Child and Family Services Reviews

Statewide Assessment Instrument

Michigan

June 18, 2018

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR CHILDREN & FAMILIES
Administration on Children, Youth and Families
Children's Bureau

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Introduction

The Child and Family Services Reviews (CFSRs), authorized by the 1994 Amendments to the Social Security Act (SSA), are administered by the Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. The goals of the CFSR are to:

- Ensure substantial conformity with title IV-B and IV-E child welfare requirements using a framework focused on assessing seven safety, permanency, and well-being outcomes and seven systemic factors;
- Determine what is happening to children and families as they are engaged in child welfare services; and
- Assist states in helping children and families achieve positive outcomes.

The CFSR Process

The CFSR is a two-phase process, as described in 45 CFR 1355.33. The first phase is a statewide assessment conducted by staff of the state child welfare agency, representatives selected by the agency who were consulted in the development of the Child and Family Services Plan (CFSP), and other individuals deemed appropriate and agreed upon by the state child welfare agency and the Children's Bureau.

The second phase of the review process is an onsite review. The onsite review process includes case record reviews, case-related interviews for the purpose of determining outcome performance, and, as necessary, stakeholder interviews that further inform the assessment of systemic factors. The onsite review instrument and instructions are used to rate cases, and the stakeholder interview guide is used to conduct stakeholder interviews.

Information from both the statewide assessment and the onsite review is used to determine whether the state is in substantial conformity with the seven outcomes and seven systemic factors. States found to be out of substantial conformity are required to develop a Program Improvement Plan (PIP) to address the identified areas out of substantial conformity. States participate in subsequent reviews at intervals related to their achievement of substantial conformity. (For more information about the CFSRs, see the *Child and Family Services Reviews* at http://www.acf.hhs.gov/programs/cb.)

Integration of the CFSP/APSR and CFSR Statewide Assessment

The CFSR process is intended to be coordinated with other federal child welfare requirements, such as the planning and monitoring of the CFSP. We are encouraging states to consider the statewide assessment as an update to their performance assessment in the state's most recent CFSP and/or Annual Progress and Services Report (APSR) rather than a separate assessment process and reporting document. Most of the content for the statewide assessment overlaps with the CFSP/APSR and the same expectations for collaboration with external partners and stakeholders exist across all planning processes. States can use the statewide assessment process to re-engage these partners and stakeholders in preparation for the CFSR.

The Statewide Assessment Instrument

The statewide assessment instrument is a documentation tool for states to use in capturing the most recent assessment information before their scheduled CFSR. Each section, as outlined below, is designed to enable states to gather and document information that is critical to analyzing their capacity and performance during the statewide assessment phase of the CFSR process.

- Section I of the statewide assessment instrument requests general information about the state agency and requires a list of the stakeholders that were involved in developing the statewide assessment.
- Section II contains data profiles for the safety and permanency outcomes. These include the data indicators, which are used, in part, to determine substantial conformity. The data profiles are developed by the Children's Bureau based on the Adoption and Foster Care Analysis and Reporting System (AFCARS) and the National Child Abuse and Neglect Data System (NCANDS), or on an alternate source of safety data submitted by the state.
- Section III requires an assessment of the seven outcome areas based on the most current information on the state's performance in these areas. The state will include an analysis and explanation of the state's performance in meeting the national standards as presented in section II. States are encouraged to refer to their most recent CFSP or APSR in completing this section.
- Section IV requires an assessment for each of the seven systemic factors. States develop these responses by analyzing data, to the extent that the data are available to the state, and using external stakeholders' and partners' input. States are encouraged to refer to their most recent CFSP or APSR in completing this section.

We encourage the state to use this document "as is" to complete the assessment, but the state may use another format as long as the state provides all required content. The statewide assessment instrument is available electronically on the Children's Bureau website at http://www.acf.hhs.gov/programs/cb/resource/round3-cfsr-statewide-assessment.

Completing the Statewide Assessment

The statewide assessment must be completed in collaboration with state representatives who are not staff of the state child welfare agency (external partners or stakeholders), pursuant to 45 CFR 1355.33 (b). Those individuals should represent the sources of consultation required of the state in developing its title IV-B state plan and may include, for example, Tribal representatives; court personnel; youth; staff of other state and social service agencies serving children and families; and birth, foster, and adoptive parents or representatives of foster/adoptive parent associations. States must include a list of the names and affiliations of external representatives participating in the statewide assessment in section I of this instrument.

We encourage states to use the same team of people who participate in the development of the CFSP to respond to the statewide assessment. We also encourage states to use this same team of people in developing the PIP. Members of the team who have the skills should be considered to serve as case reviewers during the onsite review.

How the Statewide Assessment Is Used

Information about the state child welfare agency compiled and analyzed through the statewide assessment process may be used to support the CFSR process in a range of ways. The statewide assessment is used to:

- Provide an overview of the state child welfare agency's performance for the onsite review team;
- Facilitate identification of issues that need additional clarification before or during the onsite review;
- Serve as a key source of information for rating the CFSR systemic factors; and
- Enable states and their stakeholders to identify early in the CFSR process the areas potentially needing improvement and to begin developing their PIP approach.

Statewide Assessment Instrument

Section I: General Information

Name of State Agency:

CFSR Review Period

CFSR Sample Period:

Period of AFCARS Data:

Period of NCANDS Data:

(Or other approved source; please specify if alternative data source is used):

Case Review Period Under Review (PUR): **October 01, 2017- August 10, 2018**

State Agency Contact Person for the Statewide Assessment

Name: **Debora Buchanan**

Title: **Director of Division of Continuous Quality Improvement, Michigan Department of Health and Human Services**

Address: **235 S Grand Avenue, Suite 504, P.O. Box 30037, Lansing MI 48909-0037**

Phone: **(517) 241-9576**

Fax: (**517) 241-6877**

E-mail: mailto:buchanand@michigan.gov

Statewide Assessment Participants

Provide the names and affiliations of the individuals who participated in the statewide assessment process; please also note their roles in the process.

State Response:

The following individuals provided information from their program areas and reviewed drafts for accuracy:

Dr. Herman McCall	**Children's Services Director**
Kim Chapin	**Data Manager**
Kelly Sesti	**Assistant to Children's Services Director**
Debora Buchanan	**Director of Continuous Quality Improvement**
Michael Rosenberg	**Manager of Data Management Unit**
Jim Novell	**Foster Care Review Board**
Stacie Bladen	**Deputy Director of Children's Services**
Wendy Campau	**Child Welfare Support and Services Director**

Statewide Assessment Committee members:

Shari Lemonious	**DCQI manager**
Charlotte Kennedy	**DCQI manager**
Theresa Keyes	**DCQI manager**
Rebecca Poe	**DCQI departmental analyst**
Nancy Rygwelski	**DCQI departmental analyst**

CFSR Steering Committee

Kelly Wagner	**SCAO – Co Chairperson**
Debora Buchanan	**DCQI Director – Co Chairperson**
Elizabeth Henderson	**SCAO – Analyst**
Dr. Herman McCall	**Director, Children's Services Agency**
Stacie Bladen	**Deputy Director, Children's Services Agency**
Theresa Keyes	**DCQI Manager**
Charlotte Kennedy	**DCQI Manager**
Shari Lemonious	**DCQI CFSR Manager**
Rebecca Poe	**DCQI CFSR Analyst**
Doug York	**Deputy Director**
Cynthia Pushman	**BSC 1 Director**
Lew Roubal	**BSC 2 Director**
Kathy Miller	**BSC 3 Director**
Doug Williams	**BSC 4 Director**
Jennifer Wrayno	**BSC 5 Director**
Annie Ray	**Wayne County Director**

Lynette Wright	**Wayne County Deputy Director**
Christine Rehagen	**Director, Division of Child Welfare Licensing**
Wendy Campau	**Director, Child Welfare Field Operations**
Kimberly Chapin	**MiSACWIS Manager**
Janet Reynolds-Snyder	**Michigan Federation for Children and Families**
Judith Wollack	**Association of Accredited Child and Family Agencies**
Hon. Nancy Thane	**Tuscola County Jurist**
Referee Richard Smart	**Wayne County Court Director**

Other Contributors

Stacy Gibson	**Director, Office of Workforce Development and Training**
Stacy Tadgerson	**Director, Native American Affairs**
David Fernandez	**Van Buren County Director**
Luther Lovell	**Wexford County Director**
Sarah Goad	**Foster Care Program Manager**
Soleil Campbell	**Juvenile Justice and Special Projects**
Catherine Hoover	**Adoption, Guardianship, Recruitment and Retention Manager**
Kim Reese	**Office of Workforce Development and Training Manager**
Jessica Sweet	**Adoption, Foster Parent Recruitment and Retention Analyst**
Laura Baldwin	**Adoptions and Guardianship Departmental Analyst**
Trina Richardson	**Community and Faith Based Initiatives Departmental Analyst**
Colin Parks	**Child Protective and Preservation Program office**
Janet Kaley	**Education and Youth Services Programs**
Ken Marks	**Homeless and Runaway Youth Services Departmental Analyst**
Jamar Sutton	**Race Equity Departmental Analyst**
Seth Persky	**Office of the Family Advocate**
Mary Gallagher	**Family Preservation Program Manager**
Sherida Falvay	**Division of Behavioral Health Services Manager**

Kim Batscher-McKenzie - Programs for Children with Serious Emotional Disturbances Manager

Section II: Safety and Permanency Data

State Data Profile

[Data profile removed in its entirety.]

Section III: Assessment of Child and Family Outcomes and Performance on National Standards

Instructions

Refer to the section in the state's most recent Child and Family Services Plan (CFSP) or Annual Progress and Services Report (APSR) that provides assessment information on state performance on each of the seven child and family outcomes. Review the information with the statewide assessment team and determine if more recent data are available that can be used to provide an updated assessment of each outcome. If more recent data are not available, simply refer to the most recent CFSP or APSR document by indicating the document name/date and relevant page numbers where the information can be found for each outcome. Analyze and explain the state's performance on the national standards in the context of the outcomes.

A. Safety

Safety Outcomes 1 and 2

Safety outcomes include: (A) children are first and foremost, protected from abuse and neglect; and (B) children are safely maintained in their own homes whenever possible and appropriate.

- For each of the two safety outcomes, include the most recent available data demonstrating the state's performance. Data must include state performance on the two federal safety indicators, relevant case record review data, and key available data from the state information system (such as data on timeliness of investigation).
- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Safety Outcomes 1 and 2, including an analysis of the state's performance on the national standards for the safety indicators.

State Response:

Michigan remains focused on improving child safety, reducing the likelihood of children being abused or neglected in out-of-home care and reducing the recurrence of maltreatment. Strategies are linked to measurable deliverables to gauge their effectiveness. Parents are provided trauma-informed services to alleviate the concerns that led to children being placed in foster care and prevent future maltreatment. Michigan strives to ensure that placements are safe and in the best interest of the children served. Assessment of homes for placement evaluate child safety, risk factors and the needs of the child, as well as the capacity of the prospective caregiver.

Safety Outcome 1

Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment

Michigan has made significant progress since the end of the CFSR Program Improvement Plan (PIP) in meeting the National Standard, state law and MDHHS policy in timeliness of commencement of investigation and face-to-face contact with child victims of abuse or neglect. The table below shows the results of the CPS Investigation review of eight Michigan counties, conducted in 2013 and 2014:

Children's Protective Services Review 2013-2014

County	Percentage Timely
Calhoun	Commencement: 75% Face-to-face: 90%
Jackson	Commencement: 100% Face-to face: 90%
Ingham	Commencement: 100% Face-to-face: 80%
Livingston	Commencement: 81.8% Face-to-face: 95.5%

County	Percentage Timely
Macomb	Commencement: 78.6% Face-to-face: 92.9%
Genesee	Commencement: 80% Face-to-face: 86.7%
St. Clair	Commencement: 85% Face-to-face: 85%
Washtenaw	Commencement: 83.3% Face-to-face: 83.3%
Average:	Commencement: 85.4% Face-to-face: 88%

Since the ending of the PIP in 2013, the development of Monthly Management Reports (MMR) provide reliable data via MiSACWIS on timely commencement, completion of reports and provision of medical and dental services. Data from the MMR show a progression of improvement in rates of investigation initiation and face-to face contacts from 2014 to 2018.

Monthly Management Reports

Requirement	Item 1 – Timeliness of Initiating Investigations – Statewide				
	2014	**2015**	**2016**	**2017**	**YTD 2018**
24-hour	68%	86%	94%	94%	96%
72-hour	Not available	86%	95%	95%	96%
	Face to Face Contacts – Statewide				
24-hour	65%	82%	89%	90%	92%
72-hour	Not available	83%	91%	92%	93%

Item 1 Assessment: Michigan achieves 90% or above in timeliness of commencement of CPS investigations and face-to-face contacts and considers this item to be a strength.

Strengths

- Full implementation of MiSACWIS in July 2014, along with ongoing improvements to the utility and training of field staff and management in correct data entry has improved Michigan's ability to collect data that reliably reflects case management activities.
- MDHHS developed a state-level Continuous Quality Improvement (CQI) team that monitors legal and policy requirements and identifies areas for practice improvement. The state-level CQI team communicates with BSC and county directors to implement policy changes to improve state performance.
- Development of CQI teams in each county. Each local team develops goals and plans specific to their county's needs. The Division of Continuous Quality Improvement (DCQI) provides ongoing support to local CQI teams.
- Distribution of Monthly Management and Infoview Reports that are used in conjunction to analyze county data to the worker level. These reports provide data on key performance indicators, including timeliness of investigation initiation, caseworker visits

with children, timely completion of service plans, medical examinations and caseworker visits with children. Supervisors use data from these reports to track staff performance and assist staff to make improvements.

- Continuance of the CPS Centralized Intake statewide hotline that ensures consistency in determination of acceptance and assignment of CPS complaints.
- Timely communication to the field of policy and practice strategies and improvements through monthly supervisory telephone conferences, in which policy and procedural changes are shared with children's services supervisors, for timely sharing with field staff in meetings and individual supervision. Contact information for policy experts is provided when more information is needed.
- Attention to staffing levels and staff retention. The following CPS staffing ratios were defined by the modified settlement agreement and remain the standard for MDHHS:
  - CPS cases per ongoing worker: 17 to 1
  - CPS cases per investigation worker: 12 to 1
  - CPS worker to supervisor: 5 to 1

Statewide Data Indicator 1: Maltreatment in Foster Care
Statewide Data Indicator 2: Repeat Maltreatment
Safety data indicators 1 and 2 are tracked through the Michigan data profile provided by the Children's Bureau.

Safety in Foster Care Placements - Statewide				
	2014	**2015**	**2016**	**2017**
Maltreatment in Foster Care National Standard: 8.5	13.56	20.42	16.64	14.68
Recurrence of Maltreatment National Standard: 9.1	16%	14.9%	13.3%	13.6%

Data Indicators 1 and 2 Assessment: Michigan does not meet the National Standard for Maltreatment in Foster Care and Recurrence of Maltreatment. Contributing factors include:

- CFSR Round 3 expansion of types of perpetrators to be counted in maltreatment in foster care includes parents. Reunification without targeted services, such as substance abuse treatment which is not readily available in all areas, may increase the chance of maltreatment and repeat maltreatment.
- There is a need for improved risk assessment and safety planning for foster home providers.
- There is a widespread need for affordable housing.
- There is a need for supportive services for foster care providers, including substance abuse services, training and communication with foster care case managers.

Strengths
To reduce maltreatment in foster care and repeat maltreatment, Michigan is taking the following steps:

- Maltreatment in care policy was changed in 2016 to clarify responsibilities of Centralized Intake, CPS investigation workers, CPS in-home/ongoing case management workers and CPS supervisors and to enumerate investigation procedures.
- Trauma-informed screening of children in care currently has been integrated into general child welfare practice in all 83 counties. The information obtained from the trauma screeners is shared with service providers and caretakers to target interventions, and reduce the likelihood of re-maltreatment recurrence in care and re-traumatization.
- Trauma-informed caregiver training is provided in 12 counties, with plans for expansion. This training assists foster parents' understanding of the underlying issues related to children's behaviors and may increase empathy based on improved awareness of the effects of trauma. Trauma-informed training was added to the University Partnership training contracts in 2016 and is available to all caregivers.
- MDHHS continues to enhance training for placement providers to address behavior problems and other challenges that contribute to child maltreatment.
- MDHHS conducted a caseworker time study to evaluate the time necessary to complete caseworker responsibilities. The department uses this information to support improved case practice.
- Improvement of relative safety screening by frontline staff prior to out-of-home placement. Planned future initiatives include:
  - Development of podcasts and webinars to enhance training and utilization of the initial relative safety screening form.
  - Evaluating data for opportunities to prevent abuse and neglect, assess for possible maltreatment and identify areas for intervention. Information is shared with the Business Service Center directors to identify areas needing attention.
  - Evaluating the effectiveness of services provided to children and families to ensure appropriate focus on their needs.
  - Continued employment and expansion of family preservation and support programs to reduce risk of maltreatment and allow families to remain safely together, including Families First of Michigan and Families Together Building Solutions.
  - Assessing investigation policies and procedures in licensed provider settings. To enhance the investigation process, maltreatment in care workers are required to coordinate pre-dispositional case conferences with their supervisors, foster care workers and licensing certification consultants.
  - Continuing to enhance screening and licensing procedures for relatives.

- Policy updates regarding risk assessment of substance-exposed infants, including:
  - Requirement that mandated reporters report suspected child abuse or neglect if the reporter knows or suspects a newborn infant has any amount of alcohol, legal or illegal substances or metabolites.
  - Requirement that a plan of safe care be created for each infant identified as affected by substance abuse and be included in the investigation, including addressing health and substance use needs of the child's mother and other

family members, providing referrals to necessary services and monitoring by an MDHHS staff or service referred by MDHHS.
  - Changes to MiSACWIS to implement a statewide monitoring system to determine whether child welfare staff and other public health providers are providing appropriate substance use treatment services for the infant and affected family or caregiver.
  - Contracting for a hotline for caseworkers and physicians who need consultation on cases involving medical issues.
- To address the suicide risk for adolescents in foster care or who have experienced abuse or neglect, Michigan received a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) that funds suicide prevention training for 800 child welfare workers each year.
- Michigan is collaborating with the University of Michigan in piloting suicide assessment for all teens in foster care.
- Use of the Safe and Together model for assessment continues, aimed at reducing recurrence rates and targeting services in a way that holds abusers accountable while maintaining children with the non-offending parent to enhance case management skills for complaints that allege domestic violence.
- Identifying threatened harm training was enhanced to address areas in which caseworkers appear to have difficulty. The training is provided to local MDHHS offices on request.

Safety Outcome 2: Children are Safely Maintained in Their Own Homes When Appropriate

Item 2: Services to Family to Protect Children in the Home and Prevent removal or Re-entry into Foster Care

Item 2 is measured through the results of the services outcome data showing whether children remained with their families. Services are available for families to prevent removal and to support families who are reunifying.

2014

Family Preservation Service	Number of families served In 2014	Intact at 12 mos.
Families First of Michigan	2,381	88.3%
Family Reunification Program	903	83%
Families Together Building Solutions	415	95%
Total families served	**3,699**	

2015

Service	Number of families served In 2015	Intact at 12 mos.
Families First of Michigan	2,440	89%
Family Reunification Program	952	88%
Families Together Building Solutions	2,922	
Total families served	**6,314**	

2016

Service	Number of families served In 2016	Intact at 12 mos.
Families First of Michigan	2,026	89%
Family Reunification Program	1,031	85%
Families Together Building Solutions	2,283	94%
Total families served	**5,340**	

2017

Service	Number of families served In 2017	Intact at 12 mos.
Families First of Michigan	2,520	87.3%
Family Reunification Program	943	89%
Families Together Building Solutions	3,043	94%
Total families served	**6,506**	

Item 2 Assessment: Based on effectiveness data on the programs Michigan uses to maintain children safely in their homes and from the Quality Assurance Compliance Review, Item 2 is considered as a strength.

Strengths

In addition to child welfare services provided by CPS and foster care staff, and centrally administered family preservation services, Michigan provides funding to local communities to fund services identified as needed by that community:

- **Child Protection Community Partners -** Funding is provided to the MDHHS local offices for preventive services to children of families at low to moderate risk of child abuse or neglect. The purpose of the funding is to:
  - Reduce the number of re-referrals for substantiated abuse and/or neglect.
  - Improve the safety and well-being of children and family functioning.
- **Child Safety and Permanency Plan -** Funding is provided to 83 MDHHS local offices to contract for services to families with children at high risk of removal for abuse and/or neglect, or families with children in out-of-home placement. The purpose is to:
  - Keep children safe in their homes and prevent the unnecessary separation of families.

  - Return children in care to their families in a safe and timely manner.
  - Provide safe, permanent alternatives for children when reunification is not possible.
- **Families First of Michigan -** Families First of Michigan is a home-based, 30-day intensive (five to 10 hours/week in the home) crisis intervention model supporting the CPS, foster care, adoption and juvenile justice programs statewide. Designated domestic violence shelter programs may refer families with children at risk of homelessness due to domestic violence. The program also accepts referrals from Michigan's 12 federally recognized Native American tribes.
- **Family Reunification Program -** The Family Reunification Program is an intensive, in-home service model that facilitates safe and stable reunification when children in out-of-home placement return to their homes. In 2017, the Family Reunification Program expanded services by 29 counties, now serving 73 counties.
- **Families Together Building Solutions -** Families Together Building Solutions provides services for lower-risk families that need support. The program consists of in-home counseling utilizing a strength-based, solution-focused model. Workers spend an average of three hours in the home each week for 90 days, and are available to families 24 hours a day, seven days a week. The service is available in 42 counties.

Item 3: Risk and Safety Assessment and Management

Quality Service Review Results (QSR)

Item 3 was assessed through QSR safety assessments and Quality Assurance Compliance Review data. In 2017, the QSR rated foster care cases in 18 counties, which included:

- BSC 1: Luce, Chippewa, Mackinac, Dickinson, Menominee
- BSC 2: Clinton, Eaton, Gratiot, Shiawassee
- BSC 3: Ionia, Montcalm, Allegan, Barry
- BSC 4: Livingston, Washtenaw
- BSC 5: Genesee, Macomb, Wayne

QSR results in the area of safety in foster care improved in 2017, in the following areas:

Performance Indicator	2015 Percent acceptable	2016 Percent acceptable	2017 Percent acceptable
Safety – Exposure to risk	93.7%	95.4%	97.7%
Safety – Behavioral risk	88.3%	88%	93.5%

Quality Assurance Compliance Review

Question	2016	2017
Did each report show documentation of a formal or informal initial or ongoing comprehensive assessment that accurately assessed the child's needs?	98.1%	100%

Item 3 Assessment: MDHHS meets the National Standard for this item.
Strengths:

- The Office of Workforce Development and Training provides Safety by Design training for all new workers and new CPS supervisors to improve safety assessment skills, develop effective safety plans and ensure an awareness of threatened harm. Safety by Design will continue to be offered as an in-service training across the state.
- MDHHS is developing a Safety by Design 2.0 training for foster care caseworkers to assess and improve the safety of children in foster care.
- Safe Care for Substance Exposed Infants - In 2016, MDHHS worked with public health providers to develop definitions and requirements in Michigan's Child Protection Law to define a "Plan of Safe Care" and require that these plans be established for infants and families when the criteria are met.
- Michigan's policies and procedures for developing a Plan of Safe Care for infants identified as affected by substance use include the following:
  - Mandated reporters are required to report suspected child abuse or neglect if the reporters knows or suspects that a newborn infant has any amount of alcohol, a controlled substance or a metabolite of a controlled substance (whether legal or illegal) in his or her body.
  - Confirmed complaints of drug or alcohol-exposed infants must be classified as physical abuse, category I, II or III, based on the risk assessment.
  - In 2017, policy changes require a safe care plan be included in an investigation involving an infant identified as affected by substance use of their parent and/or withdrawal symptoms, or as a victim of Fetal Alcohol Spectrum Disorder. In these cases, the worker must develop a safe care plan which will:
    - Address the health and substance use treatment needs of the mother and infant and other affected family members.
    - Ensure that appropriate referrals and safety and treatment plans are developed to address the needs of the infant and family.
    - Take steps to ensure services provided to the infant and family are monitored either through continued MDHHS involvement or another service provider.
    - Addressing concerns through appropriate referrals is required. The referral and monitoring of these services must be documented by the worker in the Social Work Contacts and the Case Disposition narrative in MiSACWIS.
- **Preventing Sex Trafficking -** MDHHS has procedures to identify and assess all reports of known or suspected victims of child sex trafficking.
  - MiSACWIS was updated and enhanced to collect information on child victims of sex trafficking in a manner that allows for better tracking.
  - Any child or youth identified as a sex trafficking victim must be referred to specialized services aligned to meet their needs. MDHHS service provision includes a contract with Vista Maria (https://www.vistamaria.org/), which provides supportive services and housing for sex trafficking victims.
- **The Infant Safe Sleep Act -** MDHHS modified CPS policy to require investigators to discuss the dangers of unsafe sleep with parents of children under 12 months. The worker must inform the parent of safe sleep and the dangers of not providing a safe sleep environment. When discussing this with parents, the worker should:

  - Utilize safe sleep educational materials.
  - Educate family members about how to provide a safe sleep environment for their child.
- Michigan is currently working with the National Council on Crime and Delinquency to revalidate our risk and safety assessment tools. Implementation and training will occur within the next 24 months.

Safety Outcomes 1 and 2 Concerns

Several services were consistently mentioned in QSRs as being in short supply compared with need. These include:

- Transportation services, especially in rural areas.
- Safe and affordable housing in rural and urban communities.
- More trauma-informed trained therapists and enhanced availability of Community Mental Health (CMH) counseling services.
- Substance abuse services that include intensive services and long-term support.

B. Permanency

Permanency Outcomes 1 and 2

Permanency outcomes include: (A) children have permanency and stability in their living situations; and (B) the continuity of family relationships is preserved for children.

- For each of the two permanency outcomes, include the most recent available data demonstrating the state's performance. Data must include state performance on the four federal permanency indicators and relevant available case record review data.
- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Permanency Outcomes 1 and 2, including an analysis of the state's performance on the national standards for the permanency indicators.

State Response:

In Michigan, local courts authorize removal of children from the care of their parents and refer them to the MDHHS children's foster care program for placement, care and supervision. Foster care intervention is directed toward assisting families to rectify the conditions that brought the children into care through assessment and service provision. Foster care maintenance in Michigan is funded through a combination of Title IV-B (1), Title IV-E and state, local and donated funds.

The provision of foster care services in Michigan is a joint undertaking between the public and private sectors. Since 2014, the average percentage of foster care services contracted with private agencies is 46.3 percent. The children's foster care program is closely tied to the CPS, family preservation and adoption programs. The goal of the foster care program is to ensure the safety, permanence and well-being of children through reunification with the birth family, a permanent adoptive home, permanent placement with a suitable relative, legal guardianship or another permanent planned living arrangement.

Compliance Tools

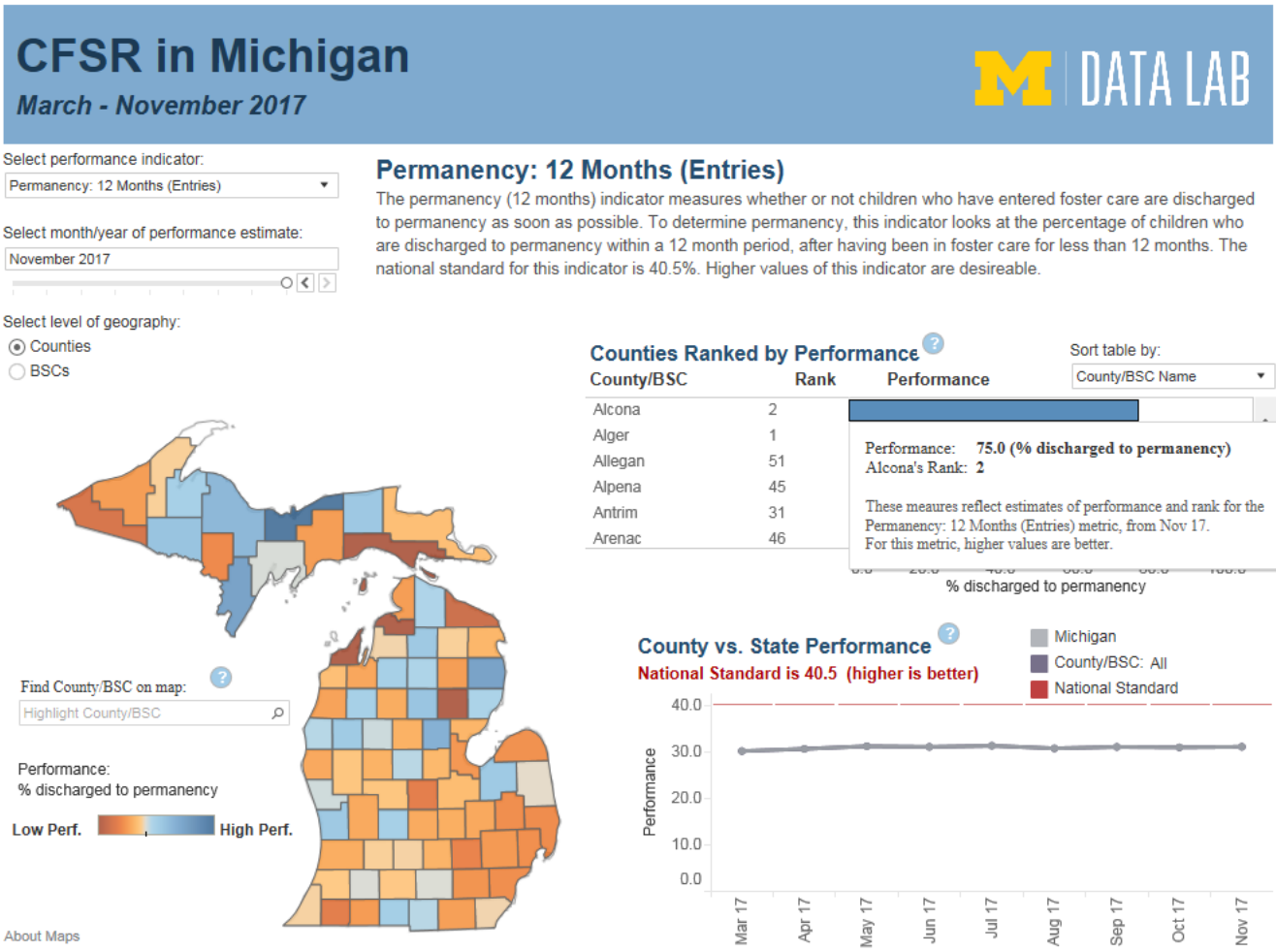
University of Michigan Child and Adolescent Data Lab

There is not currently a statewide case management system for Michigan courts, as not all courts provide data to the Judicial Data Warehouse; rather, the courts maintain their own computer systems. This makes statewide data collection difficult. To fill this data gap, MDHHS has entered into a data-sharing agreement with SCAO to provide local courts and judges with information on safety and time to permanency in child protective proceedings. These are referred to as Court Improvement Plan (CIP) data reports and are available in the Judicial Data Warehouse to local courts.

MDHHS has collaborated with the University of Michigan Child and Adolescent Data Lab to provide monthly approximations of CFSR Round 3 Permanency Indicator scores. The dashboard displays performance estimates for five of the seven permanency measures. Counties and

Business Service Centers are compared using a color-coded map of Michigan, as well as a bar chart. To assist in making regional assessments of performance, these reports are broken down by individual counties, and is an interactive environment that allows for cross comparisons and observing performance fluctuations over at least a six-month period. The data lab tool was released in 2017 and the expectation is that county agencies will partner with their local courts to evaluate and collaborate for improved performance as part of their local continuous quality improvement processes for which DCQI provides technical assistance.

This picture is a sample view of the Data Lab tool. For Permanency: 12 Months from March 2017 to November 2017, Michigan's performance remained steady, usually between 30-31 percent.



Infoview

Staff from both private and public agencies have access to Infoview data reports within MiSACWIS that can aggregate statewide data or drill down to BSC, county, agency, supervisor, or caseworker level data to keep track of how long a child has been in care. The data can also be broken down by permanency goals.

State of Michigan
Michigan Department of Health & Human Services
CW-2711 CFC Length Of Time In Care by Permanency Goal by County - Summary

Statewide

Permanency Goal	Agency	Total Children	Average Length Of Time (In Days) Since Most Recent Permanency Goal Established	Number of Children in Care Since Most Recent Permanency Goal Established (by Month)									
				0 - 3rd Month	4th - 6th Month	7th - 8th Month	9th - 11th Month	12th Month	13th - 15th Month	16th - 18th Month	19th - 24th Month	25th - 36th Month	Over 36 Months

Permanency 1 – Assessment of Performance

Permanency 1 is tracked through the Quality Service Review, the Quality Assurance Compliance Review and by monitoring data provided by the Children's Bureau.

Quality Service Review (QSR)

In Quality Service Reviews, cases are rated qualitatively for 21 child and family status and key performance indicators. Cases are rated through interviews with case members, which include the child (if developmentally able), family, caregiver, caseworker and significant family members and professionals. In 2017, the QSR rated foster care cases in 18 counties, which included:

- BSC 1: Luce, Chippewa, Mackinac, Dickinson, Menominee
- BSC 2: Clinton, Eaton, Gratiot, Shiawassee
- BSC 3: Ionia, Montcalm, Allegan, Barry
- BSC 4: Livingston, Washtenaw
- BSC 5: Genesee, Macomb, Wayne

Quality Assurance Compliance Review (QACR)

The QACR takes place annually and reviews 265[1] foster care cases from a statistically valid sample representative of all jurisdictions statewide. The QACR examines compliance through a review of the following information in MiSACWIS:

- Placement
- Address of removal
- Service plans
- Social Work Contacts
- Documents
- Family Team Meetings

Item 4: Stability of Foster Care Placement

As can be seen in the table below, Michigan exceeds the National Standard of 4.12 moves per 1,000 days of foster care, with a score of 3.3 moves in 2016, and 3.5 moves in 2017.

[1] *The minimum number of cases to be reviewed is based on Michigan's foster care population and was provided by the Children's Bureau.*

Permanency Outcome 1 Data Indicators				
	2014	**2015**	**2016**	**2017**
Placement Stability – Children's Bureau state data profile	3.3	3.58	3.51	3.64
Placement Stability – Quality Service Review, cases rated satisfactory	71.8%	78.3%	81.5%	86.3%

Quality Service Review Results

In Quality Service Reviews, Placement Stability looks at the child's current placement, past placements, and school setting. This indicator examines whether the child remains in a familiar area or school setting while limiting the number of out-of-home and school placements. Michigan has improved steadily in the Stability rating in Quality Service Reviews.

Item 4 Assessment: Item 4 is considered a strength based on the states score of 3.64 compared to the national average of 4.12, despite the score of 86.3 percent in Stability from the QSR. QSR results for Stability encompass school as well as placement stability and is rated qualitatively based on fewer cases than the data profile. Therefore, the QSR rating for Placement Stability is weighted lesser than the data profile results, which have consistently fallen below the National Standard of 4.12, meeting this measure.

Item 5: Permanency Goal for Child

QSR Results

In QSRs, Permanency measures the degree to which a child experiences a high-quality placement, demonstration over time of the child's capacity to interact successfully, security of positive relationships likely to sustain to adulthood and whether conditions necessary for timely legal permanency have been achieved. CFSR Item 5 focuses on whether the permanency goal is established with the child's best interest for permanency in mind, whether it was established timely and was based on the needs of the child and the case circumstances.

As can be seen in the table below, Permanency goals for the child QSR scores have been moderately successful, improving to 89.7 percent in 2016; then dropping to 77.4 percent in 2017. The 2016 and 2017 Quality Assurance Compliance Review show a strong and improving performance.

Permanency Outcome 1 Data Indicators				
Quality Service Review	**2014**	**2015**	**2016**	**2017**
Permanency goal for the child	79.3%	77.4%	89.7%	77.4%

Quality Service Review	2014	2015	2016	2017
Quality Assurance Compliance Review Did case include documentation of the following placement selection criteria or a rationale why not? • Least restrictive • Close proximity to the child's home • Steps taken to make and finalize a permanent placement	Not available	Not available	90.6%	95%

Item 5 Assessment: Item 5 is considered as a strength for Michigan.

Concern:
QSR Permanency results indicate more work with the field is needed to assist staff to develop timely, realistic permanency plans with families.

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

Quality Service Review Results

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

QSR Permanency Outcome 1 Data Indicators				
	2014	2015	2016	2017
Living arrangement	94.8%	89.2%	95.3%	97.8%

Item 6 Assessment: Item 6 is considered a strength for Michigan.

Permanency 1 Data Indicators

Permanency 1 data indicators are tracked through the Michigan data profile provided by the Children's Bureau.

Permanency Outcome 1 Data Indicators				
	2014	2015	2016	2017
Permanency in 12 months for children entering care National Standard: 40.5% (higher is better)	34.6%	34.5%	31.1%	32.3%
Re-entry to foster care in 12 months National Standard: 8.3% (lower is better)	3.7%	4.3%	3.9%	7%

Permanency in 12 months for children in foster care for 12 – 24 months National Standard: 43.6% (higher is better)	49.3%	50.3%	48.1%	47.4%
Permanency in 12 months for children in foster care for over 24 months National Standard: 30.3% (higher is better)	32.8%	35.8%	41.3%	36.6%

With the exception of Permanency in 12 months for children entering care, Michigan shows a strong performance in the Permanency 1 data indicators. The weak showing in Permanency in 12 months for children entering care is mitigated somewhat by Michigan's strong performance in Re-entry to Foster Care, at a seven percent average, compared with the National Standard of 8.3 percent, demonstrating that when Michigan reunifies children with their families, they are more likely than the national average of 8.1 percent to remain with their parents.

Permanency 1 Assessment: Permanency 1 is considered as a strength.

Concerns:

More work is needed to assist field staff to move families to permanency within 12 months, ensure that permanency in 12-24 months does not continue to trend downward, and that re-entry does not continue to trend upward. This may include working within communities to explore ways to expand services to families.

Activities for 2018

- Statewide implementation of the automated MiTEAM Fidelity Tool is taking place in 2018.
- Michigan will incorporate training in the use of the MiTEAM Fidelity Tool into the New Supervisor Institute.
- Implementation of five regional contracts to provide consistent, regional foster parent training, assistance with local recruitment and retention efforts, foster parent navigator services and additional foster parent training opportunities.

MDHHS is working with congregate care providers to reduce length of stay and return youth to a less restrictive, more family like setting at the soonest point possible, while still ensuring a high level of mental and behavioral health service interventions are still available to the youth and family.

The MiTEAM Model

With the MiTEAM practice model, MDHHS implemented a case management structure built on maintaining family connections and family involvement in case planning. Central to the model are family team meetings, family-centered planning sessions that guide decisions concerning a child's safety, placement and permanency. In family team meetings, information is shared to locate absent parents and mobilize supportive adults. Family team meetings are held at each decision point in a foster care case. Family team meetings ensure that:

- Family members are actively involved in decision-making and service participation from the time of removal through achievement of permanent homes for children.

  - Family members are viewed as an important resource for ensuring safety for children.
  - Family members are the first placement considered if removal is necessary.
- **The MiTEAM Fidelity Tool** was automated in June 2016 for monitoring results of the MiTEAM model. The MiTEAM Fidelity Tool measures the extent to which the MiTEAM skills are practiced in case management as designed. To aid in tracking fidelity to the model, supervisors complete MiTEAM fidelity worksheets for each of their staff and a fidelity tally worksheet for their unit.
- **The Absent Parent Protocol** was developed to provide guidance for identifying and locating absent parents of children involved in the child welfare system. The protocol was developed in response to a broad-based consensus that failure to identify and involve absent parents is a barrier to timely, permanent placement for children. The protocol provides information on the need for, and methods of, locating an absent parent to ensure that all viable placement options for children in foster care are considered. Locating an absent parent may provide valuable information about the parent's health history. Children may also benefit from their parent's social security benefits and inheritance.
- **MiTEAM Training Summits** were held regionally in 2017 to initiate statewide implementation of the enhanced MiTEAM model. The training incorporates virtual training modules, leadership practice calls, application exercises and practice with the MiTEAM Fidelity Tool within four training cycles.
- **Residential Transformation Workgroup.** MDHHS convened the Residential Transformation Workgroup in 2016 to analyze Michigan's continuum of mental health and behavioral health services for children in the child welfare system. The workgroup consists of representatives from child welfare, community mental health, courts, residential treatment providers and other community partners. The goal is to develop a system of behavioral health care that ensures high quality therapeutic intervention for children in the least restrictive environment, while maintaining family connections and progress to permanency. The reliance on residential care will decrease. Treatment will be trauma-informed, evidence-based and delivered in the community.

Permanency 1 Implementation Support

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

- The State Court Administrative Office Court Improvement Program works collaboratively with MDHHS to provide county-specific placement data to courts and assists judges to pinpoint challenging areas to improve performance.
- The Children's Services Agency (CSA) Quality Improvement Council (QIC, an advisory committee consisting of CSA and field managers and staff) Placement sub-team focuses on placement of children in unlicensed placements, foster parent licensing, relative licensing and placement exceptions.
- Adoption Resource Consultants provide services to children statewide who have been waiting over a year for adoption without an identified adoptive family.

- The Adoption Oversight Committee provides policy recommendations to improve permanency through adoption.
- Foster Care and Adoption Navigators provide support and assistance to families pursuing foster home licensure or adoption of children from Michigan's child welfare system.
- Permanency Resource Monitors assist local offices and private agencies with timely progress toward permanency goals. Permanency Resource Monitors provide assistance to first line staff and supervisors to assess the need for residential treatment and provide facility recommendations based on the needs of the child. This process provides ongoing monitoring and support through the treatment process to expedite less restrictive placements with an appropriate level of community treatment.
- The Michigan Adoption Resource Exchange continues to produce recruitment brochures and newsletters, maintain an informational website and host "meet and greet" events.
  - The exchange maintains the Michigan Heart Gallery, a traveling exhibit introducing children available for adoption.
  - The Match Support Program is a statewide service for families who have been matched with a child from the website and are moving forward with adoption. The Match Support Program provides up to 90 days of information and referral services to families.

Permanency 1 Program Support

- MDHHS is developing training on how to utilize family team meetings effectively as a resource for developing and revising parenting time plans.
- DCQI provides technical assistance to local counties and agencies on how to use management reports and other data to track case management activities.
- DCQI staff assists counties in their assigned area to develop and implement county continuous quality improvement (CQI) plans.
- DCQI staff assists county CQI teams to implement the MiTEAM Fidelity Tool to track the use of the MiTEAM practice model in case management.
- MiTEAM materials were enhanced to address the use of family team meetings to engage parents, caregivers and others case members in the development of parenting time plans.

Permanency 2: The Continuity of Family Relationships and Connections is Preserved for Children

Permanency Items 7 through 10 are measured using the Quality Assurance Compliance Review and Item 11 using the Quality Service Review (both described in Permanency 1). In the Quality Assurance Compliance Review (QACR), Michigan measures compliance with federal CFSR standards, state law and MDHHS policy.

