

Michigan Child and Family Services Review Round 3

Program Improvement Plan

Cover Page

This document provides a template states may use to submit their Program Improvement Plans to the Children’s Bureau.

The state should provide the name of the state/territory below and record the date the Program Improvement Plan (PIP) is submitted to the Children’s Bureau for approval. If the state is required to make revisions to the PIP, record the date the PIP was resubmitted. If the state is not required to resubmit, enter NA in the “Date Resubmitted” field. Upon approval of the PIP, the Children’s Bureau will specify the date the PIP is approved, the PIP effective date, the end of the PIP implementation period, and the end of the non-overlapping year. For the “Reporting Schedule and Format,” explain briefly how and when the state will report to the Children’s Bureau on PIP progress.

State/Territory: Michigan

Date Submitted: First draft - March 7, 2019.

Final initial submission - March 29, 2019.

Date Resubmitted: April 10, 2019

Date Approved:

PIP Effective Date:

End of PIP Implementation Period:

End of Non-Overlapping Year:

Reporting Schedule and Format: Quarterly via a matrix and relevant documents identified in the PIP.

Introduction

The Michigan Department of Health and Human Services (MDHHS) is the state department that administers the federal child welfare programs under the Child Abuse Prevention and Treatment Act funded activities, Title IV-B(1) and (2) Stephanie Tubbs Jones Child Welfare Services, Title IV-E Child Welfare Training, Promoting Safe and Stable Families Program, Monthly Caseworker Visit Formula Grant, Chafee Foster Care Independence Program and the Education and Training Voucher Program. Child welfare services in Michigan are administered through the MDHHS Children's Services Agency (CSA).

CSA plans, directs and coordinates statewide child welfare programs delivered by department staff and contractors statewide. CSA groups Michigan's 83 counties into five Business Service Centers (BSC), with one BSC director in each service area to provide oversight of operations in their respective areas. The BSCs are regionally defined except for BSC 5 which is comprised of the five most populated counties in Michigan: Wayne, Genesee, Oakland, Kent and Macomb. The largest urban area, Wayne County, accounts for approximately a quarter of the foster care cases in Michigan. While BSC 1 covers the greatest land area and includes 36 of Michigan's 83 counties, only about eight percent of children in foster care reside in this area.

In Michigan, CSA partners with private child placing agencies for case management services for foster care and adoption. Private child placing agencies, also known as placement agency foster care (PAFC) agencies, collectively have responsibility for approximately 45 percent of children in foster care at any given time and nearly 100 percent of adoptions. PAFC and service provider presence is clustered in more populated areas of the state due to increased demand.

Michigan's State Court Administrative Office (SCAO) is the administrative agency of the Michigan Supreme Court and through which the Supreme Court may exercise oversight of Michigan's courts which otherwise operate independently. SCAO and MDHHS enjoy a collaborative working relationship and partner on the Court Improvement Plan.

Michigan's Current Performance

Michigan in consultation with the Children's Bureau elected to complete a traditional review for its third round. The CFRS Round 3 Onsite Review occurred the week of August 13 – 18, 2018. Wayne County, located in BSC 5, is the largest metropolitan county in Michigan and thus was a mandatory county of review. Also reviewed were Wexford County, located in BSC 1 and Van Buren County, located in BSC 3. 65 cases total were reviewed: 40 foster care, 24 Children's Protective Services investigations and ongoing cases open for at least 45 days, and one Prevention Services case.

The results of the Onsite Review determined that Michigan did not pass any of the outcomes or associated items. These include the following outcomes: Safety Outcome 1, Safety Outcome 2, Permanency Outcome 1, Permanency Outcome 2, Well-Being Outcome 1, Well-Being Outcome 2, and Well-Being Outcome 3.

Children's Bureau has targeted Safety Outcome 1 and 2, Permanency Outcome 1, and Well-Being Outcome 1 as primary outcomes needing improvement. The developed goals, strategies and activities found within this PIP address these primary outcomes but also intrinsically address the other outcomes and systemic factors needing improvement.

Safety Outcome 1 – 82% substantially achieved

Michigan performed well at immediately assigning investigations, commencing them the same day, and making efforts to achieve face-to-face contact with all alleged victims. However, not all non-victim children were seen timely and when there were delays, reasons were not documented. This outcome, along with Safety Outcome 2, will be priorities for improvement in Michigan due to the significant nature of these outcomes.

Safety Outcome 2 – 54% substantially achieved

Foster care cases had significantly higher substantially achieved than CPS cases for this outcome. For Item 2, CPS cases scored 38% compared to 67% for foster care. Similarly, for Item 3, CPS cases scored 32% compared to foster care at 70% substantially achieved. Michigan will focus on identifying, providing, and referring timely to safety-related services. Additionally, more work is needed to achieve meaningful conversations with families in order to perform accurate safety and risk assessments. Developing appropriate safety plans will also be a priority for improvement. Michigan did perform well at using relatives for safety planning and practicing good communication with collateral contacts.

Permanency Outcome 1 – 13% substantially achieved

Michigan has identified this outcome as a primary goal for improvement. In this outcome, the state's highest performance was on Item 4, Placement Stability, at 78%. Item 5, Permanency Goal, was measured at 53% and Item 6, Timely Achievement of Permanency will be an area of focus as substantially achieved was only 25%. A primary concern for Item 5 was the tendency to identify a concurrent goal as standard practice soon after removal but the concurrent goal was not actively worked until considering a primary goal change. Improvement is needed to ensure goals are appropriate to case circumstances and to reduce court barriers to achieve timely permanency. Delays towards permanency achievement appeared at both the court and agency level.

Well-Being Outcome 1 – 28% substantially achieved

Michigan has also identified this outcome as a primary goal for improvement. The scores for the four items are as follows:

- Item 12, Needs Assessment and Services to Child, Parents, and Foster Parents – 28 percent.
- Item 13 Child and Family Involvement in Case Planning – 50 percent.
- Item 14 Caseworker Visits with Children – 71 percent.
- Item 15 Caseworker Visits with parents – 43 percent.

The most critical need for improvement appears to lie in better quality assessments for parents and children across CPS and foster care cases. Other issues identified were delayed service provision, services not matching the identified need, the need for improved engagement, and the need to assess comprehensively as opposed to being incident-focused or particularly focused on certain individuals. The outcome as a whole also identified the need for improved caseworker visits with parents, diligent searches to locate absent parents, and the need to increase the frequency of visits with families when appropriate. Strengths were the utilization of family team meetings, needs assessments for children in foster care, as well as utilization of programs such as specialized court treatment services, Early On, and the Michigan Youth Opportunities Initiative.

