Goal:** DHS will develop a new statewide two-year recruitment plan to target adolescents, siblings groups and children with disabilities.

## **XV. Quality Assurance**

### **Children's Services Continuous Quality Improvement Program**

Recognizing the need for a robust quality assurance system, DHS added the Quality Assurance Unit to the CWIB. This unit's primary objectives for the Children's Services Continuous Quality Improvement (CQI) program are to ensure:

- The delivery of consistent, high-quality services to the children and families assigned to DHS care.
- The permanence, safety and well-being of children.
- The reduction in the possibility of adverse occurrences.
- The accomplishment of continuous improvement in the programs and processes required to achieve targeted outcomes.

DHS' CQI methodology integrates philosophies and practices of quality assurance, program planning and evaluation, continuous improvement and outcome measurement. The findings of the quality assurance process will be integrated into strategic and operational planning, including the CFSR PIP and the APSR. These planning efforts are aligned with the CWITF's Change Priority number 7 (Reference the Child Welfare Reform section).

DHS, in partnership with the community, is responsible for developing, implementing and being held accountable for a cohesive, systemic improvement process that involves policy, practice and service delivery. The approach DHS intends to implement is twofold:

1. The introduction of CQI philosophy into the workplace.
2. Utilizing data to make decisions about policy, process, effectiveness of services, and program needs.

Integrating CQI into daily business begins with engaging DHS staff, and will gradually expand to include community partners/external stakeholders, including private CPA staff, and consumers as partners on the quality improvement team. The plan to accomplish this inclusion is through team building, training and short/long-term goal setting.

The Quality Assurance Unit is responsible for monitoring performance expectations internally and with contracted providers using performance indicators. The results of data collection and analysis in conjunction with feedback throughout the continuum of care will allow DHS to make informed decisions about policy, process, program effectiveness and deficits.

### **CQI Philosophy**

DHS is committed to providing high quality services that produce positive outcomes for children and families. The CQI process is structured to effect change. CQI shifts the focus from statistics to an emphasis on consistent quality and determining whether the programs had positive, sustainable results for DHS' consumers. CQI is not a

replacement for existing methods of agency communication or the line of authority within the agency. It simply provides an additional method for systematically investigating, documenting and correcting issues that impact the effective operation of the agency. The CQI process is cyclical in design and can be described most simply as: Plan, Do, Check, Act.



While the CQI team is responsible for the documentation of this plan, to be successful, it involves all levels of staff. Embedded in this structure is the requirement for cooperation and continuous feedback. The CWIB and local county/regional quality improvement teams will facilitate this improvement sequence.

The goals of CQI are to:

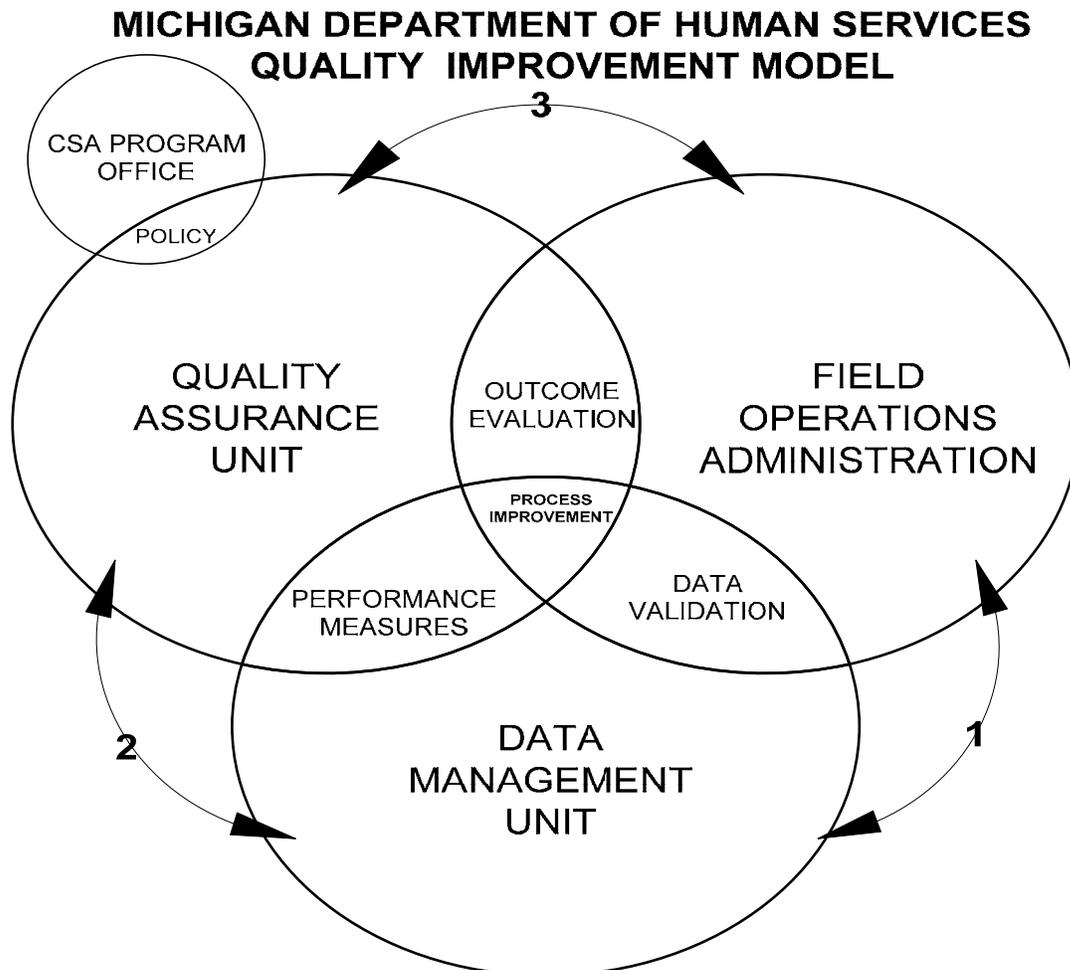
- Implement and maintain a quality plan that facilitates good process design and systematically measures, assesses and improves organization performance.
- Establish a system to determine the current quality of services and collect valid baseline data.
- Create and sustain a method for determining quality improvement interventions for each program.
- Increase quality of services by goal setting in each program area.
- Collect, evaluate and report data that reflects system performance and outcomes.
- Establish benchmark data focusing on key indicators.
- Assess and analyze data to identify program improvement needs, implement changes and track/monitor outcomes.
- Identify areas of systemic strengths and weaknesses and provide recommendations for policy/procedure changes.
- Develop and maintain high levels of agency and consumer satisfaction.
- Ensure that all stakeholders have opportunities and means to give feedback.
- Monitor and re-evaluate process to ensure that changes affected improvement as intended.

The CQI process is intended to complement the existing agency administrative structure, not replace supervision. CQI focuses on the processes of work to reduce barriers and improve system outcomes. CQI uses case related data in an aggregate, non-identifying way to provide feedback and an avenue to review strengths and weaknesses at an individual, unit or local office level. Development of specific action plans for professional and/or performance improvement are initiated at the level in which the problem occurred. CQI teams empower employees to become part of the solution by participating in informed decision making and action planning for the agency.

### Quality Assurance at DHS

The DHS Quality Assurance Unit consists of twelve Quality Assurance Analysts (QAA) who perform a wide range of functions. The QAA is responsible for the coordination, facilitation, planning, and implementation of CQI program and its initiatives for his/her assigned counties. The QAA, in concert with county stakeholders, prepares each county's plan to improve client services, program outcomes and quality assurance. These duties are performed under the supervision of the QA Manager and involve working in conjunction with the CSA Director, the County DHS Directors, the Urban Field Operations Director, as well as other stakeholders (family and private agencies) who are directly impacted by and invested in the achievement of quality service delivery and outcomes.

The following diagram depicts the interaction between key players in quality assurance at DHS: FOA, the DMU, the Quality Assurance Unit, and CSA. In order to achieve process improvements all four areas need to work together.



Arrow 1 indicates the interface between DMU and FOA that results in data validation. FOA implements all policy and procedure in the local offices and submits electronic documentation to DMU; DMU gathers and produces program compliance data from the information submitted by FOA, DMU provides aggregate data to FOA for data validation.

Arrow 2 indicates the relationship between DMU and QA to develop performance measures. QA receives and requests reports through DMU for trend analysis; DMU provides validated data to QA and develops new reports as requested; QA uses validated information to determine and track performance measures.

Arrow 3 demonstrates the interplay between QA and FOA. QA provides FOA with performance analysis information; FOA provides feedback to QA to determine if outcome goals are met or if barriers continue to exist. Together, FOA and QA develop improvement plans based on the outcomes; FOA implements the plan in the field.

The QAA coordinates and creates mechanisms for the tracking, reporting and analysis of data for all youths who are provided services within the county. The QAA prepares quarterly CQI reports and monitors data on an ongoing basis to ensure that quality targets are being met. At a county level, it will be important to provide aggregate comparison data and start the CQI process to determine strengths and needs of the county. In many instances, the 'raw data' will indicate the direction the local quality improvement teams will take. As procedural changes are developed and best practice techniques identified, QAA analysts will make recommendations for policy changes.

**Goal:** By December 2009, one QAA will be strategically located in each of the five Urban counties, as well as other local offices in each geographic region based on child welfare population and program participation.

**Goal:** By January 2010, the QAAs will track, report and analyze data reports for children under DHS care and supervision. Prepare Quarterly tracking reports for the counties and DHS central office management.

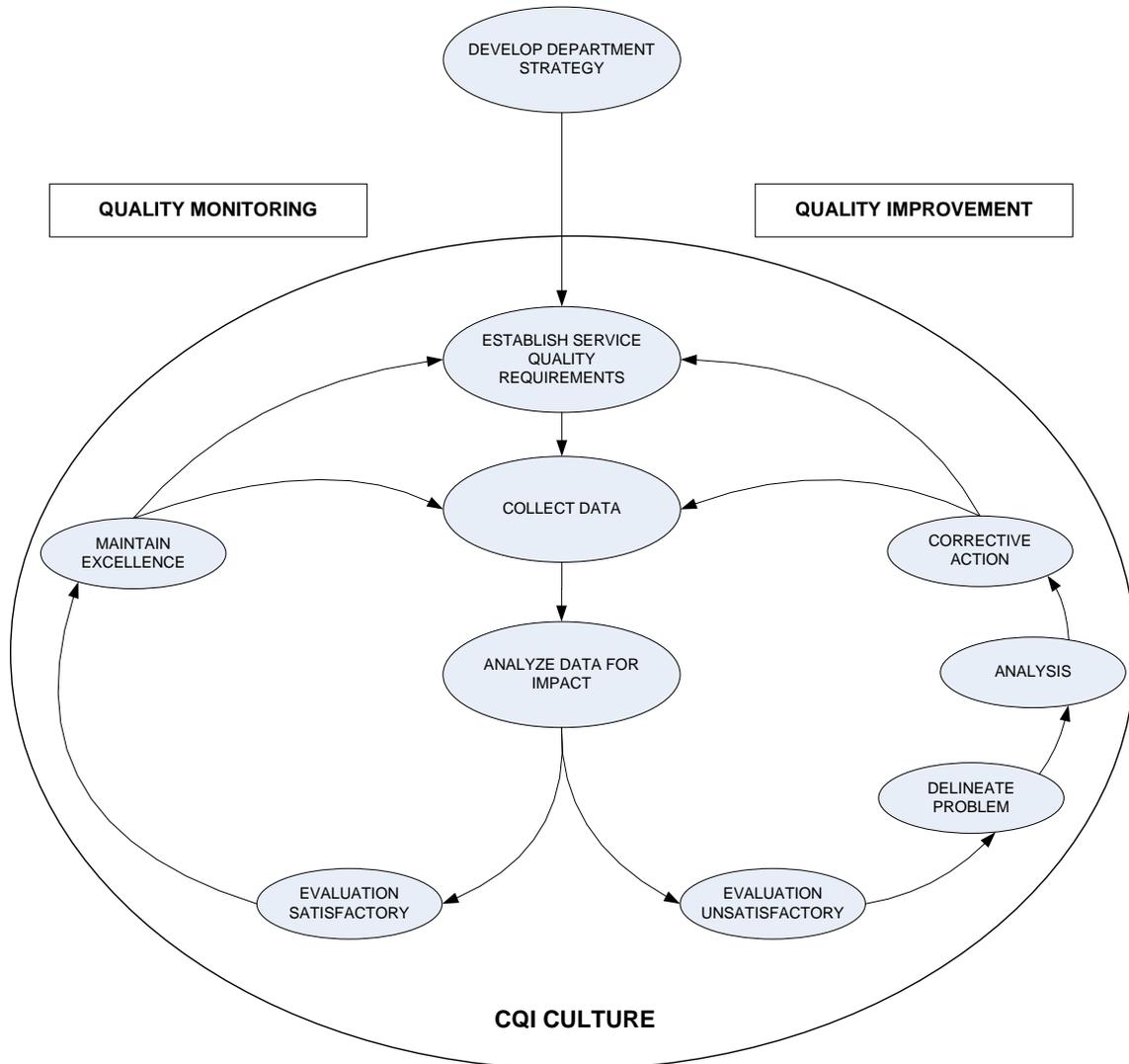
**Goal:** Quality Assurance Unit staff will make recommendations to the Bureau of Child Welfare and Field Operations for improving the child welfare system. These recommendations will be integrated into DHS policy and processes. The Children's Services Administration (CSA) program office, which includes CPS and Foster Care will be a vital resource for the Quality Assurance Unit. CSA approves any necessary policy changes and/or clarifications that are recommended to improve processes and service delivery.