Items 7 – 11: Continuity of Family Relationships and Connections is Preserved for Children

Permanency Outcome 2 – Continuity of Family Relationships and Connections				
	2014	**2015**	**2016**	**2017**
Item 7: Placement with siblings (QACR)			43.1%	41%
Item 8: Visiting with Parents in Foster Care (QACR) **Mother** **Father**		 84% 65%	 83% 60.9%	 100% 94%
Item 8: Visiting with Siblings in Foster Care (QACR)		62%	62.9%	83%
Item 9: Preserving Connections with community (QACR)		74%	80.8%	94%
Item 10: Relative Placement (QACR)		46%	55.8%	56%
Item 11: Relationship of Child in Care with Parents – (QSR Family Connections)	64.6%	54.6%	79.6%	62.3%

Item 11 – Relationship of Child in Care with Parents is measured through the Quality Service Review Family Connections status indicator. This indicator measures the degree to which family connections are maintained through visits and other means when the focus child/youth lives separately from siblings and/or parents, unless compelling reasons exist for keeping them apart. The variability and overall low QSR scores in this item suggest further exploration of areas for improvement is needed.

Permanency 2 Assessment: Overall, Permanency 2 is considered to be an area needing improvement.

Concerns:

- For Item 7, placement with siblings hovers around 40 percent, needing improvement.
- For Item 10, relative placement continues to trend slightly upward but more improvement is needed.
- For Item 11, relationship of child in care with parents as measured by the QSR, rates continue to be variable yet underperforming.

Strengths:

Michigan demonstrates strength in visits with parents and keeping children connected to their community.

- For Item 8, in 100 percent of cases, mother/child contacts were of sufficient frequency to promote the parent/child relationship. This is a notable increase from 2016, when

this was true in only 83 percent of cases. Visits with mothers continue to be of greater frequency than visits with fathers.

- For Item 8, father/child contacts were of sufficient frequency to promote the parent/child relationship in 94 percent of cases. This is an increase from 2016, when 60.9 percent of cases showed sufficient parent/child contacts.
- For Item 8, in 83 percent of cases, siblings who were placed apart had sufficient visits with each other, an increase from 2016 when this occurred only 62.9 percent of the time.
- For Item 9, in 94 percent of cases, documentation showed concerted efforts made to maintain the child's connections with his or her extended family/community. This is an increase from 2016, when 80.8 percent of cases showed efforts to maintain these connections.

Progress in 2017

- Development of parenting time training for relative caregivers/foster parents that includes the benefits of increased parenting time and ways caregivers may assist.
- Development of a parenting time observation tool to document progress that enables caseworkers to make informed decisions.
- Expansion of supportive visitation services to 74 counties.
- Provision of Family Incentive Grants to assist relatives with home repairs and other financial barriers to licensure and relative placement.
- Development of local CQI teams to review metrics and practice indicators and form local quality assurance plans.
- Updated guidance to the field on engagement and placement with relatives in policy.
- Enhanced MiTEAM training and support efforts statewide to enhance practice skills. Training and support in case planning and implementation focused on family members' involvement in decision-making and service participation from the time of removal through achievement of permanent homes for children.
- Development of the automated MiTEAM Fidelity Tool was completed. Supervisors will produce a random list of cases to review for their staff and record results in the automated system. Training and full use of the system is taking place statewide in 2018; until rollout is complete, supervisors are using worksheets to monitor select competencies and provide staff feedback.
- BSC 2 hosted a Visits Summit in 2017, which provided caseworkers and others targeted information on the necessity of caseworker visits for children and families and how to maximize the effectiveness of caseworker visits.

Progress in 2018

- Implementation of the Regional Placement Unit (RPU) in Wayne, Oakland, Macomb and Genesee Counties allows for streamlined initial placement of youth in these counties with a goal of keeping children in their communities and improving placement stability.
- The Absent Parent Protocol was updated to provide guidance to courts and child welfare staff on the identification and location of parents who are not present at the onset or at any time that children are under the jurisdiction of the court.

- Development of statewide training focused on early identification and engagement of relatives for the purpose of placement and support.
- Relative Licensing Incentive Grant payments were increased to encourage the timely licensing of relatives by private child placing agencies.
- Development of partnerships to increase access to community-based parenting time opportunities for families outside of MDHHS or private agency offices.

Plan for Improvement - Activities for 2018 and 2019

- Establishment of new residential contracts to keep children closer to parents and siblings and facilitate visits and family involvement in interventions.
- Policy on case responsibility is being updated to ensure continuity of services, including visitation between children and their siblings and parents.
- Development of partnerships to increase access to community-based parenting time opportunities for families outside of MDHHS or private agency offices.

MDHHS contracted with the national Building Bridges Initiative for consultation on best practices when young people in child welfare are in need of residential intervention. Permanency resource monitors are assigned to youth who have been in residential treatment facilities without an identified permanent placement.

Implementation Support

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

- The Placement sub-team focuses on placement of children in unlicensed relative placements.
- The Permanency sub-team focuses on ensuring all required visits are completed and documented in MiSACWIS.
- The definition of “sibling” was expanded in policy to encourage connection with family.
- Strengthening policy to encourage increasing the frequency of parent-child visits.
- Piloting trauma-informed practice in Genesee, Lenawee, Mecosta/Osceola, Kalamazoo and Kent counties to address factors that may limit the quality of engagement with children and families.
- Enactment of a state law setting minimum standards for frequency of parent and sibling contact.
- Continuing to collaborate with Tribal Social Services where available and contracted tribal foster care agencies to maintain family connections for Native American children.

C. Well-Being

Well-Being Outcomes 1, 2, and 3

Well-being outcomes include: (A) families have enhanced capacity to provide for their children's needs; (B) children receive appropriate services to meet their educational needs; and (C) children receive adequate services to meet their physical and mental health needs.

- For each of the three well-being outcomes, include the most recent available data demonstrating the state's performance. Data must include relevant available case record review data and relevant data from the state information system (such as information on caseworker visits with parents and children).
- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Well-Being Outcomes 1, 2, and 3.

State Response:

Well-being includes the factors that ensure children's needs are assessed and services targeted to meet their needs in the areas of education and physical and mental health.

Well-being Outcome 1 - Families Have Enhanced Capacity to Provide for their Children's Needs

Well-Being 1 achievements are tracked through the Quality Assurance Compliance Reviews and the Quality Service Review.

Quality Assurance Compliance Review (QACR)

The QACR takes place semi-annually and reviews 265[2] foster care cases from a statistically valid sample representative of all jurisdictions statewide. The review examines compliance through a review of the following information in MiSACWIS:

- Assessments and service plans.
- Educational status and services.
- Medical Passport.
- Medical, dental and mental health services.
- Medical insurance coverage.
- Compliance with the Indian Child Welfare Act and the Michigan Indian Family Preservation Act.

Quality Service Review (QSR)

In the QSR, cases are rated qualitatively for 21 child and family status and key performance indicators. Cases are rated through interviews with case members, which include the child (if

[2] The minimum number of cases to be reviewed is based on Michigan's foster care population and was provided by the Children's Bureau.

developmentally able), family, caregiver, caseworker and professionals. In 2017, the Quality Service Review rated 30 foster care cases in 18 counties, which included:

- BSC 1: Luce, Chippewa, Mackinac, Dickinson, Menominee
- BSC 2: Clinton, Eaton, Gratiot, Shiawassee
- BSC 3: Ionia, Montcalm, Allegan, Barry
- BSC 4: Livingston, Washtenaw
- BSC 5: Genesee, Macomb, Wayne

Item 12: Needs and Services of Child, Parents and Foster Parents

Well-Being Outcome 1 – Families Have Enhanced Capacity to Provide for their Children's Needs				
	2014	**2015**	**2016**	**2017**
Item 12: Needs and services of child, parents and foster parents. QACR questions: • Did each report show documentation of a formal or informal initial or ongoing assessment that accurately assessed the mother's and father's needs? • Were appropriate services provided or offered to meet the mother's and father's needs?	Parents: 89%	Parents: 85%	Mother: 92.4% Father: 81.6%	Mother: 96% Father: 95%
	Parents: 89%	Parents: 85%	Mother: 88.1% Father: 78.8%	Mother: 96% Father: 85%
• Did each report show documentation of a formal or informal initial or ongoing assessment that accurately assessed the child's needs? • Were appropriate services provided or offered to meet the child's needs?	89%	Not available	95%	100%
	Not available		95%	99%
• Did each report show documentation of a formal or informal initial or ongoing assessment that accurately assessed the caregiver's needs? • Were appropriate services provided or offered to meet the caregiver's needs?	74%	Not available	95%	98%
			99.2%	100%
Assessment and Understanding QSR cases rated satisfactory	56.5%	57%	76.3%	64.4%
Caregiving – QSR cases rated satisfactory	94.6%	95%	92.5%	98.7%

Item 12 Assessment: Item 12 is considered an overall strength for Michigan.

Concern

The QSR scores for Assessment and Understanding indicate that there is need for improvement in case management activities related to understanding and addressing all of the factors and dynamics that affect families' ability to benefit from services.

Strengths

- Michigan had a strong performance for all questions in the Quality Assurance Compliance Review related to Item 12.
- Substantial improvement over 2016 scores for parents receiving appropriate services was observed, with 88 percent of mothers and 79 percent of fathers receiving appropriate services up to 96 and 85 percent respectively.
- All QACR questions scored in the 90th percentile in 2017 except for the aforementioned fathers receiving appropriate services score coming in just below that at 85 percent.
- In the QSR, the Caregiving indicator is measured based on the focus child/youth's placement, family or residential setting. In the family setting, the indicator measures the caregiver's willingness and ability to provide the child with assistance, protection, supervision and support for daily living. In the residential setting, the indicator measures the degree to which the staff supports the focus child/youth's care, protection, education and development. Scores have remained in the 90th percentile the last four years.

Services to Preserve Families

Michigan provides an array of services that provide a comprehensive strategy to assure all families receive services tailored to their needs and that build healthy family relationships. Each of these services is based on collaborative planning with families. Services include:

- **Families First of Michigan** provides intensive, short-term crisis intervention and family education in the home for four to six weeks.
- **Families Together Building Solutions** offers longer-term in-home services to alleviate risk and strengthen families' abilities to keep their children safe.
- **The Family Reunification Program** is an intensive home-based service designed to assist the transition of children from foster care back into their homes.
- **Strong Families/Safe Children** is a funding resource for enhanced family preservation and support services. Funds are provided for service needs determined in collaboration with local stakeholders and contracted with private agencies and individuals.
- **Family Group Decision-Making** services include the coordination of a group of family members and other supporters for lesbian/gay/bisexual/transgender and questioning (LGBTQ) young people in residential care in Wayne County. The pilot will be expanded as additional funding is secured.
- **The Parent Partners Program** is a collaborative effort that connects parents with children in foster care to "veteran" parents who have been successfully reunited with their children. Parent Partners go to hearings with parents, connect them to other

resources in the community, and provide support and encouragement to parents working toward reunification.

Services to Promote Permanency

- **The Adoption Assistance Program** provides adoption and medical subsidy and assistance with non-recurring adoption expenses for children and their adoptive families.
- **The Guardianship Assistance Program** provides financial support to ensure permanency for children who are placed in eligible guardianships.
- **Permanency Resource Monitors** collaborate with foster care caseworkers to identify new strategies to achieve permanency for children who have been in care for over one year. These staff have specialized training and possess expertise in identifying community resources that promote permanency for children.
- **Post-Adoption Resource Centers** support families who have finalized adoptions of children from the child welfare system, children who were adopted through an international or a direct consent/direct placement adoption and children who have a Michigan subsidized guardianship agreement. Adoption Resource Centers offer case management, short-term and emergency in-home intervention, coordination of community services, education, training and advocacy.
- **Adoption resource consultants** provide services to children who have a permanency goal of adoption and have been legally free for one year or more without an identified family. Consultants develop, review and amend the child's individualized adoption plan with specific recruitment steps to place a child in an adoptive or pre-adoptive home.

	2014	2015	2016	2017
Item 13: Child and family involvement in case planning. QACR questions: • Did the agency make concerted efforts to involve the mother in the case planning process?	Parents: 25% (Defined as a signature on the case plan)	Parents: 26% (Defined as a signature on the case plan)	87% (Documentation of involvement found in case file)	100% (Documentation of involvement found in case file)
• Did the agency make concerted efforts to involve the father in the case planning process?	Parents: 25% (Defined as a signature on the case plan)	Parents: 26% (Defined as a signature on the case plan)	76.4% (Documentation of involvement found in case file)	90% (Documentation of involvement found in case file)
• Did the agency make concerted efforts to involve the child in the case planning process?	18%	35%	90.6% (Documentation of involvement found in case file)	95% (Documentation of involvement found in case file)
Voice and Choice – QSR cases rated satisfactory	62.5%	44.2%	63.1%	57.5%
Engagement – QSR cases rated satisfactory	61.8%	47.1%	70.5%	65%

	2014	2015	2016	2017
Teaming – QSR cases rated satisfactory	28.8%	23.6%	57.3%	37.4%

Understanding QSR categories

- Voice and Choice assesses the degree to which the focus child/youth, parents/caregivers and key family supporters are ongoing participants, having an active and significant role in case planning. Does the family have the ability to influence in decisions made about their strengths and needs, vision, goals, support and services?
- Engagement measures the degree to which the worker, along with the identified team members, is working with the focus child and family in finding formal and informal supports and services that assist the family in gaining permanency. The worker should ensure the focus child and family are involved in the case planning process, developing service plans and participating in case discussions and decision-making.
- Teaming refers to the functioning of a group of people identified as formal or informal supports to the family. Teaming focuses on three areas of the teaming process: formation, functioning and coordination. Reviewers rate whether the team includes all service providers, a combination of formal and informal supports and whether members can provide insight. Functioning focuses on whether there is a clear plan and implementation process to address the child's and family's needs.

Item 13 Assessment: Item 13 is an area in which there is a need for Michigan to continue to focus improvement efforts.

Concern

The variance in QACR scores (derived from case documentation) compared with QSR scores (derived from case interviews) on related questions indicates a need to explore the reasons for this variance and ways to address the concerns of family members more effectively.

Strength

QACR scores for Item 13 rose dramatically when the measure stopped being rated solely by the presence of parental signatures on the case plan and instead included other documented efforts to engage parents and the child in case plan development.

Item 14 – 15: Caseworker Visits with Child and Parents

	2014	2015	2016	2017
Item 14: Caseworker visits with child QACR questions: • Was the frequency and quality of visits between the child and the caseworker sufficient to address issues pertaining to the safety, permanency and well-being of the child?	96% Federal requirement: 95%	96% Federal requirement: 95%	97% Federal requirement: 95%	96.4% Federal requirement: 95%

	2014	2015	2016	2017
Item 15: Caseworker visits with parents • Was the frequency and quality of visits between the parents and the caseworker sufficient to address issues pertaining to the safety, permanency and well-being of the child?	Not available	Not available	Mother: 88.5%	Mother: 96.4%

MiSACWIS Results

- Michigan has had a strong score for caseworker visits with children since 2014, when the percentage of children visited monthly by their caseworker consistently exceeded the federal requirement of 95 percent. In 2017, in 98 percent of the cases, caseworker visits with the child took place in his or her home.
- Michigan's performance in Item 15, Caseworker Visits with Parents was strong, with caseworkers visiting mothers sufficiently frequently to meet case goals in 96.4 percent of cases and with fathers at 89 percent of cases, for fathers, an improvement of nearly 20 percent from 2016.

Items 14 and 15 Assessment: Items 14 and 15 are considered strengths.

Concern

Further work is needed to improve the frequency of quality caseworker visits with fathers.

Strengths

- Item 14, caseworker visits with child, has remained above 95 percent in both the QACR and a review of MiSACWIS data since 2014.
- For Item 15 in 2017, caseworker visits with parents, scored at 89 percent or above in both the QACR and a review of MiSACWIS data.
- The Reasonable and Prudent Parent Standard was implemented in policy and case management in 2015, which provided guidance to foster parents when determining whether to allow a child in foster care to participate in extracurricular, enrichment, cultural and social activities while maintaining a child's health, safety and best interests. These changes included training for staff, child-caring institution providers and foster parents.
- The DHS-5333 form, "Conversation Guide on Return from AWOLP" (Absent without Legal Permission) was developed to help a caseworker discuss with a youth the factors that contributed to their being absent from foster care and to discuss their experiences while absent, including trauma and potential victimization in human trafficking. Policy was updated in February 2017 to mandate this discussion with a youth after return and includes instructions if it is suspected that the youth was a victim of trafficking.
- Foster care policy was updated in 2017 to include the requirement that young people in foster care ages 14 and older assist in the development of their case plan and are able

to select two individuals to participate on the case planning team to advocate on their behalf.
- Foster care policy was updated in 2017 to require that young people 18 years and older or those leaving foster care, are provided with a driver's license or state-issued identification card and educational documents.
- Foster care policy was updated in 2015 to limit the age to 16 years or older that a permanency goal of Another Planned Permanency Arrangement can be assigned. This requires caseworkers to continue efforts to find permanent placement options for 14- and 15-year-olds.
- Caregiver training classes were added to university partnerships on topics pertinent to caring for children, including training on the effects of traumatic events on children.

Implementation Support
- MiTEAM enhancement training for individual counties continues through collaborative efforts between MiTEAM staff and DCQI.

- Policy was updated in the following areas:
  - A requirement that young people in foster care ages 14 and older assist in the development of their case plan and are able to select two individuals to participate on the case planning team to advocate on their behalf.
  - A requirement that young people 18 years and older, or those leaving foster care are provided with a driver's license or state-issued identification card and educational documents.
  - Limiting the age to 16 years or older that a permanency goal of Another Planned Permanency Arrangement can be assigned to a youth.

Well-Being Outcome 2: Children Receive Appropriate Services to Meet their Educational Needs

MDHHS is committed to ensuring that all children in foster care receive appropriate services to meet their educational needs. To promote educational success, foster care policy requires:
- Children entering foster care or changing placements to continue their education in their schools of origin whenever possible and if it is in their best interest.
- When making best interest decisions for a child, collaboration is necessary between the caseworker, school staff, the child's parents and the child.
- Children are eligible to receive transportation from their new placement to remain in the same school. Federal legislation removed the definition of foster care from the McKinney-Vento Act and as of Dec. 10, 2016, young people in foster care are now included in Title 1 funding for education transportation under the Every Student Succeeds Act.
- School-aged foster children must be registered and attending school within five days of initial placement or placement change, regardless of the placement type.
- All educational information and related tasks, activities and contacts must be documented in the service plan.

- MDHHS education planners provide educational support to young people ages 14 and older referred because of a specific educational need.
- The Every Student Succeeds Act of 2015 removed "awaiting foster care placement" from the definition of eligibility for McKinney-Vento Homeless Assistance Act. This transfers the responsibility for transportation costs from the local school district to MDHHS to maintain foster children in their schools of origin. Foster care policy was updated and training provided statewide.
- An education point-of-contact was identified in each local MDHHS office. This person serves as the county's liaison with the school district's foster care liaison as well as a resource for child welfare staff on education issues.
- The MDHHS education analyst co-presented six webinars with the Michigan Department of Education on the provisions of the Every Student Succeeds Act. The webinars were offered to all MDHHS education planners, education points-of-contact and all school foster care liaisons.
- MDHHS local offices participate in the Great Start Collaborative, a coalition of human service agencies, families and other partners working to ensure every child from birth to age 8 has access to a universal, comprehensive and collaborative system of community-based early childhood programs, services and supports.

Item 16: Educational Needs of Child

Well-Being Outcome 2: Children Receive Appropriate Services to Meet their Educational Needs				
	2014	**2015**	**2016**	**2017**
Item 16: Educational Needs of Child QACR questions: • If the child entered or changed placement during the PUR, did the caseworker make efforts to keep the foster child in the same school if it was geographically possible and in the child's best interest?	77.9% (The child remained in the same school.)	73% (The child remained in the same school.)	73% (The caseworker made efforts to keep the child in the same school.)	93% (The caseworker made efforts to keep the child in the same school.)
• Was the child's educational information provided to the caregiver or parent within 14 days of placement into the home?	Not available	Not available	86.9%	100%
• If the child changed schools, was the child enrolled in the new school within five days of initial placement or placement change?	88%	79%	86%	83%

	2014	2015	2016	2017
• Did the agency make concerted efforts to assess the child's educational needs?	93.9% (The child's educational needs were assessed and appropriate services were offered.)	89% (The child's educational needs were assessed and appropriate services were offered.)	96.3%	97%
• Did the agency make concerted efforts to address the child's educational needs through appropriate services?			92.2%	100%
Learning and Development QSR, cases rated satisfactory	75.4%	85.3%	86.3%	86.4%

Understanding QSR Categories
In the QSR, Learning and Development measures whether a child is performing at age appropriate levels and attending an academic program appropriate to meet his/her needs. If a child has needs identified through an Individualized Education Program, it assesses how well those needs are being addressed. Reviewers consider the child's attendance, participation and progress in school. For children 14-years or older, this indicator measures whether the child is gaining life skills that will assist him/her into adulthood.

Item 16 Assessment: Item 16 is considered a strength.

Concern
As identified in the QACR for Item 16, efforts should be directed to improve the percentage of cases in which children are enrolled in a new school within five days of placement or a placement change. This is the only score out of all six that comprise Item 16 that decreased in 2017.

Strengths
- Caseworker efforts to maintain children in their schools when possible rose 20 percent in 2017 as demonstrated in the QACR.
- The lowest score for Item 16 scores was 83 percent, while most were in the 90th percentile.
- All scores for Item 16 rose in 2017 with the exception of the concern noted above.

Planned Activities for 2018
- Strategies to improve data collection will be identified to improve assessment of education outcomes for children in foster care.
- MDHHS will improve maintenance of children in their schools of origin when possible by assisting with transportation of children in foster care.
- MDHHS will improve educational assessment of children through training in assessment skills in the enhanced MiTEAM practice model, through coaching and mentoring.

- MDHHS will improve scores on enrolling children through the education point-of-contacts in each county office, who will assist and monitor school enrollment.

Well-Being Outcome 3: Children Receive Adequate Services to Meet their Physical and Mental Health Needs

Data on timely medical, mental health and dental services is obtained from MiSACWIS and reported to the field in Monthly Management Reports. Recent performance (2017) appears lower than reported in 2016. This reflects changes in the method of measuring informed consent documentation. In prior reporting periods, the DCQI completed a targeted case review to measure compliance. Since July 1, 2016, the Foster Care Psychotropic Medication Oversight Unit has tracked consent for psychotropic medications by reviewing Medicaid claims and cross-referencing to consent documents sent by caseworkers. The unit provides outreach to the field when claims appear without accompanying consent.

Item 17 – 18: Physical and Mental/Behavioral Health of the Child

Well-Being Outcome 3: Children Receive Adequate Services to Meet their Physical and Mental Health Needs				
	2014	**2015**	**2016**	**2017**
Item 17: Physical health of the child	**2014**	**2015**	**2016**	**2017**
Monthly Management Reports • Did the child receive an initial medical assessment within 30 days of entering foster care?		70%	75%	83%
• Did the child receive an initial dental assessment within 90 days of entering foster care?				83%
Physical Health – Quality Service Review, cases rated satisfactory	98.4%	97.7%	96.1%	98.9%
Item 18: Mental/behavioral health of the child	**2014**	**2015 (baseline)**	**2016**	**2017**
• Did the child receive a mental health screening within 30 days of entry into foster care?		51%	73%	83%
• Did the mental health professionals engage in an informed consent process with the legal parents or guardians for psychotropic medications for the child?	55%	18%	84%	68%
Emotional Functioning – QSR cases rated satisfactory	84.3%	80.8%	84.3%	94.9%
Medication Management QSR, cases rated satisfactory	90.9%	94.4%	95%	93.8%

Understanding QSR Categories

- Physical Health measures whether the medical well-being of a child is monitored to ensure that the child's medical and dental needs are being addressed appropriately. Children should be receiving consistent and adequate levels of health care that would meet their health and personal needs. Reviewers must take any health conditions or diagnoses into account while balancing any prognosis or needs identified by a medical professional.
- Emotional Functioning measures the degree to which the focus child is displaying an adequate pattern of attachment and positive social relationships, coping and adapting skills, appropriate self-management of emotions and behaviors and emotional functioning in the daily setting. Reviewers measure whether the focus child is demonstrating a good and sustained pattern of emotional functioning as appropriate for his or her age and developmental stage.
- Medication management measures the degree to which any use of psychiatric or addiction control medications for the focus child/youth is necessary, safe and effective. Does the focus child/youth take a psychotropic/addiction control medication? Is psychiatric medication use consistent with current treatment protocols? Is the purpose for each medication documented and tracked to target symptoms or maladaptive behaviors? Do the focus child/youth and parent know what each psychotropic/addiction control medication is as well as its intended benefits and possible risks?

Items 17 and 18 Assessment: Items 17 and 18 are rated as areas needing improvement.

Concern

- For Item 17, Michigan should explore ways to improve timeliness of medical and dental exams for children in foster care.
- For Item 18, Michigan should explore ways to improve the rate of engaging families in an informed consent process when psychotropic medications are prescribed for a child in foster care.

Strengths

- QSR results rate consistently higher than QACR results for Items 17 and 18. This is likely due to the time constraints on the QACR. The QSR provides confidence that when a child has a physical or behavioral/mental health concern, the concern is appropriately addressed with assessments and services.

Foster care policy and Michigan's Health Care Oversight and Coordination Plan requirements include:

- Every child entering foster care must receive a comprehensive medical examination including a psychosocial/behavioral assessment, accomplished by either surveillance or screening within 30 calendar days of placement, regardless of the date of the last physical examination.
- Every child in foster care between ages 3 through 20 years must receive annual comprehensive medical examinations.

- Every child in foster care under 3-years-old must receive more frequent comprehensive medical examinations as outlined in the Early and Periodic Screening, Diagnosis and Treatment guidelines.
- Every child under 3-years-old listed as a victim in a confirmed abuse or neglect report will be referred to Early On for assessment and services.
- Every child who re-enters foster care after case closure must receive a comprehensive medical examination within 30 days of placement and ongoing comprehensive examinations thereafter.
- Every child in foster care must have a medical home. Whenever possible, the child's existing medical provider will remain the medical home.
- Foster care workers are required to complete each child's medical passport that documents medical and mental health care and share the passport with all providers, including foster parents.
- Health care providers must have the information needed to assist the child and family receiving assessment and treatment for emotional and behavioral needs.

Initial Physical Examination

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

- Health liaison officers focus on addressing system barriers at the county level.
- A brochure, "Guidelines for Foster Parents and Relative Caregivers for Health Care and Behavioral/Mental Health Services," is sent to foster and relative providers at the time of placement to outline health care requirements.
- Development of a webinar on the health needs of children in foster care.
- Regular conference calls and meetings between the Child Welfare Medical Unit with health liaison officers to provide policy and practice updates.
- Training and technical assistance provided to local office staff to ensure timely Medicaid opening, and accurate/timely documentation of health care activities in MiSACWIS.
- Streamlining Medicaid opening/enrollment at the time of foster care entry.
- Amended CPS policy to require CPS caseworkers to notify the health liaison officer within 24 hours of a court order removing a child from parental custody.
- Ongoing outreach/education/technical assistance to the primary care community.

Mental Health

The goal of mental health services for children in foster care is to achieve a system of care that is strength-based, family driven, youth guided, trauma-informed and delivered in community settings whenever possible. The use of psychotropic medication will be based on a comprehensive mental health assessment, the best available evidence and with the assent of the child and the adults responsible for them. Delivery of mental health interventions in a residential setting will be limited in frequency and duration, with an emphasis on service delivery in the community.

MDHHS is committed to identifying and addressing children's mental health needs as part of comprehensive medical care. Stakeholders continue to identify access to mental health services as an area needing improvement. MDHHS is continuing to work across divisions and departments to improve access to mental health services within the broader systems of care. Foster care policy and the Health Oversight and Coordination Plan contain the following requirements related to mental health:

- Caseworkers must ensure that mental health assessment and treatment are provided when identified by the psychosocial/behavioral assessment at every comprehensive medical examination, and assist with obtaining services if needs are identified.
- Children in foster care will receive mental health services through Medicaid health plan behavioral health service providers or community mental health service providers.
- Medical providers must engage legal parents or guardians in an informed consent process prior to prescribing psychotropic medications to children in foster care.

Health Care Oversight and Coordination Plan for 2018

- Implementation teams from the timely medical exams workshop will continue. When complete, each task will move into maintenance phase. Teams will engage in continuous quality improvement efforts as determined by the data in the monthly management reports.
- MDHHS will complete the integration of Medicaid claims information in the medical passport through the joint application design team process.
- Follow-up with residential treatment providers to address challenges in achieving care coordination and parent/guardian/casework engagement in informed consent.
- Targeted training for child welfare supervisors on informed consent policy and practice.
- Qualitative review of mental health records for a subset of child welfare cases.
- Plan and implement the projects recommended by the physician leadership team.
- Implement protocols for access and integration of comprehensive trauma assessments.
- Complete contracting for psychological and psychiatric assessments.
- The Children's Behavioral Action Team, now renamed the Children's Transitions Support Team will continue and expand activities**.**
- Ongoing development of the www.michigan.gov/fosteringmentalhealth website.

Implementation Support

- Health liaison officers, county-based foster care workers and supervisors have access to CareConnect360, an online, claims-based electronic record. Access was expanded to all foster care and CPS caseworkers in May 2017.
- MDHHS awarded funds to hold Learning Collaborative events statewide to engage local/regional child welfare, medical, dental and mental health providers and other stakeholders in identifying and addressing barriers to achieving the health well-being needs of children in foster care. This project (Fostering Health Partnerships) will continue through calendar year 2019.

- A team comprising the Child Welfare Medical Unit, MiSACWIS, the Child Welfare Services and Support Division and community stakeholders developed a revised medical passport.
- The Foster Care Psychotropic Medication Oversight Unit visited hospitals with psychiatric beds for children, described the MDHHS psychotropic oversight process and identified the means to collaborate more effectively.

Program Support

- The Foster Care Psychotropic Medication Oversight Unit updated psychotropic medication policy and documentation requirements to streamline the consent process and assist the field with engaging parties.
- The Foster Care Psychotropic Medication Oversight Unit completed strategic planning to address persistent challenges in achieving the engagement of children and consenting adults in psychotropic medication decisions and consent.
- DCQI provides technical assistance to local counties and agencies on how to use management reports and other data to track case management activities.

Technical Assistance and Capacity Building

- The MDHHS Behavioral Health and Developmental Disabilities Administration developed a cross-systems website on trauma that launched in the fall of 2016.
- DCQI staff will assist county CQI teams to implement the MiTEAM Fidelity Tool to track the use of the MiTEAM practice model in case management.

County implementation teams will engage in continuous quality improvement efforts as determined by the data in the monthly management reports.

Section IV: Assessment of Systemic Factors

Instructions

The statewide assessment information for systemic factors is used in determining ratings for substantial conformity. Therefore, it is imperative that the statewide assessment team ensures that information in this section speaks to how well each systemic factor requirement functions across the state. To complete the assessment for each systemic factor, state agencies should:

1. Review the *CFSR Procedures Manual* (available on the Children's Bureau Web site at http://www.acf.hhs.gov/programs/cb), which elaborates on key concepts and provides examples of data that are relevant to the assessment of systemic factor requirements.
2. Respond to each assessment question using the requested data and/or information for each systemic factor item. Relevant data can be qualitative and/or quantitative. Refer to the section in the state's most recent Child and Family Services Plan (CFSP) or Annual Progress and Services Report (APSR) that provides assessment information on state performance for each of the seven systemic factors. Review the information with the statewide assessment team and determine if more recent data is available that can be used to provide an updated assessment of each item. If more recent data are not available, refer to the most recent CFSP or APSR document by indicating the document name/date and relevant page numbers where the information can be found for each systemic factor item.
3. Emphasize how well the data and/or information characterizes the statewide functioning of the systemic factor requirement. In other words, describe the strengths and limitations in using the data and/or information to characterize how well the systemic factor item functions statewide (e.g., strengths/limitations of data quality and/or methods used to collect/analyze data).
4. Include the sources of data and/or information used to respond to each item-specific assessment question.
5. Indicate appropriate time frames to ground the systemic factor data and/or information. The systemic factor data and/or information should be current or the most recent (e.g., within the last year).

The systemic factor items begin with #19 instead of #1 because items #1 through 18 are outcome-related items covered in the onsite review instrument used during the onsite review. Items related to the systemic factors are items #19 through 36.

A. Statewide Information System

Item 19: Statewide Information System

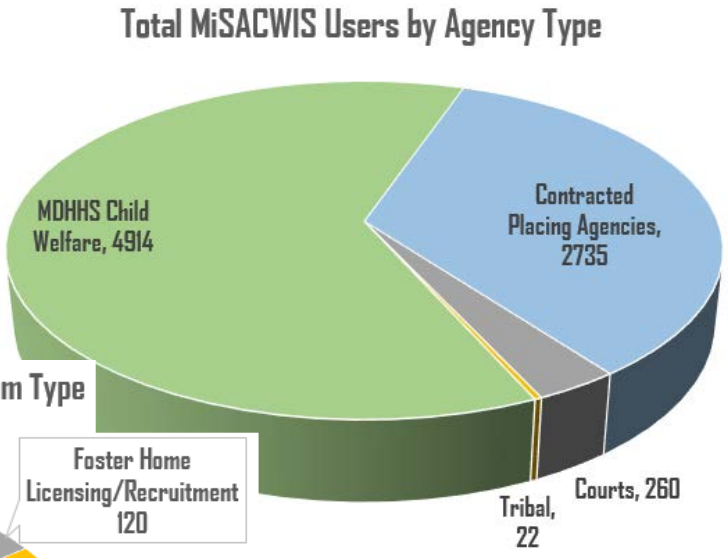
How well is the statewide information system functioning statewide to ensure that, at a minimum, the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?

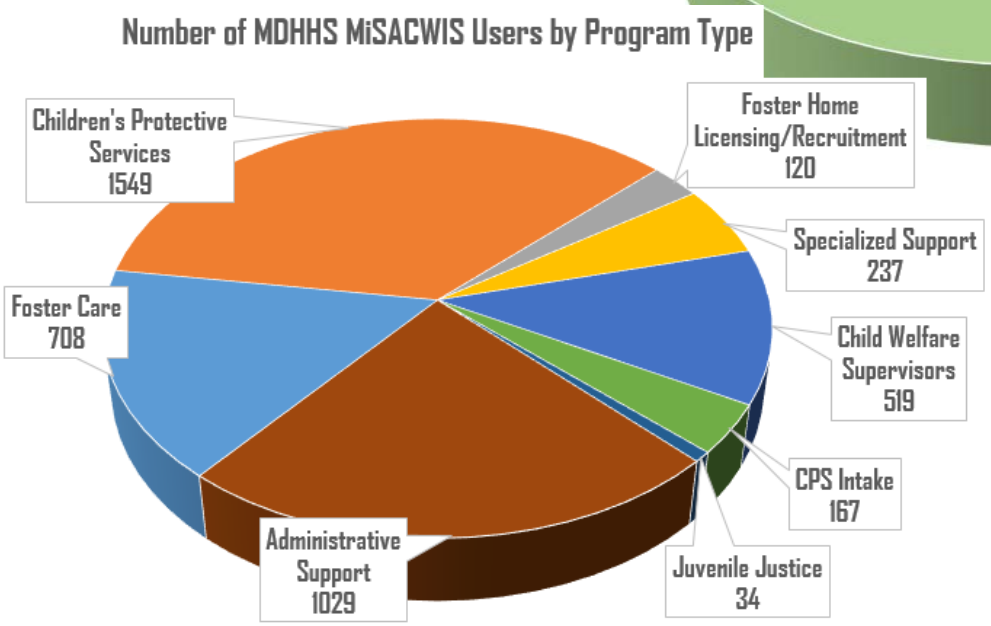
> Please provide relevant quantitative/qualitative data or information that show the statewide information system requirements are being met statewide.

State Response:

The Michigan Statewide Automated Child Welfare Information System, MiSACWIS, which launched in April 2014, is the mission-critical information system that supports case management for the programs of child protection, adoption, foster care, and juvenile justice. Michigan's SACWIS system is used by public and private agency caseworkers statewide in all 83 counties.

The MiSACWIS application is widely used by almost 8,000 public, private, and tribal child welfare users. MDHHS alone has almost 5,000 child welfare-related staff that use MiSACWIS to collect and report important data on safety, well-being and permanency for children and families.





The application is also a venue to communicate important child welfare news to a broad audience.

MiSACWIS is managed by a multidisciplinary team that evaluates user needs, system functionality and reporting requirements to prioritize maintenance and enhancement requests across the disciplines. The application has continued to evolve to meet the needs of the user base and accurately report information and data on

Michigan's child welfare system. One of the enhancements includes the addition of juvenile justice case management in October 2015. While MiSACWIS does not currently have the capacity for case management of prevention services, work has been initiated for integration in the future. The data entered into this application provides important statistics on key performance indicators and outcomes on safety, well-being and permanency for children and families.

Collaboration

MDHHS collaborates with several internal and external groups to ensure the state's child welfare information system delivers accurate data that meets federal, state and court standards for tracking service delivery and quality. Collaborative groups include the Children's Service Agency Quality Improvement Council, which identifies business needs and resources. The department works with the University of Michigan Child and Adolescent Data Lab that provides data for tracking Michigan's achievement of CFSR outcomes.

The MiSACWIS application interfaces with MI Bridges, Michigan's public assistance information system, daily. Caseworkers must search for case members in Bridges and assign them the appropriate Bridges "recipient identification number" before completing an investigation's disposition. This ensures comprehensive data identification and allows for the opening of foster care Medicaid to be initiated in MiSACWIS, as well as preventing duplication of Medicaid coverage of different types for the same child. This also ensures accurate demographic data as self-reported by the family when applying for assistance. If an individual cannot be found in Bridges, the caseworker creates the recipient identification number from within MiSACWIS and enters the required basic demographic information. Assistance Payments caseworkers can also distinguish if there is an active child welfare case linked to the child with the address of their current placement and facilitate the opening of daycare and other supports for relative and licensed foster care providers. Caseworkers from both programs are identified in Bridges along with their contact information, allowing for improved cross-program coordination.

Assessment of Performance

Michigan is committed to compliance with federal requirements for a statewide-automated child welfare information system. Michigan has consistently submitted the required data files for the Adoption and Foster Care Analysis and Reporting System (AFCARS) file to the Children's Bureau semi-annually and the NCANDS files annually. The state developed teams that meet weekly to bi-weekly to discuss data collection improvements, trends, and gaps that can be addressed as they are discovered. The team is comprised of expert staff from the Department of Technology, Management and Budget Federal Reporting, MiSACWIS, the Children's Services Agency, the Foster Care and Adoption Program and Policy Office, the Children's Protective Services Program and Policy Office and the Data Management Unit of the Division of Continuous Quality Improvement.

AFCARS

Michigan completed the AFCARS on-site review in July 2015. The review found Michigan to be non-compliant in areas that Michigan had anticipated as the MiSACWIS system had only been

operationalized for one year at the time of the on-site review and continued to make operational enhancements following its launch. As the workforce has become more familiar with the functions within MiSACWIS, data collection has become more consistent and accurate.

Michigan implemented its AFCARS Improvement Plan in April 2016, prioritizing system improvements and reporting improvements to bring the state into compliance. Michigan reduced the areas of improvement in the general requirements from three elements down to one. Likewise, significant work has been done in the foster care and adoption elements, reducing the number of improvements required from 28 to 11 elements.

Michigan's AFCARS submissions have met all compliance thresholds with one exception that the state expected, and that is in the area of timeliness for the data entry of the discharge transaction date. Michigan failed this threshold in the 2015 A and 2015 B submission at a rate of 34.59 percent. In response to the high rate over the allowed threshold, Michigan implemented improvements to MiSACWIS allowing a case manager to enter discharge dates for case closure without negatively interfering with outstanding payments to service providers. In addition, communication and training was completed with the case manager population as well as the funding specialists responsible for entering data. Michigan's current AFCARS file, the 2018 A submission, had one area of noncompliance: timeliness to discharge transaction date. Timeliness to discharge was 13.8 percent, still a marked improvement. The state expects this reporting element will come into full compliance.

Michigan created a new resource to improve AFCARS reporting for caseload carrying staff and supervisors to use in monthly supervision meetings, at completion of case service plans and prior to case closure. The Missing/Outlier Value (MOV) report displays missing values to prompt caseworkers to add missing information and for supervisors to track completion of data entry in open and closed cases. The MOV report will be updated in conjunction with MiSACWIS releases and reviewed in routine case management activities. The MDHHS AFCARS team has disseminated information about the report during monthly supervisory phone conferences with the field in which both MDHHS and private agencies participate, in the quarterly Quality Improvement Council newsletter and in a communication issuance to the field sent in the weekly MDHHS news email and published on the MiSACWIS communications page.

Missing data elements listed on the MOV report also show up as ticklers for caseworkers in MiSACWIS (see Section C, Case Review System, Item 20 for further description of ticklers). Ticklers are escalated to higher levels of management until they are addressed. Examples include missing adoptive family structures, date of termination of mother's/father's parental rights, and Hispanic or Latino ethnicity identification of relevant case members (must be answered Yes or No).

National Child Abuse and Neglect Data System (NCANDS)

Michigan has continued to submit annual NCANDS files timely. In fiscal year (FY) 2016, the NCANDS reporting methodology was changed to a web portal where all information for the Child and Agency File and State Commentary is entered directly, allowing validation to be done automatically. Michigan's file was accepted and approved with a recommendation to improve

reporting of risk factors for both children and caregivers. The Children's Protective Services program office is finalizing policy updates and instructions for the front line staff for further guidance that will provide improved reporting on risk factors for Michigan children and caregivers.

In FY 2017, Michigan made improvements in the ability to report for the first time file the number of children and families served through Strong Families Safe Children Title IV-B(2) funding. The state anticipates continued improvement in reporting within the agency file the number of children and families served by specific funding sources.

All states are required to report on the Comprehensive Addiction Recovery Act in the NCANDS file for FY 2018. Michigan is poised for successful reporting on this new requirement, as the MiSACWIS application was enhanced to include this reporting requirement. Michigan collaborated with the NCANDS technical liaison to ensure that proper mapping and coding will meet the requirements.

Information System Review

To ensure that MDHHS can accurately identify the location, demographic characteristics, legal status and permanency goals of all children currently in foster care, or who were in foster care during the preceding twelve months, the Division of Continuous Quality Improvement (DCQI) developed an Information System Review. The Information System Review process examines the output of information reported within the AFCARS file from the data entered within the MiSACWIS record of a randomly selected sample of children currently in foster care, or who were in foster care within the preceding twelve months for a minimum of seven days. Caseworkers were assigned to validate the MiSACWIS data for accuracy.

Case information to be reviewed was extracted from the AFCARS file and a spreadsheet and review tool with the information to be verified was transmitted to local offices and agencies for review. Case information to be verified included:

- The placement location of the child as of the date of the data pull, or for closed cases, the location at the time of case closure.
- Demographic information on the child, including age, gender, race and disability.
- The child's legal status as of the date of the data pull, or for closed cases, the legal status at the time of case closure.
- The child's permanency goal as of the date of the data pull, or for closed cases, the permanency goal at the time of case closure.

Foster care caseworkers in MDHHS local offices and private agencies served as reviewers for the cases for which they were responsible during the period under review. As needed, alternate caseworkers were designated as reviewers by local management. The sample is based on the foster care population and consists of approximately 265 to 350 cases annually. Cases selected for review are provided directly to the local office or agency responsible for the care of the child during the period under review with a due date for returning review responses. Quality assurance functions were performed by DCQI.