Michigan submitted the Statewide Assessment on June 18, 2018. The systemic factors found to be in substantial conformity included Statewide Information System, Quality Assurance System and Agency Responsiveness to the Community. Those not in substantial conformity were:

Case Review System

- Item 20 Written Case Plan for CPS service plans not consistently completed timely and for not consistently and actively engaging the parents in the case plan development.
- Item 23 Termination of Parental Rights (TPR) due to no statewide tracking system for the filing of TPR petitions and stakeholders reporting that these filings are not occurring in accordance with required provisions.
- Item 24 Notice of Hearings and Reviews to Caregivers due to no consistent practice being developed statewide to notify caregivers of review hearings and their right to be heard; when they are notified, they are not always given a chance to speak in court.

Staff and Provider Training

- Item 26 Initial Staff Training due to stakeholder input that there is a need for training on navigating the state's information system, knowledge of agency policies, developing assessment skills, and engaging case participants as well as the need for more hands-on training.
- Item 28 Foster and Adoptive Parent Training due to stakeholder input that training is not readily available and delays in accessing. The current initial foster parent training for licensing does not provide practical information, skills, and knowledge for the children's level of needs, especially those with trauma.

Service Array and Resource Development

- Item 29 Array of Services based on stakeholder input that showed the availability and accessibility of services is uneven across the state and significant gaps in the service array, especially in the northern part of the state. When services are available, there are often waiting lists.
- Item 30 Individualizing Services for services not always being culturally or linguistically appropriate and not enough service providers to meet the diverse needs of the populations. Services often do not adjust for the developmental or mental health needs of the recipient.

Foster and Adoptive Parent Licensing, Recruitment, and Retention

- Item 35 Diligent Recruitment of Foster and Adoptive Homes due to a reported severe shortage of foster homes for all children. Some stakeholders cited workload burdens as a barrier to recruitment and ineffective support for foster parents as a barrier to retention.
- Item 36 State Use of Cross-Jurisdictional Resources for Permanent Placements due to little more than half of incoming requests from other states for home studies being completed within the 60-day requirement.

Complete results from the CFSR Round 3 can be found at:

https://www.michigan.gov/mdhhs/0,5885,7-339-71551_11120_77826_78617_78618---,00.html.

Michigan's Cross-Cutting Issues

While MDHHS has implemented quality improvement activities including qualitative and quantitative evaluations to better understand the needs of the state's child welfare system, the CFSR review confirmed that more work is needed to improve outcomes for children and families. MDHHS committed to be the first state to participate in a PIP development pilot led by Children's Bureau and the Capacity Building Center for States and Courts to examine root cause analysis and to develop a theory of change and logic model in conjunction with key stakeholders across the state. The challenge given to the state was to identify large cross-cutting issues affecting the performance in the CFSR and then develop a plan that will make the largest impact at improving outcomes for children and families.

A group of 71 individuals including representatives from MDHHS, BSCs, PAFCs, service providers, SCAO, individual court systems including Wayne County, parents, foster parents and youth convened for a four-day planning session January 8-11, 2019, to collaborate on Michigan's CFSR PIP root cause analysis. The group also developed a vision statement, "Michigan is committed to working collaboratively to preserve and support families."

Participants were initially divided into three groups with each being assigned a topic: Safety, Permanency, or Well-Being. The groups were asked to consider many sources of state data and the CFSR final report to identify factors that could be improved upon in Michigan's child welfare system. As a result, four cross-cutting issues emerged: Engagement, Service Delivery and Quality Assessment, Quality Legal Representation, and Workforce Development.

1. Engagement

- The state developed and implemented a practice case model, MiTEAM, in 2012.
- The case practice model would benefit from further implementation.
 - Improve engagement of stakeholders in the development of case planning.
 - Improve engagement in the development of treatment plans.

2. Service Delivery and Quality Assessment

- Current assessment instruments should be assessed and revalidated to ensure accurate identification of needs and strengths of children and families.
- Improvement is needed to ensure consistent service delivery among providers statewide.
- Service availability across the state should be assessed for consistency.

3. Quality Legal Representation

- Legal representation needs additional training on child welfare and child welfare law.
- Permanency within 12 months is an area that needs improvement.
- Early court-appointment of a multidisciplinary legal team needs consideration.
- Development of standardized requirement of duties and compensation for court appointed council would be beneficial.

4. Workforce Development

- Reduction of front-line staff turnover.
- Improvement of foster parent retention.
- Children and families experience too many changes in worker, attorneys and foster parents.
- Staff need assistance to feel successful and experience mastery in their jobs.

ENGAGEMENT

Michigan introduced its case practice model in 2012 referred to as MiTEAM. Soon following the model's introduction, the state evaluated the effectiveness of the messaging and training to all child welfare staff. The state entered into contracts to implement a quality review process and to provide intensive training and coaching labs to staff with an emphasis on key caseworker activities. In pilot counties where the staff from local department and private agencies were coached and trained to the model's design, outcomes for children and families improved including fewer children in out of home care and entering congregate care. Staff retention also improved. However, Michigan has not seen these same outcome results following statewide implementation. A statewide assessment tool referred to as MiTEAM Fidelity is accessible by all local MDHHS and PAFC staff and supervisors. The tool is helps supervisors identify staff strengths and areas of opportunity for skill development in key activities to demonstrate mastery of the case practice model.

Michigan believes that outcomes for children and families will improve when the core practice skill of engagement is addressed at all levels and by all stakeholders within the system. MDHHS established assumptions that must be adopted and remain prominent in all improvement plans and quality assurance efforts moving forward:

- Leadership in child welfare is to be provided by MDHHS and relies upon collaboration and in cooperation with courts and public/private community partners.
- Child welfare leaders will place emphasis and priority on developing and maintaining a system that values engagement and teaming with parents, children, temporary caregivers, as well as courts and community partners.
- Commitment to engagement and teaming will be recognized as a fundamental component in satisfying all policy and practice requirements.
- Recognition by all providers and stakeholders in the child welfare system that mastery of engagement and teaming skills result in improved well-being for children, parents, temporary caregivers and the child welfare workforce.

To realize this vision, collaborative efforts need to occur among the workforce, children, parents, temporary caregivers, and courts to:

- Identify and assess engagement and teaming skills.
- Support and coach these skills, in both formal and informal settings.
- Encourage innovative and grass roots efforts that could produce improved engagement and teaming skills.
- Improve the participation of all parties in court proceedings.

MDHHS must also pursue resources and services that:

- Measure and improve workforce stability.
- Respond to the needs of individual communities.
- Produce improved outcomes for families through engagement and teaming.

To improve engagement, Michigan will focus on improving staff skills, as well as significantly change about how parents and foster parents are included in the work of child welfare to recognize that foster parenting is co-parenting, not substitute parenting. Good case practice is occurring across all 83 counties of the state. This improvement plan will leverage those areas of best practice to elevate practice performance statewide.

Theory of Change

Problem: Children, youth, parents and foster care providers in Michigan’s child welfare system do not consistently experience engagement with child welfare professionals responsible for CPS and foster care case management. Ineffective engagement skills impair a caseworker’s ability to establish meaningful relationships with children, parents and foster parents that are essential to conduct accurate assessments and develop service agreements. A lack of core skills impacts the development and maintenance of formal and informal teams needed to effectively intervene and support the family.