### **Improvement Cycle**

Following the analysis and presentation of the data, the direction of CQI follows one of two paths as the following model depicts. The left side of the diagram indicates a satisfactory evaluation, program strength, and follows the quality-monitoring loop to maintain excellence. Communication of the success with staff and the community is

important to ensure the practice continues. If an evaluation is unsatisfactory or the benchmark is not achieved, the process on the right side of the diagram is implemented: delineate the problem, analyze the findings and develop a corrective action plan. The development of this plan occurs at the organizational level in which the non-compliance exists. The assigned QAA will monitor the plan to assess the effectiveness of actions taken through ongoing data collection and analysis.

## MICHIGAN DEPARTMENT OF HUMAN SERVICES QUALITY ASSURANCE IMPROVEMENT CYCLE



**Goal:** By March 2010, QAAs will develop and track the completion of corrective action plans for local offices who are not meeting defined benchmarks.

**Goal:** By March 2010, QAAs will maintain local office excellence through the quality-monitoring loop and share best practices with other local offices.

## **Structure**

**Goal:** By June 2010, QAA analysts will develop local Quality Improvement teams along with the DHS county director.

Placing a QAA in a specific county or region allows the QAAs, in conjunction with the County Directors, to develop local quality improvement teams. Quality improvement team members will provide firsthand insight regarding “the way we do business” and provide ongoing feedback on ways to improve services. By reviewing county-level data, the team may identify some trends that can help in their overall improvement and identify best practices.

Another component is the development of a “feedback loop” for quality improvement as seen in the quality improvement framework. Initially the county/regional improvement teams will consist of the QAAs and the DHS local office staff. It is expected that these teams will be expanded to include representatives from private CPAs, consumers and community members. This information-sharing network is designed to evaluate data measurements, best practice techniques, methods of improvement, program expectations, and process successes/barriers. The implementation of this structure provides DHS the opportunity to engage private agencies and consumers in developing a true partnership. The communication framework is depicted below.

It is important to share the analyses in reports specifically tailored to the various key stakeholder audiences, providing a dynamic link between the staff who supplied the information, other stakeholders and the reviewers to demonstrate that QA is not just about monitoring. A well-developed message from a thorough analysis will reinforce the agency’s quality objectives, acknowledging successes or providing the impetus for needed program adjustments.

## **Areas of Review**

### **Data Profile**

Prior to implementation, the Quality Assurance Unit is compiling a comprehensive statewide data profile that will define a baseline for ongoing qualitative and quantitative measurement of program outcomes. The data profile will illustrate specific county level data. These data sets serve as performance indicators of departmental program outcomes and federally mandated CFSR goals of safety, permanency and well-being.

**Goal:** Develop baseline data for the measurement of DHS program outcomes that include the CFSR goals of safety, permanence and well-being.

From this data profile, it will be possible to define acceptable thresholds for each indicator on a statewide level as well as individual county or office level. Metrics will be utilized that focus on key processes that help to identify strengths and barriers to effective services. Once the profile is established for each site, an analysis of the findings will be conducted. The results will make up the initial report to the office and will serve as the basis of their Quality Improvement Plan (QIP).

Initial areas incorporated into the data profile are:

### **Safety**

Children are, first and foremost, protected from abuse and neglect. These include:

- CPS standard of promptness during investigations.
- Number of complaints, investigations, disposition types, substantiation and re-substantiation rates by office.
- Compliance with victim and family contacts per policy.
- Maltreatment in foster care.
- Use of physical restraint, seclusion/isolation in residential treatment placements.

Children are safely maintained in their homes whenever possible and appropriate.

These items include:

- Reoccurrence of maltreatment.
- Occurrence of child abuse/neglect after reunification.
- Re-entry into foster care.

### **Permanence**

Children have permanence and stability in their living situations. These data items include:

- Time to permanence: reunification, adoption or other permanency plan.
- Placement stability.
- Length of time in placement.
- Youths who age out of foster care.

The continuity of family relationships and connections is preserved for families. These include:

- Efforts made by the worker to reunify the child with his/her parents.
- Efforts made by the worker for alternate permanency plan.
- Visitation of children with siblings and birth family members.
- Placements of children within their home geographic areas.
- Children placed in a relative home, and whether the home is licensed or unlicensed.
- Sibling placements.

### **Well-being**

Families have enhanced capacity to provide for their children's needs. These data items include:

- Services provided to families to reduce barriers and the outcomes of these services.
- Safety needs for family reunification.

Children receive appropriate services to meet their educational needs. These items include:

- Education participation.
- Assessments of educational progress outcomes.

Children receive adequate services to meet their physical and mental health needs. These items include:

- Timeliness of required medical and dental examinations.
- Maintenance of Medical Passport.
- Compliance with medical and/or mental health treatment plan.
- Determination of care (DOC) payments levels.

The Quality Assurance Unit will also track:

- Client and stakeholder satisfaction.
- Client grievances and complaints.
- DHS program requirements, including:
  - Caseloads – to determine whether the ratios are meet the Settlement Agreement requirements to promote achievement of positive outcomes for children/families.
  - The timeliness of report completion.
  - Training – tracking the additional training requirements, which will promote stronger services to children/families.
  - Tracking the timeliness and compliance with TDMs.
  - Tracking the recruitment, retention and support of foster homes.

Additional or targeted reviews may be initiated specifically because of external reports/concerns (i.e., Office of the Children’s Ombudsman, client and stakeholder satisfaction).

### **Special Reviews for High Risk Cases**

**Goal:** The Settlement Agreement requires DHS to conduct special reviews of certain higher risk cases. DIT staff generated preliminary reports for this special review cases in early December 2008. Quality Assurance Unit Staff will validate each case for inclusion in the special review schedule.

There are five high-risk cases categories that require special review; they are:

1. Children who have been the subject of an allegation of abuse or neglect in a foster home or residential care setting whether licensed or unlicensed, between June 2007 and September 2008, and who remain in the facility or home in which the maltreatment is alleged to have occurred.
2. Children who have been the subject of three or more reports alleging abuse or neglect in a foster home, the most recent of which reports was filed during or after July 2007, and who remaining the foster home in which maltreatment is alleged to have occurred.
3. Children who have been in three or more placements, excluding return home, within the previous 12 months.
4. Children who have been in residential care for 12 months or longer.

5. Children who are in unrelated caregiver placement, defined as an unlicensed home in which the caregiver is not a relative of the child but has been approved a placement resource because of prior ties to the child and/or the child's family.

Reviews of children meeting the criteria will occur every 90 days throughout the next year, and continue, if indicated, by a lack of progress toward significant improvement in outcomes. The results of these reviews will become the focus of continuous quality improvement efforts in order to reduce or eliminate the factors that contributed to the occurrence of these events. Progress toward achievement of the identified outcomes will be tracked and reviewed monthly. The CSA Director retains overall responsibility for the special reviews.

The findings are compiled and maintained in a database, which tracks the progress of the special reviews. DHS will use the results of the special reviews to help diagnose systemic strengths and weaknesses. The conclusions of these reviews will be used both as part of the CQI model in the field, and as part of our training curriculum.

DHS is committed to fostering a CQI culture of learning, growing, and ongoing improvement throughout the all levels of the department. Further enhancement of DHS' Continuous Quality Improvement process plays a critical role in carrying out and fulfilling the DHS mission.

### **Additional DHS Quality Assurance**

The Quality Assurance Unit within BJJ conducts semi-annual reviews of the seven BJJ residential facilities to ensure compliance with policy. The Quality Assurance Unit conducts follow-up visits when they make findings of non-compliance to verify that corrective action plans are implemented.

In the local office setting, the county director (or county child welfare director in the five urban counties) is responsible for assuring that the Strong Families/Safe Children plan complies with program standards and supports the requirements of the Settlement Agreement.

Local DHS supervisors also conduct three case readings per caseworker, per quarter. Local offices send a summary of these case readings to the DHS Field Office Administration for review.

Finally, the Funding Unit staff within the Federal Compliance Office provides direct support and consultation for the Wayne County title IV-E contract. DHS has facilitated coordination between Wayne County DHS and the County of Wayne to assure that the county is implementing the contract with adequate controls and quality assurances.

### **Office of Family Advocate**

The Office of Family Advocate (OFA) within DHS reviews cases and makes recommendations regarding policy, law and practice. The OFA reviews high-profile media and child death cases, cases involving citizen and client complaints and cases

wherein a legislator files a complaint/inquiry. On average, OFA responds to 500 citizen, client and legislative complaints per year.

**Goal:** Continue to review cases and make recommendations to for changes to statute, and DHS' policy and practices.

The OFA also reviews child fatalities that occur during an active foster care case. The OFA has reviewed 79 cases involving children who died in foster care between 4/01/05 and 12/31/08. The OFA is also responsible for receiving and tracking child death alerts from the local offices to ensure that notice is timely, accurate and in compliance with DHS policy (Reference the Children's Protective Services – CAPTA State Grant section for additional information).

**Goal:** Continue to track and investigate child deaths in Michigan.

**Goal:** Continue to act as the DHS liaison to the Office of the Children's Ombudsman.

### **Office of the Children's Ombudsman**

The OFA is the DHS liaison to the Office of Children's Ombudsman (OCO). The OCO investigates complaints regarding children supervised by DHS, and private CPAs. The OCO reviews case files and conducts interviews with various people involved with the case. If the OCO identifies concerns during a case investigation, the OCO issues a Report of Findings and Recommendations, which outlines alleged violations of law, policy and practice. Typically, OCO reports focus on issues that affected child safety, permanency and well-being. They send each report to the OFA and the local DHS office or the private CPA. The OFA coordinates with involved DHS and private CPA staffs to respond to these reports.

In fiscal year 2008, OFA records indicate that the OCO:

- Initiated 17 preliminary investigations.
- Opened 127 investigations.
- Requested response to five Requests for Action.
- Requested response to 49 Reports of Findings and Recommendations.
- Affirmed DHS actions in 66 cases.
- Resolved three investigations as Administrative Resolutions. The OCO may close a case as an "Exceptional Closing" if the OCO determines that one or more of the following conditions exist:
  - The complainant's issues have been resolved by a change in policy or law.
  - The outcome of the case will not be affected by further OCO investigation.
  - There is no indication from the complainant that further investigation should be pursued.
  - The issues in the investigation have been previously investigated and addressed in the OCO annual reports.
  - The DHS or the private CPA is currently addressing the issues.

DHS also works in conjunction with the OCO to improve child welfare policy and practice. The OCO produces an annual report, which includes recommendations for legislative and policy changes in the areas of CPS, foster care, adoption and child welfare system issues. DHS responds to the recommendations and the report is published. The published report is provided to the Governor, DHS director, the Michigan legislature and is made available to the public. The OCO statistics for fiscal year 2007 noted:

- Forty-five percent of investigations resulted in no adverse findings.
- Thirty-nine percent of investigations resulted in concerns.
- Sixteen percent of investigations were resolved by DHS or the private agency or the OCO determined that no further action was needed.