The Information System Review spreadsheet served as the reference of data to validate. As of 2018, the review responses were recorded in an online survey review tool. The spreadsheet included the child's person ID, name, Date of birth, gender, racial identity, disability (as applicable), placement, legal status and permanency goal. The survey includes questions that prompt the reviewer to answer Yes/No to indicate whether the data element as listed is accurate both on the spreadsheet and in the MiSACWIS record. Once the review is complete, the completed review tool is transmitted electronically to DCQI for tallying, compilation and analysis.

The following is an example of a completed review in 2017 for one child's data; reviews completed before 2018 used a spreadsheet instead of an online survey review tool. Caseworkers confirmed or denied the accuracy of each item by indicating "Y" for yes or "N" for no in the "Correct Y/N" column to the right of the item in question. If data was inaccurate, workers were asked to provide the correct data and confirm that needed corrections were made in MiSACWIS.

	Agency	Person ID	First Name	Last Name	Placement/ Home Address	Correct Y/N	DOB	Correct Y/N	Gender	Correct Y/N	Race	Correct Y/N	Disability	Correct Y/N	Legal Status	Correct Y/N	Perm Goal	Correct Y/N
Spreadsheet data	Wayne County	######	Oscar	Grouch	123 Sesame St Detroit MI 48201		1/1/15		Male		White		Specific Learning Disability		43 - Court Ward ' Supervised Adoption		Adoption	
Spreadsheet correction						Y		Y		Y		Y		Y	97- Adoption Subsidy	N		Y
MiSACWIS Correction						N/A		N/A		N/A		N/A		N/A		Y		N/A

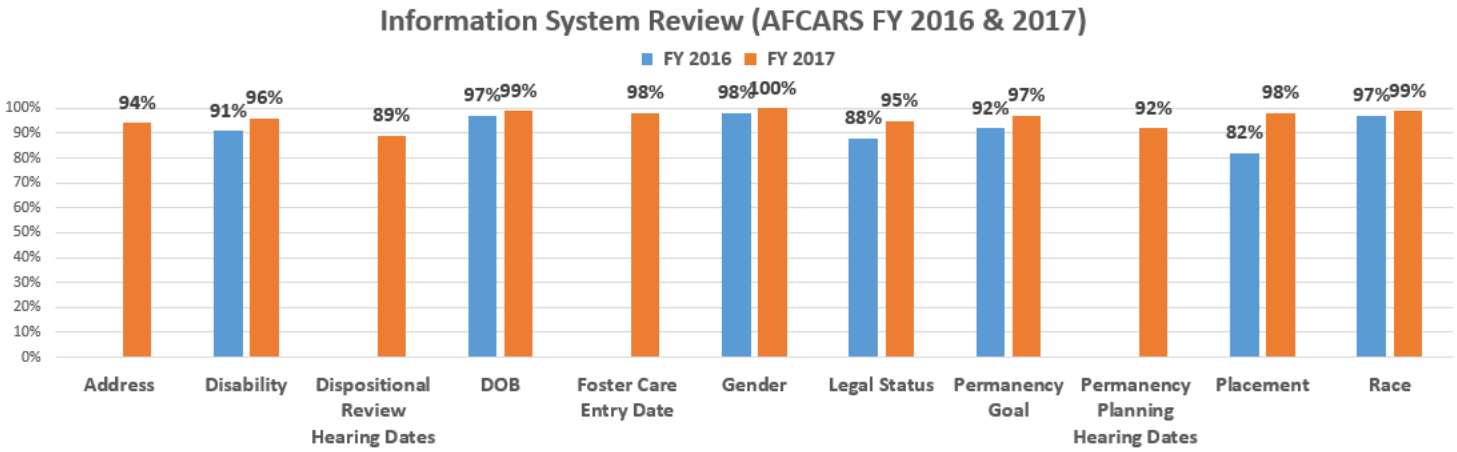
Michigan conducted two Information System Reviews. The first review was conducted from November to December 2017 for fiscal year 2016's AFCARS data and had a sample size of 265, meeting the minimum requirement. Of the 265, 151 did not have a response by the worker (13 of those were due to the case being marked confidential in MiSACWIS after a child had been adopted), resulting in a 52 percent response rate.

Due to the low response rate of 52 percent for the first review, DCQI considered methods to improve the number of responses received from caseworkers, resulting in moving to biannual Information System Reviews instead of annual. In 2018 and moving forward, an Informational System Review will occur every six months after AFCARS data profile submissions; the sample sizes will be a minimum of 140 for each review. The next Information System Review will occur around June 2018 reviewing the accuracy of 140 children included in the 2018A AFCARS submission.

Other methods to improve the response rate include disseminating samples and review materials were disseminated through the Business Service Centers (BSCs) to provide additional oversight. DCQI hosted calls with the BSCs and child welfare services support analysts for private agencies to provide clear instruction prior to the review. In addition, DCQI collected responses via an online survey tool instead of a spreadsheet to ensure clarity and continuity in answering all elements. The review was expanded to check for timeliness of review and

permanency planning hearings and whether the hearing dates were accurately recorded in MiSACWIS.

In March 2018, the second Information System Review was completed covering FY 2017's AFCARS data. The new approach described above yielded a 20 percent improvement in response rate. The random, statewide sample consisted of 280 cases; 140 cases were reviewed from the 2017A sample and 140 cases from 2017B sample.



DCQI staff compiled the data from the review and completed a report. The report includes the findings and an analysis of the outcomes including strengths, opportunities for improvement and recommendations. The reports are distributed to stakeholders including the federal Children's Bureau, Business Service Center or local office directors, Child Welfare Services and Support who shares with Michigan's private agency partners and Children's Services Agency leadership.

The DCQI observed trends in the last two years of Informational System Reviews. One area is the lack of timely entry of discharge date from foster care. This is believed to be due to MDHHS depending on the court system to provide the court orders that dismiss jurisdiction of children timely as caseworkers are not allowed to close their cases in MISACWIS until the physical copy of the order is received. As noted, this is the only area where Michigan is not under the threshold of compliance in the semiannual AFCARS submissions.

There is also an observed trend of more accurate reporting of race and ethnicity. The DCQI attributes these successes to collaborating with the MiSACWIS team to make system changes, such as making certain data fields required in addition to the field use of the MOV report. Findings from the Information System Review will be used to devise plans for ensuring accurate data collection and maintenance on an ongoing basis.

Michigan has committed to support field staff's understanding and development of skills and developed the MiSACWIS Academy training. The academy includes end-user classroom workshops, webinars, web-based trainings and new worker training. The enhanced new worker training for child welfare workers is jointly conducted by MiSACWIS and the training staff. The

new worker training for licensing staff is jointly conducted by the Division of Child Welfare Licensing and MiSACWIS project staff. MiSACWIS project staff also conducts new worker juvenile justice residential training.

The MiSACWIS workshops are offered to MDHHS and private agency first-line workers and supervisors. MiSACWIS staff continues to conduct onsite visits in MDHHS local offices and private agencies and provide customized support. MiSACWIS staff gain valuable feedback on the system and the participants receive over-the-shoulder support. The MiSACWIS team continues to update online help, prepare release notes and maintain the training environments to support end users. Please see Section D, Staff and Provider Training, for further MiSACWIS training information.

Based on the accuracy of federal reports and the case system review, Michigan's SACWIS system ensures the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care. Procedures are in place to reconcile data and correct errors. There is ongoing collaboration and training to improve the functioning of the system and end user ability. Michigan's Statewide Information System is assessed to be a strength.

B. Case Review System

Item 20: Written Case Plan

How well is the case review system functioning statewide to ensure that each child has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions?

> Please provide relevant quantitative/qualitative data or information that shows each child has a written case plan as required that is developed jointly with the child's parent(s) that includes the required provisions.

State Response:

Michigan Foster Care and Native American Affairs Policy

As required by 1988 PA 224 of 1988, an initial service plan must be completed within 30 calendar days after the removal date of the child. A copy of the plan is required in each case file regardless of individual court reports. The initial service plan is used to:

- Document information about the family including any Indian ancestry.
- Assess the functioning of the family and child, documenting the specific identified needs and strengths including application of the Indian Child Welfare Act (ICWA) and Michigan Indian Family Preservation Act (MIFPA).
- Identify the permanency goal and the services necessary to achieve it.

Michigan's case service plans have been designed to ensure that Michigan complies with the requirement that each child has a written case jointly developed with the child's parents and includes the following:

1. Identifying Information.
2. Legal Status and Progress.
3. Reasonable Efforts.
4. Social Work Contacts.
5. Child Information, including child engagement and perception of circumstances.
6. Permanency Planning including reasonable and active efforts.
7. Foster Care Review Board, if applicable for case.
8. Placement.
9. Placement Resources.
10. Medical.
11. Visitation Plan.
12. Family Team Meeting Summary.
13. Family Information and Assessment.
14. Child(ren)'s Best Interest/Compelling Reasons.
15. Recommendation to Court.

Each section of the case plan is designed to guide the worker to include all necessary and relevant information and to aid in easy identification of required elements. A copy of the

updated service plan must be sent to the court prior to the regularly scheduled review. Through the updated service plan, the foster care worker updates the court on progress and makes recommendations regarding services and ongoing planning for the child and family. At the review, the court may modify the plan. For Indian children, an ICWA performance checklist must be attached to all documents as a coversheet.

- **Timeliness:** In calendar year 2017, 83 percent of CPS service plans were completed timely, an increase of four percent from the previous 12 months. Eighty-four of children's foster care service plans were completed timely.

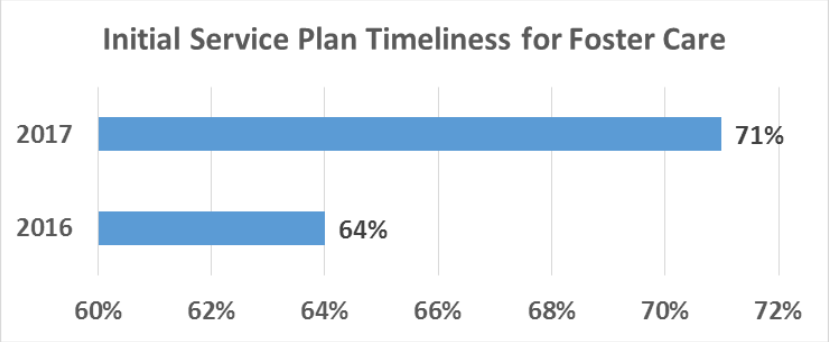
Initial Service Plan

As required by PA 224 of 1988, Michigan's policy outlined in FOM 722-08 requires the initial service plan be completed within 30 calendar days of the date the child enters foster care. A copy of the plan is required in each case file regardless of individual court reports. The initial service plan is used to:

- Document information about the family including any Indian ancestry.
- Assess the functioning of the family and child, documenting the specific identified needs and strengths including application of the Indian Child Welfare Act (ICWA) and Michigan MIFPA.
- Identify the permanency goal and the services necessary to achieve it.

If the child was returned to either/both parent(s) and the child was re-removed during this period, a description of the reasonable efforts to prevent the removal must be included. For Indian children, clear and convincing evidence including active efforts and testimony from a qualified expert witness are required to prevent removal from the home.

DMU provides monthly statistics of performance on timeliness of initial service plans to all child welfare staff statewide.

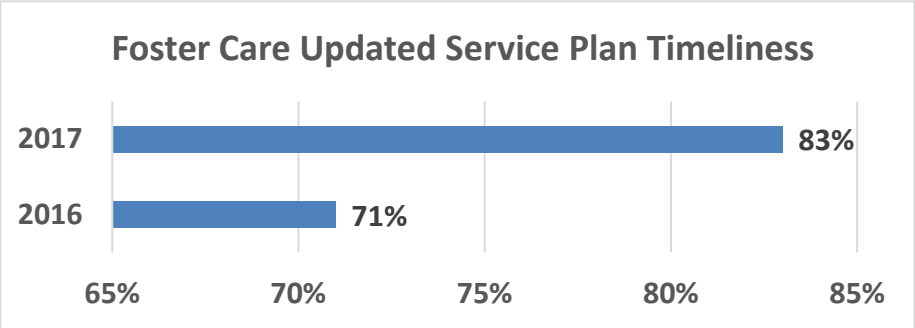


Updated Service Plan

Michigan's policy, FOM 722-09, clearly outlines that updated services plans are completed every 90 days, beginning after the Initial Service Plan. The updated service plan must reassess progress made to alleviate the presenting problem(s) that necessitated entry into foster care. This must include a reassessment of concerns and barriers to reunification as identified in the initial service plan and updated service plans. Compliance or noncompliance with agreed-upon treatment goals by the parent(s), and if applicable, the non-parent adult(s) must be recorded.

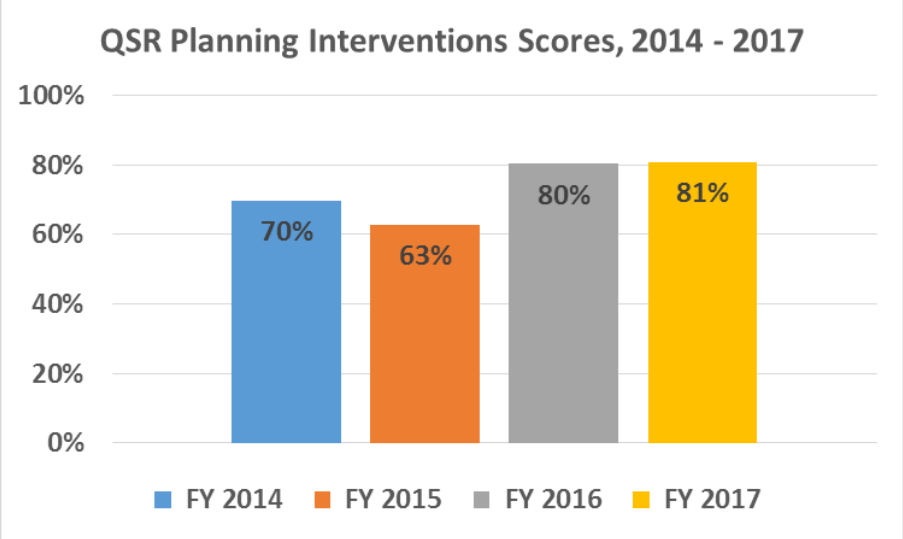
For Indian children, progress on active efforts and good cause to the contrary recommendations including diligent search for an ICWA-compliant placement must be demonstrated if the child is not placed in an ICWA-compliant home. Documentation of active efforts, diligent search and good cause to the contrary recommendations must be cited in the plan and demonstrated at each hearing until the child is returned home or placed in an ICWA-compliant home.

DMU provides monthly statistics on timeliness of updated service plans to all child welfare staff statewide in the Monthly Management Report.



Parental Involvement in Developing Case Plans

Michigan values the importance of joint case planning and has implemented the Quality Service Review (QSR) to examine the degree to which meaningful, measurable, and achievable life outcomes specific to safety, permanency, and well-being have been developed in conjunction between the caseworkers and family members.



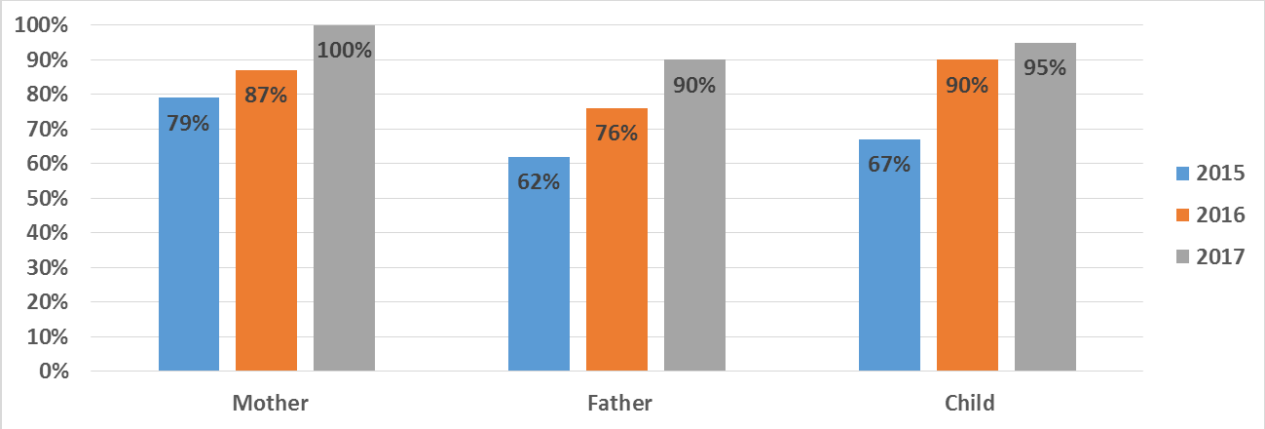
DCQI completes an annual case record review of documentation within MiSACWIS, the Quality Assurance Compliance Review (QACR), to report on a stratified sample that reflects the population of children in foster care related to compliance of joint case planning with family members. The QACR takes place on a semiannual or annual basis from a statewide representative sample 265 total cases including abuse/neglect temporary state wards, permanent state wards, dual abuse/neglect and juvenile justice state wards. The areas evaluated in the QACR include the following:

- Assessments and service plans.
- Educational status and services.
- Medical Passport.

- Medical, dental and mental health services.
- Medical insurance coverage.
- Compliance with the Indian Child Welfare Act and the Michigan Indian Family Preservation Act.
- Court orders

In 2015, compliance measurement of family involvement in developing case plans was broadened to include documented descriptions of family involvement in family team meetings, planning and decision-making rather than being solely based on the presence of the family member's signature on the service plan. This change appears to have resulted in a much greater level of compliance because it is based on multiple factors rather than the single factor of a signature on the plan.

QACR Question: During the PUR, did the agency make concerted efforts to actively involve the mother/father/child in the case planning process?



2016 Title IV-E Review

In collaboration with the Children's Bureau, Michigan conducted a review of the Title IV-E foster care requirements in FY 2016. Results of the review are below.

- The judicial determinations were timely and included rulings that facilitated timely permanency plans.
- Judicial determinations were child-specific and those pertaining to the child's removal clearly outlined the circumstances under which the child was removed from the home, except for one case.
- All cases were found to be in compliance in the areas of licensing and safety. All foster care homes and child-caring institutions had the appropriate licenses and the renewals were timely.

Assessment of Performance

Objective: Michigan's case review system will ensure that the required provisions are included in each child's case plan.

- Michigan's Title IV-E Review in 2016 showed 96 percent (77 of 80 applicable cases) were in compliance compared with the Title IV-E Review in 2010, which showed 92.5 percent (74 of 80 applicable cases) were in compliance.
- In 2017, Michigan's QACR showed that 89 percent of cases reviewed included one or more of the required provisions.

Judicial Determinations

MDHHS and the court collaborate to strengthen the efficiency of actions through training and support of judges, attorneys, and other court staff, particularly regarding the required judicial determinations. While other court orders contained the same language, they also included additional details that clarified and supported the judicial determinations. MDHHS will continue its collaborative efforts to improve the quality of its judicial determinations and court orders.

Item 21: Periodic Reviews

How well is the case review system functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review?

> Please provide relevant quantitative/qualitative data or information that show a periodic review occurs as required for each child no less frequently than once every 6 months, either by a court or by administrative review.

State Response:

Michigan's Probate Code, MCL 712A.19, upholds federal requirements to hold dispositional review hearings every six months (182 days). Michigan requires an increased frequency of every 91 days during a child's first twelve months in foster care if they are not placed with relatives. Parties also have the ability to file motions for more frequent hearings.

For a child with a permanency goal of Permanent Placement with a Fit and Willing Relative or Another Permanent Planned Living Arrangement, the dispositional review hearing occurs every 182 days after the permanency planning hearing as long as the child is subject to the jurisdiction, control, or supervision of the court, Michigan Children's Institute Superintendent or other agency.

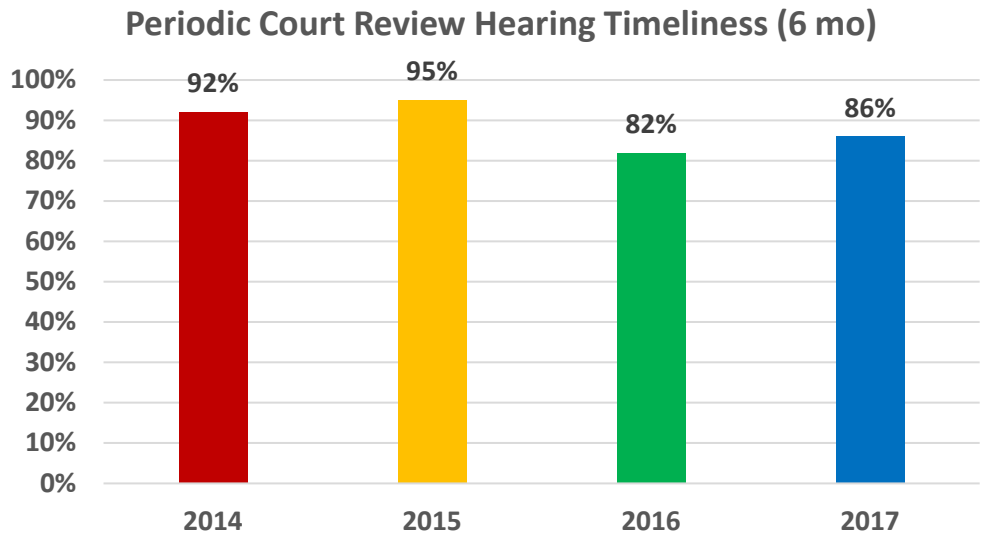
If the child is returned home, the court shall periodically review the progress as long as it retains jurisdiction. This review must occur no later than 182 days after entry of the original dispositional order or 182 days after the child returns home. A hearing may be accelerated to review any element of the case service plan. Following the hearing, the court may:

- Order the child to be returned home (if parental rights have not been terminated).
- Modify the dispositional order.
- Modify any part of the case service plan.
- Enter a dispositional order.
- Continue the prior dispositional order.

Assessment of Performance

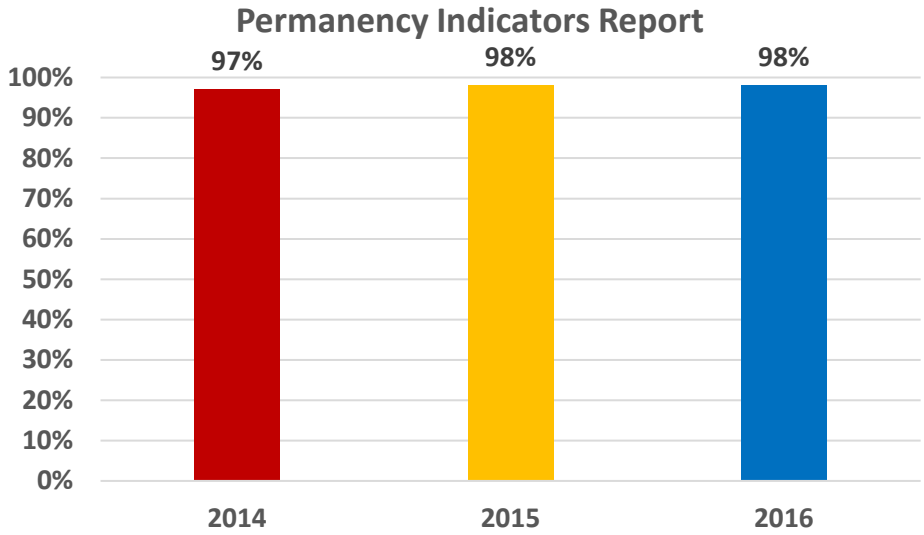
Michigan's achievements in Case Review System outcomes are monitored through the QACR and the QSR, described in the Quality Assurance section of this report. Michigan's FY 2016 Title IV-E review also provided data for measuring performance.

Objective: For children in foster care, periodic court review hearings will occur timely (every six months).
Measure: QACR (see Item 20: Written Case Plan for description)
Baseline – 2014: In 91.7 percent of cases, review hearings occurred timely.
Benchmarks:
2015 - 2019: Demonstrate improvement each year.



The State Court Administrative Office (SCAO also produces data related to compliance with review hearings using the Permanency Indicators Report (PIR). The PIR Statewide Summary Report for 2014, 2015, and 2016 includes information from all counties except those listed below. The information in the PIR reports is submitted from each court's case management system to SCAO.

The Permanency Indicators Report demonstrates even higher compliance with 182 day (six month) review hearings.



Please note for above data:

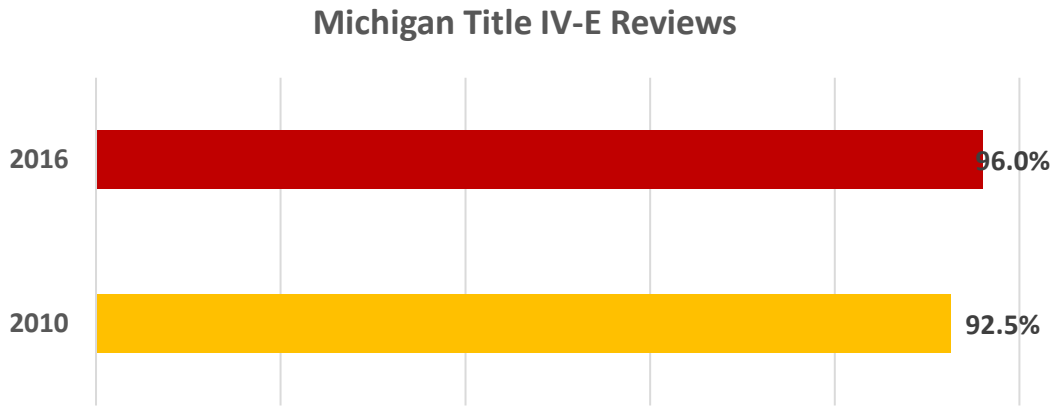
- 2014: Not included are Oakland and Washtenaw counties
- 2015: Not included is Oakland County
- 2016: Not included is Iron County

2016 Title IV-E Review

In collaboration with the Children's Bureau, Michigan conducted a review of the Title IV-E foster care requirements in FY 2016. Results of the review are below.

- The judicial determinations were timely and included rulings that facilitated timely permanency plans.
- Judicial determinations were child-specific and those pertaining to the child's removal clearly outlined the circumstances under which the child was removed from the home, except for one case.
- All cases were found to be in compliance in the areas of licensing and safety. All foster care homes and child-caring institutions had the appropriate licenses and the renewals were timely.

Objective: Michigan's case review system will ensure that the required provisions are included in each child's case plan.



Michigan's Title IV-E Review showed 77 out of 80 cases were in compliance compared with the Title IV-E Review in 2010, which showed 74 out of 80 cases reviewed were in compliance.

Information System Review

In 2017, the Information System Review (ISR) was enhanced to include the question, "Has the child had a Dispositional Hearing no less than once every six (6) months?" Of the 280 cases sent to the field for review, 140 responses were received. Of those responses, 94 percent replied in the affirmative. For more information regarding the Information System Review, please reference Section A. Item 19: Statewide Information System.

Item 22: Permanency Hearings

How well is the case review system functioning statewide to ensure that, for each child, a permanency hearing in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter?

> Please provide relevant quantitative/qualitative data or information that show a permanency hearing as required for each child in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.

State Response:

The supervising agency must seek to achieve the permanency planning goal for the child within 12 months of the child being removed from his/her home. Per MCL 712A.19a, the court must hold a permanency planning hearing within those 12 months to review and finalize the permanency plan. Subsequent permanency hearings must be held within 12 months of the previous hearing.

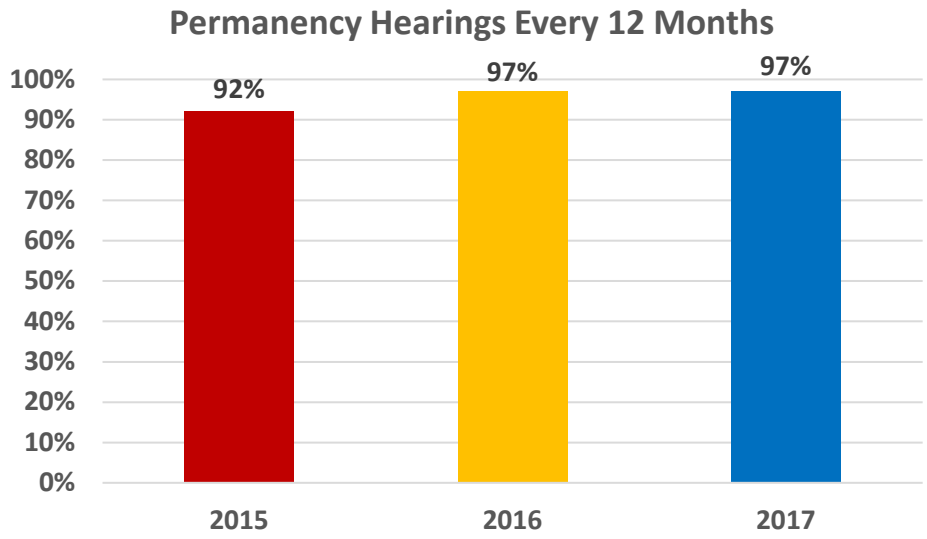
The only allowable permanency planning goals are the permanency goals recognized by the federal government. The goals, in order of legal preference are:

- Reunification.
- Adoption.
- Guardianship.
- Permanent Placement with a Fit and Willing Relative.
- Another Planned Permanent Living Arrangement.

The DCQI reviews permanency planning using the QSR for qualitative information and the QACR for quantitative information. For the counties that were reviewed using the QSR, they averaged 84.1 percent of acceptable cases for the Permanency measure. Data for the QACR is as follows:

Permanency Hearings Assessment of Performance

Objective: For children in foster care, a permanency hearing will occur no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.
Measure: QACR (see Item 20: Written Case Plan for description)
Baseline: 46%; 2014.
Benchmarks:
2015 - 2019: Demonstrate improvement each year.



The QACR measures permanency hearings by asking reviewers to determine if the child had a permanency planning hearing due during the PUR and if so, was it held within 12 months of the child's entry into foster care and annually thereafter. The increase in compliance from 92 percent in 2015 to 97 percent in 2016 and maintained in 2017 is encouraging. DCQI will continue to use the QACR to review for this item to ensure continued timely permanency hearings.

2016 Title IV-E Review

In collaboration with the Children's Bureau, Michigan conducted a review of the Title IV-E foster care requirements in FY 2016. The findings for the QACR and QSR were supported by the Title IV-E review, which found that judicial determinations were timely and included rulings that facilitated timely permanency plans.

Information System Review

In 2017, the Information System Review (ISR) was enhanced to include the question, "Has the child had a Permanency Planning Hearing no later than twelve months from the date the child entered foster care and no less frequently than every twelve months thereafter?" Of the 280 cases sent to the field for review, 140 responses were received. Of those responses, 97 percent replied in the affirmative. For more information regarding the Information System Review, please reference Section A, Item 19: Statewide Information System.

Plan for Improvement

Activities in 2017 and Planned Activities for 2018

- Through a data-sharing agreement, the court obtains MDHHS data to create reports for local judges on hearing timeliness and permanency.
- The Foster Care Review Board provides third party external review of foster care cases to ensure the system is working to achieve timely permanency for each child.
- MDHHS will continue to collaborate closely with SCAO to improve foster care case review data collection and analysis and implementation of improvement efforts.

- Native American Affairs, in collaboration with DCQI, piloted Indian child and family case reviews for CPS and foster care cases in 2017.
- The MDHHS Adoption Program Office is partnering with Casey Family Programs on a pilot to provide Rapid Permanency Reviews (RPR) in select counties for children on the Michigan Adoption Resource Exchange (MARE) with an identified adoptive family for greater than twelve months. The goal is to achieve timely permanency for children in out-of-home care. RPRs are designed to simultaneously identify and mitigate case level and system level bottlenecks and barriers.

Item 23: Termination of Parental Rights

How well is the case review system functioning statewide to ensure that the filing of termination of parental rights (TPR) proceedings occurs in accordance with required provisions?

> Please provide relevant quantitative/qualitative data or information showing that filing of TPR proceedings occurs in accordance with the law.

State Response:

MDHHS policy requires that, unless mandated or ordered by the court in a written order, a petition to terminate parental rights must be filed only when it is clearly in the child's best interest and the health and safety of the child can be ensured in a safe and permanent home.

The filing of the petition to terminate parental rights does not need to be delayed until a Permanency Planning Hearing. Consultation with legal counsel (generally the prosecuting attorney) is necessary to determine if the case is appropriate and if there are sufficient legal grounds to pursue termination of parental rights.

The supervising agency must file or join in filing a petition requesting termination of parental rights if the child has been in foster care for 15 of the most recent 22 months, unless the child is being cared for by relatives or the written court order and case service plan document a compelling reason for determining that filing a petition to terminate parental rights would not be in the best interest of the child (MCL 712A.19a). Compelling reasons include but are not limited to:

- Adoption is not the appropriate permanency plan for the child.
- No grounds to file for termination exist.
- The child is an unaccompanied refugee minor.
- There are international legal obligations or compelling foreign policy reasons that preclude terminating parental rights.
- The state has not provided the child's family, consistent with the time in the case service plan, with services the state considers necessary for the child's safe return home, if reasonable efforts are required.
- The Indian Child Welfare Act, Michigan Indian Family Preservation Act, or tribe specifies compelling reasons for Indian child(ren) (See Native American Affairs policy 250).

If there is a compelling reason for not filing for termination of parental rights, there must be clear documentation within the case service plan and written court order.

If a petition is filed, it must be filed by the end of the 15th month that the child has been out of home, with the date the child entered care being the date the original petition was filed requesting removal of the child from his/her home.

Assessment of Performance

The QACR measures timely filing of termination petitions by asking reviewers to determine if, at any point during the PUR, the child was in foster care for at least 15 of the last 22 months; the count begins with the date of the judicial finding (adjudication) of child abuse and neglect or 60 days after the child's entry into foster care, whichever is earlier. If the child was in foster care for the last 15 out of 22 months, reviewers must determine if an exception to the requirement to file or join a termination of parental rights petition exists, which is found in court orders and the updated service plans. If no exception exists, reviewers must determine if the agency filed or joined a termination of parental rights petition before the PUR or in a timely manner during the PUR, with "timely" begin defined as within 30 days of the permanency planning hearing when the termination petition was ordered.

Objective: For each child that has been in foster care for 15 of the last 22 months, termination of parental rights petitions will be filed or compelling reasons will be documented.
Measure: QACR (see Item 20: Written Case Plan for description)
Baseline: 38%; 2014.
Benchmarks:
2015 - 2019: Demonstrate improvement each year.

- **2015 Performance:** 67% of termination petitions were filed timely.
  - **2016 Performance:** Not available.
  - **2017 Performance:** 100% of termination petitions were filed timely.

For counties that were reviewed using the QSR in 2017, the average percent of acceptable cases for the Permanency measure was 84.1 percent.

Item 24: Notice of Hearings and Reviews to Caregivers

How well is the case review system functioning statewide to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review or hearing held with respect to the child?

> Please provide relevant quantitative/qualitative data or information that show foster parents, pre-adoptive parents, and relative caregivers of children in foster care (1) are receiving notification of any review or hearing held with respect to the child and (2) have a right to be heard in any review or hearing held with respect to the child.

State Response:

The Safe and Timely Interstate Placement of Children Act of 2006, PL 109-239, requires state courts "to ensure that foster parents, pre-adoptive parents and relative caregivers of a child in foster care under the responsibility of the state are notified of any proceeding to be held with respect to the child."

The Michigan Supreme Court complied with the federal requirement by amending Michigan Court Rule (MCR) 3.921. The rule indicates the court shall ensure that notice is provided to:

- the agency responsible for the care and supervision of the child,
- the person or institution having court-ordered custody of the child,
- the parents of the child, subject to sub-rule (D), and the attorney for the respondent parent, unless parental rights have been terminated,
- the guardian or legal custodian of the child, if any,
- the guardian ad litem for the child,
- the lawyer-guardian ad litem for the child,
- the attorneys for each party,
- the prosecuting attorney if the prosecuting attorney has appeared in the case,
- the child, if 11 years old or older,
- if the court knows or has reason to know the child is an Indian child, the child's tribe,
- the foster parents, pre-adoptive parents, and relative caregivers of a child in foster care under the responsibility of the state, and
- if the court knows or has reason to know the child is an Indian child and the parents, guardian, legal custodian, or tribe are unknown, to the Secretary of Interior, and
- any other person the court may direct to be notified.

Several Michigan county courts provide notice of subsequent hearings to participants prior to ending each hearing. Michigan courts may also provide notice via the postal service.

In addition, MDHHS requires the caseworker to provide notification of all child protective proceedings to foster parents, relative caregivers and pre-adoptive parents. The Notice of Hearing form, DHS-715, is used to send notification of court hearings. The Notice of Hearing must include:

- Name and address of current placement.
- Name of child(ren) court hearing will review.

- Date and time of court hearing.
- Complete court address.
- Date written comments and materials from foster/adoptive parent are due.
- Any additional caseworker comments, if applicable.
- Caseworker name, agency, complete address and telephone number.

SCAO recommends that for compliance with the time-of-service requirement in MCR 3.920, courts should provide notice of the hearing to MDHHS timely (28 days prior) for a notice of hearing to be provided to foster and adoptive parents within the time required in the court rule. If the court provides notice to the caseworker timely, the DHS 715, Notice of Hearing, must be provided to the foster/adoptive caregivers at least seven days prior to the hearing.

ICWA and MIFPA require Michigan courts and child welfare agencies to send notice to Indian parents, caregivers, tribe(s), and the Secretary of the Interior, including informing tribes of their right to intervene in Indian child custody proceedings. MDHHS sends these notices utilizing the DHS-120 form.

Challenges in proper notification to all parties are generally due to court, caseworker, and supervisory oversight regarding generating and providing notices. The improvement from 2015 to 2016 is likely due to ongoing MiSACWIS training for caseworkers, which resulted in improved accuracy in data entry.

Assessment of Performance

Objective: Caregivers will be notified of court hearings and the notification will include how they may exercise their right to be heard.
Measure: QACR and SCAO foster parent survey.
Baseline - 2014: 43 percent of caregivers received notification of court hearings and their right to be heard.
Benchmarks:
2015 - 2019: Demonstrate improvement each year.

- **2015 Performance:** 18 percent of caregivers were notified of court hearings and how they may exercise their right to be heard.
- **2016 Performance:** 58 percent of caregivers were notified of court hearings and how they may exercise their right to be heard.
- **2017 Performance:**
  - QACR: 61 percent
  - SCAO foster parent survey indicated 67 percent received notice of court hearings (300 foster parents responded to the survey)

In an effort to address these challenges, a workgroup within Children's Services Program Offices has identified the DHS 715, Notice of Hearing, as a form to be included in the Central Print Center currently being developed. The plan is for these forms to be sent to the Central Print Center to be packaged and mailed out, lifting the onus from the caseworker and supervisor and automating the process for significantly higher compliance.

Caregiver Notification Plan for Improvement

Planned Activities for 2018

- Through a data-sharing agreement, the court obtains MDHHS data to create reports for local judges on hearing timeliness and permanency.
- MDHHS will continue to collaborate closely with SCAO to improve foster care case review data collection and analysis and implementation of improvement efforts.
- MDHHS is currently developing a Central Print Center and has identified the DHS 715, Notice of Hearing, as a form to be included to be packaged and mailed out, lifting the onus from the caseworker and supervisor and automating the process for significantly higher compliance.

C. Quality Assurance System

Item 25: Quality Assurance System

How well is the quality assurance system functioning statewide to ensure that it is (1) operating in the jurisdictions where the services included in the CFSP are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures?

> Please provide relevant quantitative/qualitative data or information showing that the specified quality assurance requirements are occurring statewide.

State Response:

Michigan's quality assurance system functions statewide to ensure that the child welfare system fulfills all five of the federal requirements of a Quality Assurance System:

1. Operates in the jurisdictions where the services in the CFSP are provided.
2. Has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety).
3. Identifies strengths and needs of the service delivery system.
4. Provides relevant reports.
5. Evaluates implemented program improvement measures.

1. Quality Assurance in the Jurisdictions where CFSP Services Are Provided

Each local MDHHS and private foster care agency has or is establishing a CQI team that ensures the services provided by their agency meet key performance indicators, or implement plans toward meeting standards in their agency. Local MDHHS and agency CQI teams train and reinforce the use of the MiTEAM case practice model with families, ensuring family and child involvement in goals and service plans by holding effective family team meetings. Technical assistance with local CQI efforts is offered by the division at the state level in developing tools that gather effectiveness data, and at the local level by assisting local CQI teams in implementing program analysis and improvement strategies.

Michigan uses the Quality Assurance Compliance Review (QACR) and the Quality Service Review (QSR) to monitor MDHHS progress serving families in the child welfare system. Performance in Michigan's contracted family preservation services, including Families First of Michigan, the Family Reunification Program and Families Together Building Solutions are monitored through follow-up visits six and twelve months following the conclusion of services to track whether services allowed children to reunite or remain with their families. Technical assistance for these programs is provided by MDHHS Family Preservation Specialists.

Quality Assurance Processes (QAP)

Michigan continues to strive to meet statewide requirements of the Dwayne B. vs. Snyder

Implementation, Sustainability and Exit Plan (ISEP), following the Modified Settlement Agreement, the product of a lawsuit brought by Children's Rights, Inc. Progress toward each commitment of the plan is tracked through Quality Assurance Processes (QAP). CFSR outcomes are incorporated in some ISEP commitments; hence, work toward completion of those commitments also feeds progress toward federal CFSR and CFSP requirements.

MDHHS implemented targeted reviews of the ISEP commitments. Each commitment has a web-based review tool that allows for fast, accurate measurement of case documentation in MiSACWIS. QAP reviews are scheduled in response to and in collaboration with the Michigan Monitoring Team, which tracks data reliability and progress. Michigan reviews over 4,000 cases to determine compliance and quality of work every six months. The samples are representative and statistically significant, based on a 5 percent margin of error with a 95 percent confidence level. DCQI provides technical assistance to local offices and private agencies on proper documentation in MiSACWIS and follows up in any cases in which safety emerges as a concern.

Michigan's current ISEP commitments include:

- 5.2 –Young Adult Voluntary Foster Care.
- 5.3 – Independent Living Services.
- 5.6 – Support for transitioning to adulthood, Family Team Meetings.
- 5.7 – Another Planned Permanency Arrangement Goals.
- 6.10(a) – Separation of Siblings - placement.
- 6.10(b) – Separation of Siblings – efforts to unify siblings.
- 6.16 – Safety requirements for placement with unlicensed relatives.
- 6.22(a) – CPS Investigations – rejected complaints.
- 6.22(b) – CPS Investigations – complaints transferred outside of the agency.
- 6.45 – Immunization requirements completed within three months following placement.
- 6.46 – Immunization requirements completed over three months following placement.
- 6.48 – Child case file complete for medical and psychological.
- 6.49 – Medical passports up-to-date.
- 6.50 – Medical, dental and health content complete in service plans.
- 6.55 – Psychotropic medication documentation.
- 6.56 – Psychotropic medication oversight review.