Root Cause: Child welfare workers are not utilizing active engagement skills when delivering child welfare services.

Target Population: Children, parents, relative caregivers, foster parents, community partners including courts and court representatives, and child welfare workers and supervisors.

Desired Long-Term Outcome: Create a culture change to support and develop communities that believe and demonstrate that “families are worth fighting for.” When communities believe that families are worth fighting for, they will actively develop services and supports that prevent maltreatment, help children and families to alleviate crisis when it occurs, and achieve permanency quicker when removal is necessary.

Pathway to Change: Michigan will utilize a multi-focal approach to improve engagement in child welfare, including improving staff and supervisory capacity so that they can identify, develop, and refine key practice behaviors of engagement. Coaching and monitoring of these key practice behaviors will help encourage a shift in thinking about the necessity and value of early and ongoing parental engagement. Caseworkers and supervisors that make this shift will also recognize the value of teaming with temporary caregivers as co-parents or mentors rather than merely a placement to provide basic care of a child removed from their parents. These co-parents will take on a greater role in supporting the child’s parents and developing positive supportive relationships with the child’s family. Authentic commitment to teaming will create the opportunity to leverage formal and informal community partners and resources in the lives of children and their families. Michigan will also coach and support resource families, through the implementation of pilot projects, so that they are encouraged to participate in the care of *children* as a community support to the *family*.

Goal 1

Engagement will improve by refining the Continuous Quality Improvement (CQI) structure and adhering to MiTEAM fidelity, supporting foster parents through developing a better understanding of their role in supporting families, and meaningfully supporting parents.

Strategy 1: Define and implement local and state performance and quality improvement system.

| Key Activity # | Key Activity | Projected completion quarter | Measurement Plan |
|----------------|---|------------------------------|--|
| 1.1.1 | Develop and operationalize state level CQI structure with identified priorities, analysis capacity, tasks and requirements that align with already identified areas needing improvement (CF SR outcomes, ISEP areas of focus, community partnerships to support system and families pre and post removals). | Q3 | Sub-team minutes and monthly QIA reports. |
| 1.1.2 | Establish annual strategic planning and service array assessment that relies on engagement with families, community partners at statewide and local levels. | Q4 | Service array assessment and meeting minutes. |
| 1.1.3 | Develop and operationalize local CQI structures in every county with identified priorities, analysis capacity, tasks and requirements that align with already identified areas needing improvement (CF SR outcomes, ISEP areas of focus, community partnerships to support system and families pre and post removal). | Q3 | Sub-team minutes and monthly QIA reports. |
| 1.1.4 | Conduct data validation and analysis on specific data points that may reveal information specific to the engagement of parents in case planning and service delivery. <ul style="list-style-type: none"> • Worker-parent visits • Parent-child visits • Absent Parent protocol • FTM completion rate • FTM parent involvement • FTM parent participation • FTM community partner participation | Q2 - Q4 | Copy of analysis. |
| 1.1.5 | Support local CQI teams to develop network of community partners who can educate child welfare and vice versa which creates greater community supports for families connected to the child welfare system. | Q1 - Q8 | Quarterly statewide CQI team assessment reports. |

Strategy 2: Review and improve MiTEAM fidelity and measurement.

| Key Activity # | Key Activity | Projected completion quarter | Measurement Plan |
|----------------|--|------------------------------|--|
| 1.2.1 | Assess and determine need for additional fidelity tool guides or training for MDHHS and PAFC staff through Quality Improvement Activity assignment to local CQI teams. Local teams can also highlight innovative practices that are effective and disseminate information up to the higher CQI groups for distribution statewide. | Q1 | Workgroup meeting minutes and reports. |
| 1.2.2 | Revise fidelity tool based on 1 st and 2 nd quarter user feedback, concentrate on coaching by supervisors and usability of fidelity tool. | Q2 - Q3 | Workgroup meeting minutes and reports. |
| 1.2.3 | Implement ongoing analysis of fidelity assessment information in local and state performance and quality improvement systems (from Strategy 1). | Q1 - Q3 | Fidelity Assessment - Quarterly analysis report. |
| 1.2.4 | <p>Develop and pilot FTM Facilitation & Coaching Program to reinvigorate understanding and use of pre/Family Team Meetings (FTM); to coach and deliver improved engagement and teaming capacity of the workforce (workers, supervisors); and assess impact and potential to bring to scale if determined valuable.</p> <p><i>Identification of pilot: Two county locations selected by CSA leadership assessment and evidence of the county leadership and management commitment and early adaptation to the MiTEAM principles and key behaviors (e.g. participation in fidelity tool; results of fidelity tool; recent QSR scores if available) and availability and capacity of designated support staff (PRMs) that will play a primary role in the pilots.</i></p> | Q3 - Q6 | Quarterly reports including measurements of fidelity scores. |

Strategy 3: Rebrand foster parents as resource families to expand role to one that is expected to co-parent with parents when out-of-home placement is needed.

| Key Activity # | Key Activity | Projected completion quarter | Measurement Plan |
|----------------|---|------------------------------|---|
| 1.3.1 | Identify (through focus groups with foster and adopt representation and field participants) and assess models of foster parent communities that heavily invest in the following: <ul style="list-style-type: none"> • Peer supports. • Support of parents. • Resource family support groups with community expert/resource training components. • Innovative support groups (e.g. Facebook live stream, etc.). • Assessing obstacles to resource family involvement in support groups. • Focus on co-parenting. | Q2 | Provide list of communities. |
| 1.3.2 | Capture best practices in 1.3.1 to be included in every county's next Annual Foster Parent Recruitment and Retention (AFPRR) plan. | Q4 | Copy of best practice information. |
| 1.3.3 | Assess potential funding streams to support additional innovative findings from 1.3.1. | Q2 | Workgroup meeting minutes and reports. |
| 1.3.4 | Modify developing and already existing contract requirements specifically for Regional Resource Team 4 (RRT), Kinship Care/Michigan State University, statewide foster and adoptive parent) for foundational resource parent training which include requirements and strategies of co-parenting resource families and parents; foster parent bill of rights; and foster parent payments processes. <ul style="list-style-type: none"> • Expanded training audiences to include MDHHS and PAFC licensing, foster care and adoption workers & supervisors, and parents together with pending resource families. • Transfer training content to web-based modules available to already licensed resource families. | Q2 - Q8 | Contract evaluations – Qualitative reporting requirements; family satisfaction surveys and focus groups and improved resource family retention rates. |
| 1.3.5 | Development of Professional Resource Family Role piloting BSC 4 RRT contract changes to incorporate peer mentoring using contract language of MARE Match Program and the While You Wait Program training and support for targeted group of licensed resource families: <ul style="list-style-type: none"> • New licensed or relative providers. • New or relative providers at risk of placement disruption. • New licensed resource families with first placement. • Licensed resource families on a corrective action plan. | Q2 - Q8 | Contract evaluations – Qualitative reporting requirements; family satisfaction surveys and focus groups and improved resource family retention rates. |