OCO reports can be found at: <http://www.michigan.gov/oco/0,1607,7-133-3195---,00.html>.

## **The Bureau of Child and Adult Licensing**

Public Act 116 of 1973, (MCL 722.101 et. seq.), also known as the Child Care Organization Licensing Act, provides for the protection of children placed out of their own home through the establishment of standards of care for child placement agencies, institutions and family foster homes. The Act also contains provision of penalties for noncompliance with promulgated administrative rules. Michigan has Administrative Rules that govern the following:

- Child Placing Agencies, (Rule 400.12101-400.12713);
- Foster Family Homes and Foster Family Group Homes (Rule 400.9101-400.9506);
- Child Caring Institutions (Rules 400.4101-4666).

BCAL is in the process of revising the rules. The rules are promulgated through the following process:

- A written request is made and written permission from the State Office of Administrative Hearings and Rules (SOAHR) to open a rule set.
- A workgroup is convened to draft new rules.
- An email distribution list is compiled of any person interested in the process for purposes of distributing all workgroup minutes and soliciting feedback on an ongoing basis.
- Draft rules are submitted to SOAHR for legal review of language and enforceability.
- Draft rules approved by SOAHR (or amendments made as required.)
- Public hearings are held around the state for comment on proposed rules. (Notice of hearings must be published in at least three newspapers.)
- BCAL must specifically address each comment made or submitted in writing and state why changes recommended were or were not made. If the comments will result in significant changes, the committee may be called together to review the changes.

- If there are significant changes made in draft rules based on the comments, new public hearings must be held and those comments addressed.
- A statement identifying the impact of the proposed new rules along with the documents addressing comments are resubmitted to SOAHR for approval.
- SOAHR submits the draft rules to Legislative Services Bureau for review of language and form.
- Proposed rules are submitted to the Joint Committee on Administrative Rules at the legislature. JCAR has 15 session days to either approve or reject the proposed rules.
- Rules are filed with the Secretary of State with an effective date.

For the CCI rules, the members of the committee were two representatives from private CCIs, staff from BJJ, BCAL licensing consultants, an area manager from BCAL, a representative from the Michigan Protection and Advocacy, DCH, an agency that serves primarily mental health youth, an agency that uses a peer restraint model, an agency that serves primarily physically challenged children and one that serves younger children, and two representatives from the Michigan Juvenile Detention Association

For the CPA/FH rules, the members of the committee are from the four private CPAs, the FCRB, the Office of the Children's Ombudsman's, SCAO, the MCI superintendent, an international adoption agency, an agency that does foster care for juvenile justice youth and one who has a supervised independent living program, DHS staff from the Urban and smaller counties, the purchased care division and CSA, BACL staff from the disciplinary action unit, licensing consultants, an area manager and central administration, a representative from the Chance at Childhood program at MSU, and a foster parent

BCAL issues licenses to CPAs, CCIs and foster homes. BCAL conducts the initial licensing evaluations for CPAs and CCIs. They also conduct annual reviews of all licensed CPAs and CCIs. A review may be conducted more often if necessary.

CPAs license individual foster homes and conduct annual reviews of individual foster homes. The reevaluation must include documentation of each member of the household and each foster care worker who has had a child in the home during the licensing period. The home study process must include visits at the residence of the foster home applicants for observations of, and interviews with, each member of the household. Public Act 116 gives a CPA the authority to inform the public about foster care licensing requirements. The agency is responsible for providing information about the need to be licensed, how to inquire about the family study process, and the penalty for violating the act.

CPA rules also set forth the requirements for adoption placement services. The rule requires a written adoption evaluation of an adoptive family before placing a child within the home. Michigan has implemented a dual foster home and adoptive home assessment.

Public Act 116 of 1973 provides the statutory base for a CPA to conduct special evaluations of family foster homes to determine compliance with the Act and with the applicable administrative rules. A special evaluation is one method by which an agency assures ongoing compliance and protection of foster children. Rule 400.12316 allows the agency to initiate a special evaluation when any information is received that relates to a possible noncompliance with any foster home rule. The licensing worker makes recommendations regarding the licensing action to be taken. These actions are:

- No change in license status.
- Reduction in license capacity.
- Revocation of license.
- Refusal to renew license.
- Denial of issuance of a license.
- Modification to provisional license.
- Renewal to provisional license.

The decision to revoke a license is made at the state level. The Disciplinary Action Unit (DAU) reviews all recommendations for denial of issuance, refusal to renew a license, revocation of a license and provisional licenses when the licensee wants to request an administrative hearing. The analyst reviews the submitted documents and writes the Notice of Intent (NOI) that lays out the legal case for the intended action. The NOI is signed by the Bureau Director. The analyst conducts the compliance conference that allows the licensee or applicant to provide evidence that they comply with the rules and if no agreement is reached, completes that necessary documents for an administrative hearing. If the licensee or applicant does not have an attorney, the analyst presents the case in front of the SOAHR administrative law judge. If the applicant or licensee has an attorney, the department is represented by an attorney from the Office of the Attorney General.

The handling of all bureau disciplinary actions by the DAU ensures greater consistency of application of both rule and process throughout the Bureau. Particularly with CPAs, cases may be returned to the agency as there is insufficient evidence to pursue the recommended licensing action.

BCAL sends copies of all annual inspection reports and special investigations of private CPAs to the DHS Purchased Care Division (PSD) within the CWIB. This occurs to ensure that DHS is aware of cited licensing violations. Additionally, an email notification is sent immediately upon the issuance of any provisional license to the PSD manager. Based on the cited licensing rule violations and the licensing action taken by BCAL, PSD may determine adverse contract action is necessary (Reference the Purchased Services Division (PSD) Quality Assurance section).

For additional information on criminal background checks and BCAL, reference the CAPTA Criminal Background Clearances section.

**Goal:** BCAL will continue to conduct evaluations and investigations for all CPA and CCI organizations to ensure the safety of Michigan's children.

## **Licensing Waivers**

In FY 2008, BCAL granted 414 licensing waivers. Only 14 licensing waivers were granted for relatives. However, in the month of May 2009, 14 waivers were granted specifically for relatives. Many of the waivers granted were for the “Child Capacity” and the “Bedroom” rules.

Thirty-five percent of foster children are placed with relative caregivers; 12 percent of these are living with a licensed relative foster parent. (Reference the Foster Care section for additional information on Michigan’s efforts to license relative foster homes).

**Goal:** By December 15, 2009, Michigan will begin reporting on licensing waivers per P.L. 110-351.

## **Michigan Foster Care Review Boards (FCRBs)**

The FCRB is a system of third-party review initially established by Public Act 422 of 1984, and most recently amended in Public Act 170 of 1997 to program to help ensure safe and timely permanency for children in the state foster care system. The State Court Administrative Office of the Michigan Supreme Court administers the program, which is comprised of citizen volunteers who serve on one of 30 local review boards throughout the state. They also provide training to the local FCRB members.

The FCRB provides independent reviews of a random case sampling of children in the foster care system to monitor and evaluate the court and DHS and private CPAs efforts to address the vital areas of safety, timely permanency, and child and family well being. The FCRB also reviews cases when requested to do so by parties to a case where there is a significant or ongoing concern in one of the three areas referenced above. Once cases are selected, they are reviewed every six months until permanency is achieved. The board provides written findings and recommendations to the local court and providing agency, as well as the DHS for their review and consideration.

The FCRB also investigates appeals by foster or relative caregivers when a child is moved from that placement and the foster parent or relative does not believe the move to be in the child’s best interests. The FCRB investigates the appeal and makes recommendations to the agency, local court and MCI Superintendent regarding the appropriateness of the move.

A statewide advisory committee includes leaders from the child welfare community. The committee assures that the FCRB program fulfills its statutory mandate and provides maximum benefit to the foster care system with the resources provided. State statute also requires publication of an annual report to the Michigan Legislature and Governor. Systemic issues that delay permanency or compromise child and family well-being are highlighted and analyzed in the report with related recommendations. Copies of the annual reports are located at:

<http://courts.michigan.gov/scao/services/fcrb/fcrb.htm>.

## **Purchased Services Division (PSD) Quality Assurance**

PSD reviews each private CPA and residential foster care (RFC) agency with whom DHS contracts to provide foster care, adoption and supervised independent living services. Each agency is reviewed once a year. PSD also monitors the Families First of Michigan Contracts. PSD was appropriated additional staff in the FY 2009 budget to allow for an increase in the monitoring of private providers. With the additional staff, PSD grew from a staff of four to a staff of 15 (one manager, two supervisors and 12 contract monitors). With the addition of staff, it became more critical to review practice and establish expectations that contribute to consistent and fair application of contract expectations.

**Goal:** Review each private CPA and RFC agency at least once a year, and conduct investigations as needed.

PSD has established a number of processes to increase DHS' ability to monitor the quality of the services provided by contractors. Specifically PSD has completed a draft policy and procedures manual, which will serve as a guide to how contract monitoring is conducted. The manual will contribute to the consistent application of review processes as well as increase transparency of the work done in the division and provide clear guidelines when considering initiating adverse contract action.

**Goal:** Implement policy and procedures for contract monitoring.

PSD has implemented an addendum to the placement agency foster care (PAFC) contracts that will be in effect until September 30, 2010. The amendment will include all related requirements as set forth in the Settlement Agreement.

## **Performance Based Contracts for PAFC and Residential Foster Care (RFC) Placement Agency Foster Care Contracts**

Representatives from DHS (central and local offices) and the PAFC contractors began meeting in January 2008 to review performance based contracting (PBC) practices for foster care services.

The National Resource Center on Organizational Improvement (Susan Maciolek) provided technical assistance to facilitate discussion and provide research on states that had implemented PBC practices. The process included a review Michigan's performance in meeting the national CFSR measures and the previously established Michigan measures agreed to as part of the Round One CFSR PIP.

Furthermore, the committee developed a proposed draft PBC model. However, the implementation of such a model requires a significant change in how programs are funded, impacting up-front cost significantly. The legislature would have to appropriate considerable funds to support implementation and given the current strain on the state's budget, it is unlikely such funds would be allocated. Additionally, implementation of the model requires confidence in the accuracy of performance measures. Without having tested the data, the financial risk to DHS, the providers and the state as a whole was

determined to be too significant. While the model has not been abandoned, DHS has elected to proceed with caution and focus initially on obtaining and validating data on a limited set of PBC measures.

The committee established a set of PBC measures and those have a broad distribution to assure all parties understand and agree to the performance metrics. The measures were included via an amendment to the Placement Agency Foster Care (PAFC) contracts, effective May 1, 2009. The measures are as follows:

1. **Placement stability:** Children supervised by the Contractor shall have no more than two placement settings while supervised by the individual CPA program, using the following increments:
  - a. 0 – 365 days = 86 percent.
  - b. 366 – 730 days = 73 percent.
  - c. 731+ days = 45 percent.
2. **Timeliness of reunification:** No fewer than 43 percent of children supervised by the contractor for 30 days or more shall be discharged from foster care to the home of a parent or legal guardian within 12 months of removal.
3. **Permanency of reunification:** No more than four percent of children supervised by the contractor who were discharged from foster care to reunification, will re-enter foster care in less than 12 months from the date of discharge.
4. **Timeliness of adoptions:** No fewer than 36.6 percent of children supervised by the contractor for 30 days or more shall be discharged from foster care to a finalized adoption within 24 months of removal.
5. **Discharge to permanency for children in foster care for long periods of time:** No fewer than 29.1 percent of children, supervised by the contractor for the most recent 24 months, shall be discharged to a permanent placement prior to their 18<sup>th</sup> birthday. Permanent placement is defined as adoption, guardianship or reunification.
6. **Legally free children in foster care for long period of time who are discharged to permanency:** No fewer than 98 percent of children supervised by the contractor for the most recent 12 months and legally free for adoption shall be discharged to a permanent placement prior to their 18<sup>th</sup> birthday. Permanent placement is defined as adoption, guardianship or reunification.
7. **Children discharged from foster care without permanency:** No more than 45 percent of children supervised by the contractor for the most recent 12 months or more, shall be:
  - a. Discharged from foster care prior to age 18 with a discharge reason of emancipation; or
  - b. Reach their 18<sup>th</sup> birthday while in foster care, having been in foster care for 3 years or more.
8. **Sibling Placement:** No fewer than 90 percent of children supervised by the contractor shall be placed with all members of their sibling group (out of home minor siblings only) unless it has been determined that the placement with the siblings is contrary to the best interests of the children. Note: Data for this

performance measure will be collected via random case reviews conducted by PSD staff.