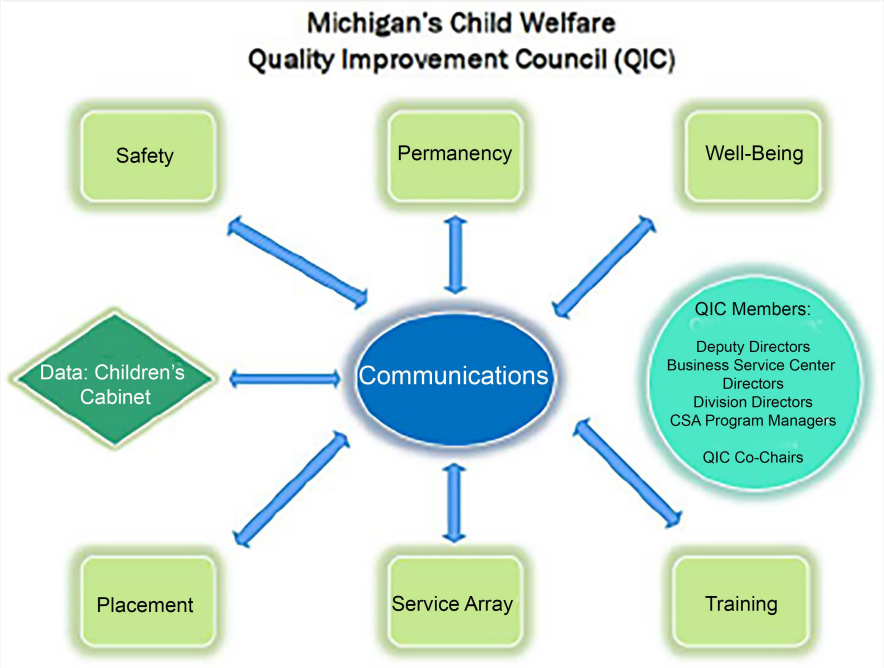
Commitments listed below have been achieved:

- 5.13 – Maintain health liaison officers to assist provision of medical, dental and behavioral health services for children.
- 5.4 - Provide Michigan Youth Opportunities (MYOI) Initiative programming.
- 5.5 – Providing MYOI services, including local coordinators.
- 5.8 – 5.12 – Permanency Indicators 2 through 5.
- 6.2 – CPS commencements.
- 6.37 – Education enrollment within five days of placement or placement change.
- 6.38 – Education continuity.
- 6.4 – Licensing worker qualifications.
- 6.5 – Maintain foster home array.

- 6.8 – Use of jail facilities for detention of juveniles.
- 6.11 – Maintain treatment foster home beds.
- 6.26 – CPS investigation worker caseloads.
- 6.27 – CPS ongoing worker caseloads.
- 6.28 – Purchase of service caseworker caseloads.
- 6.35 – Use of seclusion and isolation in child caring facilities.
- 6.53 – Psychotropic medication diagnosis.
- 6.56 – Psychotropic medication oversight.

Involving Local Stakeholders in Quality Assurance Efforts

The central office-based QIC and sub-teams include representatives from private agency foster care and adoption agencies, in addition to experts from inside and outside the department that respond to emerging issues and initiatives. The sub-teams refine membership throughout the year to expand collaboration. Specific needs and concerns are assigned to QIC sub-teams according to their field of specialization and sub-teams collaborate to create strategies to address concerns, particularly those from the field.



The QIC consists of eight sub-teams, each of which lead improvement efforts in their area by addressing standards and requirements, concerns expressed by the field and improvement goals on an ongoing basis. Below is a listing of QIC sub-teams and their goals, which demonstrate the use of CQI strategies from the state to the local level in 2017 and 2018.

Safety sub-team

- **Goal 1:** Maltreatment in care will be reduced below the national standard of 8.5 victimizations. Baseline FY 2015: 14.64
- **Goal 2:** Recurrence of maltreatment during a 12-month period shall be below the national standard of 9.1 percent. Baseline FY 2015: 10.31 percent

Permanency sub-team

- **Goal 1:** Achieve the national standard of 40.5 percent of children discharged from foster care to permanency within 12 months by increasing the statewide discharge rate five percent in six-month period.

- **Goal 2:** Achieve 95 percent for worker-child, worker-parent, parent-child and worker-supervisor contacts in our foster care cases. Performance data is from Monthly Management Reports.

Well-Being Education sub-team

- **Goal:** Youth in foster care ages 14 and older will be engaged in the development of their service plans and aware of services available to support their development of skills in daily living to become self-sufficient in adulthood.

Well-Being Health sub-team

- **Goal 1:** At least 85 percent of initial medical exams for children entering foster care will be completed within 30 days. Baseline: 74 percent.
- **Goal 2:** Increase compliance with documentation of informed consent for every psychotropic medication prescribed for a foster child.

Communications sub-team

- **Goal 1:** Issue informational newsletter to the field based on priorities from QIC goals.
- **Goal 2:** Review effectiveness of current communication strategies to work toward expanding readership. Include new workers and private agency staff.

Placement sub-team
Goals:

- **Goal 1:** At least 95 percent of relatives will receive the required safety checks prior to placement.
- **Goal 2:** License 1,129 new foster homes, of which 702 would accept teen placements
- **Goal 3:** Decrease foster home closures to 27 percent.

Service Array sub-team
Goals:

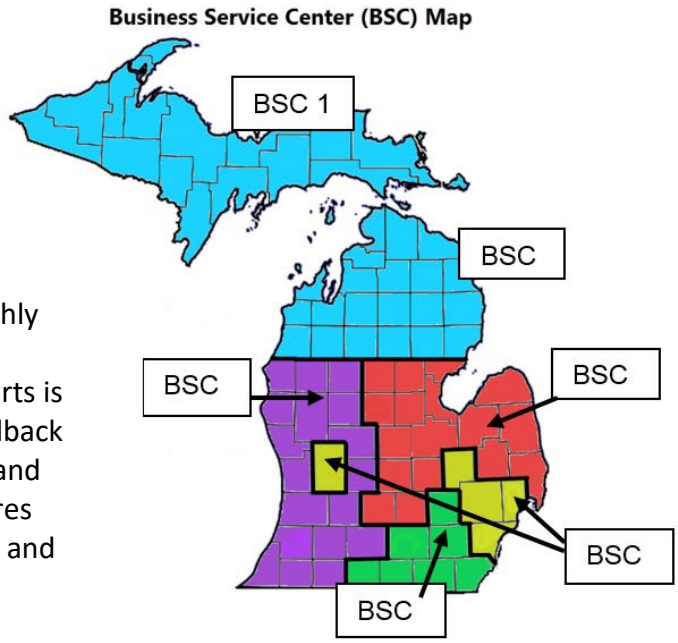
- **Goal 1**: Identify and implement an efficient mechanism for capturing data from enhanced management and culture tools.
  - Educate child welfare field staff about already existing tools that provide information about local health and human services.
  - Establish a MI Bridges communication campaign and dissemination of training material.
- **Goal 2:** Promote local efforts to evaluate and improve service gap identification.
  - Develop and disseminate material for local county directors/private agency partners in organizing local CQI sub-teams focusing on local service array.
  - Evaluate input from counties and address them with the QIC.
  - Develop a mechanism to perform this activity on an annual basis.

Training sub-team

- **Goal:** Evaluate efficacy of pursuing a fuller partnership with the universities in provision of child welfare training.

County Implementation

County CQI teams receive information from the state-level QIC through their respective BSCs, meetings with the CSA executive director and local membership on state-level sub-teams. Each county has its own CQI team or is currently implementing one and some have sub-teams that guide community efforts, address barriers and direct continuous quality improvement processes. In 2017, MDHHS strengthened county-level teams through the implementation of the enhanced MiTEAM model.



Service data from local counties and agencies is collected and analyzed, and provides direction for future initiatives. Improving local access to data through Infoview and Monthly Management Reports is essential to local improvement efforts. Effectiveness of local efforts is demonstrated in monthly data reports in a feedback loop that in turn drives future efforts. The CSA and the QIC provides strategic leadership that ensures communication and plans are shared statewide and that resources are available in each county for implementing strategies in the field.

Child Welfare CQI - Quality Service Review

DCQI utilizes the QSR to measure the quality and effectiveness of services provided to children and families throughout Michigan. Michigan's QSR consists of interviews of case members in child welfare cases to measure the status of children and caregivers during and after service delivery. QSRs also include focus groups or individual interviews of first-line staff, supervisors, community members, the court, foster parents and foster youth to obtain each group's unique perspective. The resulting QSR report provides a robust picture of child welfare services in each community, along with clear documentation of where improvement is needed.

QSRs are conducted in each BSC every year. QSRs are completed in contiguous counties within a BSC, with the exception of the BSC representing the five urban counties. For BSC 5, the QSR is conducted every other year. In all other BSCs, a selection of contiguous counties is made in concert between the division, BSC and county directors. DCQI provides a selection of counties that have not had a QSR to the BSC directors for consideration. The BSC directors and the county directors make the determination on which counties should be selected for the QSR. The selection process takes place between the months of April and July with a final selection of the fiscal year reviews no later than August of the preceding fiscal year.

DCQI has a goal to increase the number of cases reviewed to 25 cases per BSC when doing a contiguous county review. In urban settings, the goal is to review 25 cases. Currently, in each QSR, there are 16 cases reviewed on average. Increasing the number of cases for review is dependent upon the number of certified mentors and reviewers available for the review weeks.

Statewide QSR Process

The history of Michigan's QSR development is outlined below:

- The QSR was piloted in 2014 in four county offices: Mecosta/Osceola, Lenawee, Kalamazoo and Kent.
- Following the pilot QSR, four additional county offices underwent a QSR in 2014. Ninety-six total cases were reviewed.
- In 2015, the QSR was conducted in five counties: Bay, Oakland, Wayne, Jackson and Grand Traverse, reviewing 65 cases.
- In 2016, the QSR was conducted in 13 counties: Mecosta-Osceola, Lenawee, Kent, St. Clair, Sanilac, Lapeer, Tuscola, Huron, Van Buren, Berrien, Cass, and St. Joseph, reviewing 41 open foster care cases and 23 ongoing CPS cases.
- In 2016, the county selection process was altered to conduct QSRs in contiguous counties or regions, allowing a greater number of counties to receive a QSR each year.
- In 2016, the original pilot counties of Mecosta/Osceola, Lenawee and Kent were reviewed for a second time to track performance levels over the two ensuing years. Results of that review are later in this assessment.
- Implementation of the enhanced MiTEAM case practice model began in 2016. A MiTEAM Fidelity Tool was created to be used by managers in supervising first-line staff and continue guiding work along MiTEAM principles.
- In 2017, 90 foster care cases were reviewed.[3]
- In 2017, implementation of the enhanced MiTEAM continued and was fine-tuned. The MiTEAM Fidelity Tool was piloted in three counties, with rollout to the remaining counties planned later in 2018.
- In 2017, it was determined that counties will complete a Practice Improvement Plan (PIP) following their QSR (described below).

Reviewer Training

QSR reviewers complete training consisting of eight hours of classroom training with certified facilitators, followed by shadowing a certified mentor on one or more case reviews. After shadowing, the trainee leads a case review and the certified mentor acts as the trainee's coach through the review and provides feedback. Certification is achieved after a trainee demonstrates understanding of QSR protocol and proper implementation of rating and conducting interviews.

[3] In 2017, the QSR did not review CPS ongoing cases because several QSR items were reported in the ISEP, which requires a minimum number of cases to be reviewed each period. The ISEP plaintiff class consists of foster care cases only, and DCQI did not have the staffing capacity to review CPS ongoing cases in addition to the required minimum. In 2018 and going forward, CPS ongoing cases will be included in QSRs.

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

QSR Review Protocol
QSRs consist of interviews of case members, such as caseworkers, teachers, therapists and other service providers, caregivers, family members and children when appropriate, to obtain diverse perspectives.

In addition to interviewing case members along a standard protocol, each QSR includes stakeholder interviews conducted in individual and group settings (focus groups) that include MDHHS and private agency staff. Stakeholder interviews include judges, attorneys and court personnel, MDHHS and private agency directors and child welfare supervisors. Focus groups include the community's mental health service providers, foster parents, foster youth participating in Michigan's Youth Opportunities Initiative, child welfare supervisors and staff.

Quality Service Review in 2017
DCQI completed reviews in the following BSCs and counties:

- BSC 1 – Luce, Chippewa, Mackinac, Dickinson and Menominee Counties (July 2017).
- BSC 2 – Clinton, Eaton, Gratiot and Shiawassee Counties (January 2017).
- BSC 3 – Ionia, Montcalm, Allegan and Barry Counties (May 2017).
- BSC 4 – Livingston and Washtenaw Counties (June 2017).
- BSC 5 – Macomb County (November 2016).
- BSC 5 – Wayne County (March 2017).
- BSC 5 – Genesee County (September 2017).

Ninety foster care cases were randomly selected for review that included 671 case interviews. Each case was randomly selected from a sample that was stratified based on children's age, placement type and case status representative of each county's current child welfare population.

Quality Assurance Compliance Review (QACR)
Michigan measures compliance with federal CFSR standards, state law and MDHHS policy in the QACR through examination of case documentation. The QACR reviews the following information in MiSACWIS and paper files:

- Assessments and service plans.
- Educational status and services.
- Medical Passport.
- Medical, dental and mental health services.
- Medical insurance coverage.
- Compliance with the Indian Child Welfare Act and the Michigan Indian Family Preservation Act.

The QACR review tool is a web-based, automated tool, which selects, assigns and tracks cases, and provides post-review results. QACR results on CFSR requirements are reported in the Annual Progress and Services Report (APSR).

The QACR takes place semi-annually and reviews 265 cases from a statistically valid sample representative of all jurisdictions statewide. Cases of dual abuse/neglect and juvenile justice wards are included in the review population. The QACR instrument is modified as needed to ensure evolving practice in the field matches best practices as identified by the Children's Bureau, MDHHS administration, QIC sub-teams, the court monitoring team and other stakeholders.

Case Selection

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

2. Standards to Evaluate the Quality of Services

Quality Service Review Standards
Michigan's QSR protocol utilizes 12 indicators for measuring child and family status and seven indicators for measuring case practice performance in open CPS and foster care cases. Child and Family Status Indicators are determined based on a review of the focus child and the parent(s)/caregiver(s) for the most recent 30-day period, with the exception of Safety – Behavioral Risk to Self or Others, which reviews behavioral risk in the past 180 days. Practice Performance Indicators are determined based on a review of the most recent 90-day period for cases that have been open for at least the past 90 days.

Child and Family Status Indicators[4]

1. Safety from Exposure to Threats of Harm.
2. Safety from Behavioral Risks to Self or Others.
3. Stability.
4. Permanency.
5. Living Arrangement.
6. Physical Health.
7. Emotional Functioning.

8a. Early Learning and Development (under age 5)
8b. Academic Status (age 5 and older)

9. Independent Living Skills (age 14 and older)
10. Voice and Choice.
11. Family Functioning and Resourcefulness.
12. Family Connections.

Practice Performance Indicators

1. Engagement.
2. Teaming.
3. Assessment and Understanding.
4. Long-Term View.
5. Case Planning.
6. Implementing Interventions.
7. Tracking and Adjustment.

Each indicator is rated on a six-point scale to determine the level of the child status and the quality of performance indicators. The ranges are depicted below:

Child and Family Status		Practice Performance		Performance Zones	Overall Rating
6	Optimal status	6	Optimal practice	Maintenance	Acceptable
5	Good status	5	Good practice		
4	Fair status	4	Fair practice	Needs Refinement	
3	Marginal status	3	Marginal practice		Not acceptable
2	Poor status	2	Poor practice	Needs Improvement	
1	Serious and worsening status	1	Absent or adverse practice		

QSR results are provided to local communities through feedback at the time of the QSR and through a written summary following their QSR. The written summary includes suggested steps for improvement.

[4] *Child and Family Status and Practice Performance Indicators are changed slightly in the updated QSR Protocol, and those listed above are the updated indicators. Data cited in other areas of this report reflect the performance and practice indicators in the original QSR Protocol.*

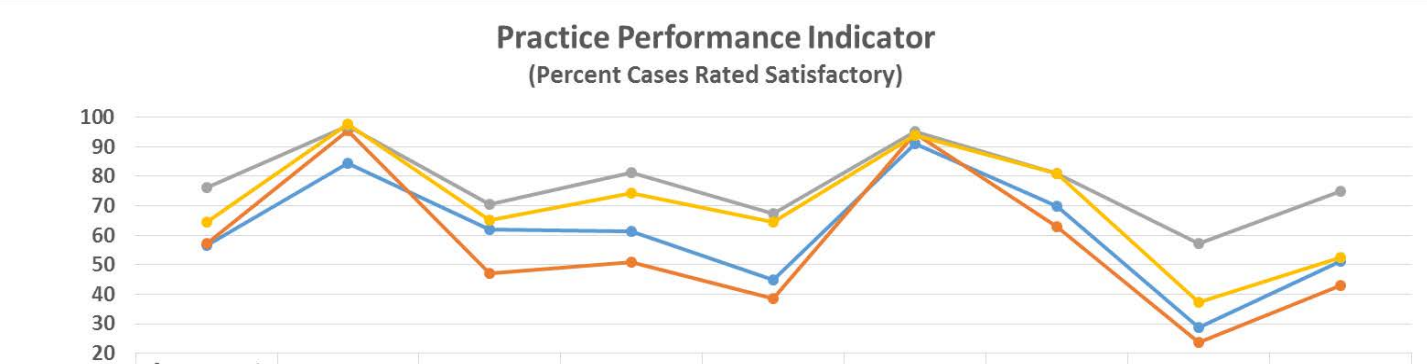
3. Identifies the Strengths and Needs of the Child Welfare System

QSR and QACR results provide high-level information on MDHHS' progress on federal and state requirements and inform case practice improvement efforts statewide. QSR and QACR findings are below.

Quality Service Review Findings

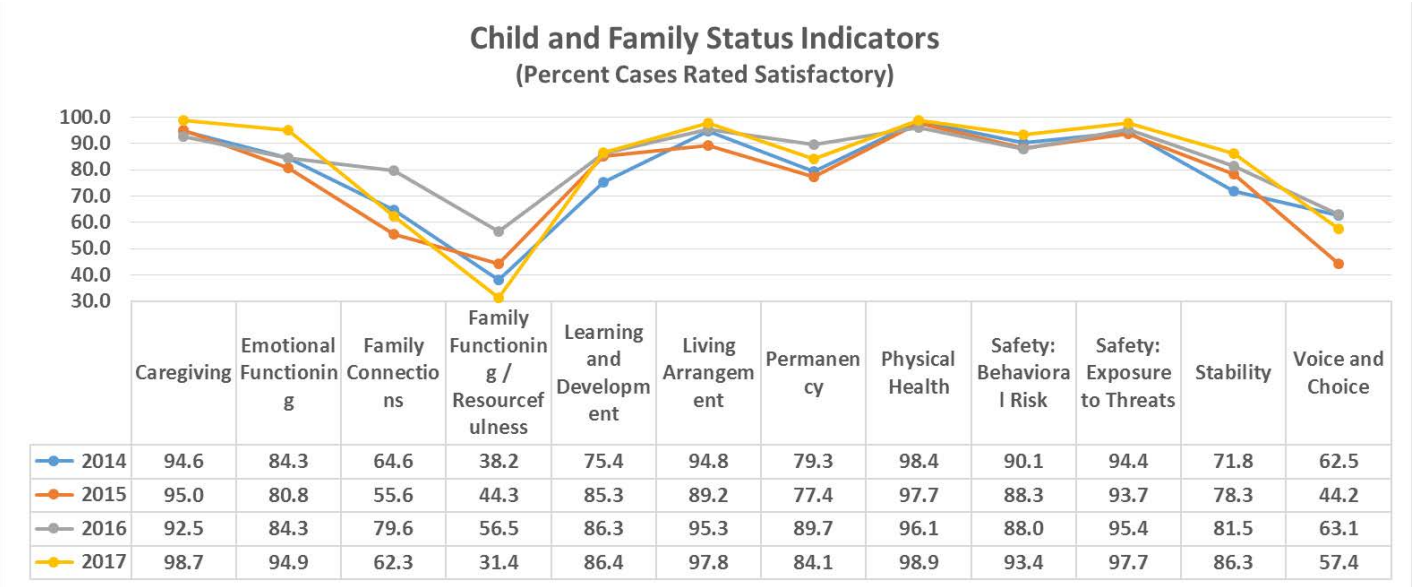
The tables below illustrate the results of QSRs since its inception in 2014 through FY 2017, as shown in percentage of cases that were rated satisfactory for each child and family status or practice performance indicator. Generally, Michigan communities perform better in the areas of the Child and Family Status Indicators than in the Practice Performance Indicators.[5] It is expected that over time, as the enhanced MiTEAM implementation continues, Michigan's performance in the QSR Practice Performance will continue to improve.

Since QSR results are case-specific, the feedback provided to county and agency staff at the end of each review provides specific and actionable steps that can be taken to improve status and practice in current cases.



	Assessment and Understanding	Cultural Identity and Need	Engagement	Implementing Interventions	Long-Term View	Medication Management	Planning Interventions	Teaming	Tracking and Adjustment
2014	56.5	84.4	61.9	61.4	44.8	90.9	69.9	28.8	51.2
2015	57.1	95.4	47.1	50.8	38.5	94.4	62.9	23.6	43.1
2016	76.3	96.9	70.5	81.3	67.2	95	80.8	57.3	75
2017	64.4	97.8	65	74.4	64.4	93.8	80.8	37.4	52.5

[5] *QSR results are also provided in the Safety, Permanency and Well-Being Statewide Assessments.*



	Caregiving	Emotional Functioning	Family Connections	Family Functioning / Resourcefulness	Learning and Development	Living Arrangement	Permanency	Physical Health	Safety: Behavioral Risk	Safety: Exposure to Threats	Stability	Voice and Choice
2014	94.6	84.3	64.6	38.2	75.4	94.8	79.3	98.4	90.1	94.4	71.8	62.5
2015	95.0	80.8	55.6	44.3	85.3	89.2	77.4	97.7	88.3	93.7	78.3	44.2
2016	92.5	84.3	79.6	56.5	86.3	95.3	89.7	96.1	88.0	95.4	81.5	63.1
2017	98.7	94.9	62.3	31.4	86.4	97.8	84.1	98.9	93.4	97.7	86.3	57.4

Strength

- In the two QSR Safety indicators, Michigan has historically performed above 85 percent, and this figure is trending upward.
- Living Arrangement, Physical Health and Emotional Functioning (of the target child) and Caregiving also demonstrate strengths.
- Practice Performance Indicators demonstrate strengths in Cultural Identity and Need and Medication Management over the period from 2014 through 2017.

Concern

- Voice and Choice, Family Functioning/Resourcefulness and Family Connections show there is room for improvement that has persisted over time.
- Teaming and Engagement scores indicate a need for improvement in collaborating with families, as well as Assessment and Understanding and Long-Term View.

Family Preservation Services Continuous Quality Improvement

Michigan offers an array of evidence-based contracted family preservation services:

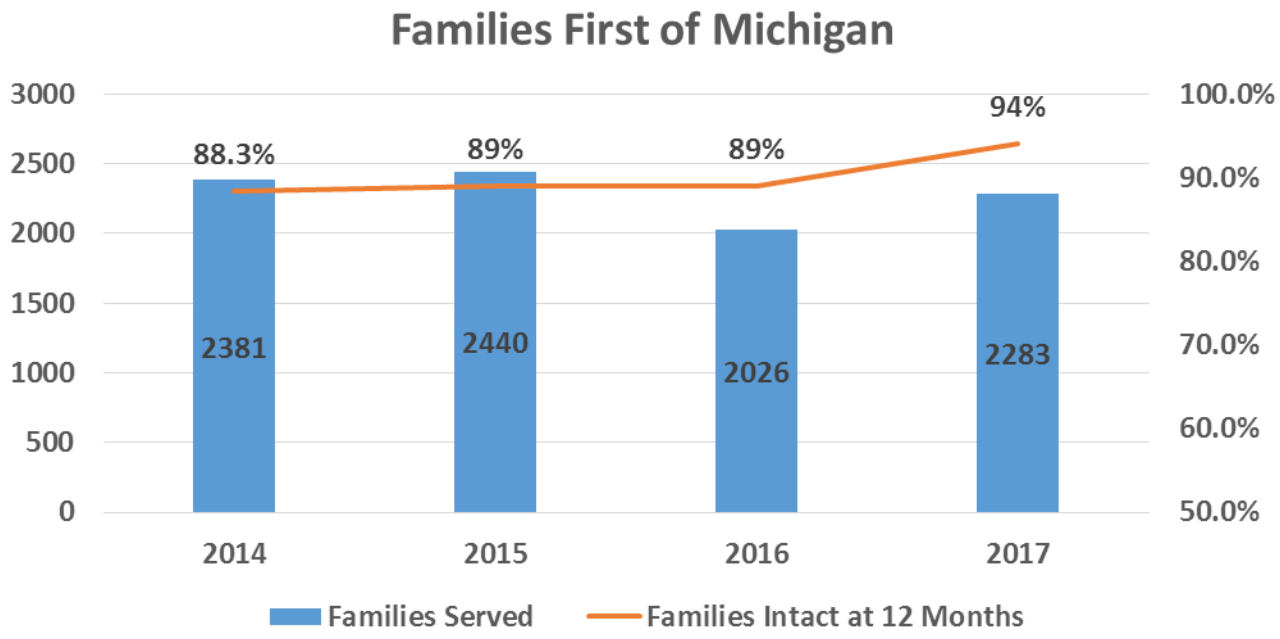
- Families First of Michigan, available in all 83 Michigan counties.
- Family Reunification Program, available in 73 Michigan counties.
- Families Together Building Solutions, available in 42 Michigan counties.
- Protect MiFamily, piloting in three counties.

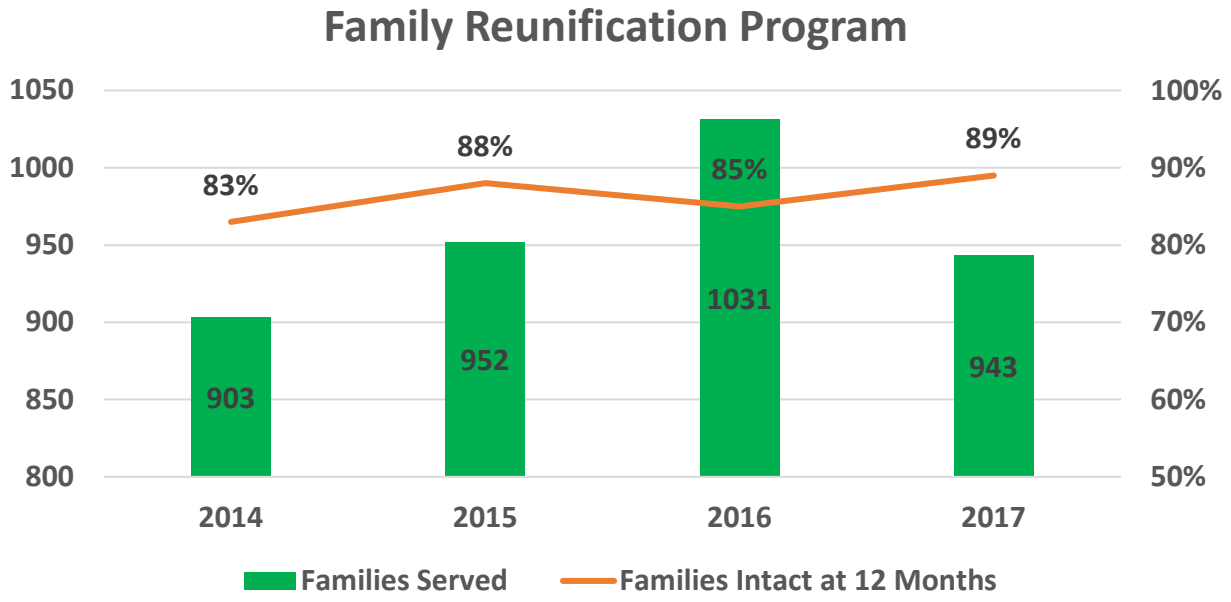
To ensure high quality services are being provided with model integrity, MDHHS Family Preservation Specialists complete case record reviews at least annually for each supervisory team. They attend staff meetings in which cases are discussed and feedback offered. Results from follow-up visits, case reviews and staff meetings form the basis of ongoing technical assistance and training for family preservation staff.

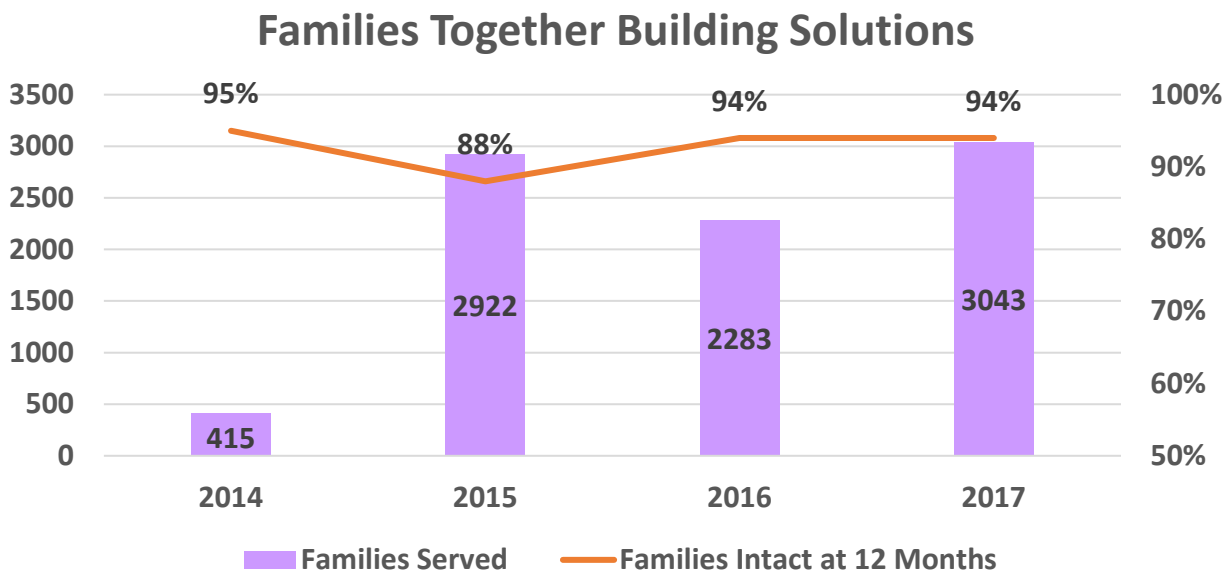
Michigan's family preservation contractors are responsible for following up in person with

families at six and 12 months after the conclusion of services to learn whether the children have remained in the family home. If a family is in need of services to prevent removal at the time of the follow-up, they are provided with referrals and short-term assistance.

The tables below show Family Preservation Program data for the years 2014 through 2017.







4. Provision of Relevant Reports

Quality assurance data reports provided to local offices and private agencies include:

- Weekly staff caseload reports by county and agency to allow tracking of child welfare caseloads.
- Monthly management reports, which report on CPS investigation initiation and face-to-face contacts, standards of promptness for CPS and foster care reports and timely medical and dental exams.
- Infoview data reports, accessible in MiSACWIS aggregate statewide data or drill down to BSC, county, agency, supervisor or caseworker level data. Staff can run this report for specific dates and capture point-in-time data to track their progress before the monthly management report is released.

The above reports provide MDHHS, QIC and sub-teams, BSC and local management with the information needed to gauge whether local offices and agencies are meeting policy requirements and where to direct improvement efforts.

DCQI conducts a variety of reviews on an ongoing and as-needed basis, which provide detailed information on areas of concern and special projects. These include:

- Maltreatment in Care Review.
- Centralized Intake Review.
- Protect MiFamily Review, Michigan's Title IV-E waiver pilot.
- Information System Review.

Quality Service Review Feedback Process

QSRs provide valuable reports to local offices and agencies on current and recently closed CPS and foster care cases. Immediate feedback on the cases reviewed is provided during the week of the QSR to the local director and staff that include the scoring results of the child and family

status and practice performance indicators for each case. This includes a presentation of each case that includes the family and child's recent progress and prognosis for the next six months.

Preliminary feedback from stakeholder interviews and focus groups is also provided, showing compiled strengths and challenges in casework and suggesting trends that may affect service quality. From this feedback and other information, agency caseworkers and supervisors devise the next steps to overcome concerns and ensure success in their cases.

Following the QSR, each county or agency receives a written report that includes compiled status and practice indicator results showing the strengths and challenges observed in the review, as well as case stories, detailed descriptions showing the strengths and concerns in each case reviewed. Report document suggested steps to facilitate improvement based on compiled ratings of each indicator.

QSR Practice Improvement Plans

Among recent revisions to the QSR protocol, a Practice Improvement Plan (PIP) is required of each county following their QSR (details later in this section). The PIP is due to the BSC director 30 days from the county's receipt of the final QSR report.

Quality Assurance Compliance Review Results

The QACR examines CFSR items which are measured in regular data reports and reported in each APSR. A results comparison from 2015, 2016, and 2017 for selected QACR questions is in the table below.

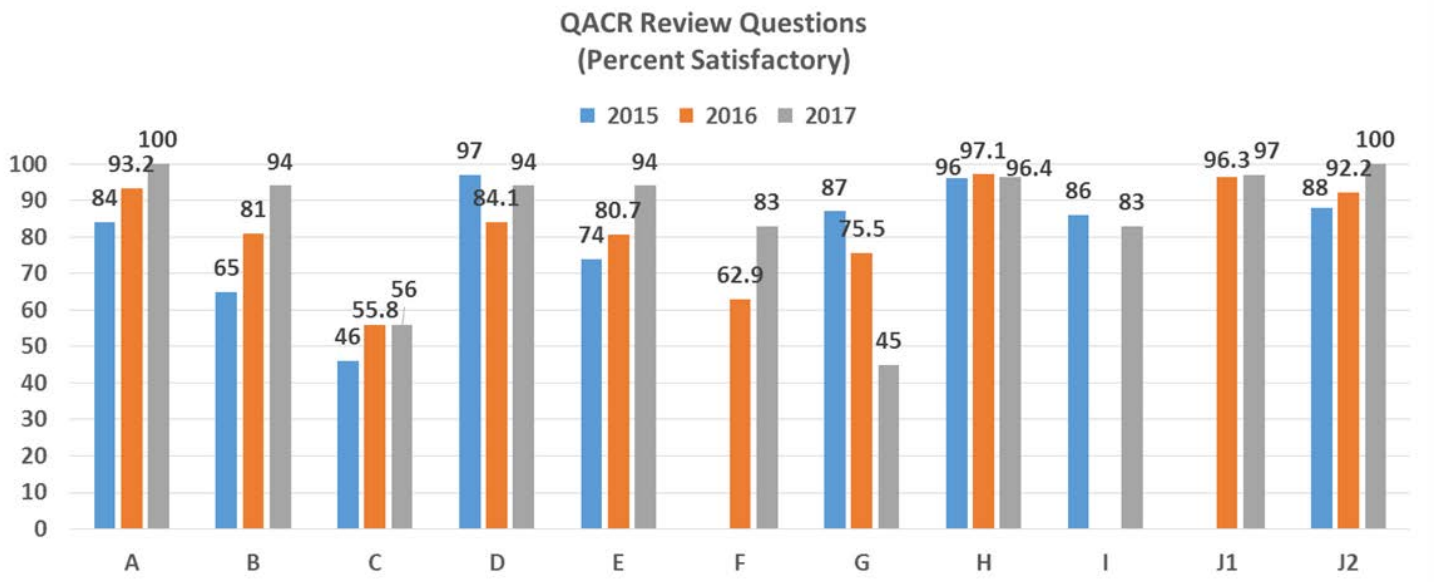


Chart Reference	QACR Review Question
A	Did the child have visits of sufficient frequency with the mother to promote the parent/child relationship?
B	Did the child have visits of sufficient frequency with the father to promote the parent/child relationship?
C	Was the child placed with a relative during the period under review?
D	At the time of the initial out-of-home placement, were there active efforts documented to identify, locate, inform and evaluate relatives as potential placements?
E	Was there documentation of concerted efforts to maintain the child's connections with his/her neighborhood and community?
F	Was there documentation of concerted efforts made to ensure that visitation with siblings was of sufficient frequency to maintain or promote the continuity of sibling relationships? (2015 data unavailable)
G	Was there documentation that concerted efforts were made to maintain the child's connections with his/her extended family?
H	Did the caseworker visit the child a minimum of once each calendar month?
I	Was the school-aged child registered and attending school within five days of any placement change? (2016 data unavailable)
J1	Was the child's need for educational services assessed?
J2	If the child was assessed to need educational services, were they provided?*

*J1 & J2 used to be combined in one question before 2016.

Strengths

- Michigan's performance in children's visits with their parents has improved since 2015.
- The state's performance in caseworker visits with children has remained above the National Standard of 95 percent since 2015.
- Michigan has shown a strong and improving performance in assessing and providing for children's educational needs.

Areas for Improvement

- Michigan's performance on sibling visitation, although improved since 2015, remains an area needing improvement.
- Michigan has work to do to improve maintaining a child's connections with their extended families.
- Michigan has room for improvement in timely enrollment of children in school after a foster care placement or placement change.

5. Evaluation of Implemented Quality Improvement Efforts

Quality Service Review Practice Improvement Plans

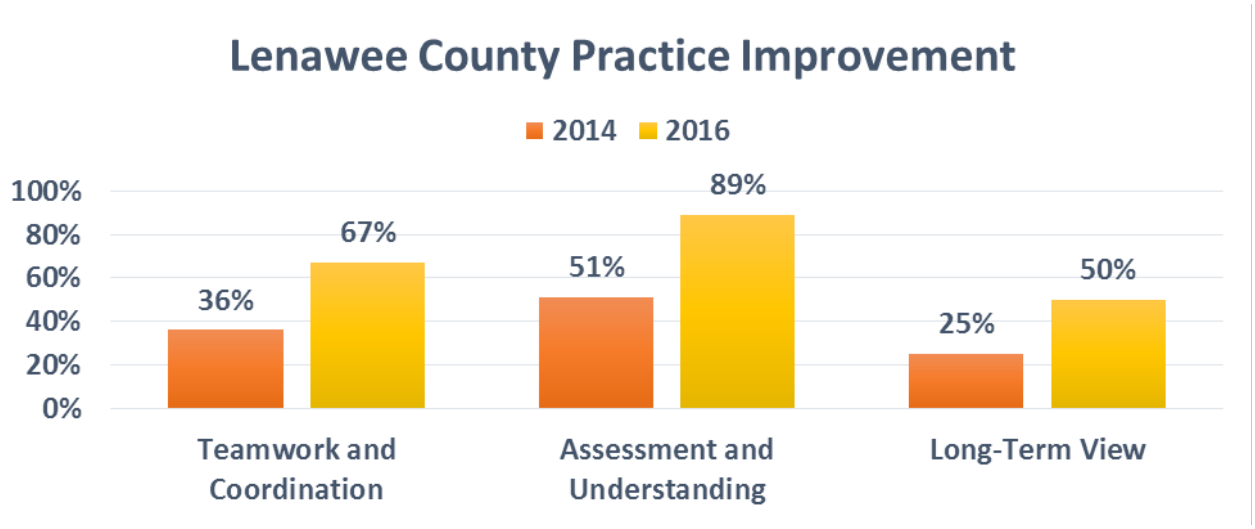
As a part of recent revisions to the QSR protocol, a Practice Improvement Plan (PIP) is required of each county following their QSR. The PIP is due to the BSC director 30 days from the county's receipt of the final QSR report.

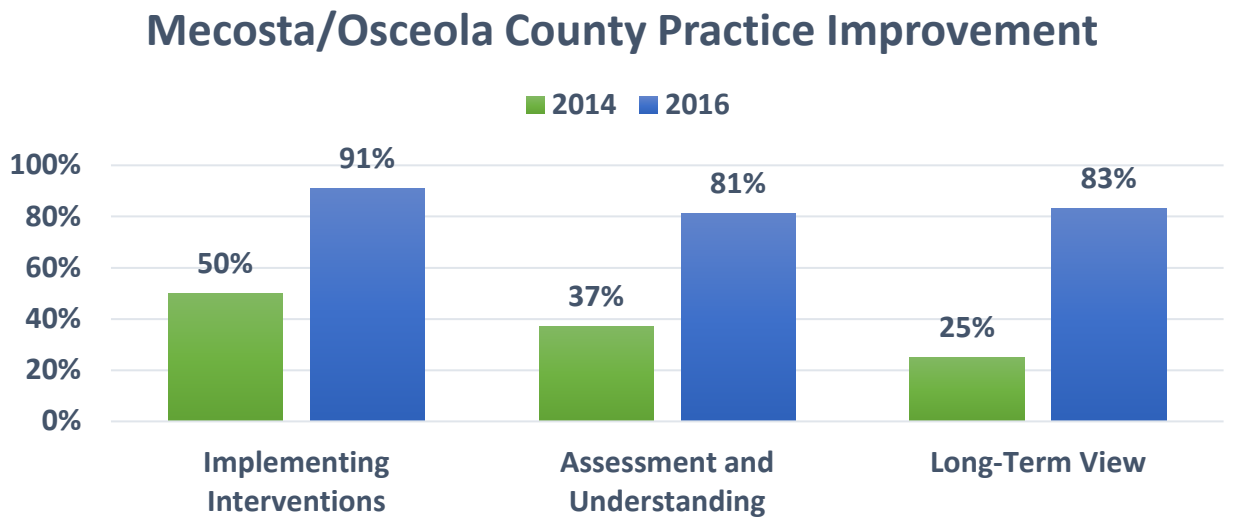
- Practice Improvement Plans are developed by the CQI team in each county office.
- The local CQI team reviews the QSR and identifies three findings on which to base a PIP for the next 12 months.
- The CQI team indicates which QSR findings have been previously noted within other audits or reviews (i.e., Division of Child Welfare Licensing, Ombudsman, Family Advocate). The county reviews compliance with previously established improvement plans, progress and barriers and includes progress with the PIP.
- The county provides quarterly progress reports to the BSC director by the 15th day of the month following the end of the quarter.
- The BSC director monitors progress and approves the completion of each PIP. For PIPs that are not completed satisfactorily, the BSC director determines the appropriate course of action to bring the county into compliance.

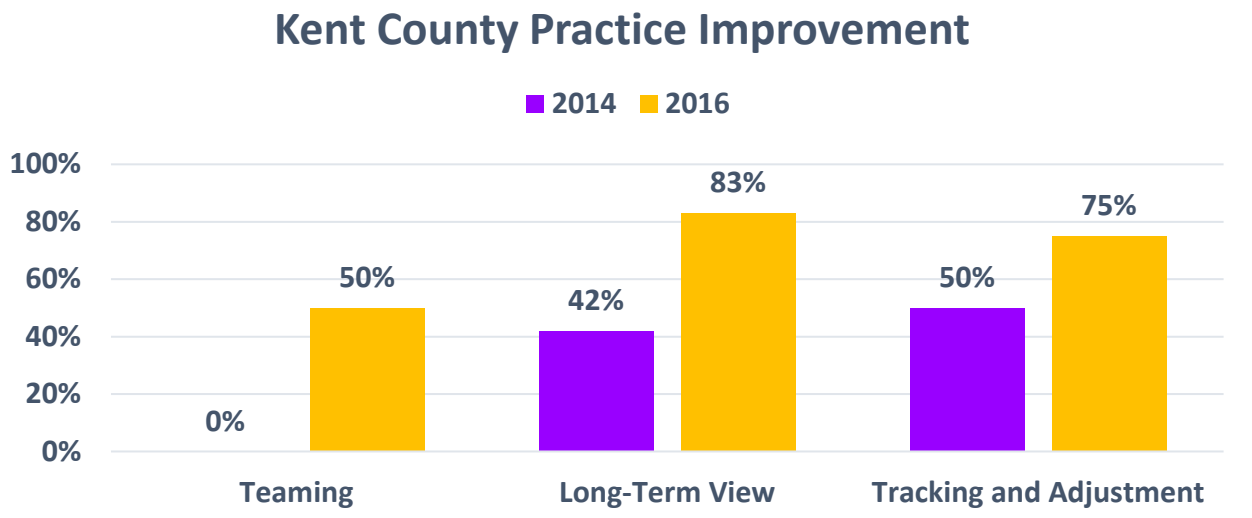
In 2014, following the initial QSRs, the pilot counties of Mecosta-Osceola, Kent and Lenawee worked on the enhancement of Michigan's MiTEAM practice model. The counties were provided advanced training in team development and functioning as well as engagement with families to facilitate assessment during coaching labs that assisted staff to develop key behavioral activities to implement the case practice model over a period of seven months.