Strategy 4: Increase foster parent involvement in advocacy.

| Key Activity # | Key Activity | Projected completion quarter | Measurement Plan |
|----------------|--|------------------------------|--|
| 1.4.1 | Implement MiSACWIS Central Print to release next court hearing information to foster parents. | Q4 | Release Notes. |
| 1.4.2 | Review and revise resource family payment Determination of Care (DOC) to create efficiencies and better incorporate resource family supports into treatment plans. | Q6 - Q8 | Revised policy and change control to MiSACWIS. |

Strategy 5: Create mechanisms for parents to have formal supports.

| Key Activity # | Key Activity | Projected completion quarter | Measurement Plan |
|----------------|--|------------------------------|--|
| 1.5.1 | Maintain current level of Parent Partners program. | Q4 | Contract status |
| 1.5.2 | CSA to determine a pilot site, in an area without Parent Partners, to utilize community representatives to attend FTM's; specifically, to pilot the increased resource to parents to either help prevent removal or to increase timeliness to permanency. | Q4 - Q6 | Data from Case Service Section of MiSACWIS and parent satisfaction survey. |
| 1.5.3 | Assess potential funding streams to develop and test a model of prevention that pairs resource families with high risk families or families at risk of child removal due to abuse/neglect. Consider potential to redirect already existing federal, state and local dollars; potential promising practices or Evidence Based Practices connected to Families First Prevention Services Act; Children's Trust Fund grants; etc. | Q5 | Workgroup meeting minutes and reports. |

WORKFORCE

Michigan is not unlike other child welfare jurisdictions experiencing high turnover among staff and providers serving children and families in crisis. In an effort to demonstrate compliance and improvement with various litigation processes the state has been involved with, an unintended effect has been the implementation of burdensome tasks and workflows that may prohibit staff from developing a sense of mastery within the profession. As a result, staff become frustrated and succumb to burnout that leads to decreased performance and high levels of attrition.

MDHHS entered into an evaluation of the workforce culture climate. It is intended that this evaluation will assist local offices address what is specifically impacting staff retention and offer a guide to developing a more supportive workforce culture and climate.

To improve the workforce, Michigan must adopt a work culture that supports staff thinking outside the box and trying innovative practices in their work with children and families. This demonstration of culture must occur at all levels of MDHHS, including private agency partners, courts and other stakeholders. When staff have autonomy to try strategies with families in a supportive culture, they experience satisfaction in their work and profession.

It is the desire of the child welfare community in Michigan to build and sustain a high functioning and highly engaged workforce across all aspects of practice which includes agency staff, foster parents, the courts, etc., in order to provide the highest level of service to families and children. Fulfilling a transformation that began with the MiTEAM Practice Model is indeed a paradigm shift that will take longer than the PIP cycle. Below are plans that continue to put the foundation in place and take steps toward our desired outcome. Through continuous quality assessment and improvement, these activities will be sustained, broadened and attuned to practice.

Theory of Change

Problem: Caseworker Turnover/Staff Retention. Children and families experience inconsistency in the child welfare workforce in Michigan. This results in negative impact on families and children and poorer outcomes in CFSR measures.

Root Causes:

- The child welfare work in Michigan is experienced by staff as crisis and compliance driven.
- Staff are unable to complete all tasks required by policy in the hours allowed to do them.
- Staff do not feel successful because they cannot accomplish what is expected of them.
- Many staff do not stay at the agency long enough to become proficient at the job.

Target Population: Public and private agency child welfare staff are the primary target. Instability in the team causes disruption in case planning, expectations, and knowing who to contact in a crisis. By creating stability in the child welfare staff workforce, families, children, foster parents, courts, and service providers will experience consistent connections with the family's primary team. Consistent connections thus positively impact timely permanency and build strong connections with other members of the child welfare community to the ultimate benefit of children and families.

Desired Long-Term Outcome: Children and families will develop meaningful relationships with consistent and stable child welfare staff.

Pathway to Change

The pathway from our current state to that of a competent and thriving workforce is as follows:

1. We will improve organizational culture/health within our public and private child welfare agencies, employ capable and trained staff and ensure workloads at appropriate volume and fit.
2. The workforce will be more engaged in their job duties, have the ability to accomplish them in the allowed time and will have the supports and skills necessary to accurately complete duties.
3. The workforce will have the knowledge and ability to apply the skills, policies, and practices expected of them.
4. Agencies will experience more and better engagement.
5. Interactions and engagement across the child welfare community (involved with children and families) will be improved.

6. The workforce will experience higher job satisfaction and a sense of mastery.
7. The workforce will want to stay in their jobs (job retention).
8. Turnover will decrease.
9. Children and families will experience consistency in the professionals working with them.

Goal 2

Children and families will experience consistency in the people working with them.

Strategy 1: Ensure fidelity to a healthy culture and climate model at all levels of the agency to support an engaged, thriving and stable workforce.

| Key Activity # | Key Activity | Projected completion quarter | Measurement Plan |
|----------------|---|------------------------------|--|
| 2.1.1 | Use existing round 1 Comprehensive Organizational Health Assessment (COHA) data, and pending round 2 COHA data, to assess organizational health including secondary traumatic stress. | Q2 Q6 | Children’s Trauma Assessment Center (CTAC) reporting and COHA round 2 results. |
| 2.1.2 | Implement the Leadership Development Tool (LDT) in an effort to further mine for growth opportunities among managerial staff. | Q4 | Implementation data, LDT round 2 results and sub team minutes. |
| 2.1.3 | Provide targeted training to MDHHS staff surrounding the COHA and LDT identified areas of low performance. | Q3 – Q8 | LDT round 2 results and COHA round 2 results. |
| 2.1.4 | Develop meaningful individualized county plans for improvement based on statewide climate/culture results. | Q3 | BSC Director tracking, COHA round 2 results and LDT round 2 results. |
| 2.1.5 | PAFC agencies will develop meaningful agency plans to address issues of climate and culture. | Q3 | Contract monitoring summary and PAFC turnover tracking. |
| 2.1.6 | Develop formalized monthly turnover reporting mechanism | Q4 | Copy of report. |

Strategy 2: Elimination of unnecessary workload requirements.

| Key Activity # | Key Activity | Projected completion quarter | Measurement Plan |
|----------------|--|------------------------------|------------------------|
| 2.2.1 | Evaluate tasks of each role within the child welfare workforce to identify misappropriated resourcing and opportunities for reduction in duties. | Q3 | Summary of evaluation. |
| 2.2.2 | Evaluate child welfare requirements to identify redundancies and inefficiencies. <ul style="list-style-type: none"> • Survey staff in child welfare programs to identify top 3 statewide issues • Commit top 3 issues annually to LEAN process • Implement suggestions identified by the process. | Q3 | Summary of evaluation. |

Strategy 3: Hiring / training child welfare workers in adequate numbers and with appropriate job fit.

| Key Activity # | Key Activity | Projected completion quarter | Measurement Plan |
|----------------|--|------------------------------|--|
| 2.3.1 | Full implementation and subsequent review of enhanced candidate screening. | Q1 & Q6 | Turnover reporting. |
| 2.3.2 | Develop enhanced regional “training and support” teams for MDHHS employees and managers. | Q5 | Turnover reporting. |
| 2.3.3 | Enhanced foster parent recruitment through professional marketing strategies | Q5 | Increase in net foster home population annually. |
| 2.3.4 | Implementation and review of mentoring enhancement project | Q1 - Q6 | Summary of implementation process and review. |

ASSESSMENTS AND SERVICES

Michigan has identified that services for children and families are not consistently available statewide. Gaps exist in service availability due to contractor limitations to cover large geographical areas or limited financial resources to support broad access such as affordable housing vouchers or a robust public transportation system.