The Data Management Unit will pull data on each of these measures quarterly. DMU staff will provide the data to the assigned PSD contract monitor as well as the contractor. For each measure where the contractor has not met the compliance standard, the PSD monitor will review the data with the contractor and develop a plan to improve performance.

DHS and the CPAs will review the performance measure for the first year to establish a baseline. The measure will then be incorporated into the October 1, 2010, PAFC contract and tied to incentives for achievement or disincentives for failure to meet the standard.

**Goal:** By October 1, 2010, amend the PAFC contracts to include the requirement for an agency corrective action plan if the PBC measures are not met.

#### **Residential Foster Care Contracts:**

Residential Foster Care (RFC) contracts are being amended to include performance measures. PSD is establishing a work group, composed of private providers, local DHS staff and data management staff to develop measures for all residential providers and that can be readily obtained via existing DHS data sources.

**Goal:** By July 2009, PSD staff will develop PBC measures for RFC providers, and they will be included in the contracts.

#### **Substantiated Abuse/Neglect and Use of Corporal Punishment**

To ensure child safety, DHS will give due consideration to any and all substantiated incidents of abuse, neglect and/or corporal punishment occurring in placements licensed and supervised by a contract agency at the time of processing its application for licensure renewal. The failure of a contract agency to report suspected abuse or neglect of a child to DHS results in an immediate investigation to determine the appropriate corrective action, up to and including termination of the contract or placement of a provider on provisional licensing status, and a repeated failure to report within one year shall result in termination of the contract.

Michigan licensing rules require any CPA or CCI to report suspected abuse and/or neglect to BCAL. CPS policy also requires the CPS worker to make a referral to BCAL when a child in foster care is reported as abuse and/or neglected by a licensed foster parent. BCAL and PSD work together to investigate these allegations when the agency is a contracted private CPA.

BCAL receives an automated list of all individuals who are licensed foster parents or are adults living in a licensed home, whose names were placed on the CPS Central Registry the preceding week as perpetrators of child abuse or neglect. This information exchange occurs once a week. When a match is found, BCAL sends a letter to the

certifying CPA advising them that the foster parent or adult member of the foster home has been named as a perpetrator. BCAL copies the PDS manager on the letter. The letter advises the CPA director that a foster home complaint investigation must be opened immediately and that being named as a perpetrator of child abuse or neglect requires a recommendation of license revocation. BCAL send this letter to assure that the CPA is aware that a CPS investigation has occurred with one of their licensed foster homes.

Michigan licensing rules also require an investigation when there are allegations of the use of corporal punishment in a licensed foster home or a child-caring institution. They also require the CPA to report immediately the death of any child in care to the BCAL.

Michigan law, in MCL 722.118a (1) requires the DHS to make an onsite evaluation of a child care organization (which includes a CPA) at least one time per year. During each onsite evaluation, the child welfare licensing consultant reviews a random sample of both children's files and certification (foster home licensing) files. As part of the sample of certification files, complaint investigations are always reviewed. If either a child's file or a certification file has information regarding suspected use of corporal punishment, the consultant will review the investigation by the CPA.

When BCAL determines that a licensed CPA or CCI failed to comply with the reporting requirements established in the Child Protection Law, BCAL will substantiate a licensing violation and appropriate licensing action will be taken based on the substantiated noncompliance. When PSD determined that a PAFC or RFC Contractor has failed to comply with the reporting requirements established in the Child Protection Law, PSD will substantiate noncompliance with the applicable contract and will determine appropriate contract action, up to and including termination of the contract. Should PSD determine the contractor has failed to report an allegation of child abuse and/or child neglect a second time within one year, the PSD Manager will advise the contractor that a recommendation to terminate the contract will submitted to the Director of the Child Welfare Improvement Bureau. PSD will initiate adverse action will per PSD policy.

Licensing rules also require that a CPA develop a behavior management policy that is positive and consistent based on each child's needs, stage of development and behavior. The plan must promote the child's self-control, self esteem and independence. The rules prohibit physical force, excessive restraint, or any kind of punishment inflicted on the body, including spanking. Foster care policy item CFF 722-2 requires supervising agencies to have a behavior management policy that identifies appropriate and specific methods of behavior management consistent with licensing rules.

### **Families First of Michigan (FFM)**

PSD was assigned the Families First of Michigan contracts for monitoring in FY 2008. Since that time, PSD has developed a process for conducting the reviews that includes conducting onsite contract compliance reviews. Staff reviews a random sample of files that include open and closed cases, as well as cases where the family is referred for a

second or subsequent time. PSD also interview staff and administrators, the local DHS office staff and the family served by the contractor. Additionally, PSD staff review the contractor's training compliance, critical incident reports, referral logs, policies and procedures, worker/family satisfaction surveys, and a number of other items. Throughout the review, the provider is kept abreast of any concerns and is provided an opportunity to provide documentation to the contract monitor.

At the conclusion of the review, PSD conducts an exit conference with the executive director of the contract agency as well as other staff identified by the contractor, during which areas of noncompliance are addressed. PSD follows the exit with a written Contract Compliance Report and requires that the contractor submit a Contract Compliance Plan to address any immediate noncompliance issues, as well as implement processes to avoid future noncompliance.

**Goal:** Families First reviews will begin during the summer of 2009 and will occur annually thereafter.

## **XVI. DHS Data Management**

The Child Welfare Improvement Bureau established the Data Management Unit (DMU) to centralize and coordinate all county, state and federal information requests. The data management unit works directly with the Department of Information Technology (DIT) to provide accurate, timely and fully validated data to fulfill customer reporting needs. DIT staff supports the development of information systems and reporting for the various state agencies in Michigan, including DHS. The data management planning efforts are aligned with the CWITF's Change Priority number 7 (Reference the Child Welfare Reform section).

The DMU has trained staff in newly developed policies and protocols to ensure valid and secure distribution of child welfare information. This unit functions as the sole source and control of data and report development from the statewide child welfare data repository. The DMU disseminates child welfare data in a standardized format.

DMU staff is also responsible for system changes to the Services Worker Support System (SWSS). CPS workers utilize the SWSS CPS portion of the system and adoption, foster care and juvenile justice workers utilize the SWSS FAJ portion.

### **Data Reporting**

DMU staff is establishing the following tools to assure the timely distribution of reports:

1. A database to track information requests from internal and external customers.
2. The use of WEBI and InfoView products for data extraction into user-friendly reports.
3. The development of an internal webpage for data sharing with DHS and eventually the courts.

Child welfare data is entered into SWSS by workers in the field offices throughout the length of time that a child is under the supervision of DHS. SWSS data is automatically sent to the data warehouse, a data repository, on a nightly basis. DMU analysts create user reports from the data warehouse into Excel and PDF formats. They also save the reports to ensure consistent data reporting that is specific to time periods or individual requirements. The tracking system will also help to identify identical information requests. Additionally, the WEBI and InfoView systems have security profiles and archiving features and users may send reports from the webpage to other users.

Reports are categorized as follows:

- Internal "Quick Reports."
- External reports.
- Standard reports for internal DHS monitoring.
- Federal reporting.

Better tracking tools for county offices will improve service delivery to Michigan families and keep children safely in their family homes. The reports assist in the identification of

placement solutions that offer permanency and stability for children whose circumstances require placement outside their family homes.

The plan for these reports is two-fold:

1) Child welfare data reports specific to each program area, which evaluate each county against federal CFSR measures, caseworker visitation requirements and state-mandated policy measures.

2) Compliance reports on a variety of key indicators that include drill-down capability to the district, section, unit and worker level. These reports will facilitate county-level management reviews for compliance with defined benchmarks and will include case specific detail. The intent of the compliance reports is to view overall trends in decision-making that may lead to non-compliance, child safety issues or impede the achievement of permanency for the child.

**Goal:** The DMU will create and test child welfare data reports and compliance reports which will allow county-level oversight of progress toward the achievement of state and federally mandated outcomes.

**Goal:** The DMU will create and test a series of alert reports. The intent of alert reports is for caseworkers to alerted of upcoming deadlines for child safety, permanency and well being, such as medical and dental appointments.

**Goal:** Develop an internal web page accessible on the department's Intranet.

The web-based reporting system provides county management with self-service capability and enables the specific reporting of county measures as they relate to federal compliance. Other benefits include immediate access to day-to-day child welfare data and the ability to see trends in worker decision making. The internal web page is a centralized location for directors and county administrators to view and print monthly reports to track and monitor the movement of children through the continuum of care to permanency. It will eventually include all child welfare programs. The Web site will also contain a report request template to enable users to submit a request for an additional report or an ad hoc report that is not currently available.

### **Permanency Tracking Reports to Improve the Future of Children in Michigan**

DMU staff is in the beginning stages of developing a Permanency Tracking System. Several aspects of a comprehensive tracking system exist in disparate pieces, but the plan is to compile them into a comprehensive reporting system for the benefit the workers, management, and ultimately the children and families DHS serves. Point-in-time reports will be generated at the child, caseload, district, county and state levels. Regular review of data and progress of children through the continuum should assist caseworkers in moving children to permanency more quickly.

Tracking achievement of permanency begins with the child's initial placement in care, continues in progression of incremental length-of-time check alerts and change-of-goal

alerts until permanency has been achieved. New reports will be developed in consultation with the State Automated Child Welfare Information System (SACWIS) Information Data Management Applications Council (SIDMAC). Because 38 percent of all children in foster care in Michigan are placed with a private CPA, it is imperative to implement a tracking system that monitors both DHS and private CPAs.

Permanency tracking reports that are currently being shared with DHS and the courts include:

#### Reunification Alerts

In an effort to assist counties with achieving timely reunification, county offices began receiving a report entitled Reunification Alert Report. This report provides a listing of all children within the specific district/county who have been in care between 200 and 330 days with a permanency goal of reunification. This report serves as a reminder to counties that the caseworker should conduct a meeting with the parents and the service providers to determine if progress in achieving the case plan toward the goal of reunification prior to the 12-month period has been made. The report also serves as a reminder for the caseworker to change the permanency goal, if reunification is not longer the appropriate permanency goal. Central office Field Operations staff sends the report to the county offices for distribution every other month. The counties are required to submit reports back to field operations that document the status of the cases listed. DHS is also sharing this report with the courts as a way of focusing their attention on the timely achievement of permanency planning goals (Reference the Adoption Forum section for additional information).

#### CFSR Reports

To track changes in performance on the CFSR permanency measures, every six months DHS central office staff sends the state and county level permanency measures to all DHS local offices. This assists the staff in determining their progress and detecting problems. DHS has also shared the county level data with SCAO, who, in turn, has shared it with the local courts. Joint DHS and court training has been held around the state to present the data, along with information on the CFSR process.

For quality assurance and monitoring, DIT staff is also programming county, district and worker level reports that are based on the CFSR indicators. These reports will display a graphical format of the county's performance over time on the safety and permanency standards, and will provide case level data for the cases that did not meet the standards. Composite Four, Placement Stability, will also be reported as defined in the CFSR, along with separate percentage scores for children placed in relative foster homes, non-relative foster homes and residential care.

**Goal:** Develop a Permanency Tracking System to allow workers, supervisors, managers and county directors to review data reports that provide a status of children in the child welfare system at any point along the continuum of care from initial contact with DHS through permanency.

## **SACWIS Compliance by 2012**

The Settlement Agreement requires the Michigan to have a SACWIS-compliant child welfare application by October 2012. In September 2008, DHS received notification from ACF that they were reclassifying Michigan's SWSS system as non-SACWIS due to numerous critical deficiencies. The current SWSS system:

- Is based on older technology.
- Does not meet the user's needs.
- Does not produce the required reports, with ancillary systems being necessary to track performance.
- Does not meet all SACWIS functionality requirements.
- Design process, lacks project management and support.

Furthermore, for Michigan to become SACWIS compliant, private CPA staffs must have access and update capability to SWSS. The state SACWIS system needs to be the single point of data entry for both public and private agency users.