The pilot counties in partnership with their private agency partners and other child welfare stakeholders constructed County Implementation Teams. County CQI teams utilize data on child welfare metrics to guide implementation efforts that improve outcomes for children and families in the community and address systemic barriers identified in the QSRs.

Returning to the pilot communities for follow-up QSRs in 2016 demonstrated that not only has case practice in the pilot counties improved dramatically in some areas, but it appears the well-being of families served also improved, as shown below:


Lenawee County Practice Improvement
2014
2016
100%
80%
60%
40%
20%
0%
36%
67%
51%
89%
25%
50%
Teamwork and Coordination
Assessment and Understanding
Long-Term View


Mecosta/Osceola County Practice Improvement
2014
2016
100%
80%
60%
40%
20%
0%
50%
91%
37%
81%
25%
83%
Implementing Interventions
Assessment and Understanding
Long-Term View


Kent County Practice Improvement
2014
2016
100%
80%
60%
40%
20%
0%
0%
50%
42%
83%
50%
75%
Teaming
Long-Term View
Tracking and Adjustment

QSR Participant Survey

In 2017, MDHHS conducted a survey of staff in each county that was the subject of the QSR. Sixty-seven responses to the survey were received, representing all five BSCs. Direct service workers and their supervisors were the most strongly represented, with 25 and 24 responses respectively. Thirty-eight responses came from MDHHS offices, while 29 were received from private agencies.

Survey Question	Agree	Neutral	Disagree
1. During the QSR planning process, I was fully informed of all expectations.	56	8	3
2. During the planning process, I was able to ask questions and was provided with clear answers.	58	9	0
3. I was provided with adequate time to prepare for the QSR.	58	6	3
4. I was treated respectfully during the QSR process.	64	2	1
5. The assigned QSR team members were professional and timely.	64	2	1
6. The QSR process was fair.	57	5	5
7. The QSR process was helpful.	50	11	8
8. I was fully engaged by the assigned team members during the QSR process.	59	6	2
9. I have a clear understanding of the QSR.	56	7	4

What things did you like about the QSR process?

- Many respondents liked receiving feedback regarding their case from a neutral party.
- Many respondents enjoyed the case debriefings, as they were able to obtain a new perspective or explore new ideas.
- Many respondents liked that the QSR reviewed quality of case management, rather than what was documented in the case file.

Do you have any suggestions for changes that would be helpful to the QSR process?

- Some respondents stated there was confusion regarding focus groups, as to who was responsible for scheduling and who should attend.
- Some respondents would like more cases to be reviewed.
- Some respondents did not believe the weekly conference calls were necessary.

QSR Strengths

- The majority of QSR participants found the process to be helpful.
- Most QSR participants were satisfied with the way the QSR was conducted and were able to get the information they needed about the QSR process.
- The vast majority of participants felt the QSR was fair.

Overall, the majority of negative feedback concerned the process or communication regarding the focus groups. Participants felt the feedback on their cases was helpful.

Continuous Quality Improvement Feedback

CQI reports provide the CSA, the QIC and sub-teams, BSC and local directors and managers with the information needed to gauge whether local offices and agencies are meeting policy requirements and where to direct improvement efforts. Below are a sampling of the feedback loops active in Michigan's child welfare system.

- In 2015, QACR results on parental involvement with the development of case plans were shared with the foster care program office, which addressed family involvement through amending policy to require family team meetings at key points during foster care cases and enhanced training on conducting family team meetings. Data from 2016 and 2017 QACRs show improved documentation of parent involvement is present.
- BSC directors review and approve county Practice Improvement Plans (PIP) from local QSRs and monitor progress toward PIP goals. A lack of progress necessitates further work with the assistance of BSC analysts, with ongoing monitoring by BSC directors.
- In the enhanced MiTEAM training, county offices and agencies receive specialized training and coaching in the model to assist caseworkers with involving parents and documenting their involvement in development of service plans. DCQI uses the information collected in QSR and QACR reviews to complete reports for distribution to stakeholders and publishing on the MDHHS public website. Analysis of data and reporting results is critical in a feedback loop that drives ongoing efforts.
  - Reports include an analysis of compliance with policy as well as strengths and opportunities to improve practice.
  - Results are used to develop training, track progress and demonstrate to stakeholders the status of service provision.
  - Feedback from tribes informs MDHHS decisions on training, supervision and mentoring of caseworkers on sufficient inquiry of Indian heritage and provision of active efforts in cases of Indian children.
  - QACR results on assessment of need and provision of educational services are shared with the foster care program office and the Education and Youth Services Unit for monitoring of progress and planning for ongoing improvement.

Review Protocols and Targeted Reviews

In developing case reviews, DCQI:

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

Assessment of Performance

Goal: MDHHS will maintain an identifiable quality assurance system.

- **Objective 1:** The MDHHS quality assurance system will operate in jurisdictions where services in the Child and Family Services Plan are provided.
  Measure: Implementation of QSRs.
  Baseline: Completion of eight QSRs; 2014.
  Benchmarks:
  2015: Completion of seven QSRs, including Michigan's largest county, Wayne (in three districts, counting as three QSRs).
  2016: Review of the original pilot counties of Mecosta/Osceola, Lenawee and Kent for a second time. QSRs were also conducted in nine counties, reviewing 64 cases. In addition, in 2016, test CFSR reviews were conducted.
  2017: The QSR was completed in 18 counties, reviewing 90 cases.

- **Objective 2**: The MDHHS quality assurance system will have standards to evaluate the quality of services, including standards to ensure that children in foster care are provided quality services that protect their health and safety.
  Measure: Completed revision of the QSR protocol.
  Baseline: Completed the QSR protocol; 2014.
  Benchmarks:
  2015: The new QSR protocol was used to review 47 foster care and 18 CPS cases, totaling 65.
  2016 – 2019: Evaluate QSR and revise as necessary.
  2015 Performance: The new QSR protocol was released in November 2014 and utilized in 64 case reviews.
  2016 Performance: The QSR protocol was used to review 64 cases.
  2017 Performance: The QSR protocol was used to review 90 cases.

- **Objective 3:** The MDHHS quality assurance system will identify strengths and needs of the service delivery system.
  Measures: Completion of county QSR reports and annual QSRs.
  Baseline: Completion of county and annual report of the QSRs; 2015.
  Benchmarks:
  2015 Performance: County and annual QSR reports were completed.
  2016 Performance: County and annual QSR reports were completed.
  2017 Performance: County and annual QSR reports were completed.
  2018 Performance: The CFSR Statewide Assessment was completed.

- **Objective 4:** The MDHHS quality assurance system will provide relevant reports.
  Measures: Annual QSR Report, county QSR reports, monthly management reports, CFSR data provided by the University of Michigan Child and Adolescent Data Lab.
  Baseline: Completion of 2015 Annual QSR Report and county QSR reports. **Benchmarks:**
  - **2015 Performance:** The 2015 Annual QSR Report and county QSR reports were completed.

  - **2016 Performance:** The 2016 Annual QSR Report and county QSR reports were completed.
  - **2017 Performance:** The 2017 Annual QSR Report and county QSR reports were completed.

- **Objective 5:** The MDHHS quality assurance system will evaluate program improvement measures.
  Measure: A process for providing feedback to the field that facilitates self-evaluation and program improvement on an ongoing basis.
  Baseline – 2015: Development and utilization of a comprehensive feedback process.
  Benchmarks:
  - **2015 Performance:** QSR county reports and verbal feedback was provided.
  - **2016 Performance:** A comprehensive feedback process was developed in collaboration with the field.
  - **2017 Performance:** A program improvement plan protocol was developed for counties after undergoing QSR.

Plan for Improvement - Activities for 2018 and 2019

- DCQI will continue to provide training and technical assistance for the BSCs, local offices and private agencies to assist the use of data to target outcomes specific to each community.
- QSR results will continue to be provided to local directors and staff through on-site meetings and a written report. Counties will submit Practice Improvement Plans to respond to needs identified in the review.
- DCQI will review the results of the 2017 QSR Participant Survey and consider making changes to the QSR process in response to feedback.
- DCQI will conduct the QACR semiannually, reviewing cases from a statistically valid sample representative of all jurisdictions statewide. Cases of dual abuse/neglect and juvenile justice wards are included in the review population. The sample of cases is stratified to reflect the population of children in foster care. The cases are further divided into two samples by date of entry into foster care to capture data on initial and updated service plans and initial and yearly medical, behavioral and dental health requirements.
- DCQI will use a web-based application developed in 2017 that automates data collection, which improves data quality. QACR results will be used to determine training and other activities in the field to improve performance.
- DCQI will continue to develop and refine case review protocols to provide information on the functioning of services to children and families throughout the state.
- MDHHS will engage stakeholders as reviewers and train them to ensure reviews are conducted in a consistent and systematic manner.
- DCQI will provide technical assistance on how local offices and agencies can use data from the following sources to inform on trends, strengths and opportunities for improvement:

  - University of Michigan Child and Adolescent Data Lab.
  - Child and Family Services Review.
  - QSR.
  - Quality Assurance Process reviews (ISEP).
  - Monthly Management Reports.
  - InfoView.
- DCQI will conduct appropriate data analyses and report the data in clear and easily readable formats.
- DCQI reports will include an interpretation of the data in a manner consistent with the methodology and that answers the questions posed in the review.
- MDHHS will use data and feedback from stakeholders to implement measures to improve performance in an ongoing continuous quality improvement cycle.

Implementation Support

- DCQI is working with the BSC and county directors to develop a standard process for county agencies to use for incorporating QSR feedback into their county-level improvement plans.
- MDHHS is developing processes for providing training and technical assistance to the BSCs, local offices and private agencies for using data to target outcomes specific to each community.

Program Support

- MDHHS engages and trains stakeholders as case reviewers to ensure reviews are conducted in a consistent and systematic manner.
- DCQI provides technical assistance to local counties and agencies on how to use management reports and other data to track case management activities.
- County implementation teams engage in continuous quality improvement efforts as determined by the data in the monthly management reports.

Technical Assistance and Capacity Building

- MDHHS implemented a statewide plan for the MiTEAM enhancement that included virtual learning, practice and application exercises and observation and support.
- Michigan contracts with the University of Michigan Child and Adolescent Data Lab to monitor Safety and Permanency outcomes.
- With support from the Children's Bureau, MDHHS is preparing for the Round 3 CFSR in 2018.

D. Staff and Provider Training

Item 26: Initial Staff Training

How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the CFSP that includes the basic skills and knowledge required for their positions?

Staff, for purposes of assessing this item, includes all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

Please provide relevant quantitative/qualitative data or information that show:

- staff receive training pursuant to the established curriculum and time frames for the provision of initial training; and
- how well the initial training addresses basic skills and knowledge needed by staff to carry out their duties.

State Response:

Verification of Qualifications

Per policy, SRM-103, MDHHS and private agency caseload-carrying staff in the following positions must have at minimum a bachelor's degree in social work or a related human services field:

- CPS investigator.
- CPS ongoing.
- CPS – maltreatment in care (MIC) investigator.
- Foster care caseworker.
- Unaccompanied refugee minor caseworker.
- Juvenile justice specialist.
- Adoption caseworker.
- MDHHS monitoring caseworker.
- Foster home certification staff.

With the exception of juvenile justice supervisors, MDHHS and private agency child welfare supervisors must meet one of the following criteria:

- A master's degree from an accredited college or university in social work or a related human services field and three years of experience in a child welfare agency, a child-caring institution (CCI), or in an agency performing a child welfare function.
- A bachelor's degree from an accredited college or university in social work or a related human services field and four years of experience in a child welfare agency, a CCI, or in an agency performing a child welfare function.

Prior to beginning training, all new private agency caseload-carrying staff and supervisors for foster care, unaccompanied refugee minors, foster home certification, and adoption must verify their qualifications. A dedicated staff qualifications email mailbox exists to collect these verifications.

Enrollment

For new MDHHS staff, the new hire's BSC Liaison or onsite representative sends the completed training request form to the Human Resources Specialized Hiring and Recruitment Representative. The preferred candidate is added to a SharePoint site. The candidate list indicates the program for the new hire. The Office of Workforce Development and Training (OWDT) is responsible for enrolling the new caseworker into the appropriate Pre-Service Institute (PSI) training on the learning management system (LMS).

For new private agency staff, the hiring manager contacts OWDT directly to enroll the new caseworker or supervisor in PSI training. Both MDHHS and private agency new supervisors send a training request form to OWDT staff, who enroll the supervisor into the appropriate New Supervisor Institute (NSI) on LMS.

There are no wait lists as all enrollments received prior to the enrollment deadline (one week prior to training) are enrolled in the next PSI or NSI session. OWDT staff email enrollment confirmation and schedule to the trainee and their supervisor. Training details are provided, such as dress code, hotel accommodations for those eligible, travel information with links to reimbursement policies, and a list of frequently asked questions with corresponding answers. The SharePoint site is updated to include all employees who have been enrolled in training so they are searchable in the future.

Availability

OWDT offers initial training in Lansing and Detroit. Initial training has been offered in northern Michigan and other cities in the past. This was not cost effective and resulted in required travel for more trainees. OWDT enrolls everyone who registers by the deadline for the next scheduled training. Over half of each PSI (five out of nine weeks) is comprised of field work in their local office or agency, greatly reducing the amount of travel required for all trainees.

While the initial training benefits from a degree of centralization, ongoing training is more often completed locally. Ongoing training is widely available across the state via university led trainings and free webinars.

In November 2016, a legislative report was submitted addressing the feasibility of reducing pre-service training classroom time by 50 percent. OWDT collaborated with Michigan State University, private agencies and MDHHS staff to conduct this study. The workgroup assessed the impact of a reduction of in-person, centralized training and assessed resources, cost and timeline considerations associated with moving content from the classroom to online and on-the-job training. The workgroup determined that although it is feasible to reduce classroom training, it is not advisable. The workgroup found that reduction of classroom time by 50 percent may significantly compromise critical workforce skill development, including the ability

to understand and adhere to law, policy, practices, and procedures as well as accurately analyze facts and evidence and meet expected standards of performance. An in-person training reduction this significant may lead to greater error in practice and decision-making that directly impacts the safety, stability, and health of Michigan families. The workgroup identified the core topics that must be included in initial training, then had extensive discussion about the appropriate delivery method to meet the learning objectives. Many of the skills needed to be successful in child welfare should be demonstrated in a learning environment with close in time feedback and no negative impact on children and families.

Initial Training Description

PSI training is comprised of four weeks of classroom training and five weeks of on the job training, also known as "field weeks." The classroom training typically occurs during weeks two, three, six, and eight. On-the-job training occurs during weeks one, four, five, seven, and nine of training. The training is composed of several elements including classroom and on-the-job training , reading/writing assignments, shadowing, mentoring and activity logs, which can all be found in the Online Student Guide.

During field weeks, the assigned mentor and supervisor provide close oversight while the trainees learn local office policy and procedures, interpret and apply MDHHS policy, observe courtroom proceedings, and complete MiSACWIS webinars and computer-based trainings on a variety of topics. Trainees shadow their assigned mentors and a variety of child welfare professionals in their community. Structured on-the-job activities are documented and debriefed with the trainees' supervisors. Prudent Parenting Training is a computer-based training that is mandatory requirement completed during week four, a field week.

During classroom weeks, trainees debrief on-the-job training activities, and receive feedback on their application of structured decision-making tools, assessments and case documentation utilizing training scenarios. Trainees practice interviewing and participate in a mock trial.

Throughout training there is an emphasis on personal and child safety, family preservation and well-being throughout the continuum of care. Trainees engage in discussions about the importance of parent and sibling visitation. Trainees learn to recognize and mitigate secondary trauma. MiTEAM practice model concepts are interwoven throughout the initial training.

CPS specialists may not carry a caseload until after passing the first exam. Foster care and adoption specialists may carry a caseload of up to three cases, effective the first day of on-the-job training. Trainees work with assigned mentors with the oversight of their supervisors, and receive a progressive caseload when appropriate.

MDHHS collaborates with 13 Michigan undergraduate schools of social work and three graduate schools of social work to offer the Child Welfare Certificate (CWC). Students who complete this program are able to complete a condensed version of the pre-service institute prior to being assigned a caseload.

Juvenile Justice (JJ) Training

Juvenile justice specialists complete the full PSI through the foster care track. After completing the PSI, juvenile justice specialists complete the Juvenile Justice Program-Specific Transfer Training (JJ PSTT) that consists of one week of classroom training and one week of on-the-job training (60 training hours). Juvenile justice specialists must also complete the two-day Michigan Juvenile Justice Assessment System training (twelve training hours). MDHHS has adopted the Michigan Juvenile Justice Assessment System (MJJAS) as the standardized, evidence-based risk assessment system. The JJ PSTT is typically offered quarterly by OWDT and the MJJAS training eight times throughout the year by the University of Cincinnati.

The MJJAS includes five tools that can be used at Diversion, Detention, Disposition, Residential and Reentry; the results are used to assist with determining services and treatment, placement type and security level, and reentry planning. MDHHS Juvenile Justice Programs has a contract with the University of Cincinnati to certify trainers for Michigan. The certified trainers hold classes for all juvenile justice specialists providing case management services and juvenile justice supervisors for youth referred or committed to MDHHS for delinquency supervision, care and placement and certifies these staff in administration of the tools. Juvenile Justice Specialists must obtain MJJAS certification, obtained by passing a written test as well as a video-based test of their ability to complete an MJJAS assessment.

MDHHS trains the residential staff at the state-run juvenile justice facilities, Shawono Center and Bay Pines Center, as well as all private, contracted juvenile justice residential treatment facilities and certifies these staff in administration of the tools. When available, MJJAS training is also offered by MDHHS to local court probation officers and supervisors. MDHHS provides the training and ensures that staff who are certified have the materials necessary to administer and score the risk assessments.

Prevention

The availability of prevention caseworkers is limited to a few counties that use discretionary funds to create a prevention caseworker position. Since the program does not exist statewide, there is no formalized OWDT-provided training. Prevention caseworker positions are filled internally, meaning that these caseworkers have already completed the PSI. During the CPS PSI, investigators are taught how to work with families where a preponderance of evidence to support the allegations of abuse or neglect was not found but the family has some existing needs. One of the activities trainees must complete is to gather local resources in their area and becoming familiar with where to refer families for assistance. In addition, Michigan's Title IV-E waiver project, Protect MI Family, is another prevention service. After this five-year demonstration project wraps up in 2018, MDHHS will review the project and may make a determination regarding how training is conducted in the future for prevention services.

Data

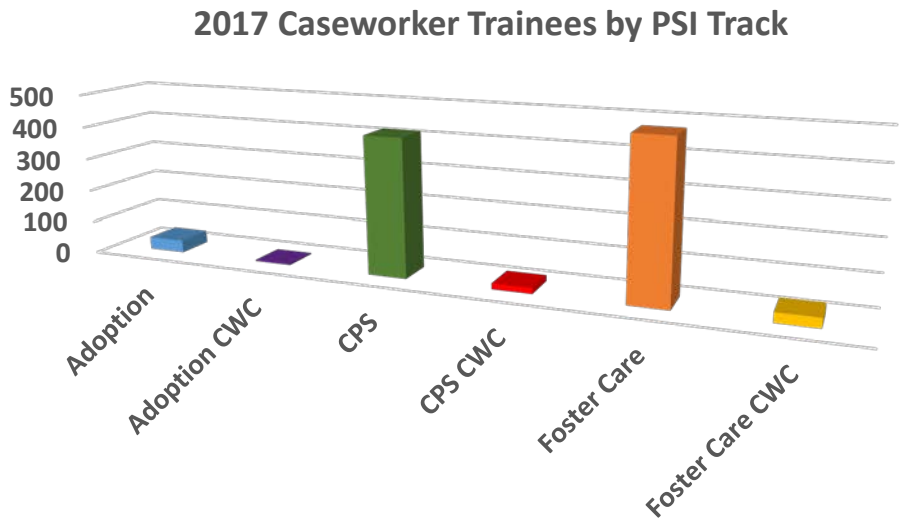
In order to ensure that all supervisors and caseworkers are trained to MDHHS standards, all new child welfare caseworkers and supervisors in the programs of CPS, foster care (FC), juvenile justice (JJ), and adoption, regardless of their employer, are required to complete PSI through OWDT.

Many elements of PSI apply to all positions, such as the MiTEAM protocol (see Item 27 Ongoing Staff Training for further details).

Program Specific Transfer Training (PSTT) is available for specialists who have completed initial training and are changing programs. In 2016, 112 caseworkers completed this training. MDHHS' analysis of drop-outs indicates that many caseworkers who withdraw from training had to switch to another training due to their changing programs.

In 2016, 865 new caseworkers (not including supervisors) completed the nine-week PSI training. Caseworkers are required to complete initial training within 112 days of hire; 98 percent of caseworkers completed training timely. The 15 who did not complete training left child welfare practice during or immediately after training.

In 2017, 982 new caseworkers completed the nine-week PSI initial training. Caseworkers are required to complete initial training within 112 days of hire; 98 percent of caseworkers completed training timely. Of those caseworkers trained, 593 were MDHHS employees and 329 were from private agencies.



	Adoption	Adoption CWC	CPS	CPS CWC	Foster Care	Foster Care CWC
Total	38	3	418	18	475	30

This data's primary source is from OWDT's LMS. The data is then validated by partnering with Child Welfare Services and Support, analysts who assist private agencies, to remove trainees who took the class but were not required to do so and to follow-up on trainees who were non-compliant with completing training timely.

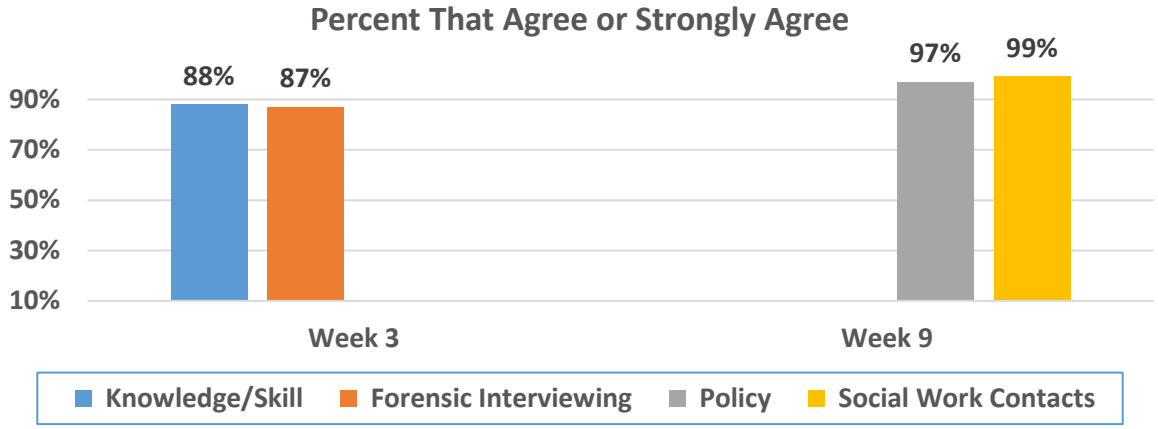
Evaluations – Initial Staff Training

Trainees take several exams during the course of the initial training. The Competency Based Exam I multiple-choice exam covers materials from the first four weeks of training and the

Competency Based Exam II multiple-choice exam covers the next five weeks of training; trainees must pass both exams. At the end of training, the trainer and supervisor evaluate the new hires' performance during the nine weeks of training. This evaluation is documented on the New Hire Evaluation Summary, which is kept by the trainee's supervisor as well as with OWDT.

Level One Evaluation – Initial Caseworker Training
Level one evaluation is feedback provided by trainees immediately after completing training. Trainees indicate their level of agreement with the following statements:

Week Three	• Training provided them with the knowledge and/or skill that were identified in the course objectives • Can explain the eight phases of a Forensic Interview
Week Nine	• Understand and are confident that could meet the policy requirements of their position • Understand the importance of meeting social work contacts

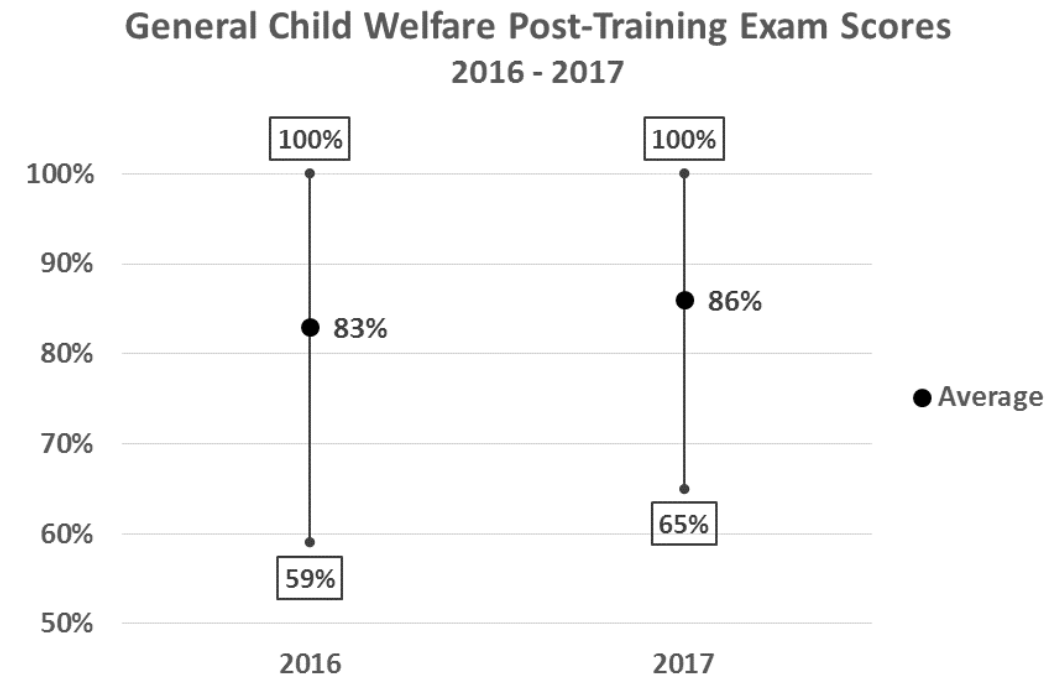


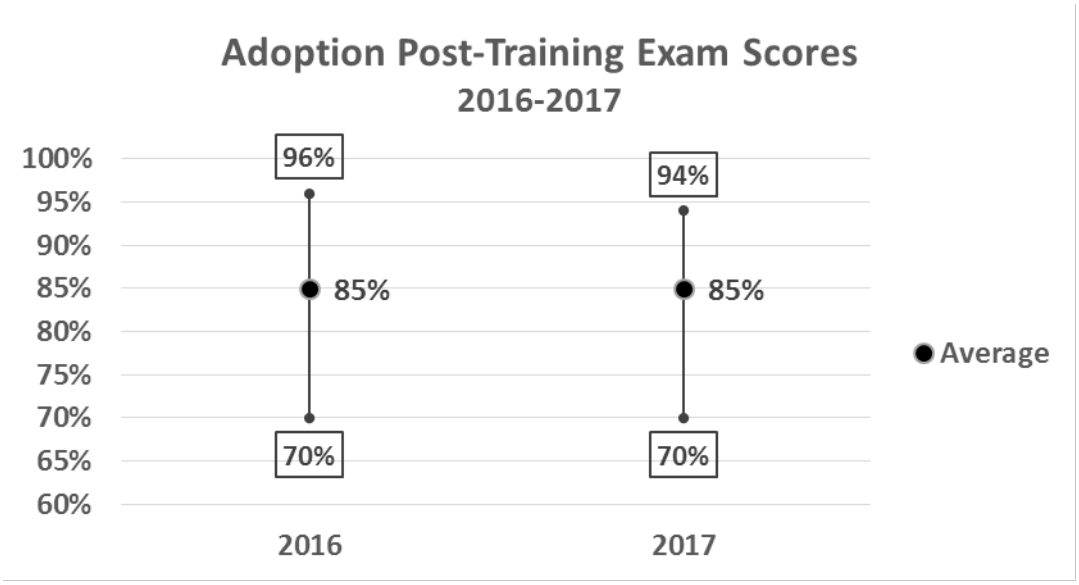
Level Two Evaluation – Initial Caseworker Training. In level two evaluation, the effectiveness of training is measured through a competency-based evaluation of each trainee completion by the trainer and field supervisor. Trainees are required to pass (70 percent or higher) two written exams and a competency evaluation. Trainees who do not pass receive additional support and re-take the exam.

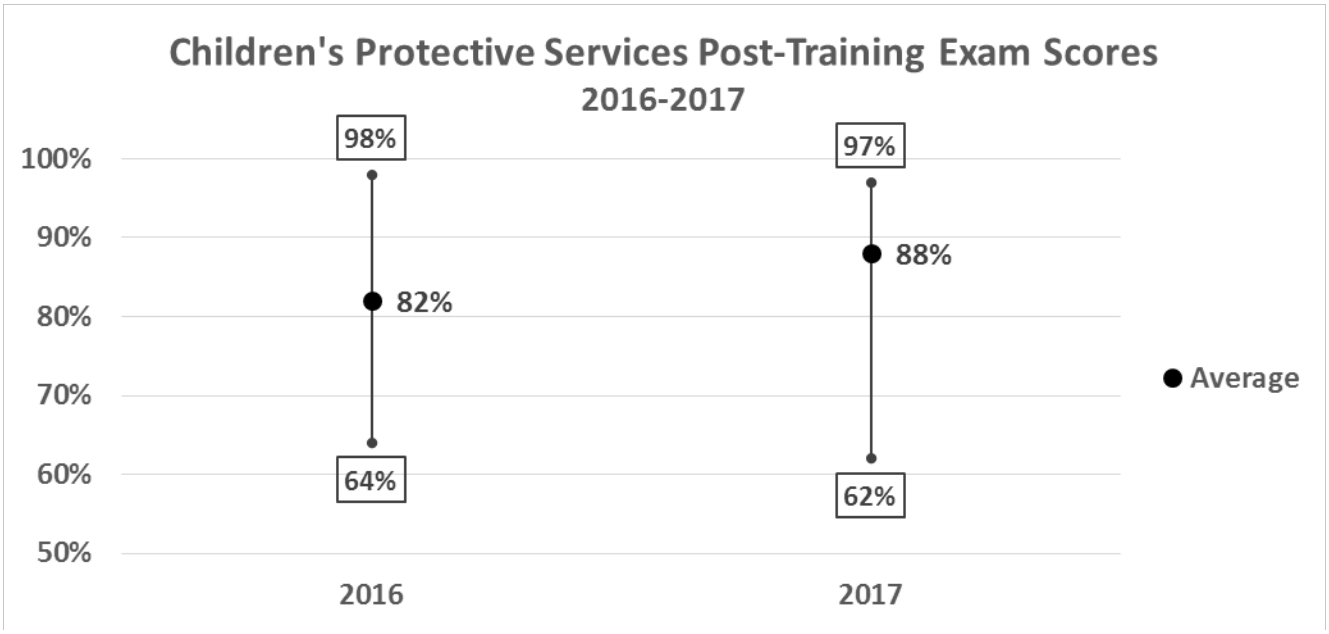
Trainees who do not pass the competency evaluation are not permitted to assume a full caseload. In some instances, this has resulted in the local office placing the person in a non-caseload carrying position, or the person being separated from child welfare service.

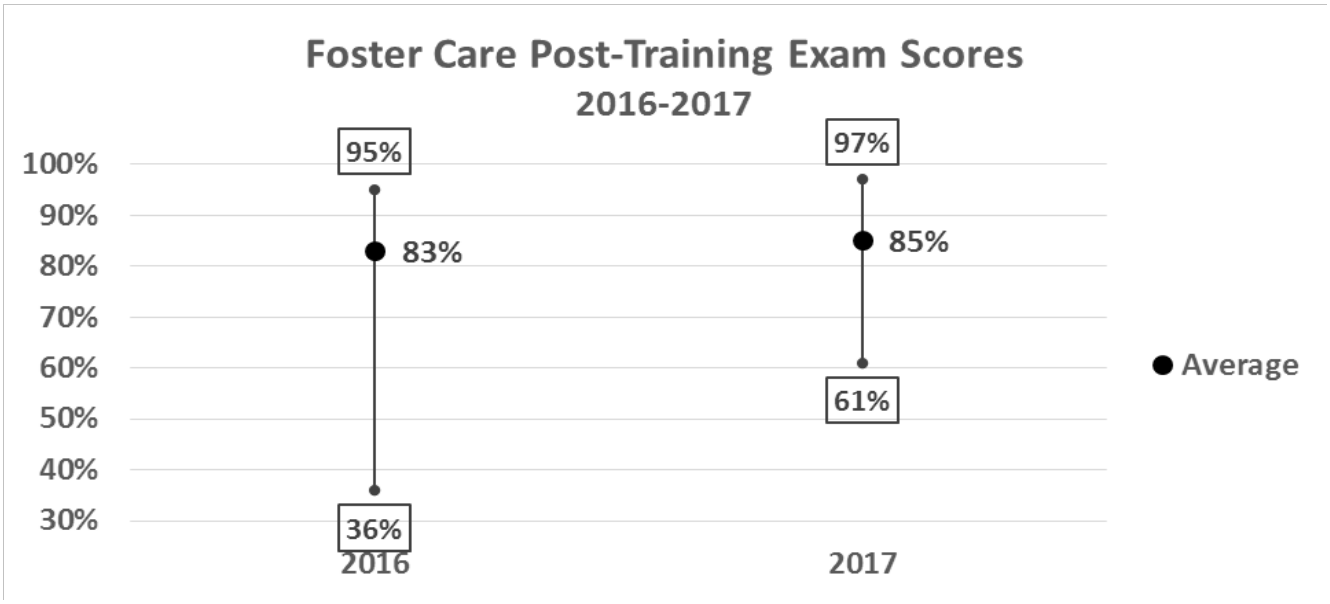
Trainees receive a rating on five factors which include: Safety Awareness, Forensic Interviewing, Testifying in Court, On-the-job training and Competency Based Exams.

The following graphs depict the range and average of test scores for 2016 and 2017 by program type:


General Child Welfare Post-Training Exam Scores
2016 - 2017
100%
90%
80%
70%
60%
50%
100%
100%
83%
86%
65%
59%
2016
2017
Average


Adoption Post-Training Exam Scores
2016-2017
100%
95%
90%
85%
80%
75%
70%
65%
60%
96%
94%
85%
85%
70%
70%
2016
2017
Average





Level Three Evaluation – Initial Caseworker Training

In level three evaluation, trainees' skills are measured to track whether trainees are able to apply the skills they learned on the job. In 2017, the level three evaluation measured job performance of a new hire at the three and twelve month point from the supervisor's observations. The evaluations ask questions regarding the effectiveness of the PSI and its major objectives. Data from the level three evaluations has provided valuable feedback. Some supervisors indicated that PSI training is providing trainees with a base blueprint and opportunities to learn and that trainees are gaining the base knowledge to begin learning the job. Other supervisors made the following recommendations improvement:

- Increased MiSACWIS training.
- Stronger emphasis on locating and interpreting policy while in the field.

- Additional training on report writing, petition writing and court testimony.
- Increased communication between trainers and field supervisors.

In addition to the information above, the level three evaluations have collected supervisors' opinions regarding barriers to the transfer of learning. Due to the fact that trainees receive cases during training, some of the reporting supervisors suggest that trainees struggle between the priorities of learning their new job and completing their job duties. Supervisors also indicate that a strong mentor and more on the job training would be beneficial. The collection of this data will continue to take place as part of continuous quality improvement and regularly informs consideration of innovative ways to improve and strengthen PSI.

Juvenile Justice Evaluations – Initial Staff Training
Both the JJ PSTT and the MJJAS are evaluated by trainees at the end of courses. Based on past evaluations, the JJ PSTT has been modified to include a greater emphasis on MiSACWIS for the JJ program, more in-depth coverage of dual-ward situations (both child welfare and juvenile justice wards) greater explanation of sex offender registry requirements, explanation of transport options and requirements, and options related to re-entry. The MJASS training has enhanced their training based on feedback asking for clearer explanations of some of the scoring criteria along with a change in one scoring item in a practice session. Juvenile justice specialists also provide evaluation feedback during their CPS or foster care PSI training.

2017 Progress for Initial Caseworker Training

Beginning in January 2017, the pre-service institute was reformatted to reflect many of the changes piloted in 2016 which included: MiSACWIS computer training in the classroom instead of offering it as an optional training typically provided during field weeks; program-specific training was offered during the first week of classroom training instead of the last week; and trainees returned to the field for two consecutive weeks instead of the traditional one-week classroom, one-week field rotation.

The child welfare certificate program continues to grow, providing targeted preparation of students for child welfare positions while still completing their degrees, saving time getting new employees into the field and taking on caseloads by allowing them to complete a condensed PSI training track.

Evaluations - Initial Supervisory Training

New supervisors are required to complete a five-day child welfare supervisory training within 90 days of hire or promotion. In 2016, 115 supervisors completed initial training; 85 percent completed it timely. Of the 17 who completed the training after 90 days, nine completed it between 91 and 129 days. Four completed training over 156 days after their hire date.

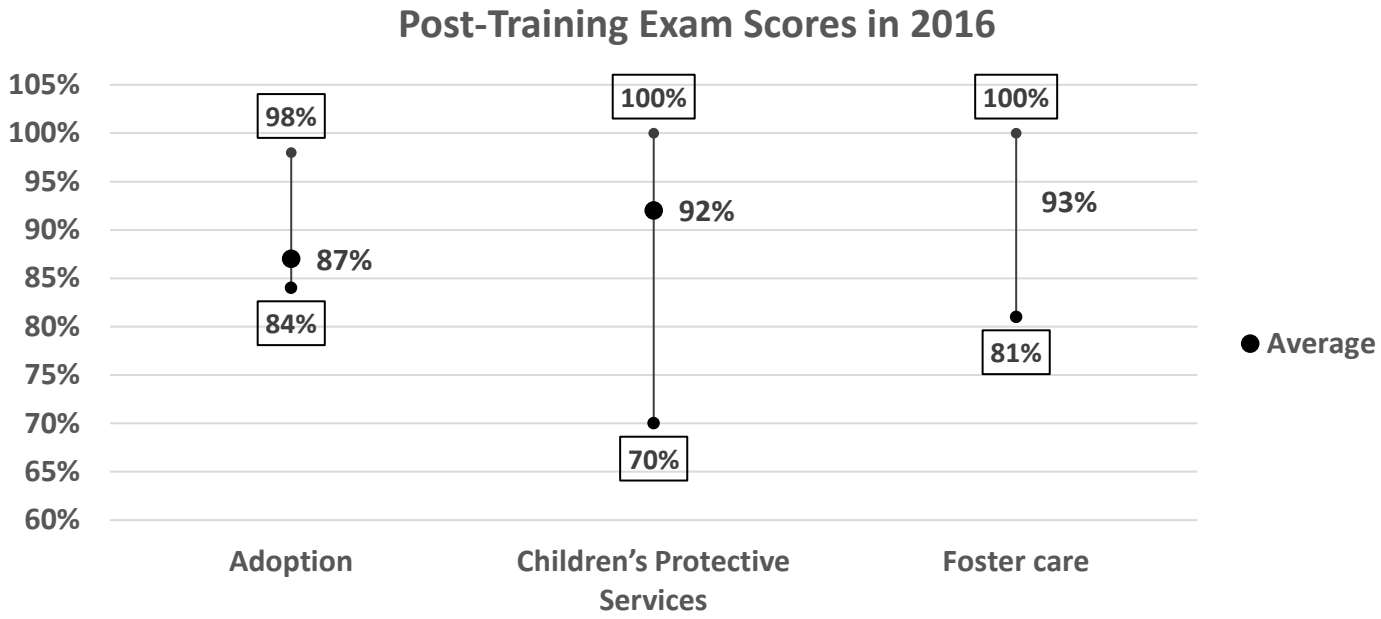
A three-day program-specific training is offered for supervisors who have completed initial training. In 2016, 19 supervisors completed this training. In 2017, a redesign of initial supervisor training was developed with the assistance of stakeholder input. This training is being implemented in 2018. This training meets the requirement for MDHHS supervisors to complete

the New Supervisor Institute training within 112 days. The revised training is responsive to feedback received and includes general management skills and specific skill development critical to supervising in child welfare. Highlights of the training include:

- Blended learning in the classroom, on-the-job and via webinar.
- Six-hour classroom days instead of eight hours.
- An online student guide with regularly updated resources.
- Hands-on skill development in the classroom utilizing adult-learning principals.
- MiSACWIS training on supervisory functions and data report utilization.
- The MiTEAM Fidelity Tool will be taught once automated statewide.
- Guest speakers will engage new supervisors to gain a deeper understanding of the roles of various MDHHS offices and partners.

Level One Evaluation - Initial Supervisory Training
Feedback indicates that the student guide did not flow well and included outdated resources. Trainees reported that the eight-hour, five-day training format was not meeting the operational needs of the field. Trainees also requested MiSACWIS training in the classroom. Trainees rated their trainers as knowledgeable, engaging and effective, and reported that the material was understandable and useful.

Level Two Evaluation - Initial Supervisory Training
Trainees must pass (70 percent or higher) a written exam at the end of training.



Level Three Evaluation - Initial Supervisory Training
Level three evaluations were not implemented in 2017, due to the New Supervisor Redesign implementation in 2018.

LMS

OWDT utilizes the Cornerstone OnDemand LMS to track child welfare trainings completed by staff. Each child welfare employee with has their own LMS account. In addition to trainings offered through LMS, employees are able to document completion of external training on this system, resulting in a thorough individual transcript reflecting all child welfare specific training.

Michigan's performance in Initial Staff Training is tracked through LMS data, levels one and two training evaluations and through the training sub-team of the Quality Improvement Council. LMS is working well for both MDHHS and private agency staff. There is a dedicated LMS team who quickly responds to individual and systemic issues. The department attempted to get the historical child welfare training data merged into this system. Numerous technical challenges with the way the historical data was formatted, as well as how the new vendor was able to receive data resulted in an alternative solution. The solution includes permanent documentation on child welfare training transcripts that the current LMS is not system of record for training data prior to 2015. Additionally, individuals were instructed to print their training transcripts from the previous system prior to losing access. If centralized data prior to December 2015 is needed, the data set from the historical system is stored with the Department of Technology, Management and Budget (DTMB) and an agreement is in place to meet record retention schedules. If individuals or agencies have an urgent need, such as an audit, lawsuit or compliance concern, OWDT will access the data from DTMB to fulfill the request.