In response, MDHHS’ Quality Improvement Council’s Service Array team has partnered with the United Way’s 211 to develop and disseminate a list of services available in communities across the state. This is one step the department, along with important stakeholders, have taken to begin to address this complicated barrier and to assist the state in meeting the Array of Services Systemic Factor. In addition, the state is working on several initiatives including the implementation of the Family First Services Prevention Act (FFPSA).

MDHHS has also identified that to best match a child or a family with a service, the assessment tool utilized in that process must be reliable and valid. Results of a recent audit in one of the state's programs revealed that MDHHS assessment tools are not meeting the mark to provide staff with the proper information to best align children and families with the appropriate services.

Goals and strategies to assist Michigan include: 1) development of assessment tools that are reliable and valid, 2) improvement in supervisory oversight and skillset to coach workers in accurately administering assessment tools, and 3) identification of available community services and gaps. Work will continue in years three to five post-PIP to implement and accurately administer the new assessment tools and expand the evidence-based service array through FFPSA and collaborations across systems and within communities.

Theory of Change

Problem: Children who come to the attention of the Michigan child welfare system are being separated from their parents when many potentially could remain with their families with adequate community services and supports. Parents of these children experience multiple, complex problems and encounter significant gaps in service availability and accessibility to meet their needs and circumstances.

Root Causes: Child welfare staff do not have adequate tools upon which to assess risk, safety, and determine most effective intervention for children and families. Existing tools are not being completed accurately and decisions about services and level of protecting intervention may not be appropriate. Families are not provided with adequate services and supports to strengthen parenting capacity and avoid child removal or enable timely reunification.

Target Population: Children age birth to 18 and their parents, legal caregivers, and families who come to the attention of the child welfare system or are identified earlier as at risk for maltreatment.

Desired Long-Term Outcome: A decrease in recurrent maltreatment and separation of children age birth to 18 from their families due to abuse/neglect. Duration to permanency will decrease for children experiencing removal.

Pathway to Change

1. Assessment Tools used to identify risk and safety and determine commensurate level of protecting intervention are valid and reliable.
2. Improved accuracy of completion of the tools occurs with greater supervisory skill, coaching, and oversight.
3. Awareness, identification of and referral to community-based services on the part of child welfare staff will lead to connecting families with more timely referrals and meaningful supports.
4. Mapping available resources enables identification of gaps in service availability and the opportunity to partner with other systems and community stakeholders to secure resources to fill those gaps.
5. Matching a family's needs with effective services improves parenting skill and capacity, reduces risk and safety issues.
6. These changes lead to greater safety for children within their homes and more stable and intact families that have increased capacity to overcome their challenges and safely parent their children.

Goal 3

Children and families who encounter Michigan's child welfare system will have reduced incidents of maltreatment in care, recurrence, entry into care and shortened foster care stays through development and administration of a valid assessment tools and appropriate prevention service provision.

Strategy 1: Michigan will use valid and reliable assessment tools.

| Key Activity # | Key Activity | Projected completion quarter | Measurement Plan |
|----------------|--|------------------------------|---|
| 3.1.1 | Develop a valid and reliable CPS risk assessment tool. | Q8 | |
| 3.1.1a | Evaluate the current CPS risk assessment tool and data. | Q2 | Summary of evaluation. |
| 3.1.1b | Assess other data elements in the case record that may identify risk. | Q2 | Summary of data evaluation. |
| 3.1.1c | Gather field input on the current tool. | Q3 | Summary report of input gathered. |
| 3.1.1d | Develop draft tool. | Q5 | Copy of draft tool. |
| 3.1.1e | Draft policy to align with risk assessment changes. | Q6 | Copy of draft policy |
| 3.1.1f | Pilot the draft CPS risk assessment tool in select counties. | Q6 | Summary of pilot. |
| 3.1.1g | Develop training and communication plan. | Q7 | Copy of plan. |
| 3.1.1h | Finalize policy changes. | Q8 | Copy of policy. |
| 3.1.1i | Finalize risk assessment tool. | Q8 | Copy of tool. |
| 3.1.2 | Revalidate the CPS safety assessment tool and develop safety policy. | Q8 | |
| 3.1.2a | Release safety planning policy and provide training to staff regarding new policy. | Q1 | Copy of policy and summary of training. |
| 3.1.2b | Work with National Council on Crime and Delinquency (NCCD) to revalidate the current safety assessment tool. | Q1 - Q2 | Progress report due each quarter. |
| 3.1.2c | Develop revalidated tool. | Q3 | Copy of draft tool. |
| 3.1.2d | Pilot the draft CPS safety assessment tool in pilot counties. | Q4 | Summary of pilot including necessary changes to the draft tool and success. |
| 3.1.2e | Finalize the CPS safety assessment tool revalidation. | Q6 | Copy of tool. |

| Key Activity # | Key Activity | Projected completion quarter | Measurement Plan |
|----------------|---|------------------------------|---|
| 3.1.2f | Complete technology work request to modify the CPS safety assessment in MiSACWIS. | Q7 | Copy of work request. |
| 3.1.2g | Begin technology updates. | Q8 | Summary from planning sessions. |
| 3.1.3 | Develop a valid and reliable a safety assessment tool for foster care | Q8 | |
| 3.1.3a | Procure a contract for of the development of a valid and reliable safety assessment tool for foster care by a nationally recognized expert. | Q2 | Copy of contract. |
| 3.1.3b | Contractor to provide a workplan. | Q3 | Copy of workplan. |
| 3.1.3c | Develop draft tool. | Q5 | Copy of draft tool. |
| 3.1.3d | Draft policy to align with risk assessment changes. | Q6 | Copy of draft policy |
| 3.1.3e | Pilot the draft safety assessment tool for foster care in select counties. | Q6 | Summary of pilot including necessary changes to the draft tool and success. |
| 3.1.3f | Develop training and communication plan. | Q7 | Copy of plan. |
| 3.1.3g | Finalize policy changes. | Q8 | Copy of policy. |
| 3.1.3h | Finalize safety assessment tool for foster care. | Q8 | Copy of finalized assessment tool. |
| 3.1.4 | Develop a valid and reliable FANS and CANS. | Q8 | |
| 3.1.4a | Procure a contract for of the development of a valid and reliable FANS and CANS by a nationally recognized expert. | Q2 | Copy of contract. |
| 3.1.4b | Contractor to provide a workplan. | Q3 | Copy of workplan. |
| 3.1.4c | Provide Michigan's child welfare data for the CANS and FANS analysis. | Q3 | Documentation of transmission of data files. |
| 3.1.4d | Gather field input on the current tool. | Q4 | Summary report of input gathered. |
| 3.1.4e | Develop draft tool. | Q6 | Copy of draft tool. |
| 3.1.4f | Draft policy to align with FANS and CANS changes. | Q6 | Copy of draft policy. |