Finally, a new foster care payment system is also required. Currently children's foster care payment authorizations are input in SWSS, then, transmitted to the Model Payment System (MPS). Workers must then use MPS to track the payments. The MPS system was developed approximately 35 years ago and resides on an obsolete Mainframe. DIT will integrate the new payment system into the SACWIS application that communicates directly with the state's financial system. Adoption subsidy payments are made on a different system. All payment information must reside in the SACWIS rather than an intermediary system. DIT has contracted with a vendor to develop requirements for the MPS rewrite. DHS is currently drafting the requirements for the enhancement. The new system will include state and IV-E funded foster care, adoption and guardianship payments.

The DHS goals associated with this project are to provide a child welfare system that:

- Meets the business needs of the state and that is compatible with the strategic direction of the State of Michigan.
- Is user-friendly.
- At a minimum, meets federal and state business reporting requirements.
- Helps to ensure the quality of child welfare services statewide and support compliance with child welfare policies, procedures and federal regulations.
- Generates timely, accurate and relevant reports and data to track outcomes, monitor caseworker performance and make sound business decisions.
- Is adaptable and responsive to the changing laws, regulations, and needs and requirements of the state's child welfare programs, staff and service providers.

Michigan has hired an Independent Verification and Validation (IV & V) vendor, Fox Systems, to complete a needs assessment of the SWSS system. The vendor is gathering and prioritizing DHS and private CPA business needs, with input from DHS, DIT and other public and private agency stakeholders. DIT is also implementing a systems development methodology, referred to as "SUITE", the Statewide Unified

Information Technology Environment. All RFPs released for the SWSS project will require the vendors to follow this methodology. The vendor will:

- Incorporate the business needs into functional and non-functional requirements that will serve as input for a feasibility study and alternatives analysis. These requirements will describe the current and future business processes of Michigan's child welfare program, as well as the IT elements required to support them; it will be used as the basis for determining appropriate technology options for the future direction of Michigan's SACWIS solution. The initial statement of functional and technical requirements will relate to the functional objectives, system objectives and system constraints.
- Conduct a feasibility study with an alternatives analysis that includes at least four additional alternatives available for achieving SACWIS compliance, Settlement Agreement compliance and meeting the needs of the child welfare program.
- Perform a federally acceptable cost/benefit analysis that compares the resource requirements, project schedule and risk assessment of the evaluated alternatives to the requirements for the SWSS system and up to three of the feasible alternative technology approaches.
- Describe their approach to gathering requirements and producing a requirements specification document that adheres to the SUITE standards. DHS and DIT will then use these requirements in an implementation request for proposal (RFP).
- Draft an Advance Planning Document (APD) based on the approved Strategic Implementation plan.
- Produce a Design, Development and Implementation (DDI) RFPs, including a detailed Statement of Work (SOW) and evaluation criteria for an implementation contract.

**Goal:** Michigan will have an ACF approved plan by March 2010.

**Goal:** Michigan will be SACWIS compliant by 2012.

**Goal:** Michigan will implement the new payment system in SWSS FAJ by January 2010.

### **Changes to the SACWIS Systems**

The DMU also has business analysts who coordinate joint application design (JAD) sessions on existing SACWIS Advance Planning Document projects. Their responsibilities include:

- Developing and managing project plans.
- Drafting, writing and approving business-level requirements in conjunction with DIT staff.
- Facilitating Webinar training sessions with SWSS users for all SACWIS related enhancements.
- Acting as a second-tier system of support to the field for SWSS errors that are tracked in the state's Remedy tracking system.

These individuals fill vital gaps by anticipating business reporting needs and engaging the business users. The focus of the unit is on building good requirements and good relationships while working on the APD. The DMU staff has re-established the SWSS Integrated Data Management Advisory Council. A charter was developed with the goals and scope of this team and its purpose is, "...a formal workgroup whose members will define and prioritize future SACWIS system functionality."

In addition to the four business analysts, a SACWIS coordinator position has been established and will function as the departmental coordinator, managing implementation activities with external agencies and groups. These activities include interactions with DHHS and other federal agencies, state departments, such as the Michigan Department of Management and Budget (DMB), Department of Community Health and Michigan Department of the Treasury. The SACWIS coordinator will provide coordination between internal DHS program and field offices and respond to inquiries from the Governor's office and the legislature. The individual in this role represents the CSA on special project teams, task forces, or other work groups formed to evaluate and make recommendations for changes or enhancements to existing automated systems.

One recent change to the SWSS system is the interface with the new eligibility system. DHS is in the process of implementing Bridges, which is an integrated public assistance system. With the implementation of Bridges, there are changes in SWSS CPS and FAJ. In the counties that have implemented Bridges, SWSS has an interface that allows the user to secure information, such as client history, client identification numbers and other pertinent information. The interaction between Bridges and SWSS allows for the exchange of specific individual information between the two systems. Caseworkers can electronically open, update and close Medicaid (MA) through an interface with Bridges. In addition, Medicaid re-determinations are no longer required. These changes may provide some worker relief.

Finally, to assist workers in moving children to permanency, changes are being made to the permanency planning goals in SWSS FAJ (Reference the Revision of Michigan Permanency Goals section for additional information).

### **Change Management**

The greatest obstacles for change management implementation are in the areas of communication, training across the decentralized county-based reporting structure, specific deficits in the current database, as well as the integration of disparate statewide data. The development of a technical communications process, adequate training plans, and a focus on CQI will assist counties in development of new management guidelines and data driven decision making. DHS has begun the engagement process with key leaders and stakeholders and the collection of baseline data will continue to drive the shaping of policy and system development (Reference the Children Services Continuous Quality Improvement Program section).

Training with regard to data driven decision making and proper report utilization for county administration will be of great importance as a focus on data and performance

should transform current child welfare practice. A well designed reporting system will provide counties immediate review of case level detail. This style of reporting makes case level information transparent for directors and central office administrators to view at any time.

**Goal:** Develop a communication and training strategy for report distribution and use, along with SWSS system changes to effect change in service delivery.

### **Data Collection and Reporting**

Several other program databases are not integrated into the current SWSS database, including adoption subsidy and guardianship assistance, juvenile justice, and family preservation and reunification programs. Data elements contained in these databases will need to be brought into the warehouse and integrated into the child welfare data universe.

**Goal:** Integrate the disparate data systems into the data warehouse to ensure consistent and reliable data across the child welfare continuum.

All CPAs must enter case data into SWSS according to current federal SACWIS rules. Private agencies currently complete their work for DHS children on forms sent into the county offices. This manual process for entering child placing agency data into SWSS creates an information bottleneck that can affect the daily monitoring of a child. Delays in data will not affect trending performance, but effective monitoring relies upon timely and accurate data. DHS and DIT are currently exploring the option of a web-based interface that would allow CPAs to input case record data directly into SWSS FAJ. The DMU and DIT staffs are currently diagnosing and fixing existing problems with SWSS FAJ and this effort is near completion.

**Goal:** Develop a private CPA interface into the SWSS FAJ application to ensure accurate data collection and monitoring.

### **National Youth in Transition Database (NYTD)**

Worker alerts will be implemented in a new YIT module in SWSS FAJ, which is scheduled for completion in September 2009. YIT is Michigan's Chafee program. Current YIT data tracking is a form driven, manual process with an ancillary database component. This is a priority within the APD for SACWIS compliance and is slated for implementation prior to the completed review of the system.

Furthermore, DHS formed an executive-level Steering Committee to ensure that Michigan will collect NYTD data by October 2010. Michigan plans to report the data by May 2011. Committee members include, DHS central office executive management, including CSA and Field Operations, DHS field staff, NYTD Team, DIT staff, DHS regional managers, MYOI coordinators, youths who have transitioned from foster care or those who are 17 or older and remain in care, and private CPA staff who provide foster care and independent living services. This group will advise and work to solve

problems related to tracking YIT funded services; they will also advise the state on YIT policy and procedures.

The NYTD will track:

- Independent living services for youths whose services are YIT funded.
- The outcomes of youths who are aging out or have aged out of foster care.

The four types of information states will report to NYTD are:

- Services provided to youths.
- Youth characteristics (such as tribal membership, education level, special education status).
- Outcomes (foster care status and outcome reporting status).
- Basic demographics (date of birth, sex and race/ethnicity).

**Goal:** Implement a YIT module within SWSS FAJ to track NYTD data.

**Goal:** Collect and report NYTD data to the federal government by the required dates.

The youths on the statewide advisory board will assist in developing the youth survey, promote the completion of the survey by other youths, and provide assistance in creating web-based youth networking and communication tools.

**Goal:** To implement the youth survey portion of the NYTD reporting, DHS in conjunction with the advisory board will:

- Seek the assistance of the National Child Welfare Resource Center for Youth Development in Oklahoma.
- Develop a survey tool by November 15, 2009.
- Perform preliminary testing of the survey tool with all youth boards by February 1, 2010.
- Initiate and conduct a minimum of six focus groups with youths and foster care staff across the state by April 1, 2010.
- Initiate a trial data collection of MYOI Opportunity Passport Participant Survey (OPPS) outcomes in the month of April 2010.
- Conduct a survey to collect data on the outcomes for the baseline population of 17 year-olds in foster care between October 1, 2010, and March 31, 2011.

### **Juvenile Justice Youth**

There are currently many disconnected systems used to track juvenile justice youth. A statewide component in SWSS FAJ tracks children that are funded in a DHS placement. However, a second system, known as Juvenile Justice Online Tracking (JJOLT) is also available statewide for all DHS-supervised youths. There is no consistency in whether DHS workers use JJOLT or SWSS FAJ. The Juvenile Justice Assignment Unit (JJAU) staff use JJOLT to assign DHS- and county-supervised youths to residential placements based on risk and safety considerations. Youths in JJOLT are not included in DHS' AFCARS submission. The County of Wayne, who has a title IV-E agreement with DHS, uses a system known as Juvenile Assessment Information System (JAIS), to track

juvenile justice youths. The County of Wayne submits their AFCARS file to DHS from JAIS, which DIT appends to the DHS file.

Other youths who are adjudicated and under the supervision of the county court system are entered into locally operated court databases. No centralized merging or tracking exists for this population of children.

SWSS FAJ will function as the central system for DHS-supervised juvenile justice youths using an interface shared by all providers. DIT is exploring a technical solution to provide access into the data warehouse as the interim system during implementation. The plan is to send files from JAIS and JJOLT to the data warehouse on a nightly basis. DMU staff will create reports to monitor youths who are “dual wards”, meaning the youth is both an abuse/neglect ward and a delinquent ward. Finally, DHS will accurately report all juvenile justice youths in its AFCARS file.

**Goal:** Accurately track and monitor DHS-supervised and County of Wayne-supervised JJ youths and report on youths who are dual wards.

**Goal:** Accurately report DHS- and the County of Wayne-supervised youths in the foster care AFCARS file.

### **AFCARS and NCANDS Reporting**

Because of the conversion to a new CPS system, DHS has not been able to submit National Child Abuse and Neglect Data System (NCANDS) data. Therefore, Michigan reported the CFSR safety data to ACF using an alternative data source. In the SWSS CPS system for FY 2007, there are issues with the converted data and 2500 victims who do not have recipient identification (RID) numbers. Therefore, Michigan submitted an alternative data source, the Protective Services Management Information System (PSMIS), for the CFSR 2007 safety data. Michigan also had to submit an alternative data submission of the FY 2008 safety data outcomes. DHS and Department of Information Technology (DIT) staffs are finalizing the computer system requirements for submitting the NCANDS Child and Agency files to ACF.

**Goal:** Submit the FY 2008 Child and Agency files to ACF by July 2009 and after that, submit them annually by the required date.

Currently, all information related to private CPA adoption efforts is gathered using a form driven manual data entry process. SWSS FAJ tracks the cases and the finalized adoptions, but not all of the data elements for the adoption AFCARS submission exist within SWSS FAJ. The adoption AFCARS file and monthly reports are created from this database and the reports are posted monthly on the DHS internal webpage. Even after these changes are implemented, adoption subsidy staff will need to enter case information into SWSS FAJ for all non-DHS or non-contracted agency adoptions where the adoptive parent has received a non-recurring expenses (NRE) payment, or will receive adoption subsidy. The adoption subsidy portion of the SACWIS plan (APD) will not be implemented until post review of the system.

**Goal:** Implement the changes to SWSS FAJ in the adoption module to report accurate Adoption AFCARS information from the SACWIS system.