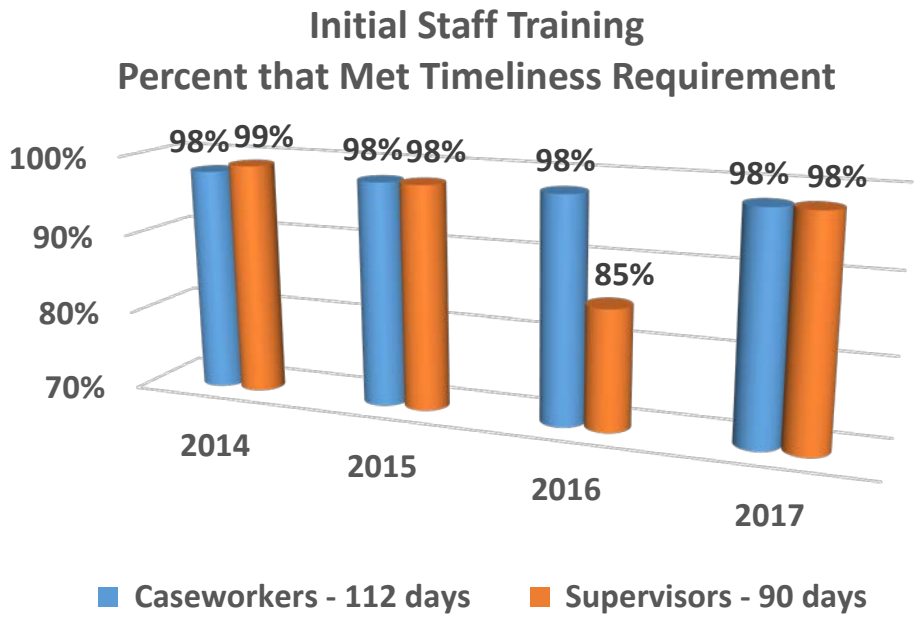
Initial Training – Plan for Improvement

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

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

The percentage of supervisors completing training timely fell in 2016. This appears to be due to a change in the LMS used for training registration. The training office collaborated with the field to address barriers to timely training completion, including better communication on how private agency supervisors register for training on LMS. There is now a training registration form used for all MDHHS and private agency supervisors to send to OWDT to ensure enrollment in the next scheduled training.

In 2017, the percentage of MDHHS and private agency supervisors completing initial training timely rose back to 98%. Percentage of caseworkers attending timely remains at 98-100%.



Training for Residential and Institutional Staff

The following required elements must be included in the child caring institution's training model in order for the training model to be approved by the Division of Child Welfare Licensing (DCWL):

1. The training curriculum must be nationally recognized or have accreditation and include empirical support for the effectiveness of the program.

2. The training curriculum must be designed for use with youth and children of the age and size served by the child caring institution; emphasis must be on teaching crisis prevention and de-escalation prior to the use of physical restraint or seclusion. The curriculum must not include the use of pain compliance.

3. Documentation must exist either in the training curriculum or in the organization's policy that includes the use of a trauma-informed approach in relation to the use of crisis intervention, de-escalation and restraint/seclusion.

4. Documentation must exist either in the training curriculum or in the organization's policy that supervisors are to be notified as soon as possible of a restraint/seclusion episode and that supervisors will be directly involved in the restraint episode when possible.

5. The training curriculum must identify the minimum number of persons needed to perform each restraint/seclusion method taught. The facility must adhere to this requirement.

6. The training curriculum must identify a minimum number of training hours for both the initial and ongoing training of staff who perform restraint/seclusion. The minimum number of initial and ongoing training hours must be sufficient to demonstrate

competency of the staff who will perform crisis intervention, de-escalation and restraint/seclusion.

7. Documentation must exist either in the training curriculum or in the organization's policy that any incidents of physical restraint shall be documented by the staff involved by the next business day, and must be reviewed at a supervisory level within 24 hours of the incident. The review must include examination of the staff's application of crisis intervention, de-escalation and restraint methods and make recommendations if the methods were not used correctly.

DCWL monitors training of residential staff by reviewing staff training files during the CCI's annual and renewal inspections. During annual inspections of institutions, the division reviews training documentation for all new hires and a sample of records of staff employed for more than one year.

Training Items for 2018:

- DCWL area managers have collaborated with licensing consultants and the division director to develop standardized staff interview questions regarding their training experiences. Both qualitative and quantitative training questions were developed and responses will be evaluated by the field consultants conducting the annual review to determine staff training needs.
- DCWL will continue to evaluate the training needs for residential staff as identified in the rule violations during licensing reviews.

MDHHS will continue to respond to training needs for residential and institutional staff as identified in licensing reviews and by licensing agencies and collaborate with DCWL to identify additional training opportunities for residential and institutional staff as identified in the rule violations during licensing reviews.

Plans for 2018 and 2019

- MDHHS will continue to respond to training needs for residential and institutional staff as identified in licensing reviews and by licensing agencies.
- MDHHS will collaborate with DCWL to identify additional training opportunities for residential and institutional staff.
- MDHHS will continue monitoring institutional and residential staff training processes through LMS.
- MDHHS will continue meeting with BSCs to track the effect of initial and ongoing training on the quality of case management.
- MDHHS will respond to training needs identified in the QIC Training sub-team through collaboration with the CSA and BSCs.
- MDHHS will send surveys to trainees and their supervisors three and twelve months after training completion to track learning over time.

- MDHHS will continue to collaborate with schools of social work in Michigan to prepare students for careers in child welfare and to provide caseworker, supervisor and caregiver training.
- MDHHS will continue to provide training in the enhanced MiTEAM model and collaborate with MiTEAM staff as needed.
- MDHHS will continue to collaborate with the MiSACWIS team to provide information system training to staff.

Item 27: Ongoing Staff Training

How well is the staff and provider training system functioning statewide to ensure that ongoing training is provided for staff that addresses the skills and knowledge needed to carry out their duties with regard to the services included in the CFSP?

Staff, for purposes of assessing this item, includes all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

Staff, for purposes of assessing this item, also include direct supervisors of all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

Please provide relevant quantitative/qualitative data or information that show:

- that staff receive training pursuant to the established annual/bi-annual hour/continuing education requirement and time frames for the provision of ongoing training; and
- how well the ongoing training addresses skills and knowledge needed by staff to carry out their duties with regard to the services included in the CFSP.

State Response:

MDHHS requires child welfare caseworkers and those in supportive positions to complete 32 hours of ongoing training per year. Supervisors must complete 16 hours of ongoing training per year. Ongoing training plans are created between child welfare staff and their supervisors. Through a Governor's Task Force initiative, a child welfare training clearinghouse was created to provide easy access to information about available training for child welfare staff and their supervisors.

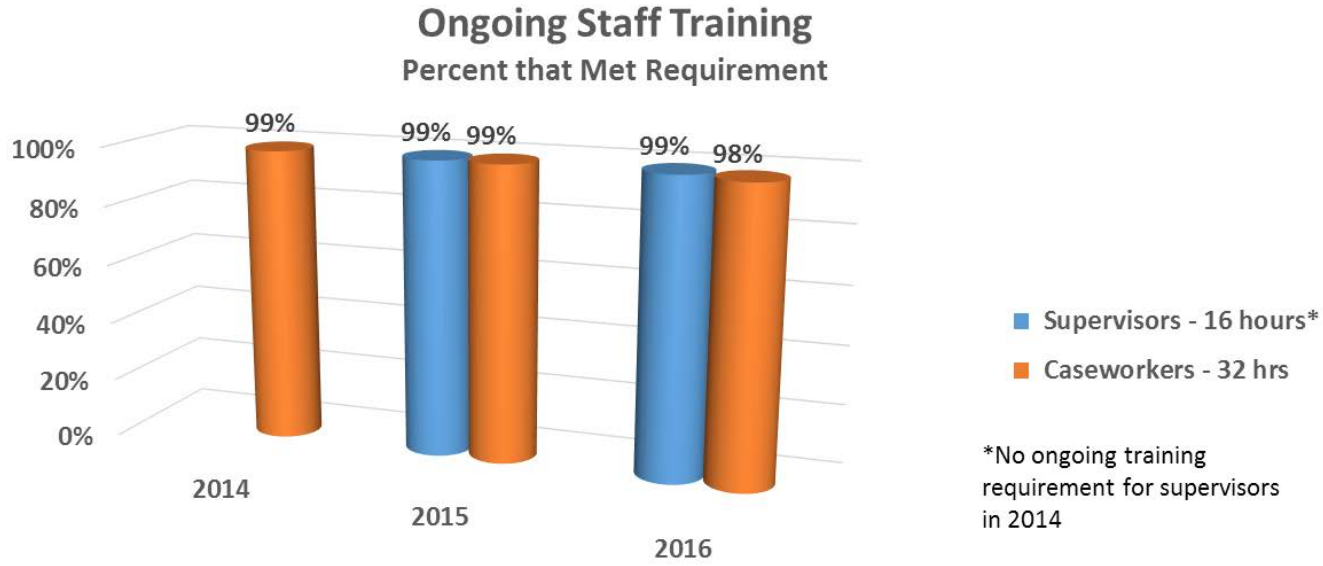
Additionally, OWDT is implementing new in-service training that will be consistently delivered around the state at the local level. The new in-service training will be focused on program-specific topics to reinforce what is learned in the PSI initial training, such as report writing, MiSACWIS topics, and additional topics identified by the Quality Improvement Council Training sub-team. Not only will this address feedback from the field about where more focus is needed, it is also intended to bring more training to localities around the state. OWDT seeks input from the BSCs regarding identified training needs and which topics would be most beneficial. This coordination allows for targeted-in-service training to fill learning gaps that have been identified specific to a BSC area, as well as statewide.

Delivering these sessions as in-service training serves as a way to complement the amount and depth of content covered during the PSI without extending the length. The possibility of

utilizing a curriculum path approach is being explored. PSI trainees will be invited to attend a set of program-specific in-service courses at defined intervals after initial training completion.

Progress in 2017

Ensuring that staff receive ongoing training annually (measured by calendar year) continues to be a strength, with neither caseworkers nor supervisors falling below 98% compliance since 2014 for their training hour requirements (32 and 16 hours respectively).



Process for Addressing Policy and Legislative Updates

As appropriate, new legislation and policy are incorporated into trainings. Policy updates, including those as a result of legislative changes, are communicated via policy update alerts published on the MDHHS-Intranet for state employees and included in the weekly child welfare news delivered to all child welfare employees. As an additional measure, anyone can sign up for email alerts to new policy. Significant policy changes are introduced with a Children's Services Administration Communication Issuance (CSA-CI) and/or discussed during monthly supervisory phone calls open to both MDHHS and private agencies. All BSC analysts and private agency analysts receive a draft of all children's services policy changes before they are published.

MiTEAM Training

The MiTEAM Practice Model is a family engagement model developed by MDHHS consisting of four core competencies (Teaming, Engagement, Assessment and Mentoring) and three sub-competencies (Case Planning, Case Plan Implementation and Placement Planning). It is Michigan's reform effort to reach our federal outcomes of safety, permanence and well-being.

The MiTEAM Fidelity Tool is an assessment instrument designed to measure the extent to which the enhanced MiTEAM Practice Model is being implemented as designed. In 2016, supervisors in three counties piloted the automated MiTEAM Fidelity Tool in anticipation of its statewide implementation in 2018. A proposed plan was developed to train all child welfare supervisors, public and private, statewide from January 2018 through April 2018. The training will be conducted locally by MiTEAM Fidelity local office experts (LOEs) that consist of MiTEAM

Specialist, MiTEAM Liaisons, designated supervisors and program managers. These LOEs provide support and technical assistance to staff in regards to the MiTEAM Fidelity Tool, along with MiTEAM Analyst. There is a staggered approach to supervisors beginning to enter fidelity data in the automated system, but all child welfare supervisors will begin entering data within the second quarter of 2018, if they have not already. MiTEAM Fidelity Training will be conducted in the New Supervisor Institute within the child welfare training track for sustainability of the tool and model.

Beginning in 2018, an assessment phase will take place at the local and state level to evaluate the initial implementation, identify strengths and needs, and develop a plan for improvement and ongoing skill development. Continued and ongoing training will follow the statewide implementation of the MiTEAM Fidelity Tool based on the assessment phase, field input and ongoing fidelity and Quality Service Review data. Training will include more detailed practice guidance around the competencies, other key caseworker activities, fidelity indicators and special topics.

Supporting and Affirming Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Youth
Supporting and Affirming Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Youth. The training office has a contract with the Ruth Ellis Center in Detroit. This agency has experience providing support and services for LGBTQ young people in Michigan. They continue to provide subject matter expertise on the training content and technical assistance in the development of a multi-module computer-based training. This computer-based training is currently in the review stage and CSA is providing feedback.

MDHHS offers training in providing appropriate and culturally sensitive services to young people who identify as LGBTQ in the following ways:

- During initial training, caseworkers complete a computer-based training to introduce them to the unique needs of young people who identify as LGBTQ. Classroom discussions provide context and resources to meet the needs of those youth.
- Training on Michigan's Youth in Transition program includes content on serving LGBTQ young people to ensure they have sufficient supports in place prior to their case closing.
- A variety of LGBTQ training opportunities are included each year in the university training offerings.

Collaboration with Universities to Deliver Ongoing Training
In addition to ongoing training offered by OWDT, MDHHS has a partnership with Michigan university schools of social work to deliver and evaluate child welfare training for MDHHS and contracted private agency staff. Ongoing training is also offered by the State Court Administrative Office (SCAO), the Prosecuting Attorneys Association of Michigan and local community partners.

MDHHS partners through a grant with social work graduate programs from Michigan State University, University of Michigan, Eastern Michigan University, Western Michigan University, Wayne State University, Grand Valley State University, Ferris State University, Spring Arbor

University, and Andrews University to offer training free of charge that meets in-service training hour requirements and earn continuing education credits.

The trainings are compiled into the annual Child Welfare In-Service Training catalog for the MDHHS and MDHHS-contracted private agencies. Each training is supported by a school of social work and may be in-person or delivered as a webinar with pre and post knowledge tests. Previously recorded live webinars are also accessible on-demand online through Michigan State University and listed via target audience.

During 2017, Michigan State University managed the child welfare in-service training program, through a contractual partnership with the nine universities in Michigan with Master of Social Work programs.

- Forty-eight classroom and 19 online trainings were offered free of charge to MDHHS and private agency child welfare staff.
- More than 1,088 trainees attended classroom training in 24 locations across the state; more than 510 participated in online trainings.
- Three classroom and four online leadership trainings were completed by more than 50 trainees.
- More than 100 trainees completed four classroom and two online trainings for caregivers.

Level One Evaluation – University Training
The vast majority of all three targeted populations, child welfare professionals, caregivers and leaders, reported high levels of satisfaction with the trainings. They indicated that the trainings they participated in increased their knowledge of the topic(s), were relevant to their current work and that they would recommend them to others.

Level Two Evaluation – University Training
Level two evaluations were discontinued as the quizzes yielded the same results as the self-reported post-test results so this effort did not continue.

Level Three Evaluation – University Training
For each in-person training a two-month follow-up evaluation was administered. An online survey was sent out in effort to assess trainees' self-rated competency related to the training-specific objectives and how trainees were using the information obtained from the training in their work. All trainees, including child welfare professionals, leadership trainees, and caregiver trainees received a follow-up survey. The rate of return for the 2-month follow-up survey in the 2017 in-person training cohort was 19.4 percent. This is similar to the follow-up survey response rate for the 2015 cohort (23.6 percent) and better than that of the 2014 cohort (twelve percent). The vast majority of trainees in 2017 responded with "Agree" or "Strongly Agree" when asked whether they would recommend the training to others. The vast majority of trainees in 2017 responded with "Agree" or "Strongly Agree" when asked whether the trainings increased their understanding of the topic and whether they were relevant to their current work.

Planned Activities for 2018

- MDHHS will continue distributing a course catalog and other communication of training opportunities, with a special focus on recruiting those with zero through four years of employment in child welfare.
- MDHHS will increase participation in leadership and caregiver training.
- MDHHS will continue to explore ways to increase survey response rates.

MiSACWIS Training

The MiSACWIS project has a robust training team, including MDHHS staff, the design, development and implementation vendor, and OWDT. Training is developed based on end users' needs and is ongoing. The MiSACWIS field support team analyzes help desk trends to identify areas where further training is needed.

MiSACWIS project support staff will continue the MiSACWIS Academy training. The Academy includes end-user classroom workshops, webinars, computer-based trainings and new worker training. MiSACWIS and the training staff jointly conduct the enhanced new worker training for child welfare workers. The Division of Child Welfare Licensing (DCWL) and MiSACWIS project staff jointly conduct the new worker training for licensing staff. MiSACWIS project staff also conducts new worker juvenile justice residential training.

The MiSACWIS workshops are offered to MDHHS and private agency first-line workers and supervisors. The significant changes with the child welfare licensing required classroom training sessions, webinars and new computer-based training development; this will be ongoing with the changes planned for FY 2018. Other enhancements for 2018 require similar training support.

MiSACWIS project staff continues to conduct onsite visits in MDHHS office and private agencies. Staff is revising the approach to the visits to provide customized support when a full onsite visit is not needed. Project staff gain valuable feedback on MiSACWIS and the trainees receive over-the-shoulder support. Project staff continues to update online help, prepare release notes and maintain the training environments to support end users.

To improve support to the field, the MiSACWIS project support staff are exploring the idea of offering webinars to explain system changes. Though release notes are issued after every release, help desk trends suggest more support is needed in this area to help caseworkers adapt to changes. The first attempt occurred in October 2017 regarding placement exception requests. Over 300 staff participated in the six webinars that were offered.

MiSACWIS Training Evaluation

- Level one and two evaluations are completed as standard practice in training.
- Surveys for the MiSACWIS onsite visits reveal a need for continued training.

MiSACWIS Training Academy

MiSACWIS project staff launched the MiSACWIS Training Academy in January 2015. This effort was the result of feedback from MDHHS and private agency staff during quarterly visits. Continued user training and system skill development are critical to maintain and advance knowledge as system changes are made. To address this, MiSACWIS field support staff conduct training workshops. Trainees register in the LMS and receive in-service training credit.

Identifying the training needs for workshops requires analysis of help desk trends, system updates and onsite visit feedback. Each workshop has a focus area based on the analysis. During training sessions, end users practice system functionality, ask questions and address issues on their own cases. Field support staff provides over-the-shoulder support.

MiSACWIS field support record webinars to provide further support to field users with the assistance from training staff. The webinars are available in LMS.

New CPS, foster care, adoption, licensing, juvenile justice and juvenile justice residential workers receive MiSACWIS case management training. MiSACWIS field support staff provide training or training support to each of these program areas. The MiSACWIS team, with the help of OWDT, conducts monthly webinars for new child welfare workers to prepare them for the case management training. The Division of Child Welfare Licensing and training staff receive training as needed to assist them in understanding MiSACWIS functionality.

MiSACWIS field support provides computer-based trainings, a MiSACWIS training environment, job aids and online help to provide support to end users. The training environment allows end users to practice case management activities in an environment that mirrors a live-production environment.

From January 2016 through March 2017, the MiSACWIS Training Academy provided six different training workshops, four webinars and 51 new worker trainings, training 2,591 MiSACWIS users. In addition, there have been 25 computer-based trainings developed or updated. Specific details for all training workshops, webinars, additional training and computer-based trainings are listed below by training session name and date.

MiSACWIS Overview Webinar series for New Caseworkers, March 2016 through March 2017

New CPS, foster care and adoption workers in the PSI participate in a MiSACWIS Overview Webinar series to become familiar with navigating MiSACWIS. Field support conducts the webinar series over three days with one session per day. To support the training, MiSACWIS field support staff offer the webinar series on a monthly basis. Since the webinar series pilot in March 2016, MiSACWIS field support staff provided nine webinar sessions with three webinars in each session totaling 635 trainees.

Additional MiSACWIS Training

New CPS, Foster Care, and Adoption Worker Case Management Training

The MiSACWIS field support staff delivered case management training to new CPS, foster care and adoption workers through September 2016 to support the Pre-Service Institute training.

New workers practiced case management in the training environment. Practice included completing social work contacts, placements, case services, assessments and service plans. In 26 sessions, 320 new caseworkers were trained on case management in MiSACWIS.

In 2016, MiSACWIS project staff teamed with OWDT staff to transition the case management training delivery to training staff. MiSACWIS field support provided three train-the-trainer sessions for 15 training staff in March 2016. Beginning with a pilot in September 2016, training staff implemented MiSACWIS case management activities into their pre-service institute, and MiSACWIS field support staff assist as needed.

New CPS and Foster Care Worker Payment Training
Beginning with OWDT pilot class in September 2016, MiSACWIS field support staff delivers payment training to new CPS and foster care workers each month as part of the pre-service training, in 23 classes with 352 new workers. MiSACWIS staff will continue to provide this training as part of the pre-service training.

Strike Team/Payment Triage Team Training
The MiSACWIS project staff delivers training to the strike team prior to the start of each workshop training. The strike team provides training and over-the-shoulder support. The strike team is comprised of BSC, Child Welfare Services and Support and Federal Compliance Division analysts. Seven trainings were provided from January 2016 through March 2017. The training topics were placement payment, case services train-the-trainer, Child Placement Network train-the-trainer and licensing worker training.

Licensing Summit
MiSACWIS staff presented at the statewide Licensing Summit for licensing workers and supervisors in July 2016. The presentation provided an overview of the Child Placement Network functionality in MiSACWIS to approximately 300 attendees. MiSACWIS field support offered a breakout session on secure criminal history in collaboration with DCWL staff in two sessions, with 50 trainees. Each session provided a demonstration of the secure criminal history functionality in MiSACWIS.

New Juvenile Justice Residential Worker Case Management Training
New juvenile justice residential workers receive a two-day MiSACWIS case management training quarterly. The pilot training was offered in September 2016 with 25 trainees. The second session occurred in January 2017 with 20 trainees. Three more sessions are scheduled for 2017. Training objectives include:

1. Navigating in MiSACWIS and learning the resources available for support.
2. Completing an admission, entering education and health information and documenting social work contacts.
3. Entering assessments, documenting services and completing treatment plans.
4. Entering incident reports and grievances.
5. Maintaining medication logs, child transport plans and daily provider logs.

MiSACWIS Computer-Based Trainings (CBTs)

The MiSACWIS training team has updated 18 CBTs and developed seven new CBTs, listed below.

Computer-Based Training	Description
Access the Data Warehouse from MiSACWIS	Assists caseworkers to access data from MiSACWIS.
View MiSACWIS InfoView Reports	Assists caseworkers to access data from MiSACWIS.
Access MiSACWIS Using MILogin	Assists staff to use MILogin functionality to access MiSACWIS.
Understanding the MiSACWIS App: A Mobile Experience	Assists staff with the MILogin and MiSACWIS access.
MiSACWIS: Verify and Approve a Roster	Updates to the payment process.
MiSACWIS JJ: Record a Treatment Plan and Release Report	Overview of the treatment plan and release report in MiSACWIS Juvenile Justice.
Record a Health Profile in MiSACWIS	Recording a health profile.
MiSACWIS JJ: Incident Reports	Recording an incident report.
MiSACWIS: General Tasks	General functionality in MiSACWIS.
MiSACWIS: Manage Service Authorizations	Recording service authorizations.
MiSACWIS: Record a Provider Special Evaluation	Implementation of provider special evaluation functionality.
MiSACWIS: Create and Maintain Case Services	How to enter case services.
MiSACWIS: Provider Inquiry	Overview of provider inquiries.
MiSACWIS: Record a Home Evaluation	Recording a home evaluation.
MiSACWIS: Court Actions Part 1 Petitions, Motions, and Hearings	Recording petitions, motions and hearings.
MiSACWIS: Court Actions Part 2 Orders and Findings	Recording court orders, findings, offenses, adjudications, and associating court orders with hearings.
MiSACWIS: Record Removal and Placement	Locating a placement and recording a removal.
MiSACWIS: Record Legal Status and Appeals	Recording legal status, termination of parental rights and appeals.
MiSACWIS: Record an Intake	Recording a CPS intake.
MiSACWIS: Assessments	Entering assessments.
MiSACWIS: Add a DOC and Add-On Costs	Managing the costs of placement.

MiSACWIS Planned Activities for 2018 and 2019

- Development of new trainings as the system is enhanced.
- Provision of workshops, webinars, and computer-based trainings as needed.
- Surveying onsite review trainees regarding training needs.

Based on recent help desk call trends, the MiSACWIS field support team has developed a training plan to assist end users, offering 136 MiSACWIS training sessions in five training locations throughout the state: Detroit, Lansing, Grand Rapids, Gaylord and Marquette. The training is open to both public and private child welfare agencies that use MiSACWIS. The scheduled MiSACWIS specific trainings sessions for winter and spring 2018 are:

Training Title	Number of Sessions	Training Hours
Placement and Payment for Foster Care	20	6
Payment for Child Protective Services	19	6
Provider 101 for Children's Services Staff	18	3
Managing Providers for Licensing Workers	18	3
Managing Intakes and Investigations	19	6
CPS Service Plans and Assessments	21	3
Foster Care Service Plans and Assessments	21	3

Training for Residential and Institutional Staff

DCWL monitors training of residential staff by reviewing staff training files during the CCI's annual and renewal inspections. During annual inspections of institutions, the division reviews training documentation for all new hires and a sample of records of staff employed for more than one year. (See Item 26 for additional information on the criteria for training plans.)

Training Items for 2018:

- DCWL Area Managers have collaborated with licensing consultants and the division director to develop standardized staff interview questions regarding their training experiences. Both qualitative and quantitative training questions were developed and responses will be evaluated by the field consultants conducting the annual review to determine staff training needs.
- DCWL will continue to evaluate the training needs for residential staff as identified in the rule violations during licensing reviews.

MDHHS will continue to respond to training needs for residential and institutional staff as identified in licensing reviews and by licensing agencies and collaborate with DCWL to identify additional training opportunities for residential and institutional staff as identified in the rule violations during licensing reviews.

Plans for 2018 and 2019

- MDHHS will continue to respond to the ongoing training needs for residential and institutional staff as identified in licensing reviews and by licensing agencies.
- MDHHS will collaborate with DCWL to identify additional training opportunities for residential and institutional staff.
- MDHHS will continue monitoring institutional and residential ongoing staff training processes through the LMS.
- MDHHS will continue meeting with BSCs to track the effect of initial and ongoing training on the quality of case management.
- MDHHS will respond to training needs identified in the QIC training sub-team through collaboration with the Children's Services Agency and BSCs.
- MDHHS will send surveys to trainees and their supervisors three and twelve months after training completion to track learning over time.
- MDHHS will continue distributing a course catalog and other communication of training opportunities, with a special focus on recruiting those with zero through four years of employment in child welfare.
- MDHHS will increase participation in leadership and caregiver training.
- MDHHS will continue to explore ways to increase survey response rates. MDHHS will continue to collaborate with schools of social work in Michigan to prepare students for careers in child welfare and to provide caseworker, supervisor and caregiver training.
- MDHHS will continue to work with SCAO, the Prosecuting Attorneys' Association of Michigan and the Wayne County Attorney General's office to deliver training on legal matters.
- MDHHS will continue to collaborate with DCWL to track staff training needs.
- MDHHS will continue to provide training on the enhanced MiTEAM model.
- MDHHS will continue to collaborate with the MiSACWIS team to provide information system training to staff.

Item 28: Foster and Adoptive Parent Training

How well is the staff and provider training system functioning to ensure that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (that care for children receiving foster care or adoption assistance under title IV-E) that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children?

Please provide relevant quantitative/qualitative data or information with respect to the above-referenced current and prospective caregivers and staff of state licensed or approved facilities, that care for children receiving foster care or adoption assistance under title IV-E, that show:

- that they receive training pursuant to the established annual/bi-annual hourly/continuing education requirement and time frames for the provision of initial and ongoing training.
- how well the initial and ongoing training addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.

State Response:

Michigan's performance in Foster and Adoptive Parent Training is monitored through DCWL.

Parents' Resource for Information, Development and Education (PRIDE)
Persons seeking approval as adoptive parents must participate in a minimum of twelve hours of training prior to the adoptive placement of a child. The PRIDE curriculum must be used for adoptive parent training and the material that must be covered is:

- Connecting with PRIDE.
- Teamwork toward Permanence.
- Meeting Developmental Needs: Attachment.
- Meeting Developmental Needs: Loss.
- Meeting Developmental Needs: Discipline.

Focus groups were conducted with foster parents and caseworkers regarding PRIDE pre-service training. Results of the focus groups found that PRIDE training implementation was not always consistent across the state. As a result, the pre-service PRIDE training became centralized starting in March 2018, also providing child welfare staff task relief. The centralized PRIDE training enables MDHHS to ensure trainings are consistent. This is accomplished via monthly phone calls and quarterly meetings with PRIDE trainers.

Centralizing the PRIDE training also allows the state to incorporate new training elements immediately across the state, such as Prudent Parent or Safe Sleep enhancements. If a new licensing rule is established, it can put into training right away. Before, each licensor would need to incorporate the enhancements. Regional Resource Teams are working to evaluate other training practices. Foster Care Navigators have been dispersed to BSCs instead of being centralized to help know more community resources and become familiar with community needs.

Regional Resource Teams (RRTs)
RRTs went into effect in December 2017/January 2018. The six RRTs are located across the state in each BSC. The RRTs provide regional recruitment, retention and training for foster and adoptive parents. The RRTs focus on recruiting, supporting and developing foster families in order to meet annual non-relative licensing goals, to retain a higher percentage of existing foster families, to appropriately prepare families for the challenges associated with fostering and to develop existing foster family skills in order to enable them to foster children with more challenging behaviors.

The RRTs provide resources for families and licensing staff in each county for recruitment and retention support, PRIDE pre-licensure training across the state, and includes the Foster Care Navigator program, of which each BSC has at least 2. RRTs provide the training certificate and number of training hours to the licensor for tracking, as each licensor is responsible for making sure their families are meeting training requirements. DCWL provides oversight of the licensors.

University Training Opportunities
MDHHS partners through a grant with social work graduate programs from Michigan State University, University of Michigan, Eastern Michigan University, Western Michigan University, Wayne State University, Grand Valley State University, Ferris State University, Spring Arbor University, and Andrews University to offer training free of charge that meets in-service training hour requirements and earn continuing education credits. The partnership has been expanded to include free trainings for foster parents, adoptive parents, kinship/relative parents, and birth parents that are customized to help support their needs, understanding some of the unique and sometimes challenging needs that children and their families often face in the child welfare system. The list of these trainings are sent to all child welfare staff at the beginning of the fiscal year. Each agency/county is responsible for sharing these trainings with their families. For 2018, the course catalog includes:

- Trauma-informed Caregiving (Part 2): Understanding Neurodevelopment and the Stress Response System
- Trauma-informed Caregiving (Part 3): Practical Parenting Strategies
- Brains and Behavior: What You Need to Know to Better Understand Your Child
- The Real Work of Creating Families for Adolescent Boys With Trauma Histories and Criminal Justice Involvement

Foster Family Support Services: Survey of Current Foster Parents
MDHHS created a survey to capture information from foster parents about the state of community support services, with the intent of identifying service gaps. The survey was created by staff of the Adoption & Guardianship and Recruitment & Retention Unit (within the Office of Child Welfare Policy and Programs), in consultation with staff of the Data Strategy Group (within the Business Integration Center). It was created using an on-line survey tool (i.e., Survey Monkey) and responses were collected from July 24, 2017 through Aug. 4, 2017. By close of survey, 1,158 foster parents from both public and private agencies completed the survey for a response rate of 27.8%, a statistically valid sample. Results pertaining to training are as follows:

Q9. Need for Additional Foster Parent Support	% needing more support
Training	19.6
Q11. **Use** of Community Support Services (having removed from analysis those who were not aware of service or had no need for the service): **percentage of those aware/in need of service indicating use**)	% (Yes, have used)
Free training opportunities directed to foster parents.	83.8
Q12. Receipt of Community Support Services in County (of those who use service, percentage receiving service in home county or choosing to travel out of county despite service being available in county)	% receipt of service in home county (or, despite being available in county choose to go out county)
Free training opportunities directed to foster parents.	84.8
Q13. **Helpfulness** of Community Support Services (of those who use service, percentage finding service helpful – somewhat or very; presented in descending order)	% finding service somewhat or very helpful
Free training opportunities directed to foster parents.	89.9

Of the foster parents aware of and using additional training opportunities, a high percentage are able to access them in their home county and find them helpful.

Foster family trainings are offered in every county in Michigan. Each county must identify the foster family trainings they plan to provide each year as a part of their Adoptive and Foster Parent Recruitment and Retention Plan (AFPRR). Planned trainings are determined by a combination of the following ways: surveying foster families in the area, surveying foster care and licensing staff and identifying if any new training information is available. Trainings are available through the county, agency, and Michigan State University contract. MDHHS offers at least three webinars annually to any foster, adoptive or kinship family in the state. These are typically done during the lunch hour and recorded for access at a later date. There is also a statewide, foster, adoptive and kinship caregiver two-day conference with a variety of topics relevant to caring for children who are in or have experienced foster care. With the new RRT contract, each BSC will have at least one regional conference held annually with a variety of topics being provided to families who attend.

Considering the wide availability of training offerings, requests for additional training has been assessed to be due to the lack of awareness of the training opportunities offered. MDHHS plans to continue to provide and bolster communication to ensure all foster and adoptive families know of upcoming training opportunities in their communities.

Ongoing Foster and Adoptive Parent Training
Each licensor creates an ongoing training plan tailored to the particular needs of the foster and adoptive parents. Statewide conference trainings are also available to assist in meeting training needs.

In developing the Annual Foster Parent Recruitment and Training plans for fiscal year 2017, the following ongoing training trends emerged: trauma, grief and loss, accessing daycare assistance, safe sleep training, creating Lifebooks, infant care, CPR training, and behavior management. These training types were offered across the state in many counties.

The 2017 Foster, Adoptive and Kinship Parent Conference was held on May 5th and 6th in Traverse City. The following topics were covered: Trauma, behavior management, Serious Emotional Disturbance (SED) waivers, parenting children who have been exposed to opiates, parenting picky and over eaters, cross-racial placements and adoption, accessing adoption and guardianship assistance, teaming with birth families, college financial aid for children who have experienced foster care, working with your agency, school stability, permanency, attachment, self-care, sexual-exploitation and internet safety, kinship caregiving. There were over 250 foster, adoptive and kinship parents in attendance, an increase from over 200 in 2016.

Under a new contract that began for fiscal year 2018, Regional Conference Teams are holding conferences with training elements once a year. The Post Adoption Resource Centers also began offering resource family training in 2016. Each region offers one two-day conference or two one-day conferences annually.

The Reasonable and Prudent Parent Standard Training Implementation
MDHHS has created policy FOM 702-11 to for the Prudent Parent Standard and Delegation of Parental Consent. The policy states, “Foster children have the right to participate in age and developmentally appropriate activities that are accepted as suitable for children of the same chronological age or level of maturity. The Reasonable and Prudent Parent Standard is a standard of decision making that allows a caregiver to make routine parenting decisions regarding the participation in extracurricular, enrichment, cultural, and social activities. The standard is characterized by careful and sensible parental decisions that maintain a child's health, safety, and best interests while encouraging the emotional and developmental growth of the child. Caregivers may make certain decisions, similar to daily decisions that a parent is expected to make, regarding the child's participation in activities without prior approval of the child’s caseworker, the licensing or approval agency, or the juvenile court.” The policy delineates instructions and provides guidance to the field.

When the Prudent Parent Standard was first implemented, a communication issuance was disseminated to the field identifying the training plan and requirements for licensed foster

parents, prospective foster parents and abuse/neglect residential facilities. The training plan consisted of:

Licensed foster parents:

- Web based training available to foster parents on Nov. 30, 2015.
- Caseworkers and/or certification workers were to discuss the Reasonable and Prudent Parent Standard and training expectations with the foster parents during a home visit in Dec. 2015.
- Foster parents were to complete the training by March 31, 2016.
- Foster parents were instructed through the training to print the verification page at the end of the training and submit it to their certification worker.
- Certification worker is responsible for entering the training information into MiSACWIS.

Prospective foster parents:

- Prospective foster parents are required to complete the training prior to becoming licensed.
- Prospective foster parents are instructed through the training to print the verification page at the end of the training and submit it to their certification worker.
- Certification worker is responsible for entering the training information into MiSACWIS.

Abuse/Neglect Residential Facilities:

- Web based training available through the (LMS) to staff on Nov. 30, 2015.
- Individuals designated on site to apply the reasonable and prudent parent standard were to review the policy, the DHS-5331, and complete the training by Jan. 31, 2016.

After gaps were identified with the residential facilities accessing the training through the LMS, a link to the training was added to the training section of the contractor resources on the public MDHHS website in Nov. 2017.

Division of Child Welfare Licensing (DCWL)

DCWL monitors documentation of licensed foster parent caregiver training in child placing agencies by reviewing compliance with training requirements and assessing ongoing training needs from a sample of records during on-site annual and renewal inspections.

During 2017, the division conducted 197 annual inspections of licensed child placing agencies. Of 197 inspections, 26 submitted inspections include a citation for violation of R 400.12312, “Foster parent training.” Violations were related to the lack of training hours and no documentation that training occurred. The lack of documentation in foster home records reviewed impacts DCWL’s ability to determine if all of the foster parents’ training requirements were met.

Corrective Action Plans (CAPs) are required as a result of noncompliance/violations to licensing statutes and rules, Michigan’s federal lawsuit’s Implementation, Sustainability and Exit Plan (ISEP), MDHHS policy and contract (if applicable). CAPs are due within 15 calendar days upon receipt of a DCWL inspection report. The DCWL field consultant reviews the CAP within seven calendar days of receipt; sooner if necessary to avoid expiration of the license. If the CAP is

adequate to ensure compliance, the DCWL field consultant will notify the PAFC of such in writing. If the CAP is not acceptable, the DCWL field consultant will advise the PAFC in writing of such and will provide technical assistance to the licensor/PAFC in developing a plan that would lead to compliance.

In 2016, DCWL updated the foster home reevaluation report templates required to be used during the annual reevaluation process. As a result of the new templates, child placing agencies must assess prior and current training needs as well as develop an updated training plan with the foster parent. Progress during the year and any unresolved training needs from the previous year are noted on each re-evaluation report. Training plans are developed with the foster parent for the current year.

Planned Activities for 2018 and 2019

- A budget enhancement for RRTs was included in the governor's proposed budget for 2018. The teams will be housed in each BSC to focus on recruiting, supporting and developing foster families to meet annual non-relative licensing goals.
- OWDT will continue to train teams that will be responsible for conducting PRIDE training for all foster and adoptive parents of private and public agencies. This would ensure the consistency of PRIDE training and enable the department to evaluate the training and obtain feedback.
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- MDHHS will continue collaboration with DCWL to identify training needs for caregivers
- Adding questions to the Foster Care Utilization Survey

E. Service Array and Resource Development

Item 29: Array of Services

How well is the service array and resource development system functioning to ensure that the following array of services is accessible in all political jurisdictions covered by the CFSP?

- Services that assess the strengths and needs of children and families and determine other service needs;
- Services that address the needs of families in addition to individual children in order to create a safe home environment;
- Services that enable children to remain safely with their parents when reasonable; and
- Services that help children in foster and adoptive placements achieve permanency.

Please provide relevant quantitative/qualitative data or information that show:

- The state has all the above-referenced services in each political jurisdiction covered by the CFSP;
- Any gaps in the above-referenced array of services in terms of accessibility of such services across all political jurisdictions covered by the CFSP.

State Response:

Services for Children and Families

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

Michigan's assessment tools are based on an evidence-based structured decision-making model that guides caseworkers to identify and gauge each risk factor balanced against the families' resources and resiliency. This model assists caseworkers and supervisors to know whether the child can safely remain in the home after an allegation of abuse or neglect, and what is needed to keep the child safe.

An assessment of children's safety and the family's strengths and needs is conducted to determine preponderance of evidence prior to opening a Children's Protective Services (CPS) case and for ongoing CPS and foster care cases. Assessments are used to develop and modify service agreements that prioritize the needs that contributed to the maltreatment.

Child Assessment of Needs and Strengths (CANS) and Family Assessment of Needs and Strengths (FANS)

During each CPS investigation, the caseworker must complete a safety assessment, which must be completed as early as possible in MiSACWIS following the initial face-to-face contact but no later than the initial disposition or when submitting a request for an extension of the 30-day

Standard of Promptness. Where a preponderance of evidence of child abuse/neglect is found to exist, a Family Assessment of Needs and Strengths (FANS) and a Child Assessment of Needs and Strengths (CANS) are completed prior to disposition. These assessments are completed by the CPS caseworker with family input and are used to identify areas that the family needs to focus on to reduce risk of future child abuse or neglect. A separate CANS must be completed for each child. FANS and CANS assessments are used to:

- Develop and monitor a service agreement with the family that prioritizes the needs that contributed most to the maltreatment as identified by the FANS and CANS.
- Identify services needed for cases that are opened for service provision or closed and referred to other agencies for service provision.
- Identify gaps in resources for client services.
- Identify strengths that may aid in building a safe environment for families.

Child Assessment of Needs and Strengths (CANS) - When completing the CANS, the physical, social and emotional characteristics of the child are considered as well as the effect of the neglect or abuse on the child. For children in foster care, the CANS is completed in MiSACWIS within 30 days of wardship or placement and once every 90 days the child remains under court wardship. Both needs and strengths are considered to assess:

- How the child relates behaviorally to peers and other adults.
- How the child interacts with parent(s) or other caretaker(s) (including a nonparent adult, relative or significant others) and with siblings or other children. Child Assessment domains include:
  - Medical/physical health
  - Child development
  - Education
  - Sexual behavior
  - Cultural/community identity
  - Mental health and well-being
  - Family and kin/fictive kin relationships
  - Substance use
  - Peer/adult social relationships

The Family Assessment/Reassessment of Needs and Strengths (FANS) – The FANS is used to evaluate the presenting needs and strengths of each household with a legal right to the child(ren). Caseworkers complete the FANS in MiSACWIS. The answers to the FANS questions and explanations include an assessment of family dynamics and description of issues that place a child at risk, including behaviors of significant other persons who live with, or are associated with the family. In addition, the assessment outlines the family strengths that will help to eliminate future risk to the family.

CPS and foster care caseworkers engage the parents and the child(ren), if age appropriate, in discussion of the family's needs and strengths. By completing the family assessment/reassessment, workers are able to systematically identify critical family needs that may be barriers to reunification and design effective service interventions to address these needs.

For foster care cases, the FANS is used for any household that has a legal right to the child(ren) in the Initial Services Plan (ISP), due 30 days after removal from the family home and in each

USP, due 90 days after the ISP and successive Updated Services Plans (USP). Family assessment domains include:

- Emotional Stability
- Substance Abuse
- Social Support System
- Literacy
- Employment
- Resource Availability/Management
- Sexual Abuse
- Parenting Skills
- Domestic Relations
- Interpersonal Skills
- Intellectual Capacity
- Physical Health
- Housing

At completion of the FANS, the foster care worker lists the primary barriers and strengths items. Primary barriers are to be incorporated into the ISP/USP, parent-agency treatment plan and service agreement, foster parent/relative/unrelated caregiver activities, parent/caretaker activities and individual child activities, along with any other necessary services, as appropriate. Goals and activities for the caretakers are to address the primary barriers in clear and measurable terms with expected outcomes.