| Key Activity # | Key Activity | Projected completion quarter | Measurement Plan |
|----------------|--|------------------------------|------------------------------------|
| 3.1.4g | Develop training and communication plan. | Q7 | Copy of plan. |
| 3.1.4h | Finalize policy changes. | Q8 | Copy of policy. |
| 3.1.4i | Finalize safety assessment tool for foster care. | Q8 | Copy of finalized assessment tool. |

Strategy 2: Improve supervisory skillset to coach caseworkers in accurate assessment of safety and risk.

| Key Activity # | Key Activity | Projected completion quarter | Measurement Plan |
|----------------|--|------------------------------|---------------------------------|
| 3.2.1 | Evaluate current training needs regarding safety and risk assessment. | Q2 | Summary of evaluation. |
| 3.2.2 | Develop a comprehensive training curriculum to support supervisory oversight of the assessment of risk and safety. | Q4 | Copy of curriculum. |
| 3.2.3 | Supervisory training in BSC 5. | Q5 | Copy of attendance information. |
| 3.2.4 | Supervisory training in BSC 3. | Q6 | Copy of attendance information. |
| 3.2.5 | Supervisory training BSC 4, 2, 1. | Q7 | Copy of attendance information. |
| 3.2.6 | Institutionalize the training in regional Office of Workforce Development and Training. | Q8 | Copies of supervisory training. |

Strategy 3: Improve accurate completion of *current* risk and safety assessment tools and decision-making that is commensurate with risk and safety determinations.

| Key Activity # | Key Activity | Projected completion quarter | Measurement Plan |
|----------------|---|------------------------------|---------------------------|
| 3.3.1 | As a result of implementation of the Supervisor Control Protocol (SCP) for CPS investigations, a Compliance Review Team will track by county and assess compliance with SCP Activities 14 (Note: Activity 14 measures accurate completion of the safety assessment) and 15 (Note: Activity 15 measures accurate completion of the risk assessment). Counties with accuracy rates below 90% will develop and implement local CQI efforts targeted to improve compliance with this requirement. | Q1 - Q8 | Accuracy rate reporting |
| 3.3.2 | As a result of implementation of the Supervisor Control Protocol (SCP) for CPS investigations, track by county compliance with SCP Activity 19.2 to determine compliance with requirement that alternatives to removal were sufficiently considered and ruled out. Counties with compliance rates below 90% will implement local CQI efforts targeted to improve compliance with this requirement. (Note: Activity 19.2 measures whether the worker considered alternatives to removal and documented how those alternatives were ruled out). | Q1 – Q8 | Compliance rate reporting |

Strategy 4: Identification and referral to needed prevention services.

| Key Activity # | Key Activity | Projected completion quarter | Measurement Plan |
|----------------|--|------------------------------|---------------------------------------|
| 3.4.1 | Secure a source to complete a statewide assessment of prevention services and gaps. | Q1 | Copy of agreement/contract. |
| 3.4.2 | Identify the state-funded and/or administered prevention services for mental health, substance use and parenting skills development. | Q2 | Summary report of available services. |
| 3.4.3 | Survey local public and private organizations to determine what services they are providing. | Q3 | Copy of survey results. |
| 3.4.4 | Summarize all services and provide an analysis through a statewide assessment of services and gaps. | Q4 | Summary report. |

| Key Activity # | Key Activity | Projected completion quarter | Measurement Plan |
|----------------|--|------------------------------|-----------------------------|
| 3.4.5 | CSA leadership to identify the needs for Michigan's child welfare population based on the statewide report. | Q6 | Summary of recommendations. |
| 3.4.6 | Evaluate current funding options and identify funding opportunities to increase prevention services. | Q7 | Summary report. |
| 3.4.7 | Advance a proposal for change for funding needed to expand prevention services to meet prevention service gaps identified. | Q8 | Copy of request. |

Strategy 5: Improve supervisory oversight for Ongoing CPS cases.

| Key Activity # | Key Activity | Projected completion quarter | Measurement Plan |
|----------------|---|------------------------------|--|
| 3.5.1 | Create a workgroup of CPS field and policy experts to develop a Supervisory Control Protocol (SCP) for Ongoing CPS cases and to review policy requirements. | Q1 | List of participants and schedule of monthly meetings. |
| 3.5.2 | Secure approval and funding for technology implementation. | Q2 | Progress update. |
| 3.5.3 | Develop a draft SCP tool. | Q3 | Preliminary draft SCP. |
| 3.5.4 | Draft policy changes (if necessary). | Q4 | Copy of draft policy. |
| 3.5.5 | Technology development. | Q4 - Q8 | Progress report. |
| 3.5.6 | Pilot Ongoing SCP in 3 pilot counties. | Q6 | Progress report. |
| 3.5.7 | Hold focus groups in pilot counties to identify any modifications to the SCP. | Q7 | Summary of focus groups. |
| 3.5.8 | Implement policy changes. | Q8 | Copy of policy. |
| 3.5.9 | Statewide Implementation of the CPS Ongoing SCP. | Q8 | Copy of statewide communications. |

Strategy 6: Pursue partnerships, grants, and/or alternative funding opportunities to expand services to prevent the need to separate a child from their parent(s) and support families at risk for maltreatment. These activities are contingent on the attainment of funding contracts.

| Key Activity # | Key Activity | Projected completion quarter | Measurement Plan |
|----------------|--|------------------------------|--|
| 3.6.1 | Partner with Western Michigan University to pilot the Safe Care program in Kalamazoo County. | Q7 | Contract to secure partnership. |
| 3.6.2 | Partner with Recovery Oriented Systems of Care, Medical Services Administration, and local Pre-paid Inpatient Health Plans to increase use of co-placement of infants and children with their parents in treatment facilities for substance use disorders. | Q3 | Establish a baseline of current utilization and measure the ongoing utilization rate. |
| 3.6.3 | Partner with the MDHHS Bureau of Family Health Services to strengthen referral and access to home visitation programs for families encountering child welfare. | Q6 | Establish a baseline of number of families referred and measure the ongoing referral rate. |
| 3.6.4 | Partner with the University of Michigan to apply for a Regional Partnership Grant to implement the Recovery Coach model. | Q1 | Evidence of grant submission. |
| 3.6.5 | Partner with the Governor’s Task Force to develop a protocol for cross-systems development of Infant Plans of Safe Care. | Q2 | Evidence of grant authorization. |

QUALITY LEGAL REPRESENTATION

The results of this CFSR review highlight key metrics that jurists and caseworkers must consider concurrent goal planning and timeliness to permanency. Less than a third of children who enter foster care in Michigan are discharged to permanency within a 12-month period. Some courts in the state have specialized dockets that promote frequent review of families’ status on treatment goals, typically around a drug treatment court model. Evidence favors this approach as case plans are reviewed frequently among the treatment team, service providers and the court allowing for trajectory of plans to be adjusted as milestones are met or barriers are identified prohibiting a parent from reaching a goal.