For the AFCARS 2009 “A” foster care and adoption file submissions:

1. The total number of foster care records submitted = 24,663 with error percentage in the following data fields:
  - a. Most recent periodic review date (element 5) = 5.35 percent.
  - b. Computer generated date (element 57) = 7.25 percent.
2. The total number of adoption records submitted = 1313, with zero error percentage.

For the FY 2008 AFCARS submissions, the CFSR Data Profile includes the following errors:

1. Missing discharge reasons: 120 cases, at the 1.3 percent error rate – Michigan is under the 2 percent warning, but the Children’s Bureau sent a the list of cases where the reason is missing.
2. The Foster Care file has a different count than the Adoption File of (public agency) adoptions (N= adoption count disparity): 99 cases, 3.6 percent fewer in the foster care file.

The federal Children’s Bureau data team sent Michigan a list of the dropped cases to determine the problem. In discussion with the Children’s Bureau and the National Resource Center (NRC) for Data and Technology, the dropped cases are most likely a report timing issue. Because of the paper reporting process for adoptions, there is a discrepancy between the time the cases are reported in the foster care AFCARS file with a discharge reason of ‘placed for adoption’ and when they are reported in the adoption file, with a discharge reason of ‘finalized adoption’. The error rate is also an issue for the SACWIS review.

**Goal:** Fix the errors in the foster care AFCARS file by the November 2009 submission.

One final barrier in Michigan’s CFSR reporting is in the area of absence of child abuse and/or neglect in foster care. Even though Michigan is not meeting this safety measure, Michigan believes it is under reporting in this area. BCAL utilizes a data management system developed when that Bureau was housed under a different state department. BCAL investigates child abuse and neglect complaints in CCIs where the alleged perpetrator is a staff of that residential agency. When BCAL staff enters perpetrator information into the CPS Central Registry system, s/he does not enter a perpetrator relationship to the child victim. Therefore, DHS does not have a way to track whether the victim is “in foster care”. BCAL currently transmits nightly files from their system to the data warehouse. DMU and DIT staffs plan to use the BCAL file to the match victims to children in the foster care population.

**Goal:** Accurately report child foster care victims in the FY 2009 NCANDS submission.

## **XVII. Evaluation, Research and Technical Assistance**

Michigan is receiving technical assistance in support of several goals and objectives relating to CFSR goals and the CFSP. Following is a brief description of each of these projects, with the status of each:

**Outcomes:** Safety, Permanency Well-Being.

**Activities:** Assist in preparation for Michigan's CFSR in 2009.

**National Resource Center (NRC) Lead:** NRC for Organizational Improvement/Melody Roe; NRC for Legal and Judicial Issues/Jennifer Renne.

**Update:** DHS is writing the statewide assessment while continuing to analyze data from assessment activities. DHS sent surveys to foster and adoptive parents, parents who have been involved with CPS and foster care systems to gather information on their child welfare experiences. Michigan also conducted a supervisory case reading and the results are included in the CFSR Statewide Assessment.

With technical assistance from the national resource center on legal and judicial issues, DHS and SCAO staffs are educating judges on the CFSR process, the importance in improving outcomes for children and families and the necessity of timely reasonable efforts findings. The Adoption Forum has been productive and will continue including an expansion to a broader perspective by renaming it to the Permanency Forum. Overall challenges that have been noted in this area include:

- Court continuance to allow parents more time to achieve the service plan, thus delaying permanency.
- DHS also grants the parents too much time to achieve permanency.
- Delays in assisting families to access services or not engaging families in treatment.
- Not utilizing concurrent planning principles in child welfare cases.
- Children and youths do not always have the opportunity to attend court or to have their voices heard.

**Outcomes:** Engaging stakeholders.

**Activities:** Assist in engaging the state legislature.

**NRC Lead:** Technical Assistance to State Legislators on the CFSR/Steve Yoder and Nina Mbengue.

**Updates:** In a telephone conference on April 1, 2009, participants made decisions on the content of the technical assistance to be provided in this area. The plan is to conduct a legislative briefing to review Michigan's child welfare reform efforts and review the findings in the CFSR Statewide Assessment. Current "champions" of child welfare in the Legislature will be invited to participate, so the state builds capacity in the legislature from term to term. Upon completion of this session, DHS and the NRC will plan for next steps to assure that the Michigan legislature considers the CFSR and child welfare practice a key issue for their continuing attention.

**Outcomes:** Permanency – Reunification.

**Activities:** Assist in improving reunification rates.

**NRC Lead:** NRC for Family Centered Practice and Permanency Planning (NRCFCPPP)/Stephanie Boyd-Serafin; NRC on Legal and Judicial Issues/Jennifer Renne

**Updates:** An initial phone call took place on February 20, 2009. Challenges noted include delays in setting up unsupervised visitation, the concurrent planning pilot beginning in June 2009, as well as delays in consideration of reunification before the 12-month permanency planning hearing. DHS will examine parenting time policy and practice in coordination with the NRCFCPPP. Michigan plans to include the field and CWTI staffs in this work.

**Outcomes:** Quality Assurance System.

**Activities:** Assess and potentially modify Michigan's QA system.

**NRC Lead:** NRC for Organizational Improvement/Peter Watson.

**Update:** Michigan developed an implementation plan for CQI in response to the Settlement Agreement. The plan was shared with Peter Watson for feedback. Michigan will continue to seek out information on qualitative research.

**Outcomes:** Legal and judicial issues.

**Activities:** Improved parent representation.

**NRC Lead:** NRC for Legal and Judicial Issues/ABA/Jennifer Renne and Mimi Laver.

**Update:** A report on the CIP Parent Representation Project is due this summer. One of the new Model Courts for the National Council of Juvenile and Family Court Judges (NCJFCJ) is from Michigan. Bench cards are being developed to help judges make required findings and consistent decisions (Reference the Michigan Court Improvement Program section).

**Outcome:** Data.

**Activities:** Michigan is receiving TA on automating the CFSR composite syntax, and to resolve discrepancies between the foster care and adoption AFCARS files.

**NRC Lead:** NRC for Data and Technology.

**Update:** Michigan DIT staff is currently formatting the 2007A and B AFCARS files through the SPSS programs. However, Michigan is generating different numbers than those provided by the NRC or the Children's Bureau. Michigan will seek additional TA where Michigan is over the 2 percent error threshold in its AFCARS files.

**Outcome:** Permanency – foster care.

**Activities:** Provide assistance with recruitment and retention of foster families.

**NRC Lead:** NRC for the Recruitment and Retention of Foster and Adoptive Parents/Sharri Black.

**Update:** Michigan is drafting a two-year plan to recruit foster families for sibling groups, teens, children with disabilities, and children waiting for adoption. In addition, Michigan is seeking assistance from the Michigan State University's Child Welfare Resource Center in developing a process for analyzing local reports to identify trends and apply findings to create corrections to the recruitment process.

## Disaster Plans

### **Overview**

The DHS Central Office in Lansing provides overall direction, coordination and assistance in the planning and preparation for providing human services to disaster victims. The DHS Emergency Management Coordinator (EMC) in Lansing is the primary liaison to DHS county offices for emergency management activities. DHS county offices are responsible for the actual implementation of human service programs for disaster victims, in coordination with the affected local governments and the agencies and organizations providing assistance. The DHS EMC maintains liaisons with the Field Operations Director and county office directors to:

- Assist them in fulfilling their responsibilities in emergencies and disasters, and keep them apprised of changes in laws, policies, procedures, and resources.
- Ensure that DHS county offices and other areas, participate in state and local emergency management activities (plan development, exercises, training, etc.), as needed,
- Ensure consistent program implementation in all counties.

DHS county offices provide assistance to local jurisdictions upon request from the local jurisdiction. The DHS will absorb staff time costs; however, all other expenses incurred because of the emergency or disaster response must be assumed by the local jurisdiction requesting assistance. If the DHS responds because of a Governor's emergency or disaster declaration, all agency costs are absorbed through state disaster procedures.

Assigned responsibilities of DHS are to:

- **Coordinate an individual assistance needs assessment.** The DHS EMC is responsible for ensuring that an adequate assessment is conducted to determine the individual assistance needs of disaster victims. Normally, the American Red Cross and other volunteer organizations (working with DHS County Offices) will conduct this needs assessment as part of the initial disaster assessment by local government. The DHS county office director or designee forwards the needs assessment information to the DHS EMC Lansing for compilation, analysis and follow up. Reference the Information and Planning Emergency Services Function (ESF) for more details on this process.

If the Governor requests a "major disaster" or "emergency" declaration by the President under the federal Stafford Act, a more detailed needs assessment is conducted as part of the Preliminary Damage Assessment (PDA) process. If such a declaration is granted, a Federal Individual Assistance Officer (FIAO) from FEMA, and a State Individual Assistance Officer (SIAO) from the EMD/Michigan State Police are appointed to coordinate the provision of individual assistance to disaster victims. The Federal Individual Assistance Officer (FIAO) and SIAO work closely with the DHS EMC, the American Red Cross and other volunteer organizations to determine which individual assistance programs must be implemented.

The DHS EMC works in conjunction with the DHS county office directors to determine overall needs for the affected area and mobilize the necessary assistance to meet those needs.

- **Coordinate / monitor the provision of human services to disaster victims.**

During emergencies or disasters that require only a local- and state-level response, the DHS EMC is responsible for monitoring the provision of human services to disaster victims to ensure that basic needs are being adequately met. However, if a Presidential major disaster declaration is granted and federal individual assistance programs are activated, the primary responsibility for monitoring the provision of assistance rests with the SIAO from the EMD/MSP. In those situations, the DHS EMC assumes the role of liaison to the federal Individuals and Households Program (IHP) and may work out of the Joint Field Office (JFO) once it is established. (Refer to that specific task assignment below.) The alternate DHS EMC or a designee will report to the SEOC for as long as it remains operational (or as long as a DHS presence is required) to coordinate with DHS county offices and other state agencies. If additional resources are required to meet the needs of disaster victims, the DHS EMC will notify the SIAO, who in turn identifies the agencies and organizations that can best accomplish the necessary tasks.

**Coordinate Local response operations.** DHS county offices are responsible for coordinating the activities of the agencies and organizations involved in the provision of human services to disaster victims. If the county/local Emergency Operations Center (EOC) is activated, the DHS county office director or a designee may report there per local procedure to identify and coordinate with agencies and organizations that can best accomplish disaster tasks. The DHS county office director/designee will keep the DHS EMC in the SEOC in Lansing apprised of the local response activities completed, underway, or planned, as well as resources used or planned for use. DHS county office directors must be knowledgeable of the resources and capabilities of the local agencies and organizations involved, and thoroughly familiar with the local procedures for mobilizing assistance.

In the absence of federal disaster relief assistance for individuals or families, or if the basic needs of disaster victims cannot be met by voluntary agencies or by other means, the DHS county director may utilize the State's Emergency Needs Program (ENP) or other appropriate assistance programs as a last resort to help qualified low-income disaster victims in meeting basic needs. Qualification for benefits is determined on a case-by-case basis.

**Assist with Bilingual needs.** If translator services are required in the provision of disaster assistance to non-English speaking persons or in other aspects of the response and recovery operation, the DHS can work with the EMD/MSP and other state agencies (and FEMA in a Presidentially-declared disaster) to identify and mobilize the bilingual resources required to meet the needs of the situation. Several state agencies have bilingual employees or access to bilingual resources that could be of use. In addition, private translation services and university / college bilingual programs could also be utilized if necessary.