Other Assessment Tools

In addition to the structured decision-making tools used in CPS investigations and foster care child and adult assessments, child welfare caseworkers routinely use these assessment tools:

- **Devereaux Early Child Assessment (DECA)** – assesses the social-emotional functioning of children ages 0 – 5-years-old. The DECA is initially administered to all children under 5 within 30 days of referral and again between 13 and 14 months of age.
- **Protective Factors Survey (PFS)** – this survey assesses family protective factors in the areas of parental resilience, social connections, concrete supports, knowledge of parenting and child development and children's social-emotional development. The PFS is administered within 15 days of referral and again between 14 and 15 months of age.
- **Trauma Screening Checklist (ages 0-5)**: Assesses for signs of trauma in children ages 0 to 5. Developed at the Southwest Michigan Children's Trauma Assessment Center, the checklist is administered to all children ages 0 to 5 within 30 days of referral and is a requirement for all CPS and foster care cases.
- **Safety Assessment and Plan - DHS-1232:** Identifies safety factors, protective strategies and a plan if crisis occurs. Safety is assessed each time staff visits the family and the plan is updated as often as necessary.

Through careful and systematic assessment of children and families, MDHHS and private agency caseworkers have the tools to work with families to identify the services best suited to the needs of the child and family.

Service Array

Michigan offers a broad service array throughout the state. Many of the services offered reach beyond those families served directly by MDHHS Children's Services and its contractors:

- Michigan provides two funding streams to local offices to purchase services matched to the needs identified in a local needs assessment: Child Protection/Community Partners and Strong Families/Safe Children. Each of those funds is a source for specific assistance for needs identified for individual families.
- The Children's Trust Fund provides direct service grants to local communities for programs aimed at preventing child abuse and neglect, including technical assistance for small and new programs.
- Early On assesses children ages 3 and under for developmental delays. If the child does have delays, Early On provides continued assessment and developmental services. Once a child is three years old, Early On can refer the child to Head Start and Early Head Start.
- Michigan's Great Start programs provide home-based and classroom learning for development and pre-school education. Head Start, Early Head Start and Michigan's Great Start programs also accept referrals directly from the community.
- Infant mental health services are provided by community mental health agencies to families where a parent or caretaker of an infant has a mental health diagnosis. The infant mental health specialist provides home visits to families. The service includes addressing the needs of the infant and other young children in the family and the mental health needs of the parents.
- Substance abuse disorder prevention, treatment and recovery, residential, outpatient and day treatment services are provided by community mental health authorities and many private agencies.
- Developmental services for disabled children and adults are provided through community mental health authorities as well as private providers.
- Domestic violence shelters and services are provided for residents in all of Michigan's 83 counties. The Michigan Coalition to End Domestic and Sexual Violence provides support and technical assistance to the shelters and sexual assault service providers.

Statewide Services to Prevent Abuse and Neglect

Child Protection/Community Partners (CPCP) funding is provided to all MDHHS county offices for services to families at low to moderate risk of child abuse or neglect. Services are determined locally, depending on needs identified in each community. The purpose is to:

1) Develop services targeted to the specific needs identified in the community.
2) Reduce the number of referrals for substantiated abuse and neglect.
3) Improve the safety and well-being of children.
4) Improve family functioning.

CPCP funds diverse services throughout the state include:

- Wraparound, which creates a child and family team to support children with mental and behavioral concerns.
- Families Together Building Solutions, a contracted family preservation service.
- Step-down support services for families completing family preservation programs.
- Maternal-infant support.
- Homemaker services.

The Children's Trust Fund supports a statewide network of 73 local councils that fill the critical role of prevention in a full array of services for children and families. The Children's Trust Fund provides resources to over 20 community direct service programs, which target the needs of the most vulnerable and challenged families. The Children's Trust Fund is leading or collaborating on critical policy and education efforts on research and cutting-edge approaches to serving families.

Children's Trust Fund Direct Service Grants
Children's Trust Fund direct service grants are awarded to provide prevention services to meet community needs that are identified. Services are provided to families that have risk factors for child maltreatment but do not have active CPS cases. The following are some examples of how the direct services grants are used:

- Parent/guardian skills training and support programs designed to educate and/or provide peer support in child development, childcare skills, stress management and general advocacy and support.
- Services that include respite care, parent education programs and support groups, fatherhood programs, home visitation programs, family resource and support centers, early care and education, evidence-based practice and positive youth development to prevent child abuse.
- Programs that adhere to culturally competent guiding values and principles.
- Projects that serve special populations.

Statewide Services to Protect Children from Abuse and Neglect

CPS investigation and ongoing services are provided statewide by MDHHS. MDHHS operates a statewide Centralized Intake hotline, which is available 24 hours each day, seven days a week. Centralized Intake is responsible for receiving reports of abuse and neglect of children statewide and assigning them for investigation by CPS investigators in each county office. Ongoing CPS services to children in the home are provided through local CPS staff, who are responsible to assisting the family to alleviate the conditions that are endangering the safety of children in the home.

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Family Preservation Services. Michigan provides evidence-based family preservation services to prevent the need for placement or to allow an early return from placement; these include Families First of Michigan, the Family Reunification Program and Families Together/Building Solutions. Each of Michigan's family preservation models is based on collaboration with the

family to assess their strengths and needs and provide individualized services focused on the family's particular needs and circumstances.

Families First of Michigan

Families First of Michigan is available in all 83 Michigan counties and is a home-based, intensive (up to 10 hours a week in the family home) crisis intervention model designed to keep children safe and prevent foster care placement or to provide intervention to return children to their home. Examples of individualized intervention services the model provides include:

- Family and child needs assessment.
- Safety planning.
- Parenting skills modeling and coaching.
- Budgeting.
- Housekeeping.
- Counseling.
- Connecting families with community resources.

Timeframes: Families First interventions last four weeks and can be extended for up to six weeks in duration.

Referral sources and process:

- **CPS Category 1 and 2** cases, to prevent removal of children from the family home. CPS ongoing workers contact the Families First contractor to refer cases in which children may be placed in foster care if safety concerns are not alleviated.
- **Foster care and juvenile justice** cases to assist in reunification of children with their parents. Caseworkers contact the Families First contractor to refer cases prior to reunification to aid in that process.
- **Adoption** cases to prevent disruption or dissolution of adoptions. Caseworkers refer families to the Families First contractor when the adopted child is at risk of removal from the adoptive home.
- **Domestic violence programs** to assist families in improving safety in their homes, or to change residences. Shelter programs contact the Families First contractor to assist families to increase safety in their home or to relocate to another home.
- **Michigan's 12 federally-recognized tribes** to prevent removal or aid in reunification. Tribal staff contact the Families First contractor to refer families with children at risk of placement in foster care or to assist in reunification from tribal foster care.

Family Reunification Program

The Family Reunification Program is an intensive, in-home service model that facilitates safe and stable reunification when children in out-of-home placement return to their homes. In 2017, the Family Reunification Program expanded services by 29 counties, now serving 73 counties. Out-of-home placement may include residential treatment, family foster care, group family foster care, relative placement and psychiatric hospitalization.

- **Timeframes:** Services may begin as early as 30 days prior to the return of children from foster care and may last four to six months to ensure stability is achieved.

- **Referral process:** Foster care, juvenile justice or adoption caseworkers contact the Families First contractor to make referrals to the Family Reunification Program prior to reunifying children with their families.
    - In 2017, the Family Reunification Program served 943 families; 89 percent of children remained with their parents at the 12-month follow-up appointment.

Families Together Building Solutions (FTBS)
Families Together Building Solutions provides services for low-risk families that need support. The program consists of in-home counseling utilizing a strength-based, solution-focused model. FTBS workers spend an average of three hours in the home each week and are available to families 24 hours a day, seven days a week.

- **Timeframes:** FTBS is a 90-day program.
- **Referral Sources and Process:** Foster care, juvenile justice and adoption caseworkers contact the FTBS to make referrals when families are in need of longer-term services to prevent risk from escalating.
    - In 2017, FTBS served 3,043 families, and, of these, 94 percent avoided having a child placed in foster care for 12 months following services.

Statewide Services to Promote Permanency

Foster care and adoption services are provided by county MDHHS and private agencies. Medical and dental health care and assessment of behavioral health needs are provided to all Michigan children in foster care. When mental or behavioral health needs are identified, appropriate services are provided to children and families. Adoption services also include child evaluations and family assessments that identify immediate and potential needs that the child and family may have as they transition to creating a permanent family.

The Adoption Assistance Program provides adoption financial subsidy, medical subsidy and assistance with non-recurring adoption expenses for children and their adoptive families.

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

- Case management, including short-term and emergency in-home intervention.
- Coordination of community services.
- Information dissemination.
- Education.
- Training.
- Advocacy.
- Family recreational activities and support.
- Website and newsletter on topics relevant to adoptive families.

Adoption Resource Consultant Services throughout the state:

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

The statewide Parent-to-Parent Program:

- Contracts with the Adoptive Family Support Network to provide statewide service provision.
- Provides support, education, information and referral services to adoptive parents through:
  - Adoption support groups.
  - Adoptive parent seminars/trainings/workshops.
  - Adoptive family fun events.
  - Parent-to-parent hotline.

Regional Resource Teams

Regional Resource Teams focus on recruiting, supporting and developing foster families in order to meet annual non-relative licensing goals, retain a higher percentage of existing foster families, appropriately prepare families for the challenges associated with fostering and develop existing foster family skills in order to enable them to foster children with more challenging behaviors. Regional Resource Teams went into effect in December 2017/January 2018. The six Regional Resource Teams are located across the state and provide regional recruitment, retention and training for foster and adoptive parents.

The Guardianship Assistance Program provides financial support to ensure permanency for children who are placed in eligible guardianships. The purpose of the guardianship assistance program is to provide financial support to ensure permanency to children who may otherwise remain in foster care until reaching the age of majority.

Other permanency services and strategies include:

- **Permanency Resource Managers**, who lead individualized efforts to find permanency for children who have been out of the home for over 24 months. Efforts include targeted recruitment and identifying relatives for potential placements.
- **Michigan Adoption Resource Exchange (MARE)** operates a registry of children available for adoption and employs many strategies to increase awareness of the need for adoptive families, the Heart Gallery, a traveling exhibit of photos of waiting children, and an online photo-listing online “catalogue” with details of waiting children.

Statewide Services for Youth Transitioning to Adulthood

- Foster care caseworkers provide assistance to older youth to transition to independence. After age 14, quarterly meetings are held with the youth to identify

supporters, assess their independent living needs, and assist in learning budgeting and home management skills and resources available in the community.

- **Michigan's Chafee Foster Care Independence Program** offers assistance to current and former foster youth between ages 14 and 21 statewide to achieve self-sufficiency, including juvenile justice youth, tribal youth and unaccompanied refugee minors. Services include supervised independent living and independent living stipends, an opportunity to join the Michigan Youth Opportunity Initiative (MYOI), which includes local and state-level groups for mutual support and leadership skills.
- **The Tuition Incentive Program and Education and Training Vouchers** are available to foster youth to help them attend college. MDHHS also collaborates with the public universities in Michigan to provide scholarship funds and support to foster and former foster youth attending college.
- **Michigan Youth Re-Entry Initiative –** MDHHS Juvenile Justice Programs implements the Michigan Youth Reentry Initiative that operates through a contract for care coordination, with an emphasis on assisting young people with medical, mental health or other functional life impairments that may impede success when re-entering the community. Juvenile Justice Programs also provides reentry services to youth with disabilities who are adjudicated through an Interagency Agreement with Michigan Rehabilitation Services.
- **Homeless and Runaway Youth Services** include crisis-based services available to youth ages 12 to 17, their siblings and families. Services are available statewide and include crisis intervention, community education, case management, counseling, skill building and placement. Homeless and Runaway Youth Services are provided to young people ages 16 to 21 that require support for longer periods. Services are available statewide and include crisis management, community education, counseling, placement and teaching of life skills.
- **Unaccompanied Minor Program**, which provides living expenses and assistance to for over 200 unaccompanied minors each year.

Behavioral Health and Disabilities Services for Children

Children must meet eligibility criteria for Serious Emotional Disturbance or Intellectual and Developmental Disability as outlined in the Michigan Mental Health Code. The following services are available statewide:

- **Applied Behavior Analysis** for children on the autism spectrum to assist them in developing daily living skills in all domains.
- **Intensive Crisis Stabilization** for children and youth with mental health needs to prevent crises from escalating to the point where placement is necessary.
- **Crisis Residential Services** are short-term residential services for stabilization and case planning.
- **Youth Peer Support**, where youth with mental health concerns provide support and assistance to other youth with mental health needs.
- **Parent Support Partners** are parents supporting other parents with children with mental health or behavioral health needs.

Other services for behavioral health are available in various regions of the state:

- Wraparound is the formation of a child and family support system for ongoing assistance with mental health needs.
- The Early Childhood Comprehensive Systems Grant.
- Project Advancing Wellness and Resilience Education (Project AWARE)
- Safe Schools/Healthy Students.

Protect MiFamily

Protect MiFamily, Michigan's Title IV-E Waiver project, is a long-term (15-month) in-home prevention and preservation service for families with children ages 0 - 5 who are at high risk for future CPS involvement. Protect MiFamily is being piloted in Macomb, Kalamazoo and Muskegon Counties. The project enables the state to use Title IV-E funds for five years to test innovative strategies that prevent child abuse and neglect, avert foster care entry and re-entry, speed reunification and improve child safety and well-being, rather than spending those dollars on the placement of children into licensed foster care. The Protect MiFamily project integrates the goals and objectives of the Child and Family Services Plan by:

- Providing evidence-based services to families.
- Engaging families as partners in service planning.
- Improving family functioning.
- Reducing abuse and neglect.
- Keeping children safely in their own homes.
- Improving the well-being of children.
- Implementing continuous quality improvement practices.
- Evaluating program effectiveness on established outcomes.

Service Gaps Assessment

The adequacy of Michigan's array of services systemic factor is monitored through:

1) Quality Services Reviews (QSR) interviews and focus groups.
2) The Quality Improvement Council (QIC), with input from Business Service Centers(BSC) and County Directors.
3) The Quality Improvement Council Service Array sub-team.
4) Feedback from foster parents and other community groups.

Quality Service Review (QSR) Interviews and Focus Groups

The Division of Continuous Quality Improvement (DCQI) implemented the QSR in 2014. The QSR evaluates the degree to which Michigan's child welfare system has implemented the case practice model, how well locally-coordinated services respond to the changing needs of the community and how well families respond to services through in-depth interviews with case participants, stakeholders and focus groups.

Counties from each Business Service Center (BSC) participate in a QSR each year. Interviews and focus groups are conducted with child welfare directors and managers, judges, caseworkers, court personnel, local service providers, foster parents and families and children to gather feedback on the quality and impact of interventions and child welfare services in that county.

Review feedback is provided to the local staff verbally immediately after the QSR and later in a written report. Counties then develop a practice improvement plan, which is monitored through the BSC, creating a continued quality improvement feedback loop.

QSR Totals Since 2014 Implementation	
QSRs conducted	25
Counties that have undergone QSR (some counties had multiple reviews)	40
Stakeholder Interviews	192
Cases reviewed	315
Focus groups	350
Focus group participants	1,787
Case interviews	2,686

Of the QSRs conducted since 2014, 100 percent of reviews and focus groups have outlined three opportunities to improve Michigan's service array:

1) Affordable housing
2) Transportation
3) Mental health services for children and adults

Housing

Lack of adequate affordable housing leads to delays in achieving reunification and/or permanency. Parents who have otherwise shown significant progress in reducing barriers to reunification and benefiting from services at times cannot be reunified with their children due to lack of adequate housing. Housing needs are present in both urban and rural areas across the state.

In 2016, Michigan received more than $5.5 million in U.S. Department of Housing and Urban Development (HUD) funding to provide affordable rental housing and supportive services to extremely-low income persons with disabilities. The Section 811 Project Rental Assistance grant application process was a collaborative effort between the Michigan State Housing Development Authority (MSHDA) and the Michigan Department of Community Health (MDCH). A workgroup consisting of representatives from MSHDA and MDCH collaborates to identify, refer and support target populations throughout Michigan.

MDHHS provides State Emergency Relief funds for housing for families who become homeless due to a natural disaster or crisis. Local offices can utilize Child Safety and Permanency Planning (Title IV-B2) funds to assist child welfare families with housing needs. Many families receive temporary housing through the Red Cross while family preservation service flexible funds may help with deposits and rent. Michigan continues to explore ways to increase clients' access to affordable housing through collaborative planning with community groups, charities and government grants.

Transportation
Transportation is needed by caregivers, particularly relatives, to get children to medical, mental health, and other service appointments. Lack of transportation adversely affects visitation plans, maintaining familial bonds, employment and treatment plan completion. A financial burden is placed on families who have to pay individuals to assist with transportation.

MDHHS provides bus fare and gas cards for family visits and attending services and caseworkers commonly drive families to appointments and visits, but the lack of public transportation in most cities places a burden on friends and family who have automobiles and increases the chance that visits and appointments may be missed. MDHHS is exploring ways to increase clients' access to reliable transportation through community partnerships.

Mental Health, Behavioral Health and Substance Abuse Services
Some Michigan counties have experienced an influx of older children with significant mental health needs and behaviors that the parents or caregivers report they cannot handle themselves and/or results in inappropriate discipline. Lack of mental health services for youth has been shown to affect placement stability. Lack of access to targeted mental health services can also delay permanency for children and families. Families with health insurance may not have insurance for mental health services and substance abuse, or services are often limited because of high demand. Due to the nature of mental health needs, individuals may not benefit from other services until their mental health needs are addressed.

Delays for mental health and substance abuse services occur at both the assessment and service provision stages for children and families across the state. Assessments may recommend a service, only to find that the service is not available or is wait-listed.

Michigan uses many contracted services for mental health and substance abuse assessment and treatment throughout the state, many of which were described earlier in this assessment. Family Preservation services provide the comprehensive types of supports caregivers with mental illness require. MDHHS continues to explore ways to improve access to mental health and substance abuse services for parents and children.

QIC Service Array Sub-Team Activities
The Service Array sub-team meets regularly to assess the needs for specific services and strategize how to meet them statewide. The sub-team surveyed all federally recognized tribes, child welfare directors and domestic violence programs on the availability of domestic violence, batterer intervention and sexual assault services and service gaps in the state. The results of the survey were used to create a resource guide on local domestic violence and batterer intervention services, which is provided to child welfare staff, along with enhanced local training on domestic violence and coaching on MiTEAM case management skills.

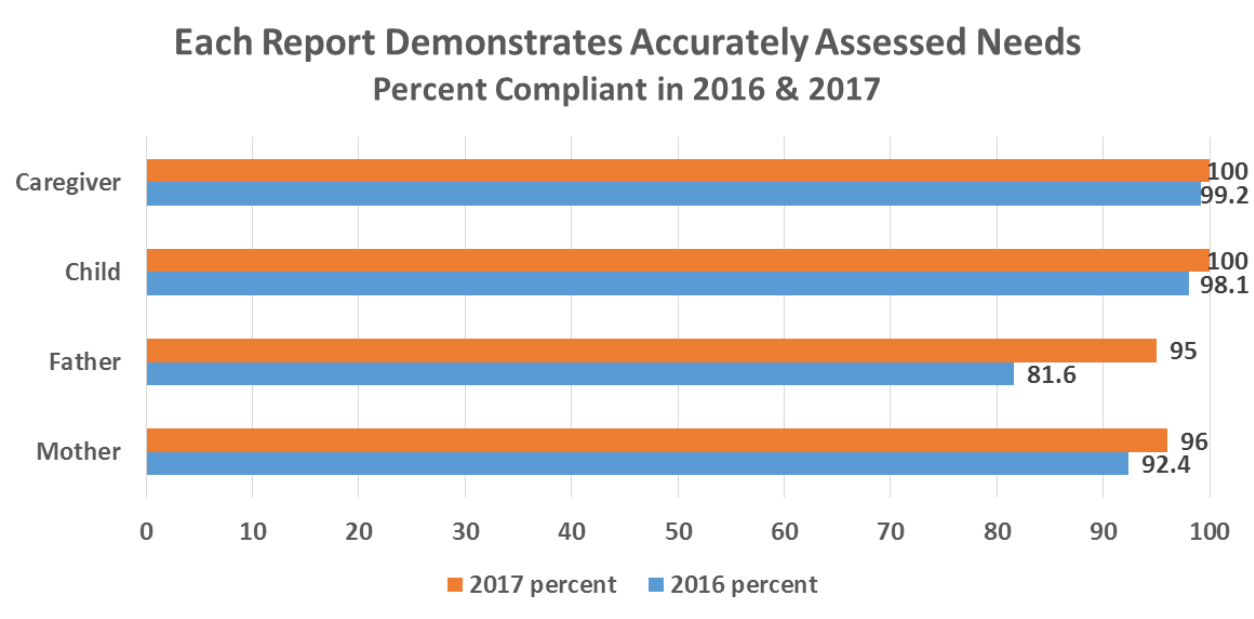
The Service Array sub-team collaborated with leaders within the state-level Recovery Oriented System of Care to gather information on substance abuse services around the state and accessibility for child welfare families. The sub-team developed a substance abuse resource list for all regions that includes services provided, costs/insurance and contact persons.

In 2017, the Service Array sub-team developed a strategy to educate child welfare field staff about the use of existing tools that provide information about local health and human services and establish an action/implementation plan to inform the field. The sub-team will work with United Way, who operates the 2-1-1 system to identify and fill gaps in that system. Communication with the field about using 2-1-1 system to identify services includes:

- How to set up and use MiBridges accounts for field staff.
- How workers can support families with their own and clients' MiBridges accounts.
- How community partners/private agencies can support families with MiBridges (navigators).
- How to provide feedback to MDHHS central office on issues with usability and content.

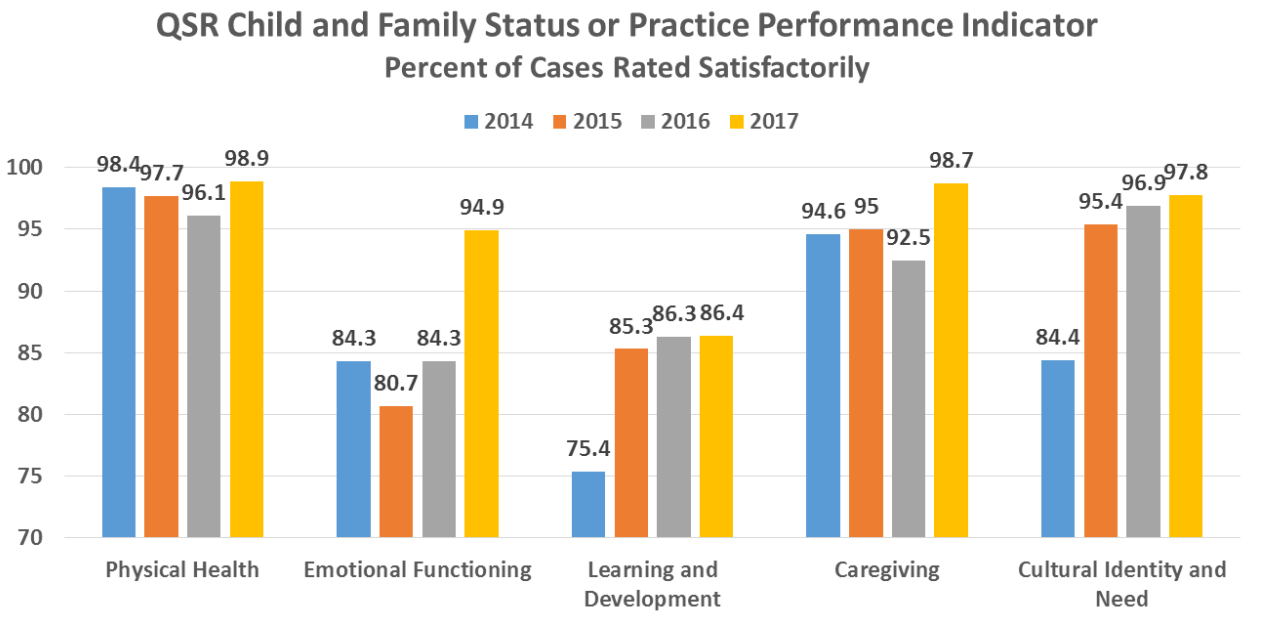
Quality Assurance Compliance Review (QACR) Findings

The QACR evaluates whether each case report shows documentation of a formal or informal initial or ongoing assessment that accurately assesses mother's/father's/child's/caregiver's needs.



Quality Service Review (QSR) Findings

Findings from the QSR related to this item are below:



Plan for Improvement

MDHHS recognizes the need for continued, coordinated efforts to tackle the multi-factored challenges faced by client families and children. MDHHS continues assist local efforts to evaluate service gaps by encouraging local offices to:

- Ensure worker, supervisor, court, Community Mental Health and private agency input.
- Develop and disseminate material for local county directors/private agency partners in organizing local CQI sub-teams focusing on local service array and establish an action/implementation plan.
- Develop a template for reporting county-based service gap information.
- Convene to discuss and identify service strengths and weaknesses in the county.
- Address issues about availability, ease of access and tangential issues such as housing vouchers but no housing options to use the voucher.

The Service Array sub-team will:

- Evaluate input on service gaps from counties and address with the QIC.
- Complete a service gap analysis and field direction enhancement for housing resources and services.
- Complete a service gap analysis and field direction enhancement for mental health services for children and families.
- Complete a service gap analysis and field direction enhancement for substance abuse services for families
- Develop a mechanism to perform the above activities on an annual basis.
- Complete the implementation of staff supports through the effective roll out of the culture enhancing tools and strategies developed in 2016.
- Identify and implement an efficient mechanism for the effective capture and distribution of the data from the enhanced management and culture tools

Plan for Improvement - Activities for 2018 and 2019

- MDHHS has expanded trauma screening for children and families to include all counties and will continue to develop trauma-informed services and training.
- MDHHS is implementing a new contract for in-home substance abuse services.
- MDHHS will continue to collaborate with Medicaid-funded behavioral health services to address the needs of children and families with mental and behavioral health concerns.
- MDHHS will continue to promote and support the work of the Children's Trust Fund to prevent child abuse and neglect in local communities.
- MDHHS will continue offering technical assistance to contracted family preservation program staff to ensure services are provided with fidelity to evidence-based models.
- There is continued exploration of expanding the Family Reunification Program to additional counties to promote successful reunification with their families or in permanent placements.

Item 30: Individualizing Services

How well is the service array and resource development system functioning statewide to ensure that the services in item 29 can be individualized to meet the unique needs of children and families served by the agency?

Please provide relevant quantitative/qualitative data or information that show whether the services in item 29 are individualized to meet the unique needs of children and families served by the agency.

- Services that are developmentally and/or culturally appropriate (including linguistically competent), responsive to disability and special needs, or accessed through flexible funding are examples of how the unique needs of children and families are met by the agency.

State Response:

MDHHS is committed to providing services tailored to meet the individual needs of children and families throughout the state. Services provided by MDHHS emphasize engaging with families effectively and working with the entire family system to increase safety and effect lasting change. MDHHS prioritizes evidence-based and promising practices and interventions. Trauma-informed care is a staple in providing child welfare services and training on trauma assessment and services is included in initial and ongoing staff and provider training.

Child Welfare Practice – the MiTEAM Model

The MiTEAM model incorporates family engagement, family team meetings and concurrent planning into a unified practice model for child welfare. The use of core MiTEAM skills ensures each service plan is developed for the individual needs of each family served. Caseworkers receive feedback and coaching by MiTEAM specialists and their supervisors to ensure consistency in engagement, team formation, assessment and mentoring families.

Ensuring Fidelity to the MiTEAM Model

The MiTEAM Fidelity Tool will be operationalized statewide in 2018. The MiTEAM Fidelity Tool assists child welfare supervisors to track use of the critical components of the MiTEAM model and identify strengths and needs in local case management activities. County staff members that need assistance will be identified through use of the MiTEAM Fidelity Tool by supervisors. The Division of Continuous Quality Improvement will provide technical assistance to local offices and agencies resulting from fidelity tool findings and with support from the Office of Workforce Development and Training in training the model to new and transferring child welfare staff.

Locally Allocated Funds for Community Needs

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

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

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

Services contracted with these funds include:

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

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

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

Purchased services include:

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

Individualized Service Provision

Contracted family preservation activities, including Families First of Michigan, the Family Reunification Program and Families Together Building Solutions seek to reduce the negative consequences of child maltreatment and to prevent recurrence. These programs include:

- Individualized service plans that include families in identification of their needs, strengths and replacement behaviors.
- Intensive family preservation activities designed to strengthen families who are in crisis and protect children who are at risk of harm.
- Flexible funds to address financial needs that could threaten family stability.
- Parent mentor programs with stable, non-abusive families acting as “role models” and providing support to families in crisis.

- Parent support groups that help parents transform negative practices and beliefs into positive parenting behaviors and attitudes.
- In-home mental health services for children and families affected by maltreatment to improve family communication and functioning.

Protect MiFamily, Michigan's Title IV-E waiver demonstration project, provides families with enhanced screening, assessment and in-home case management for a 15-month period, coupled with access to an array of support services. Evaluation results will determine efforts to expand the project. MDHHS contracted with an independent evaluation team to determine the effectiveness of the demonstration. Results include:

- In Category II cases, families that completed the program were significantly less likely to have a child removed from the home, compared with families in the control group.
- Preliminary outcomes reported in 2016 showed that families who completed the showed significant improvement on three of the four Protective Factors Survey subscales and on three of the five Knowledge of Parenting/Child Development items.
- Family Satisfaction Survey results across all three phases continue to suggest that satisfaction with the program services is positive, with almost 91 percent of respondents either agreeing that the project helped them and their families reach their goals.

Protective factors were incorporated into Families First of Michigan contracts, Family Reunification Program contracts, and Protect MiFamily to identify specific factors in individuals, families, and their communities that can build family strengths and the family environment.

Preventing Sex Trafficking and Strengthening Families Act - MDHHS is responding to requirements outlined in the, including provisions to identify, report, document and determine services for young people victimized by, or at risk of, sex trafficking.

Services for Specific Populations

To ensure services provided to children and families are accessible to all, Michigan provides access to tools to reach out to special populations and groups statewide.

Interpreter and Translation Services

MDHHS provides interpreter or translation services free of charge for individuals and families with limited communication skills, including speaking, hearing, reading or writing the English language. MDHHS must provide services to all consumers who have Limited English Proficiency within a reasonable time, and at no cost to the consumer, during the delivery of all significant treatment, legal procedures and when obtaining informed consent. Some MDHHS staff are multi-lingual and often serve a dual role as interpreter when necessary. MDHHS also collaborates with community groups that may be able to serve as interpreters, or provide access to interpreters.

MDHHS has a contract with Linguistica International to provide assistance when a client who is not English speaking is in need of services. Linguistica provides a telephone interpreter and written translation services. Linguistica International provides services in: Spanish, Chinese (Mandarin and Cantonese), French, Japanese, Polish, Russian, Vietnamese, Armenian,

Cambodian, German, Haitian Creole, Italian, Korean, Portuguese, Farsi, Tagalog, Thai, Urdu and other languages.

Indian Outreach Workers
MDHHS offices in areas with tribal populations employ Indian Outreach Workers, who work within the tribal community to provide access to all MDHHS services to Indian families, and to assist MDHHS and private agency workers reach out to tribal communities.

Office of Migrant Affairs
MDHHS is the lead state agency responsible for the assessment, development and coordination of services for Michigan's migrant and seasonal farmworkers. The Office of Migrant Affairs' mission is to deliver public benefits, provide assistance, and coordinate statewide services that meet the economic and cultural needs of marginalized migrant and seasonal farmworkers. The Office of Migrant Affairs enhances the delivery of MDHHS services to farmworkers and their families by:

- Analyzing, recommending and advocating for improvements in the department's program policies and procedures.
- Coordinating the allocation, recruitment, testing, hiring and training of MDHHS bilingual (English/Spanish) migrant program staff.
- Advocating for farmworkers.

Refugee Assistance Program
The Refugee Assistance Program helps persons admitted into the U.S. as refugees to become self-sufficient after their arrival. Temporary refugee cash assistance is available to eligible refugees who do not qualify for cash assistance (through the Temporary Assistance for Needy Families program), Supplemental Security Income or Medicaid.

Refugee cash assistance is available for up to eight months after entry into the U.S. Employment services, health screenings and foster care services for unaccompanied minors are other programs available to refugees. Assistance from Refugee Services for those with the following immigration statuses:

- Refugee or Asylee.
- Cuban/Haitian entrant.
- Amerasian.
- Parolee.
- Victim of trafficking.
- Iraqi or Afghan Special Immigrant VISA holders.

Services to refugees include:

- **Employment Services -** to address barriers to employment such as social adjustment, transportation, interpretation, day care for children, citizenship and naturalization. Agencies also serve refugee cash assistant clients in meeting their required employment participation.

- **Education - School Impact Services -** activities that lead to the effective integration and education of refugee children.
- **Preventive Health Services -** provides a preventive health care liaison in each contracted agency to ensure each refugee needing referral or follow-up medical services will get the necessary assistance and education.
- **Services to Older Refugees -** to decrease older refugee isolation and dependence and to overcome cultural, language and educational barriers. The goal is to increase the number of older refugees using mainstream services and to connect with other older refugees who share common backgrounds, difficulties and barriers when coming to a new country.
- **Health Screening -** MDHHS partners with local health departments and clinics in each of the seven major geographic resettlement areas of the state to provide health screenings to newly arriving refugees on a per capita basis.
- **Unaccompanied Refugee Minors -** Provides foster care services to unaccompanied refugee, asylee, trafficked, and special immigrant juvenile youth. The Unaccompanied Refugee Minors Program helps unaccompanied minors develop appropriate skills to enter adulthood and to achieve social self-sufficiency.

Hearing, Speech or Visual Impairments

MDHHS recognizes the obligation to ensure effective communication with individuals who have hearing, speech or visual impairments. MDHHS must advise individuals with disabilities, or their representatives that they may be provided with auxiliary aids and services to afford effective communication with other MDHHS employees. Auxiliary aids and services include qualified language or sign language interpreters, written material, translated material, note pad and pen, note-takers, materials in alternative formats, including Braille, large print, audio tape, CD, email, etc. and TTY numbers for persons who are deaf/hearing impaired.

Trauma-Informed Services

To ensure children and families are provided services that effectively address trauma resulting from child abuse and neglect, MDHHS is implementing several efforts focused on trauma-informed practice and intervention. Major efforts include:

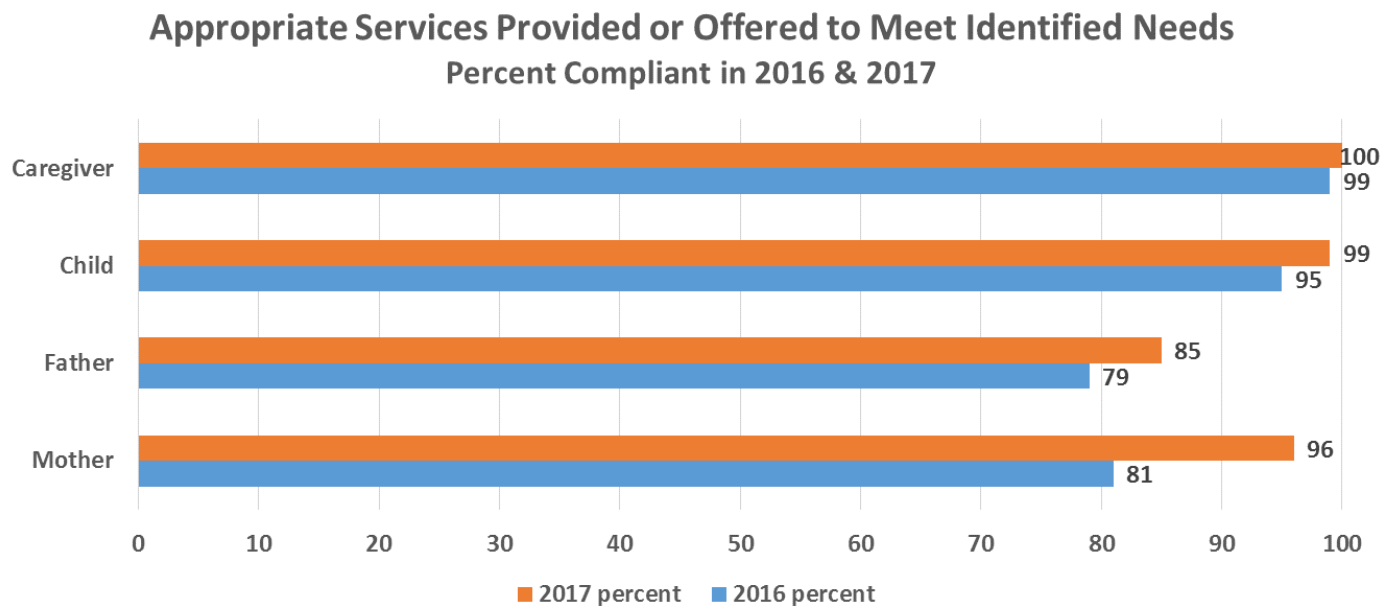
- **Statewide secondary traumatic stress training** for child welfare staff began in January 2018. The training includes role-specific training for county directors and program managers, supervisors and caseworkers to effectively recognize and address secondary trauma in staff.
- **Secondary traumatic stress teams** will be trained and implemented in county offices in 2018 and 2019 to respond to secondary trauma on a peer-to-peer level. Training is based on the success of a 2015 pilot training that occurred in eight counties.
- **Culture/climate assessment and development** began in January 2018. Assessments include a survey for local office staff, individual county/agency plan development based on survey results, and a six-month reassessment to gauge progress. Strategies will be developed in local offices to create physically and psychologically safe working environments that are necessary to achieve performance outcomes.

- **Statewide trauma screening training** started in November 2017. Use of the Trauma Screening Checklist, developed by the Children's Trauma Assessment Center at Western Michigan University, will be required for all Children's Protective Services (CPS) ongoing cases and all foster care cases. Guidance for resiliency-based case planning based on the results of the screening tool is also being provided.
- **Residential Transformation** is being addressed by a workgroup focusing on effective community-based behavioral health intervention and the inclusion of trauma-informed training and practices in contracts for residential treatment providers.
- **Trauma assessment services** contracts were awarded in March 2017 for regional comprehensive transdisciplinary trauma assessments. These contracts became effective June 1, 2017. These services ensure that comprehensive trauma assessments are provided to foster children as needed in accord with MDHHS standards.
- **A Trauma and Toxic Stress website** was developed as part of the Defending Childhood State Policy Initiative. The website includes information on: trauma and its impact on children and families, tools to address trauma, building trauma-informed systems and communities and resources for parents and caregivers. Resources continue to be reviewed and added on an ongoing basis.
- **A statewide initiative to address adverse childhood experiences,** led by the Michigan Association of Health Plans, developed "Creating Healing Communities: A Statewide Initiative to Address Adverse Childhood Experiences." The initiative expands awareness of the effects of adverse childhood experiences and creates a coalition for development of state policy and implementation of Medicaid policy. The initiative will train social workers, teachers, community mental health staff and parents to understand and address behaviors resulting from adverse childhood experiences.
- **The Children's Trauma Initiative** provides training and coaching in trauma assessment, trauma-specific treatment and caregiver education to community mental health providers and their contract agencies in 81 of the state's 83 counties.
- **MDHHS trauma policies** were developed for various service providers, including the Behavioral Health and Developmental Disabilities Administration and the Medical Services Administration. A trauma policy for child welfare, in alignment with the MiTEAM Practice Model is currently being finalized.
- **A LEAN Process Improvement** is scheduled to begin in June 2018. This process will bring together various stakeholders, including MDHHS, Community Mental Health Service Providers, Medicaid Health Plans, Prepaid Inpatient Health Plans, among others to streamline and improve the trauma assessment process for children in the child welfare system.

Quality Assurance Compliance Review (QACR) Findings

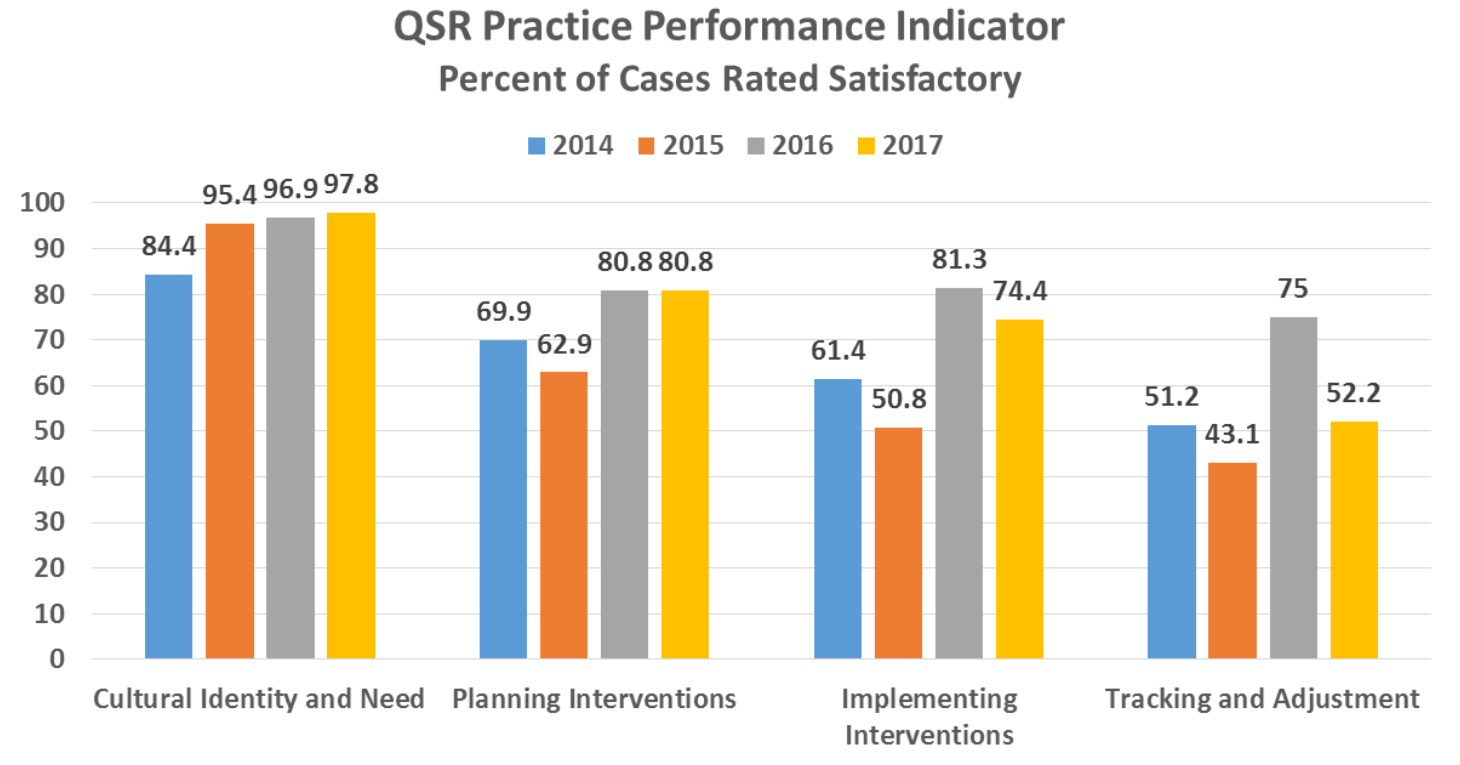
The QACR evaluates whether appropriate services were provided or offered to meet the identified needs of mother/father/child/caregiver. Findings in 2016 and 2017 from the QACR indicate the following ratings for the questions relevant to this item[6]:

[6] *In 2015, the QACR tool did not collect data on service provision.*



Quality Service Review (QSR) Findings

Findings from 2014 through 2017 from the QSR indicate the following ratings for the questions relevant to this item:



Individualizing Services Assessment

Despite policy requirements of child welfare service provision, the MiTEAM Case Practice Model, the vast variety of services to special populations, QACR findings and the requirements

of all contracted services to provide individualized services to children and families, the QSR findings in Planning Interventions, Implementing Interventions and Tracking and Adjustment indicates that this is an area the department will continue to work to improve.