When the courts and legal representatives work as an extension of the treatment team to reduce or eliminate barriers, children and parents have better outcomes. The court system in conjunction with the child welfare system needs to evaluate how to move away from the current practices whereby cases move from one legal stage to the next legal stage. Michigan piloted a program in Detroit in which a multidisciplinary legal team worked with families before a petition was filed. None of the 110 children served in the pilot project were removed from their homes.

To achieve the best outcomes for children and families, Michigan needs high-quality attorneys with child welfare knowledge and high standards of practice to work with families at the earliest time possible to present agencies and courts with all the information about the family that is available, to offer alternatives to family separation and to keep parents and youth engaged in the process.

In Michigan, each county has its own system for representing parents and youth. In the CFSR results, both parents and youth highlighted the inadequacy of the current system, their lack of involvement in the court process and the absence of their voice in the decision-making process. The hope is that these pilots will lay the foundation for sustained effort to strengthen legal representation across the entire state.

Theory of Change

Problem: Less than a third of children who enter foster care in Michigan are discharged to permanency within a 12-month period, well below the national standard of 40.5%. The recent federal Child and Family Services Review (CFSR) of Michigan's foster care system rated the State's performance on this measure as needing improvement, as only 13% of cases reviewed by federal auditors were in substantial conformity with state and federal law and policies. Similarly, in only 25% of cases was achieving reunification, guardianship, adoption or another planned permanent living arrangement deemed a strength of the system.

Research demonstrates that strong legal representation for parents and children can reduce the number of children entering foster care and can expedite the reunification of children in care. Even when children are not able to return home, data suggests that strong representation can expedite other permanency options, such as guardianship or adoption. Thus, stakeholders believe that investing in legal representation can help the state achieve better outcomes related to permanency within the first twelve months of a case.

Root Causes:

- Attorneys for parents and children are not appointed at the earliest time possible, including prior to a petition being filed or before the preliminary hearing.
- Attorneys do not have access to collateral supports such as social workers, investigators, parent partners, etc.
- Attorneys do not participate in out-of-court meetings.
- Attorneys do not attend high-quality training programs to improve practice.

Target Population: Attorneys representing parents and/or children in child protective proceedings are the target population. An improvement in the quality of legal representation will impact all child welfare stakeholders including parents, children, foster parents, caseworkers, and courts.

Desired Long-Term Outcome: Fewer children will enter foster care, and for those that do enter foster care, a higher rate will reach permanency within 12 months.

Pathway to Change:

Michigan will develop and implement a high-quality legal representation model

1. Parent and children's attorneys in the pilot counties will receive training on high quality legal representation to effectively advocate for their clients in court and out of court.

2. A higher rate of attorneys in the pilot counties will have the knowledge and skills to competently represent their clients in child protective proceedings.
3. Attorneys in the pilot counties will be appointed and able to advocate for clients prior to a petition being filed in specified CPS Category II or III cases.
4. Parents and children in the pilot counties will have access to collateral supports and resources available to resolve the case before a petition for removal is filed with the court.
5. Parents at risk of having their children removed from home will get timely legal and social service assistance to remediate the threats and avoid the child's removal from home.
6. When a child must be removed from home parent and children attorneys in the pilot counties will be appointed and present at the preliminary hearing.
7. Fewer court delays will occur in the pilot counties due to lack of counsel at the preliminary hearing.
8. Parents and children with enhanced legal representation will receive greater access to supportive services and parenting time to facilitate timely reunification.
9. Parents and children with enhanced legal representation will experience greater support and are more likely to engage in the reunification plan and court process.
10. Fewer children will enter foster care, and for those that do enter foster care, a higher rate will reach permanency within 12 months.

Goal 4

Fewer children will enter foster care, and for those that do enter foster care, a higher rate will reach permanency within 12 months.

Strategy 1: Develop and pilot a high quality pre and post-petition parent and child representation program.

| Key Activity # | Key Activity | Projected completion quarter | Measurement Plan |
|----------------|---|------------------------------|------------------------|
| 4.1.1 | Identify the attributes of a high-quality parent and child representation model that can be implemented in Michigan (e.g., advocacy; relationship-building; thorough investigations; proper discovery; sufficient court preparation; out of court advocacy; handling ancillary legal matters, etc.). | Q1 | Copy of written model. |
| 4.1.2 | Select a court or courts to implement a high-quality pre-petition representation program (based on organizational structure, judicial and agency leadership, sufficient legal counsel, percentage of families eligible for Title IV-E funds, and other factors). MDHHS will refer certain CPS Category II and III cases to the program, where appropriate, to prevent children from entering foster care. | Q1 | Identify court(s). |
| 4.1.3 | Select a court or courts to implement a high-quality post-petition representation program (based on organizational structure, judicial and agency leadership, sufficient legal counsel, current timeliness, and percentage of families eligible for Title IV-E funds). | Q1 | Identify court(s). |

| Key Activity # | Key Activity | Projected completion quarter | Measurement Plan |
|----------------|--|------------------------------|---------------------------|
| 4.1.4 | Implement the high-quality parent and child representation models. | Q4 | Quarterly status reports. |

Strategy 2: Secure funding to implement and sustain the high-quality representation programs.

| Key Activity # | Key Activity | Projected completion quarter | Measurement Plan |
|----------------|---|------------------------------|-----------------------------------|
| 4.2.1 | Amend the Title IV-E State Plan to claim federal funding for parent and children attorney fees in child protective proceedings, if necessary. | Q2 | Copy of amended State Plan. |
| 4.2.2 | Secure seed money to implement the pilot projects. | Q2 | Copy of funding source/agreement. |
| 4.2.3 | Create Memorandums of Understanding (MOU) between pilot counties and MDHHS to allow for IV-E reimbursement for legal representation. | Q2 | Copy of MOUs. |
| 4.2.4 | Submit IV-E reimbursement for legal representation costs in pilot counties. | Q5 | Copy of IV-E reimbursement claim. |

Strategy 3: Deliver a high-quality training program for parents' and children's attorneys.