- **Maintain liaison with local government and volunteer human service agencies.** DHS county office directors are responsible for maintaining liaison with the local emergency management office and with local chapters of private/voluntary social service agencies and organizations (i.e., American Red Cross, Salvation Army, etc.) to establish lines of communication, share relevant information and resources, and facilitate emergency management activities. County directors are actively involved in local emergency management activities (plan development, training, exercises, etc.) to ensure that responsibilities assigned in local emergency operations plans can be carried out in a coordinated and effective manner.
- **Implement / administer the Disaster Food Stamp Program.** In the event of a Presidential major disaster declaration, DHS may be required to implement and administer the Disaster Food Stamp Program as provided under Section 412 of the Stafford Act. Under this program, disaster food stamps can be distributed to eligible low-income households in the declared area to enable them to purchase adequate amounts of food. The DHS Director has designated the DHS EMC to serve as liaison to the U. S. Department of Agriculture (USDA) Food and Nutrition Service for implementing this program.
- **Provide liaison to the federal Individual and Households Program.** If a Presidential major disaster declaration is granted and federal individual assistance programs are activated, the primary responsibility for monitoring the provision of individual assistance rests with the SIAO from the EMD/MSP. In those situations, the DHS EMC assumes the role of liaison to the federal Individuals and Households Program (IHP) and may work out of the Joint Field Office (JFO) once it is established. The IHP Liaison position serves as an advocate for the State of Michigan and Michigan's disaster victims, and is a source of state-specific information for federal officials responsible for implementing the program in a timely manner.
- **Implement the Michigan Disaster Donations Management Plan, as required.** If the circumstances of a disaster or emergency are such that unsolicited donations are (or are likely to become) a significant management and logistical issue, DHS will (at the direction of the EMD/MSP and/or Governor's Office) implement the Michigan Disaster Donations Management Plan. The Michigan Disaster Donations Management Plan provides a detailed framework for establishing and implementing a major disaster donations management operation. Because most local jurisdictions in Michigan have not developed detailed local disaster donations management plans, state assistance in donations management will likely be required in situations of widespread / severe damage and/or significant human impact. Implementation of the Michigan Disaster Donations Management Plan will be done in coordination with the EMD/MSP and the other state and private sector agencies included in the plan.

### **Emergency Planning for Child Welfare Functions**

DHS requires all county offices to have a plan in place for disasters that provides for temporary lodging and distribution of emergency supplies and food as well as an emergency communication plan. The emergency communication plan includes a control center to assure procedures for foster parents and caseworkers to stay in contact are

developed so the whereabouts and needs of children under the supervision of the DHS can be assured.

In large counties with more than one site, each office is required to have an emergency or disaster plan specifically designed to address their unique needs. Local and district DHS offices submit their emergency office procedures to DHS Central Office and Field Operations Administration for approval. Local DHS offices review and update their disaster plans regularly and re-submit all updated plans.

In addition, pursuant to the Licensing Rules for Foster Family Home and Foster Family Group Homes for Children, foster parents are required to develop and maintain an emergency plan for use in cases of emergency. This plan must include a plan for relocation if necessary, communication with caseworkers and birth parents, a plan to continue the administration of any necessary medications to foster children, and a central repository for essential child records.

### **Local and Regional Office Protocols and Emergency Procedures for Children in Out-of-Home Care**

Local offices first submitted Emergency Plans in FY 2002. Local emergency plans are reviewed and revised, if necessary, to ensure that all required elements are included. Following review and/or revision, all foster parents and staff undergo training on the protocol. 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 (SEMA). Each region must designate an individual/group of staff that will coordinate information received from the disaster-affected region and communicate this information to central office.

#### **This plan shall include:**

1. A listing of local facilities suitable for temporary lodging as well as the locations of emergency supplies and food. The local licensing worker updates and distributes this list annually.
2. An emergency communication plan that includes the person to contact in cases of emergency. When there is an emergency or natural disaster, a communications center in a different region from the disaster area is established as a back up for the regional/local office. The selected office should be far enough away that it is unlikely to be directly affected by the same event. All foster parents must be provided with the Child Abuse / Neglect Hotline administrative number 1-800-942-4357.
3. Whom to contact at the local level during an emergency during normal work hours as well as after hours.
4. Whom to contact during an emergency when all normal communication channels are down.
5. Who will contact the birth parent / relative, the local office director and the CSA director regarding the child's emergency.

6. How often foster parent/staff shall communicate with the designated communication site during emergencies or natural disasters.
7. The necessary information regarding emergencies.
8. How and where in the case record the information is to be documented.
9. The method of monitoring the situation.
10. Address voluntary or involuntary closure of facilities in emergencies.
11. Address the requirement of notifying the child's parent or legal guardian and other appropriate authorities.
12. Any additional requirement as specified by central Office.

**Remain in communication with caseworkers and other essential child welfare personnel who are displaced because of a disaster.** In an emergency, children's services workers and foster parents must first attempt to call their local office. If the local office phone lines are unavailable, they contact their alternate local office. This is an alternate county, often a contiguous county, designated in the local office plan. In dual counties, they will call the other county. If the alternate county phone line is unavailable, children's services workers and foster parents may call the emergency number referenced above.

Children's services workers may also utilize Nextel or cell phones to remain in contact. Michigan State Police radios are located in offices without cell phone towers in order to maintain cell phone service. Phone tree plans have been developed and recently updated to facilitate communication with caseworkers and other essential child welfare personnel displaced because of a disaster.

**Respond, as appropriate, to new child welfare cases in areas adversely affected by a disaster and provide services in those cases.** The alternate county is prepared to continue availability of services for children under DHS-supervision displaced or adversely affected by a disaster. They are also prepared to respond to new child welfare cases in areas adversely affected by a disaster and provide services on those cases.

**Preservation of essential program records.** DHS maintains essential records on SWSS and can access records statewide, a worker anywhere in the state to make changes to cases. DHS foster parents enrolled in EFT (electronic funds transfer) will not have a disruption in foster care payments, since payments will be made to their account electronically.

DIT is currently in the process of refreshing the computer servers and installing disaster recovery servers. DIT will complete this process by October 2009. To safeguard the database data itself, the servers are located in Michigan's secure data center. DIT staff perform a full system backup for both onsite and offsite storage weekly. From the offsite storage, DIT keeps one quarterly update per year; they maintain an annual backup indefinitely.

**Identify, locate and continue availability of services for children under state care or supervision.** The assigned caseworker or another designated worker will contact the birth parent, relative or legal guardian, local office director, and the juvenile office or court, regarding the child's emergency. The contact information is available on SWSS. Staff or the foster parent must communicate with the designated contact person immediately, or as soon as possible after seeking shelter and weekly thereafter.

The local office must provide information regarding where to seek shelter, food, and other resources and shall coordinate service provision with the American Red Cross. Information about the child's location is in the child's file and in the licensing record. Field services will provide updates to the state DHS director. The voluntary or involuntary closure of facilities in emergencies is addressed in the Licensing Rules for Child Placing Agencies (R 400.12412 Emergency Policy).

**Coordinate services and share information with other states.** In the event of an emergency, the DHS Office of Communications will coordinate all communication with the media, leadership staff, personnel, persons served and the public. In addition, in Michigan's interdepartmental Emergency Management Plan, DHS has lead agency status to coordinate and monitor the provision of human services to disaster victims, as well as provide state liaison to the federally administered Individual and Households Program.

#### **Foster Parents' Responsibilities in Developing an Emergency Plan and Notifying Staff of Foster Child Status in an Emergency**

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. Their plan should include:

1. An evacuation plan for various disasters.
2. A meeting place for all family members if a disaster occurs.
3. Contact numbers which shall include:
  - a. Local law enforcement.
  - b. Regional Communication Plan with Contact Personnel.
  - c. Emergency Numbers.
  - d. DHS Administrative number, 800-942-4357, 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, 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, extra batteries, food, bottled water and tools.

As part of the disaster plan, each foster parent will identify what will happen to the child if he/she is in school or the foster parent is away from the child, i.e. will the school keep the children until a parent or designated adult can pick them up or send them home on their own?

Foster parents will provide their children's service workers with back-up contact phone numbers in case of emergency in which they cannot be located at their home or work phone. Foster parents should consider providing staff with back-up phone numbers of individuals (such as relatives) to contact in case of emergency. It is preferable to list one local contact and one out-of-county contact.

Each foster home will review this plan with their foster children annually and the licensing worker will update this information in the provider's file.

**Other resources for disaster planning** – DHS has a disaster planning Web site [www.michigan.gov/michiganprepares](http://www.michigan.gov/michiganprepares) located on the DHS-Net. Topics include:

- Make a Plan.
- Pets and Disaster.
- Coping with Disaster.
- Children and Disaster.
- People with Special Needs.
- Water and Food.

Other useful Web sites include [www.gov/msp](http://www.gov/msp), [www.ready.gov](http://www.ready.gov), [www.fema.gov](http://www.fema.gov); [www.michigan.gov/emd](http://www.michigan.gov/emd); [www.redcross.org](http://www.redcross.org); and [www.whitehouse.gov/homeland](http://www.whitehouse.gov/homeland).

The Michigan State Police developed a booklet entitled "Family Preparedness Guide". This booklet is available to foster and kinship families.

## **XVIII. Juvenile Justice Transfers**

**Report the number of children under the care of the state child protection system who are transferred into the custody of the state juvenile justice system. Discuss contextual information, such as how states define the reporting population and other pertinent information.**

In Michigan, four youths in the care of Michigan's child protection system (Act 220) were adjudicated as delinquents with a juvenile justice services case opened between October 1, 2007 and September 30, 2008. In Michigan, BJJ is responsible for only a small portion of the total state juvenile justice population. Most youths remain the responsibility of the county courts. Therefore, we would expect that many youths who have had open abuse/neglect cases enter the juvenile justice system through the counties. The state does not have access to the case management systems used by county juvenile justice programs, so a figure for this population is not available at this time.

The majority of juvenile justice cases remain with the courts, perhaps 95 percent of the total or more than 23,000 youths. These youths are treated in the community, in county-operated juvenile facilities, or in privately-operated juvenile facilities under contract to the counties. These youths tend to be younger, have committed less severe offenses, and generally do not require specialized services. The percentage of youth under county supervision has increased in recent years because of increased emphasis on in-home placements for juvenile delinquents and because Michigan reimburses the counties for 50 percent of their qualifying expenses through the County Child Care Fund. Wayne County has been especially aggressive in reducing the number of juvenile justice youths from that county placed under state supervision.

The remaining 5 percent of juvenile justice cases are under DHS supervision. Some of these youths are committed to the care of the State of Michigan as state wards and others remain wards of the county courts with DHS providing case management services. The BJJ JJAU assigns youths placed in residential programs to placement, but only those youths served in state-operated facilities are under the direct supervision of BJJ. Youths placed in privately-operated facilities are monitored by the local DHS worker. Youths under state supervision tend to be older, have committed more severe offenses and require care that is more specialized. These characteristics are especially notable among youths at state-operated training schools.

In addition to youths in the juvenile justice system, the Michigan Department of Corrections (MDOC) incarcerates a substantial number of youths under the age of 18. These youths have been judicially waived to the adult criminal justice system, which results in these youths not being served by the juvenile system. The number of MDOC inmates under the age of 18 has grown in recent years due to legislative changes that allow more juveniles, as well as younger juveniles, to be tried and sentenced as adults. These youths have committed the most serious crimes up to and including homicide.

Data on juveniles placed under state supervision is available from DHS. Data on juveniles under county court supervision is only available from the individual courts, and to a limited extent from SCAO. Now, there is no statewide juvenile justice information system.

For additional information on DHS and DIT's efforts to track dual-wards, reference the DHS Data Management section, Juvenile Justice Youths.

## **XIX. Inter-Country Adoptions**

In Michigan, the provision of services to facilitate an inter-country adoption fall exclusively within the purview of licensed private adoption agencies. An adoption agency licensed in Michigan to provide inter-country adoption services would have an agreement with the foreign country specifying the responsibilities of the agency in completing adoptions. Michigan will collect required information in SWSS for children who are adopted from other countries and who enter into state custody because of disrupted or dissolved adoptions. Children in families at risk of disruption or dissolution are eligible for all of the services and supports as a child born in this state when entering foster care.

**Identify the number of children who were adopted from other countries and entered into state custody in FY 2008 and FY 2009 because of the disruption of a placement for adoption or the dissolution of an adoption.**

There were no internationally adopted children whose adoptions were identified as disrupted or dissolved in FY 2008 or so far in FY 2009 in Michigan.

**Describe the reasons for the disruptions and the permanency plan for the children.**

N/A

**Identify the agencies that handled the placement or adoption.**

N/A

**Describe the activities that the state has undertaken for children adopted from other countries, including the provision of adoption and post-adoption services.**

Children adopted from other countries are entitled to the full range of child welfare services as all children in Michigan. These include family preservation services, such as FFM and FGDM. Additionally, Wraparound, Families Together/Building Solutions and other locally administered family preservation and family reunification services are available throughout the state for pre- and post-adoptive families experiencing risk of disruption or dissolution. For additional information, reference the Community-Based Services section.

## **XX. Monthly Caseworker Visit Data**

Michigan continues to work on improving the rate of children visited by their caseworkers each and every calendar month the children are in foster care. The target for the percentage of children in foster care who were visited during each calendar month to be reached for each of fiscal years 2008 through 2011 are as follows:

FFY 2008: 20 percent  
FFY 2009: 40 percent  
FFY 2010: 70 percent  
FFY 2011: 90 percent

Michigan failed to meet the 20 percent target for FY 2008 by 1 percent. Michigan is working to improve monthly caseworker visitation rates. Reducing the caseloads of foster care workers, clarifying policy and the addition of new permanency staff are among the efforts already underway expected to improve the rate of visitation of children in foster care. In addition, DHS is making changes to SWSS data collection to ensure every visit made to children in foster care is counted correctly.

Finally, DHS has created a number of management reports to assist children's services supervisors to track the performance of their workers. The reports list the number of monthly visits to the children and whether the majority of the visits occurred in the residence of the child. These reports capture the information by worker, caseload, unit, section, district, and county for the previous month. The information is also available on a year-to-date basis.

**Goal:** Michigan will continue to report the monthly caseworker visit data each fiscal year by December 15.

### **Caseworker Visit Funding**

Michigan's plan to expend the title IV-B funds dedicated to improving caseworker visits for this 5 year planning process is to provide additional skill training to both DHS and CPA staffs. The state identified a training program developed by the National Resource Center for Family Centered Practice and Permanency Planning entitled "Promoting Placement Stability and Permanency through Caseworker and Child Visits" that can be utilized as a model for the training program. Through training caseworkers and supervisors in both the public and private provider community, we anticipate that caseworkers will understand not only the importance of the content of these visits but also the critical nature of assuring that the casework contacts are adequately supported in the documentation they enter into SWSS.

Another key portion of DHS' expenditures of these funds is the piloting of a Web-based interface with SWSS that permits the CPA staff to enter their casework contacts directly into the system. In our prior 5 year plan, Michigan dedicated a large portion of the IV-B caseworker visit funding to complete the interface as was permitted. These technology

modifications will permit the state to track and report accurately on the achievement of caseworker visits for all the children under state care and supervision as well as allowing supervisors to monitor staff adherence to policy on visitation (Reference the Data Management Unit section).

## **XXI. Interstate Compact on the Placement of Children**

The Interstate Compact on the Placement of Children (ICPC) is a uniform law enacted in all 50 states, the District of Columbia, and the U.S. Virgin Islands. It establishes procedures for the interstate placement of children and assigns responsibility for those involved in placing the child. It also assures the safety, permanency and well-being of each child placed through the Compact.

Michigan's Interstate Compact Office acts as the liaison between DHS county offices and other states to ensure compliance with all of the general requirements of the compact. The regulations of the compact also ensure effective coordination and cooperation with other states for timely and safe interstate placements.

Children may be sent to other states for placements that are:

- Preliminary to an adoption, and for an adoption.
- For foster care, including foster homes, group homes, residential treatment facilities, and institutions.
- With parents and relatives when a parent or relative is not making the placement.
- For adjudicated delinquents that need placement in another state's institution.

The Interstate Compact Office:

- Assures the sending agency that a home study will be conducted in a timely manner and the proposed placement is evaluated for appropriateness.
- Allows the prospective receiving state to ensure that the placement is not contrary to the best interest of the child and that applicable state laws have been followed before the placement is approved.
- Guarantees the child legal and financial protection by assigning these responsibilities with the sending agency or individual.
- Ensures the sending agency does not lose jurisdiction over the child once the child moves to the receiving state.
- Provides the sending agency opportunity to receive supervision and regular reports on the child's adjustment and progress in placement.
- Provides access to services in the receiving state for the child.

When Michigan is the state sending a youth to another state, the responsibilities of the Interstate Compact Office include:

- Reviewing and forwarding the referral packet to the receiving state.
- Assuring compliance with both states' laws.
- Monitoring placement status to ensure, at a minimum, quarterly progress reports are received.
- Coordinating the resolution of problems such as illegal placements, disrupted placements and payment issues, including title IV-E compliance.
- Assuring ongoing compliance with ICPC regulations.

When Michigan is the state receiving a youth from another state, the responsibilities of the Interstate Compact Office include:

- Reviewing and forwarding the referral to the applicable supervising agency.
- Assuring compliance with both states' laws.
- Approving or denying placement.
- Monitoring placement status to ensure, at a minimum, quarterly progress reports are submitted.
- Coordinating the resolution of problems such as illegal placements, disrupted placements and payment issues, including title IV-E.
- Assuring ongoing compliance with ICPC regulations.

### **Interstate Compact for Juveniles (ICJ)**

The Interstate Compact for Juveniles (ICJ) regulates the activities surrounding the proper placement, supervision or return of juveniles, delinquents, and status offenders who are on probation or parole and who have absconded, escaped or run away from supervision and control, and in doing so, have endangered their own safety or the safety of others. It is the purpose of the Interstate Compact Office to:

- Ensure adequate supervision and services for adjudicated juveniles and status offenders coming from other states.
- Ensure the public safety interests of Michigan's citizens.
- Return juveniles who have run away, absconded or escaped to the state and request their return.
- Provide for effective tracking and supervision of juveniles.
- Establish policy and procedure to manage the movement between states of juvenile offenders released to the community.
- Monitor compliance with rules governing interstate movement of juveniles.

### **Number of Youths Placed Out-of-State**

As the most recent data available (March 2009) indicates there are 616 Michigan youths placed across state lines. The breakdown of those placements is as follows:

- Relative 155
- Adoption 149
- Parent 128
- Foster care 79
- Court residential 77
- CA/N residential 22
- Relative foster care 6

There are an additional 95 youths placed with parents, relatives, and guardians outside of Michigan through the ICJ process.

### **The Safe and Timely Interstate Placement of Foster Children Act**

During Fiscal Year 2007, Michigan implemented the Safe and Timely Interstate Placement of Foster Children Act of 2006. The purpose of the act is to improve protection of children and to hold states accountable for the safe and timely placement

of children across state lines. The act requires that home studies be completed within 60 days after the state receives a request from another state.

Michigan is performing well with the requirements of the Safe and Timely Interstate Placement of Foster Children Act of 2006. The law requires the timely completion of interstate home studies. DHS staff must complete foster (including relative) and adoptive home studies within 60 days of the request from another state. The law originally provided for an exception to the 60-day requirement if the state's failure to complete the home study within 60 days was due to circumstances beyond the state's control (e.g. delays in receipt of federal agency background checks or medical assessments). This exception process was only in effect until September 30, 2008. Training and education of prospective foster and adoptive parents are exempt from the timeframe. The foster/adoptive home evaluation can be approved within the 60 days, but actual placements cannot be made until training requirements are met and the ICPC Office grants approval.

Michigan completed the home study request within the 60-day requirement for:

- Eighty-five percent (394 of 463) in FY 2007.
- Seventy-nine percent (385 of 485) in FY 2008.

Michigan's success in completing home studies within the 60-day timeframe can be partially attributed to the development of a tickler system (a reminder), which includes the ICPC staff requesting an update from DHS staff on all home study requests every 20, 40 and 60 days.

Michigan does not currently have a process in place to request an extension to the 60-day timeframe, or a system to track the reasons that Michigan exceeded the 60-day timeframe. However, the reasons most often given for not completing a home study within 60 days usually involve delays with the licensing process, fingerprinting and background check information, and receiving medical information on family members.

The Interstate Compact Office regularly follows up with other states to avoid delays in receiving home studies that Michigan has requested. The office runs a daily report of overdue home studies from other states and follows up after sixty days. They continue to follow up every thirty days thereafter until they receive the home study. If necessary, the manager will contact the manager in the other state.

### **Out-of-State Placement Task Force**

Public Act 131 of 2007, Sec. 513 instructs the DHS to establish an Out-of-State Child Placement Task Force to make recommendations on the out-of-state residential placement of children. BJJ staff successfully completed the assignment. Below is a summary of the accomplishments of the Out-of-State Child Placement Task Force.

Michigan convened a task force with the following members: four DHS staff, four private residential provider representatives, four court representatives and two county

representatives. Six meetings were conducted in 2008. The Task Force accomplished the following:

- Reviewed the Web sites of the out-of-state residential facilities.
- Consulted with BCAL regarding the licensing of out-of-state residential facilities.
- Consulted with DHS personnel regarding the Juvenile Justice Act, the Interstate Compact for Juveniles and the Interstate Compact on the Placement of Children.
- Discussed the DHS contracting procedure with private residential providers.
- Reviewed current placement rates for youths outside the state of Michigan.
- Conducted a survey of family court judges regarding placement in both Michigan and out-of-state residential facilities. The survey also requested ratings for placement satisfaction, availability and cost.
- Responded to inquiries from interested community members.
- Consulted with specific courts (Macomb and Genesee counties) that place a significant number of delinquent youths outside of Michigan.
- Reviewed the Unmet Residential Needs Survey (November 2007) conducted and published by DHS Office of Performance Excellence.
- Studied the legal authority regarding the out of state placement of children (Michigan Court Rules, Michigan Public Acts and Michigan Laws).

#### **Committee Recommendations:**

1. Technology: Maintain the Bureau of Juvenile Justice's On-Line Technology (JJOLT). Update Web site with current facility vacancies, detention facility descriptions, public and private residential facility descriptions and licensing information. Ensure that all provider grids and services reflect available services.
  - Distribute information regarding the Web site to the Juvenile Justice Association of Michigan, Michigan Association of Family Court Administration, Child Care Fund personnel, Northern Michigan Juvenile Officer Association, SCAO, DHS, the Michigan Juvenile Detention Association, Michigan Association of Counties, Prosecuting Attorneys Association of Michigan, and juvenile justice leadership personnel.
2. Report Process: All courts, DHS personnel, private residential providers, and public residential providers have access to JJOLT. Establish a reporting process that allows counties and courts to:
  - a. Report experiences with out-of-state and in-state facilities.
  - b. Report their assessment of the facility regarding placement of youths in those facilities.
3. Policy and legislation:
  - a. Ensure that the best interest of the child is the goal in all legal mandates.
  - b. Eliminate existing conflicts in language and requirements regarding out-of-state placement for children in court rules, laws and boilerplate mandates.
  - c. Change boilerplate language to ensure an exception process for out-of-state placement is in the best interest of a child.
  - d. Eliminate the 100-mile radius restriction in boilerplate language.
  - e. Establish a protocol to ensure judicial findings correspond with requirements.
  - f. Clearly define the language in Michigan court rules, public acts and state law.
4. DHS:

- a. Continue opportunities for dialogue among courts, DHS and juvenile justice professionals regarding residential treatment resources.
  - b. Review the DHS contract and rate setting system to allow for program exceptions and marketplace needs.
  - c. Establish a comparative list of services provided by Michigan and out-of-state residential facilities to determine availability of equivalent services and program outcomes.
  - d. Streamline the process for the DHS placement of youths in residential programs.
  - e. Identify training needs for local DHS offices, residential providers and courts on title IVE requirements.
5. Michigan family courts:
- a. Participate in opportunities for dialogue among courts, DHS and juvenile justice professionals regarding residential treatment resources.
  - b. Identify training needs for local DHS offices, residential providers and courts on title IVE requirements.

The Report/Recommendations was distributed to the Michigan Legislature.

### **Goals and Objectives**

Michigan continues to assess its interstate programs, processes and procedures, and works with internal and external stakeholders to identify areas where improvements and enhancements can be made. Some of the specific initiatives include:

- Creating a resource guide for use by the courts when making placement decisions. The Michigan CIP Interstate Compact subcommittee is working on this guide. This guide will detail the costs, services, treatment models, and populations served by providers in Michigan and outside of the state. This will provide judges and court staff a ready reference to compare available placements.
- Reviewing the amount and content of supporting documentation provided in court orders to enhance verification that the criteria for placing juveniles out of state have been met.
- Developing and presenting a training curriculum to court personnel, DHS staff and private providers.
- Reviewing, revising, and updating current interstate policy to ensure clarity and efficient, effective compliance.
- Establishing a state council to serve as an advisory and advocacy body in response to requirements of the Interstate Compact for Juveniles.
- Updating the DHS Web site to allow easier access to the program and information on the Interstate Compact Unit.