| Key Activity # | Key Activity | Projected completion quarter | Measurement Plan |
|----------------|--|------------------------------|---|
| 4.3.1 | Develop training competencies and learning objectives for all attorneys in pilot counties. | Q1 | Copy of training competencies and learning objectives. |
| 4.3.2 | Determine how training will be provided: live, online, etc. | Q1 | Identify training platform. |
| 4.3.3 | Implement training program. | Q3 | Measure the number and percentage of attorneys participating in the model that attend the training. |
| 4.3.4 | Evaluate training program. | Q4 | Measure learning acquisition with pre and post-training surveys. |

Strategy 4: Attorneys will advocate for parents and children both in and out of court.

| Key Activity # | Key Activity | Projected completion quarter | Measurement Plan |
|----------------|---|------------------------------|--|
| 4.4.1 | Contract or MOU between the pilot counties and attorneys will require the attorneys to adhere to specific standards (e.g., the American Bar Association's standards for representing parents and children in child protection cases). | Q2 | Copy of contract/MOU that identifies specific ABA standards to be met. |
| 4.4.2 | Attorneys will appear at the preliminary hearing and absent good cause and the same attorney will continue throughout the proceedings. | Q6 | Measure number and percentage of pilot attorneys present at preliminary hearing and whether same attorney appeared at subsequent hearings. |
| 4.4.3 | Parents' and children's attorneys will participate in out-of-court meetings including Family Team Meetings, mediation, etc. | Q6 | Measure pilot attorney attendance at out of court meetings. |
| 4.4.4 | Children's attorneys will explicitly inform the court of the child's expressed interests at every hearing, in addition to advocating for the child's best interests. | Q6 | Documentation from attorneys and possible sampling of case files or hearing transcripts. |
| 4.4.5 | Children's attorneys will inform their clients of their right to attend court hearings and shall facilitate their attendance if they wish to attend the hearing. | Q6 | Documentation from attorneys and possible sampling of case files or hearing transcripts. |

Strategy 5: Parents' and children's attorneys have access to collateral supports

| Key Activity # | Key Activity | Projected completion quarter | Measurement Plan |
|----------------|--|------------------------------|--|
| 4.5.1 | Identify collateral supports and how they would be accessed (social worker, investigator, parent partner, medical support for family, etc.). | Q4 | Copy of list of collateral supports available and written process for how to access the supports for this project. |
| 4.5.2 | Determine process to access funding in pilot counties for support services. | Q5 | Written process for how to access funding for support services and determine whether funds are available for parent attorneys to access collateral supports. |
| 4.5.3 | Attorneys will use collateral supports. | Q8 | Measure collateral supports being used (e.g., number of cases assigned a parent partner or investigator; number of referrals for housing assistance; number of cases where the attorney handled ancillary legal issues, etc.). |

Michigan's Plan for Continued Improvements

In order for Michigan to address all the areas needing improvement outlined as a result of the CFSR, system changes and a culture shift are needed beginning at the highest levels of leadership. These types of changes will be initiated in the timespan covered within the states' program improvement plan and will extend afterwards. The state is committed to ensuring the child welfare system is addressing key strategies to improve safety, permanency and well-being within the state's five-year Child and Family Services Plan through the following:

- *Increase Prevention.* Michigan will significantly expand the availability of prevention and reunification services for families who encounter the child welfare system. Federal, state, and local investments in prevention services will increase while expenditures for out-of-home care decrease. These services will be evidence-based, trauma informed and delivered in community settings. The child welfare system will collaborate extensively to build community capacity in order to address child safety and help families address challenges before maltreatment occurs.
- *Decrease Child Separation.* The number of children separated from their parents and the average length of time in care will be significantly reduced. Any consideration to recommend child separation will include intense deliberation, significant efforts to mitigate the need for separation, meaningful family and community engagement, and scrutiny at the highest levels of local office management. Parents and children will receive high-quality legal representation that advocates strongly for timely and appropriate services and expedited case resolution and permanency. Child welfare staff and legal partners will strive to achieve reunification at the earliest point possible with intensive reunification supports when appropriate.
- *Family-Focused Approach.* Michigan's child welfare policies and practices will be supportive, not punitive and will be a family-focused approach in which child safety and well-being are addressed within the context of family involvement. Families will always be treated with respect and dignity. Parent voices will be valued in program and policy development and in all aspects of individual cases. Michigan child welfare professionals will accurately assess family strengths and needs and work with families to identify effective services to match their needs. Children will experience safety and families will experience meaningful assistance as a result of child welfare involvement.
- *Family Connections.* Maintaining family connections when children are separated from their parents is a priority. Extensive family finding will occur throughout involvement with child welfare; majority of out of home placements will be with the child's relatives and siblings will be placed together at a high rate.
- *Change in the Role of Foster Parents.* When feasible, foster parents will become involved prior to a decision to separate the child and assist the parents in a non-judgmental way with caregiving and mitigating safety concerns. When a child requires separation, the child's parents and foster parents will share caregiving, work in partnership, and communicate openly about the child's needs and progress. The foster parent will be a support to help reunify families.
- *Strong Supported Workforce.* Michigan will recognize the impact of secondary traumatic stress on its child welfare professionals and support staff to build resiliency. In every office, leadership will promote psychologically safe environments where staff feel supported to take risks, admit mistakes, and collaborate with others. Child welfare leadership will create and maintain a healthy culture, provide staff with tools to be effective, and communicate frequently about organizational values and desired results. In response to variable conditions and stressful circumstances, staff will rely on quality thinking, sound reasoning, and fair decision-making. Michigan's child welfare system will promote excellent service delivery, inclusion, diversity, innovation, responsiveness, and transparency.
- *Healing and Well-being.* Michigan will deliver interventions and services that are relationship-focused. All domains of child well-being will be prioritized along with physical safety, and all child and family serving systems will be trauma informed. Michigan child welfare

staff will receive training, coaching, and strength-based supervision to address implicit biases, engage with families, demonstrate compassion, and develop relationships to build resiliency and hope.

To achieve Michigan's 5-year vision for child welfare, parents facing challenges must be able to access voluntary services and social supports within their own communities, without stigma or fear, before a crisis occurs. Building community capacity to provide such services will require efforts by many systems, in partnership with child welfare. Three examples of coordinated efforts that are underway include:

- Partnering with the office of Recovery Oriented Systems of Care to expand in-home Substance Use Disorder Family Services programs.
- Collaboration with the Population Health Division to expand home visitation programs.
- Working in partnership with the Governor's Task Force on Child Abuse and Neglect to develop a cross-systems protocol for expanding the use of Infant Plans of Safe Care.

Aside from expanding community capacity to deliver primary prevention, Michigan's 5-year vision includes providing the least intrusive intervention needed to protect children from abuse and neglect and doing so within the context of the child's family and community; and providing timely and effective services to avoid child separation whenever possible and achieve reunification at the earliest point possible.

Michigan's Department of Health and Human Services Children's Services Agency has made and will continue to make improvements to its child welfare system through the support of invested stakeholders. Improvements to a complex child welfare system takes time to permeate and be reflected in outcomes reports. Michigan has outlined strategies to address the issues impacting our progress. The following measurement plan will provide interim check points to track progress over the next few years.