Plan for Improvement

- DCQI will collaborate with MiTEAM staff to assist caseworkers and supervisors to provide services with fidelity to the MiTEAM practice model. Technical assistance in using the MiTEAM Fidelity Tool to monitor fidelity is being provided statewide in 2018.
- MDHHS will explore funding options for developing a prevention/preservation contract targeting families with children ages 5 and under experiencing challenges with substance abuse. Workers certified through the Michigan Certification Board for Addiction Professionals will provide assessment, treatment and strength-based interventions to families for six months.
- MDHHS will monitor the progress of the Title IV-E waiver service, Protect MiFamily, and consider expansion of the program to additional counties.

Implementation Support

- MDHHS will explore how to utilize QSR findings to improve the quality of engagement with families and service provision to parents and children.
- In collaboration with MiTEAM staff, DCQI will continue to provide ongoing technical assistance in the use of data for local continuous quality improvement teams to enable local offices to respond quickly and accurately to the needs identified by local staff.
- MDHHS will continue to collaborate with leaders within the state-level Recovery Oriented System of Care to ensure substance abuse recovery services are available statewide.
- MDHHS will continue supporting the Children's Trust Fund to fill the critical role of prevention leadership statewide.
- Michigan will continue to provide evidence-based family preservation services through contracts with private agencies.
- MDHHS will continue to work with Behavioral Health and Disabilities Services for Children to ensure children who meet eligibility criteria for Serious Emotional Disturbance or Intellectual and Developmental Disability are provided appropriate services statewide.
- MDHHS will continue to provide accessible services to families through funding of community-based programs. Allocation of funds to local county offices ensures that the services offered to families are appropriate to the needs of each geographical region and local needs.

MDHHS will continue to assess the state's Service Array system through interviews and focus groups to address service needs identified by the groups.

F. Agency Responsiveness to the Community

Item 31: State Engagement and Consultation With Stakeholders Pursuant to CFSP and APSR

How well is the agency responsiveness to the community system functioning statewide to ensure that in implementing the provisions of the CFSP and developing related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP?

> Please provide relevant quantitative/qualitative data or information that show that in implementing the provisions of the CFSP and related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP.

State Response:

MDHHS is responsible for a broad range of child welfare services and initiatives in implementing the provisions of the Child and Family Services Plan (CFSP), including education and raising awareness of issues of child safety, permanency and well-being, as well as providing direct and contracted services to children and families. Actively seeking feedback from stakeholders at all levels and acting on that feedback to effectively target resources, training or technical assistance in a continuous quality improvement feedback loop is essential to providing appropriate and accessible services in all areas of the state on an ongoing basis.

Assessment of Performance

MDHHS values feedback from partners, stakeholders, and communities to achieve a continuous quality improvement feedback loop and has set up many opportunities to achieve this. Assessment of Michigan's performance in the Agency Responsiveness to the Community systemic factor is monitored through the work of the Quality Improvement Council and its sub-teams, Quality Service Review interviews and focus groups, consultation with Native American tribes, the Foster Care Review Board, the Governor's Task Force for CPS, Foster Care and Adoption, and the Michigan Federation for Children and Families, among others.

Quality Improvement Council (QIC)

QIC serves as the CSA organizational body responsible for ensuring that experts and stakeholders are involved in assessing need and developing responsive programs and facilitating decision-making at every level. The council consists of central office and local MDHHS and private agency managers and staff who oversee the work of sub-teams that specialize in addressing specific issues. QIC members are recruited to represent both public and private child welfare agencies to evaluate current performance and opportunities for improvement, identifying goals and action steps accordingly. More information regarding the

Quality Improvement Council can be found in the Quality Assurance System portion of the report.

Quality Service Review (QSR) includes seeking feedback from all parties involved in the cases being reviewed. Feedback on current cases and at the community level is obtained through individual interviews and focus groups. Individual focus groups consist of CPS caseworkers, foster care caseworkers, supervisors, court system partners, service providers, and foster parents. Counties use the feedback to create practice improvement plans. This feedback loop provides immediate information on cases reviewed and drives timely local efforts to improve services. Focus group interviews are held at every QSR site for supervisors; foster care, adoption and licensing caseworkers; children's protective services caseworkers; directors of public and private local agencies; judges; prosecutors; foster parents; foster youth; and local services providers. Feedback from 2016 and 2017 interviews and focus groups is summarized below.

State Court Administrative Office (SCAO)
The State Court Administrative Office (SCAO) is the administrative oversight agency of the Michigan Supreme Court. MDHHS partners with SCAO in several ways, including providing monthly data from the Monthly Management Reports (MMR) to SCAO to be incorporated into their Judicial Data Warehouse (JDW). The merged data is accessible to courts statewide and helps to inform jurists regarding county-specific and statewide trends in child welfare. MDHHS collaborates with SCAO on the Court Improvement Plan (CIP), with the director of MDHHS' DCQI and SCAO's Child Welfare Services director co-leading the CFSR workgroup. MDHHS also works cooperates with the Ombudsman's Office, collaborates with the Child Support Office, and participates in the Foster Care Review Board program, all under SCAO.

Foster Care Review Board
Administered by SCAO's Child Welfare Services Division, the Foster Care Review Board program is comprised of citizen volunteers statewide dedicated to helping ensure that children in foster care are safe, well cared for and achieve timely permanency. The Foster Care Review Board provides independent review of cases in the state foster care system and hears appeals by foster parents who believe that children are being unnecessarily removed from their care.

Significant efforts were made in 2016 to identify how the program could more specifically affect permanency outcomes in the cases reviewed, as well as address systemic issues in the foster care system. The identified changes were implemented in March 2017, the principle change being the elimination of randomly selecting cases for review and focusing on reviewing cases identified by the courts, child-placing agencies and other parties that believe the progress of the case and/or well-being of the child would benefit from third party review. Please see Item 21, Periodic Reviews, for 2017 data pertaining to the Foster Care Review Board program.

MDHHS Employee Engagement
The State of Michigan has implemented annual department-specific employee surveys administered by PricewaterhouseCoopers as a part of the Employee Engagement piece of Governor Rick Snyder's Good Government initiative which also includes Performance

Excellence, Strategy and Execution, and Change Management. Based on these annual surveys, an Employee Engagement Action Plan is developed with specific goals. Current goals are to Energize Department Culture, Improve Department Communications, Increase Employee Development Opportunities, and Increase Employee Engagement.

MDHHS Director's Roundtable

As a part of the plan to improve department communications identified through employee surveys, MDHHS Director, Nick Lyon, holds quarterly roundtables. These meetings are available for any MDHHS employee to attend and provide a direct line of communication and opportunity for feedback. Director Lyon also travels for site visits at local offices, hospitals and centers, and central office buildings to achieve the same goal.

Directors Steering Committee

The Directors Steering Committee was established to convene the executive director of the Children's Services Agency, along with the West Michigan Partnership for Children's Board of Directors and executive leadership. Other stakeholders who attend meetings include MDHHS central office and local staff, representatives from the Michigan Federation for Children and Families and the Kent County Administrator's Office. This group works together to assure MDHHS and the West Michigan Partnership for Children meet key milestones by identifying potential barriers and solutions and making critical decisions to support the pilot's successful development and implementation.

Michigan Child Welfare Partnership Council

The Child Welfare Partnership Council for performance-based system development is comprised of statewide representatives from the MDHHS, private child welfare agencies, court and county administrators, county commissioners, and others with a vested interest in developing a performance-based child welfare system throughout the State of Michigan. This group meets monthly and has as a standing agenda item updates from the West Michigan Partnership Council.

Child Welfare Services and Support Private Agency Analysts

These analysts support private child placing agencies, similar to the supports offered to MDHHS child welfare staff through their assigned Business Service Centers. This support is offered to assure the child welfare system is performing at a level that promotes positive outcomes for children in care. Statewide utilization of the Monthly Management Report (MMR), Infoview Data Reports, Caseload Count and Book of Business, along with tools such as job aids and consultation are critical to achieving this goal.

The analysts review and analyze MMR data, Infoview data reports, Random Moment Time Study (RMTS) report cards, ongoing training requirements, and caseload compliance reports on a continuous basis to identify trends in performance over time, performance concerns or exceptional performance. If an analysis indicates that an agency is not achieving the Key Performance Indicators (KPIs), RMTS, or training compliance satisfactorily, the analysts assist the agency by using available data, job aides, review findings, etc. to understand possible reasons why the problem is occurring and request the private agency provider to review its

annual assessment and modify actions steps that will address areas of concern. The analysts conduct ongoing monitoring of improvement efforts to assess whether the efforts are resulting in improved KPIs, RMTS, ongoing training, and/or caseload compliance. The analysts provide technical assistance, as needed, to assist private agency providers with their improvement efforts. Technical assistance can include but is not limited to sharing job aids, best practices, coaching, phone conferences, and/or site visits.

The Guy Thompson Parent Advisory Council
This new council is currently in the beginning stage of development with the Michigan Public Health Institute. The council will be comprised of birth parents who will review and make recommendations to enhance child welfare policies and programs. Meetings are schedule to begin in October 2018.

Michigan Race Equity Coalition
This coalition, formed by state-level stakeholders, examines and implements strategies to address the root causes of minority overrepresentation in child welfare. The coalition includes Michigan's child welfare services leadership, juvenile justice leaders, the state's judiciary, state and local officials, educators, health professionals, philanthropic leaders and advocates for children and families.

MDHHS Diversity, Equity, & Inclusion Committee
The MDHHS Children's Services has created the position of Race Equity Analyst to assist in addressing racial inequity. The Race Equity Analyst represents Children's Services on the MDHHS Diversity, Equity, and Inclusion Committee, which spans the department. This group meets monthly and has developed a proposal to ensure diversity, equity, and inclusion is infused in the MDHHS workforce's culture and climate. They are also looking at a plan to ensure the hiring process is diverse and equitable.

The MDHHS Diversity, Equity, and Inclusion Committee is also working to evaluate current policy and service delivery through an inclusion lens, gathering feedback from customers, establish metrics to create accountability, determine how to ensure that outside vendors working with MDHHS value equity and inclusion and intentionally seek bids for contracts within the same community being served.

Michigan Coalition Against Homelessness, Michigan Network for Youth & Families, the Michigan State Housing Development Authority, and Local Continuums of Care
The Children's Services Agency (CSA) partners with many groups to help meet the needs of homeless youth in Michigan, including the Michigan State Housing Development Authority (MSHDA), the Michigan Coalition Against Homelessness (MCAH), and local Continuum of Care organizations. In addition, CSA works with the Michigan Network for Youth & Families, comprised of all of the homeless youth providers in Michigan; Michigan IS one out of four states to have this program. The network helps to shape homeless youth programs, reshape organization, and share information. The network is a source of expertise, experience, and innovation used to maximize services.

CSA has established a Housing Specialist/Grant Administrator position that performs regular announced and unannounced visits to the Homeless Youth and Runaway (HYR) providers and interviews youth. Youth feedback is also used to evaluate the performance of the HYR providers.

MDHHS Bureau of Community Services, Housing Services Section
Results from Quality Services Reviews have been shared with the Housing Services Section of the Bureau of Community Services regarding the ongoing need for safe and adequate housing and how this can delay reunification. In a meeting with the Housing Services Section and the Division of Continuous Quality Improvement, it was established that most families needing housing assistance do not qualify for federally-funded housing support or have a criminal limitation to meeting the requirements. The Housing Services Section is beginning to collaborate with Kent and Wayne County to identify if any Children's Services funds being used for housing could potentially be met through federal funding. There is also a meeting planned with Wayne County's Child Welfare director and the Housing Services Section to bring local housing resource agencies together with Children's Services to explore ways to collaborate.

Statewide MDHHS Community and Faith-Based Initiative on Foster Care and Adoption:
MDHHS recognizes the importance and necessity of viable community and faith-based relationships to fulfill its mission to promote and protect the health, wellness, and safety of children. The Community and Faith-Based Initiative on Foster Care and Adoption seeks to build partnerships with local community leaders, business representatives, and faith leaders to meet the needs of foster and adoptive children and their families by promoting awareness of the need for quality foster and adoptive parents and connecting children and youth to supportive resources and relationships. The Initiative welcomes individuals, community leaders, business representatives, and faith leaders of all religions to learn more and join.

Professional and Citizen Groups
MDHHS has ongoing collaborative relationships with professional and citizen groups to ensure broad participation in developing and managing child welfare services. MDHHS has standing committees and task forces that meet regularly and provide ongoing oversight, advisement and, in some cases, supportive funding for initiatives and training.

Children's Trust Fund
In 2016 and 2017, the Children's Trust Fund provided direct service grants that served 28 counties in evidence-based and evidence-informed services. Details about grant-funded activities are provided in the Service Array section of this document.

Children's Trauma Assessment Center (CTAC)
For several years, MDHHS has collaborated with the Children's Trauma Assessment Center through Western Michigan University (WMU) in various capacities. CTAC has assisted MDHHS in several counties to collaborate with mental health service providers to streamline access to trauma assessments for children after a need has been identified. CSA is currently contracted with CTAC to provide statewide training in trauma screening, secondary trauma training and local office culture and climate assessment and development.

Michigan Child Death Review Team (Citizen Review Panel for Child Fatalities)
The Michigan Child Death Review Team supports voluntary, multidisciplinary child death review teams in all 83 counties. These teams, totaling over 1,400 professionals, meet regularly to review the circumstances surrounding the deaths of children in their communities. The MDHHS director selects members that include key MDHHS leadership, law enforcement, a county prosecuting attorney and medical examiner, the Children's Ombudsman and the State Court Administrative Office. Other members are appointed to add expertise as needed. Quarterly meetings include review of local findings and current state-level issues affecting children's health, safety and protection.

Governor's Task Force on Child Abuse and Neglect (Citizen Review Panel for Children's Protective Services, Foster Care and Adoption)
The Governor's Task Force on Child Abuse and Neglect gives stakeholders an opportunity to voice their observations and concerns and gain information and knowledge about the functioning of the child welfare system. The Governor's Task Force focuses attention on trauma issues, and composes a number of recommendations for systemic improvement based on the information learned from community and consumer feedback.

Michigan Youth Opportunities Initiative (MYOI)
MYOI Youth Boards serve as the leadership and advocacy component of MYOI. Youth are trained in leadership, media and communication skills, including how to strategically share their story and present on panels. Local MYOI Youth Boards provide feedback on child welfare services in their communities through a variety of venues, including conferences, panels and local QSRs.

Tribal State Partnership
The Tribal State Partnership consists of Tribal Social Service directors, state and private agency directors and MDHHS staff that meet quarterly for consultation between the MDHHS Office of Native American Affairs and Michigan's 12 federally recognized tribes. The partnership collaborates to achieve and strengthen application of the Indian Child Welfare Act and the Michigan Indian Family Preservation Act and promote effective and culturally sensitive services to Native American children and families.

State-Tribal Summits
In March 2018, Michigan Governor Rick Snyder signed legislation designed to ensure that Native American tribes in Michigan have access to certain state child protection records of children in tribes. This legislation originated from conversations between tribal leaders, Governor Snyder and legislative leaders at the annual State-Tribal Summit in 2017.

Medical Care Advisory Council
The Medical Care Advisory Council advises the Michigan Department of Health and Services on policy issues related to Medicaid. In addition, the Council is involved with the issues of access to care, quality of care and service delivery for managed care and fee for service programs. The Medical Care Advisory Council consists of members who represent consumers and consumer advocates, health care providers and the community.

Human Trafficking Health Advisory Board

The director of CSA, Dr. Herman McCall, sits on the Human Trafficking Health Advisory Board which was created by Public Act 461 of 2014. The board was established to collect and analyze information concerning medical and mental health services available to survivors of human trafficking; identify state, federal and local agencies that are involved with issues relating to human trafficking; coordinate the dissemination of information concerning medical and mental health services available to survivors of human trafficking in this state; establish a program to improve public awareness of medical and mental health services available to survivors of human trafficking in Michigan, and file an annual report with the legislative committees focused on health policy.

Michigan Committee on Juvenile Justice

The Michigan Committee on Juvenile Justice is a 15-member committee that advises on juvenile justice issues and guides effective implementation of juvenile justice policies and programs. The new, smaller joint commission provides better focus on issues and is more likely to meet quorum requirements. The membership of the committee contains MDHHS juvenile justice personnel, judges, members active within the community and law enforcement personnel, and private agency representation. Prevention of juvenile delinquency plays a significant role in the committee's advisory function.

Michigan State Council for Interstate Juvenile Supervision

The Interstate Compact for Juveniles is a state council created by Executive Order 2013-5 and made up of five representatives: one to represent crime victims, one from the Legislature, one from the Executive Branch, one from Judiciary Branch, and the MDHHS Interstate Compact Administrator. The State Council is empowered to monitor compliance with the interstate compact and to problem-solve and initiate changes accordingly. The council also serves to advocate for improved operations, resolve disputes between states, and conduct training. The State Council also recommends changes to interstate compact rules and/or make comments on new rules.

The Michigan Office of Children's Ombudsman (OCO)

The mission of the Office of the Children's Ombudsman is to assure the safety and well-being of Michigan's children in need of foster care, adoption, and protective services and to promote public confidence in the child welfare system. The MDHHS regularly cooperates with the OCO's independent investigations of public complaints. The OCO also provides findings and recommendations to MDHHS as well as the legislative and executive branches of Michigan government and recommends changes to improve child welfare law, policy, and practice.

Prosecuting Attorney Advisory Council

The Prosecuting Advisory Council meets quarterly to discuss issues of mutual interest to the county prosecutors who represent MDHHS and private placing agencies in child protective proceedings. The meetings focus on information sharing and problem resolution to enable more effective and efficient collaboration between child welfare staff and prosecutors to improve legal representation for MDHHS. The group has representation from MDHHS, several prosecuting attorneys and private agency providers across the state.

University of Michigan Child & Adolescent Data Lab
The MDHHS has collaborated with the University of Michigan Child and Adolescent Data Lab to provide monthly approximations of CFSR Round 3 Permanency Indicator scores using simulated syntax. The dashboard currently displays Michigan's Observed Performance estimates for five permanency measures but does not include the Risk Standardized Performance. The data lab is working on the two safety measures.The data lab permanency tool was released in January 2018 and provides an opportunity for county agencies to partner with their local courts to evaluate and collaborate for improved performance as part of their local continuous quality improvement processes.

Michigan Graduate Schools of Social Work
MDHHS partners through a grant with social work graduate programs from Michigan State University, University of Michigan, Eastern Michigan University, Western Michigan University, Wayne State University, Grand Valley State University, Ferris State University, Spring Arbor University, and Andrews University to offer free training that meets in-service training hour requirements and earn continuing education credits. All caseworkers must receive a minimum of 32 hours of in-service training hours annually and supervisors 16 hours annually.

The trainings are compiled into the annual Child Welfare In-Service Training catalog for the Michigan Department of Health and Human Services and MDHHS-Contracted Private Agencies. Each training is supported by a school of social work and may be in-person or delivered as a webinar with pre and post knowledge tests. Previously recorded live webinars are also accessible on-demand online through Michigan State University and listed by target audience.

The partnership has been expanded to include free trainings for foster parents, adoptive parents, kinship/relative parents, and birth parents that are customized to help support their needs, understanding some of the unique and sometimes challenging needs that children and their families often face in the child welfare system.

Progress

- The implementation of the MiTEAM practice model enhancements in 2016 and 2017 included collaboration and implementation by external stakeholders such as local courts, private agency providers and service providers. Highlights of the enhancements include emphasis on family team meetings that include:
  - Family input regarding family team participants, family strengths and cultural norms, case planning through the life of the case and family-guided group decision-making.
  - Incorporation of cultural awareness, competence and inclusion in the MiTEAM model.
  - Implementation of he MiTEAM Fidelity Tool to assist child welfare staff with identifying strengths and needs in the implementation of the model.
  - Prudent Parent Standards in policy were developed to ensure that children in foster care are allowed to live and socialize according to their own cultural standards and norms.

  - "The Michigan Equity Practice Guide for State-level Public Health Practitioners" was developed to provide strategies, resources and examples that health and social service professionals can use to put equity into practice in their everyday work.
  - Developed family team meeting facilitation training to enhance family engagement by caseworkers.
  - MiTEAM materials and policy were reviewed to ensure that racial equity/cultural awareness language is aligned with QSR and MiTEAM fidelity reviews.
- Leadership training was presented by Eliminating Racism and Creating/Celebrating Equity from Kalamazoo and Robert T. Blackwell of the Illinois Office of Racial Equity Practice. The training provided an overview of race equity issues in child welfare, steps forward and utilizing specific language to raise awareness.
- The QSR measures "Responsiveness to Cultural Identity and Need." The QSR assists the department in identification of case practice needs and trends.
- MDHHS developed parenting time planning tools and resources to address individual family needs.
- A full day of cultural awareness training was incorporated into pre-service training for new CPS, foster care, and adoption workers.

Agency Responsiveness at the Community Level

Michigan values community partnerships that occur on the local level. MDHHS county offices are tasked with working closely with local human services organizations including private agencies, schools, early childhood programs, courts, law enforcement, public health, housing assistance, employment services, substance abuse services and community foundations. These local multidisciplinary teams formed for various topics allow counties to affect change in their communities, problem solve challenges particular to their region, discover mutually-beneficial partnerships, and share grants. MDHHS staff, including caseworkers, are encouraged to participate in these local multidisciplinary teams.

Collaboration between the department and these agencies occurs through ongoing collaborative councils and as needed when task-specific issues arise that require collaboration. This community engagement elicits feedback that can be addressed through existing channels to ensure it is afforded necessary attention. Community feedback is also received through three-person MDHHS county boards. These advisory boards work collaboratively with MDHHS county directors, typically through monthly meetings. The experience of each board member helps shape conversation and strategy planning for improvement at the state and local levels.

Plan for Improvement

MDHHS county offices are tasked with working closely with local human services organizations including private agencies, schools, early childhood programs, courts, law enforcement, public health, housing assistance, employment services, substance abuse services and community foundations. These local multidisciplinary teams formed for various topics allow counties to affect change in their communities, problem solve challenges particular to their region, discover mutually beneficial partnerships, and share grants. MDHHS staff, including caseworkers, are encouraged to participate in these local multidisciplinary teams.

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

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

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

Planned Activities for 2018

- Implementation of the MiTEAM practice model enhancements will continue statewide.
- Indicators from the MiTEAM Fidelity Tool will be implemented statewide with the model enhancements to help staff and managers assess the quality of service delivery and engage the community regarding service delivery.
- MDHHS will continue to provide consultation and coordination with Native American tribes through Tribal State Partnership meetings, meetings with individual tribes and through technical assistance in Chafee-funded programs.
- MDHHS will continue participation with the Michigan Race Equity Coalition to assess progress and identify opportunities for improvement in addressing issues of racial inequality in child welfare.
- MDHHS will continue to seek feedback from the State Court Administrative Office Foster Care Review Board.
- MDHHS will continue to seek feedback from the three Citizen Review Panels.
- MDHHS will continue to sponsor Michigan Youth Opportunities Initiative activities and youth participation in focus groups.
- Michigan will continue to use stakeholder feedback to address practice issues and increase the capacity to track outcomes. Collaboration on every level remains a priority.
- MDHHS will continue to identify and participate in opportunities for technical assistance and collaboration to enhance services to families in need of multiple forms of help.

- MDHHS will sustain the efforts taken in the last year and use QSR findings to develop strategies to improve outcomes for children and families.
- MDHHS will continue to train caseworkers in MiSACWIS to enable accurate and timely entry of data into the system.
- MDHHS will continue to streamline feedback processes to enable prompt responses to needs identified by stakeholders.

Item 32: Coordination of CFSP Services With Other Federal Programs

How well is the agency responsiveness to the community system functioning statewide to ensure that the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population?

> Please provide relevant quantitative/qualitative data or information that show the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population.

State Response:

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

Assessment of Performance

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

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

Service Coordination at the State Level

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

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

income tax preparation, food, transportation, employment assistance and economic development.

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

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

The Office of Child Welfare Policy and Programs and the Office of Child Support collaborate to enable foster care and CPS staff to obtain paternity information from the Central Paternity Registry to ascertain parental responsibility and coordination for child support payment for children in the child welfare system.

Michigan's Title IV-E state plan demonstrates compliance with the Fostering Connections Act. MDHHS established policies for Young Adult Voluntary Foster Care, Juvenile Guardianship Extension and Adoption Subsidy Extension programs to extend benefits through age 21 for young people who meet the requirements.

Juvenile Justice Programs implements the Michigan Youth Reentry Initiative that operates through a contract for care coordination, with an emphasis on assisting young people with significant medical, mental health or other functional life impairments that may impede success when re-entering the community.

The Child Care Fund is a collaborative resource between state and county governments that supports programs serving neglected, abused and delinquent youth in Michigan. Michigan's county courts design and administer the programs.

Michigan's Interstate Compact staff serves as a liaison between local MDHHS offices and other states to ensure compliance with compact regulations and effective coordination.

Local Coordination of Financial and Child Welfare Assistance

Pathways to Potential

Pathways to Potential is MDHHS' cash assistance service delivery model that focuses on three elements: 1) location in the community where clients live; 2) working with families to remove barriers by connecting them to a network of services; and 3) engaging stakeholders and school personnel to help students and families find their pathway to success. Pathways to Potential

places MDHHS success coaches in schools to address families' barriers to self-sufficiency in key areas: safety, health, education and school attendance. Pathways objectives include:

Safety

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

Health

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

Education

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

School Attendance

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

Self-Sufficiency

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

Progress

During the 2015-2016 school year, success coaches interacted with or on behalf of students, adults/caregivers, and community members to address barriers and provide necessary referrals, resources and follow-up. The success coaches had 168,780 interactions identifying barriers and provided 86,952 referrals, resources or follow-ups. In the total number of interactions, the success coaches had contact with 46,108 students. Some of the barriers addressed by success coaches were:

- Chronic absenteeism.
- School uniforms.
- Student behavior.
- Homelessness.
- Employment.
- Medical needs.

- Hygiene.
- Holiday giving.
- Resources.
- Transportation.

Through the removal of these barriers, success coaches were able to identify resources and remove barriers to attendance.

Areas with Pathways Schools
Pathways to Potential is currently available in 270 schools in 43 counties with more to follow in 2018. Some of the counties with Pathways to Potential programs include: Allegan, Bay, Benzie, Berrien, Calhoun, Clare, Genesee, Gladwin, Gogebic, Grand Traverse, Huron, Jackson, Kalamazoo, Kalkaska, Kent, Lapeer, Macomb, Manistee, Marquette, Mason, Mecosta, Midland, Muskegon, Newaygo, Oakland, Ogemaw, Ontonagon, Ottawa, Roscommon, Saginaw, St. Clair, Tuscola, Washtenaw and Wayne.

Coordination with Other Federal Programs Plan for Improvement Planned Activities for 2018 and 2019

- The Pathways to Potential model will undergo a three-year evaluation by the Johnson Center at Grand Valley State University through a grant funded by the Kellogg Foundation.
- Michigan's child welfare implementation plan provides a structure for addressing federal and state compliance with legal and policy requirements and other initiatives that fall within the scope of MDHHS. Collaborative assessment, planning and coordination central to this structure will continue.

Implementation Support

- The Wayne County Third Circuit Court and the department are collaborating with Casey Family Programs to improve child welfare services in Michigan's most populous county, Wayne County. The collaboration focuses on five areas:
  - Increasing timeliness to permanency.
  - Developing procedures that identify and assess the need for trauma therapy.
  - Exploring the need to increase parenting time beginning at the preliminary hearing.
  - Developing a psychiatric questionnaire to identify and monitor children receiving psychotropic medication.
  - Collecting data on compliance with the Indian Child Welfare Act to ensure proper and timely notification is occurring.
- Pathways to Potential outcomes are supported by interagency partnerships with the Michigan Department of Education (Office of Great Start and Race to the Top), Michigan Rehabilitation Services and the Michigan Economic Development Corporation.
- The Foster Care Review Board will continue to review permanent ward cases as required by Michigan law, as well as conduct foster parent appeals of children being replaced by

the foster care agency. The appeal process is consistently identified as valuable for improving placement stability for children.

- CSA will continue to participate in workgroups stemming from the Michigan Race Equity Coalition to address issues of racial inequality in child welfare. The MDHHS Diversity Equity report was just released.

Program Support

Indicators from the previously piloted MiTEAM Fidelity Tool will be implemented statewide with practice model enhancements to help staff and managers assess the quality of service delivery. The MiTEAM Fidelity Tool is an assessment instrument designed to measure the extent to which the enhanced MiTEAM Practice Model behaviors are being practiced as designed.

The MiTEAM Fidelity Tool also assists the state in determining if MiTEAM is lending to the outcomes of safety, permanency, and well-being for families and also assessing caseworker adherence to best practice as defined by MiTEAM. Supervisors have the opportunity to observe staff out in the field and provide valuable feedback to caseworkers.

Using the MiTEAM Fidelity Tool, Michigan MDHHS will collect data to see if the behaviors identified as best practice in the MiTEAM Practice Model are being practiced consistently. This information will assist in our efforts to refine these behaviors over time by continuing to enhance worker skills, reinforcing practice changes, and improving fidelity to the model. Michigan will be able to more accurately assess whether fidelity to model is improving outcomes for children and families that we serve. The practice model is also a vehicle for unifying practices with private agencies, tribal partners, policies, training and other organizational resources within MDHHS.

Implementation of the MiTEAM practice model enhancements will continue statewide. The DCQI will continue to lead continuous quality improvement efforts in local offices through collaboration with MiTEAM staff by providing assistance, data, and knowledge of continuous quality improvement processes and practices.

Technical Assistance and Capacity Building

- MDHHS will continue participation with the Michigan Race Equity Coalition to assess progress and identify opportunities for improvement in addressing issues of racial inequality in child welfare.
- MDHHS and the Wayne County Circuit Court will continue collaborating with Casey Family Programs.
- The Pathways to Potential model will undergo a three-year evaluation by the Johnson Center at Grand Valley State University through a grant funded by the Kellogg Foundation.

G. Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item 33: Standards Applied Equally

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds?

> Please provide relevant quantitative/qualitative data or information that show the state's standards are applied equally to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds.

State Response:

Michigan has over 13,000 children in foster care and relies on private child placing agencies to help find temporary and permanent homes for these children. Michigan has over 90 contracts with child placing agencies for foster care case management and over 60 contracts for adoption services.

The Division of Child Welfare Licensing (DCWL) within MDHHS is responsible for implementing federal and state laws, public acts and rules pertaining to foster care family and institutional licensing. DCWL centrally monitors and enforces licensing standards to ensure that the standards are applied consistently statewide to all licensed foster families and child placing agencies. Child placing agencies are operated by MDHHS, local county offices, licensed child placing agencies and county juvenile courts.

Michigan's public/private partnership for foster care and adoption services includes checks and balances that ensure standards and processes for recruiting, licensing and retention of foster and adoptive parents are applied equally across the state:

- Public and private licensing consultants receive the same training conducted by the DCWL teaching federal and state laws and rules for foster care licensing. Trainees must pass a post-test to receive credit for the training.
- Public and private licensing agencies undergo annual licensing inspections conducted by the DCWL that include requirements for qualifications, training, supervisor staff/ratio and review of any irregularities in the past year.
- All public and private agencies have access to the DCWL for technical assistance and consultation for complaints and other matters that require assistance.

Licensing Agency and Staff Training

Licensing certification workers and supervisors employed by contracted private agencies must submit their transcripts with a qualifying degree and their resume to MDHHS for review and approval prior to attending Child Welfare Licensing training.

All staff and supervisors who complete any functions related to the licensure of foster homes must attend and pass the five-day class conducted by DCWL consultants on certification and special evaluations for foster homes.

Supervisors who have not attended certification and special evaluation training are required to attend the five-day certification/special evaluation training prior to supervising the certification of foster homes.

Foster Parent Licensing Process

Individuals who have expressed interest in becoming foster parents receive an orientation regarding foster care and the agency as well as an application to become a foster parent. The orientation consists of:

1. Purposes of foster care.
2. Characteristics and needs of the children placed by the agency.
3. Attachment and separation issues.
4. Impact of fostering on the foster family.
5. Role of the foster family.
6. Licensing process.
7. Grievance procedure.
8. Importance of a child's family.
9. Parent and sibling visits.
10. Agency foster care policies and procedures.
11. Agency foster parent training requirements.
12. Supportive services and resources.
13. Provisions of the Children's Ombudsman Act.
14. Provisions of the Child Protection Act.

Upon receipt of a completed and signed application, the agency (public or private) licensing consultant begin the foster home study process, which includes:

1. Medical statements for every member of the household.
2. At least three references for each applicant from non-related sources.
3. Health department inspection of private water and sewer systems.
4. Assessment of every member of the family as to:
    - Strengths and weaknesses.
    - Willingness to accept foster children.
5. Assessment of prospective foster parents on:
    - Parenting skills.
    - Understanding of children's needs.
    - Willingness to work with the agency.
    - Willingness to work with the foster child's parent.
6. Assessment of the physical home for adequacy of space, cleanliness and general safety.

The information obtained is evaluated and the licensing consultant makes a recommendation regarding whether a license should be issued or denied. If the recommendation is made to deny the license, applicants have the right to contest the decision. If the recommendation is made to issue a license, the agency then will make decisions regarding:

- Number of children to be placed with the family.

- Types of children the family can handle.
- Types of children that would not fit into the family.

Timeframes

- **License Length -** An original first provisional license is good for six months. During this time, the licensing agency confirms that the family is serving foster children in the manner required.
- **Renewal -** At the end of this period, the agency can recommend the renewal of the license or the refusal to renew the license. If renewed, a regular license has an effective period of two years.

Relative Placement and Licensure

MDHHS policy states that within five days of a child's placement in a relative's home, the assigned foster care worker must discuss licensure with the relative caregiver. The discussion must include completion of the form, Foster Home Licensing Requirements for Relative Caregivers, DHS-972. The relative is required to sign the DHS-972 and indicate if they are interested in pursuing licensure or wish to waive licensure. Within 10 calendar days of the child's placement, relatives interested in pursuing licensure must be referred to a MDHHS or private agency certification worker for assessment and licensure. The certification worker must complete a home study within 30 calendar days of the child's placement into the relative home.

Note: Relative licensing is optional for children who are American Indian as defined by the Indian Child Welfare Act.

Foster Parent Training

Foster and adoptive families are provided pre-service training in the Parent Resources for Information Development and Education (PRIDE) curriculum prior to approval as a licensed foster family or pre-adoptive placement. All foster parents must attend 12 hours of training in the curriculum. Once foster parents are licensed, they have 18 months to complete an additional 12 hours of PRIDE training. This training provides expectations and tools to assist families in caring for children from other cultural backgrounds and the LGBTQ community. Many MDHHS offices and private child-placing agencies provide ongoing training on serving diverse children and families to current foster and adoptive parents.

Regional Resource Teams (RRTs)

RRTs went into effect in December 2017/January 2018. The six RRTs are located across the state in each BSC. The RRTs provide regional recruitment, retention and training for foster and adoptive parents. The RRTs focus on recruiting, supporting and developing foster families in order to meet annual non-relative licensing goals, to retain a higher percentage of existing foster families, to appropriately prepare families for the challenges associated with fostering and to develop existing foster family skills in order to enable them to foster children with more challenging behaviors.

The RRTs provide resources for families and licensing staff in each county for recruitment and retention support, PRIDE pre-licensure training across the state, and includes the Foster Care

Navigator program, of which each BSC has at least 2. RRTs provide the training certificate and number of training hours to the licensor for tracking, as each licensor is responsible for making sure their families are meeting training requirements. DCWL provides oversight of the licensors.

Foster Home Licensing and Closure Data

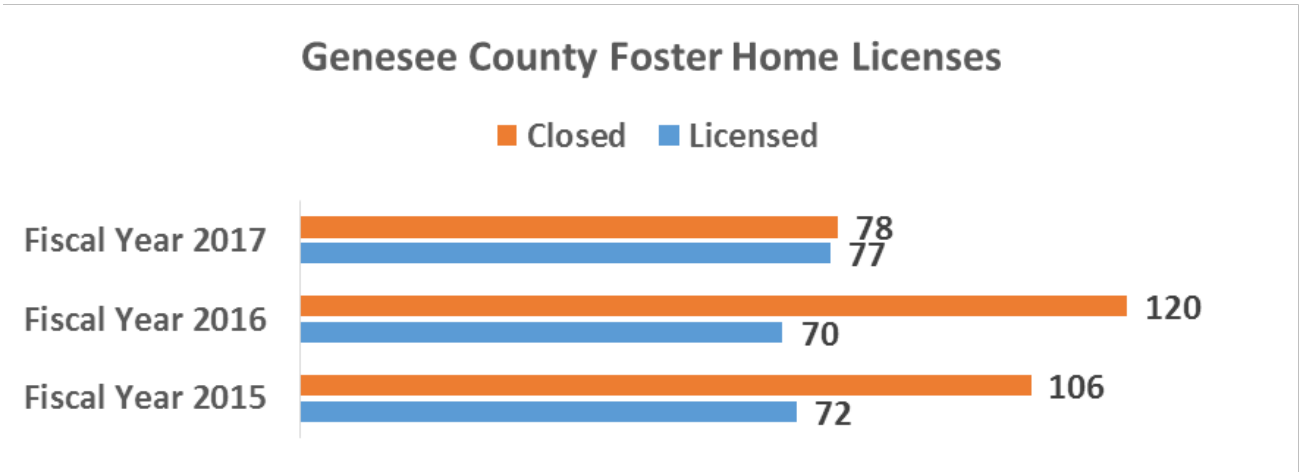
In 2017, MDHHS collected and analyzed trends on new licenses, closed homes and the number of relative homes compared to non-relative homes, achieving the following:

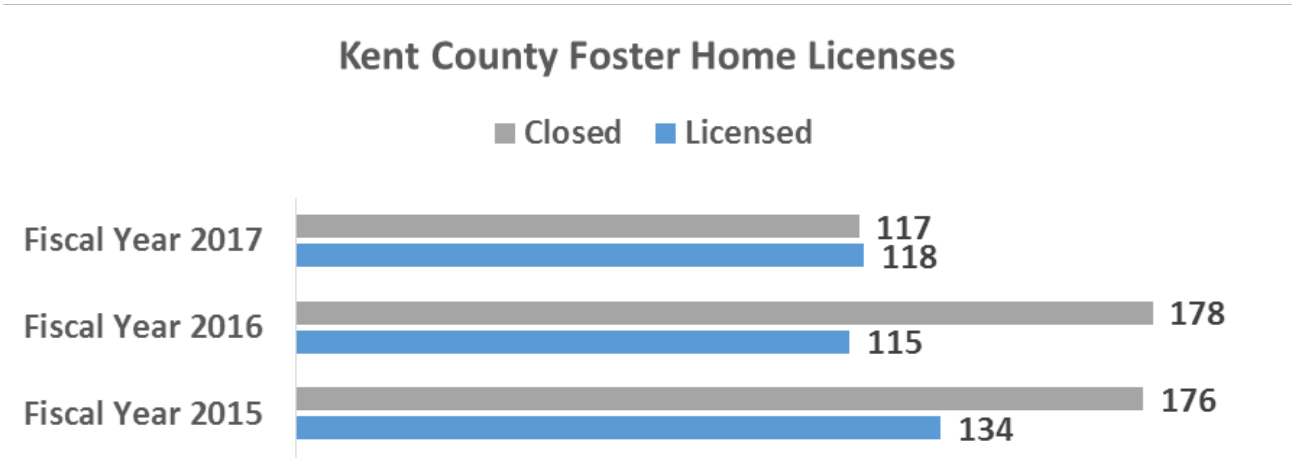
- The Division of Child Welfare Licensing issued 1,831 new foster home licenses, an increase of 106 from 2016.
- Of new licenses, 1,299 accept unrelated placements, an increase of 228 from 2016.
- On Oct. 1, 2016, there were 6,242 licensed foster homes. One year later, 4,382 of those licensed foster parents remained licensed, which is a 70 percent retention rate and a 2 percent increase from 2016.
- The number of homes that closed was 1,896, a decrease of 280 from 2016.
- Each month, approximately 100 to 200 surveys are sent to foster parents whose foster home closed during the previous month.

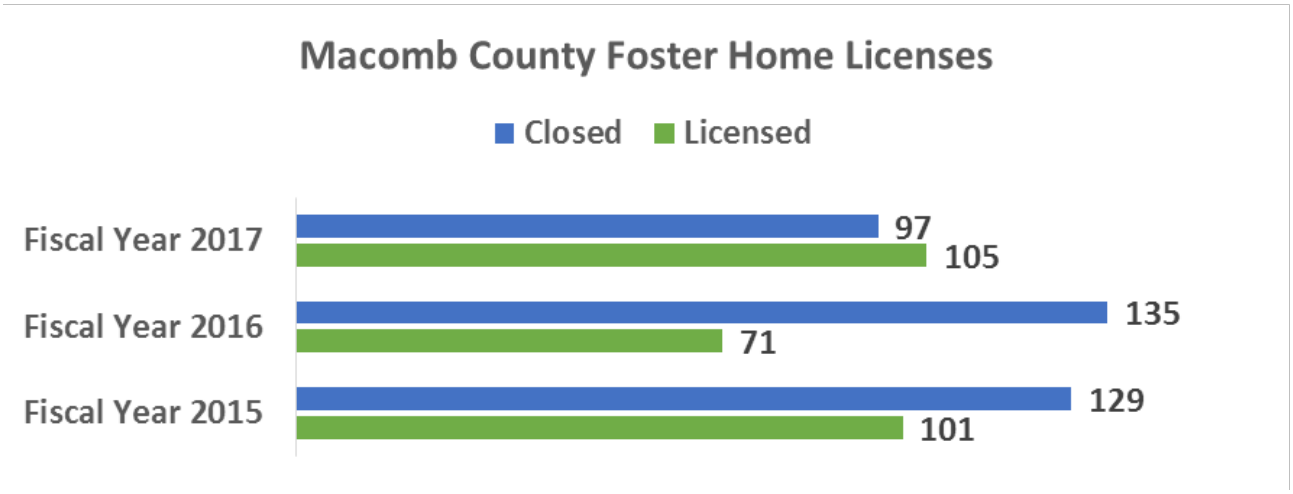
The results of the closed home surveys show the majority of homes close voluntarily, with adoption as one of the top reasons for not continuing as foster parents. The top reasons foster parents closed their license were:

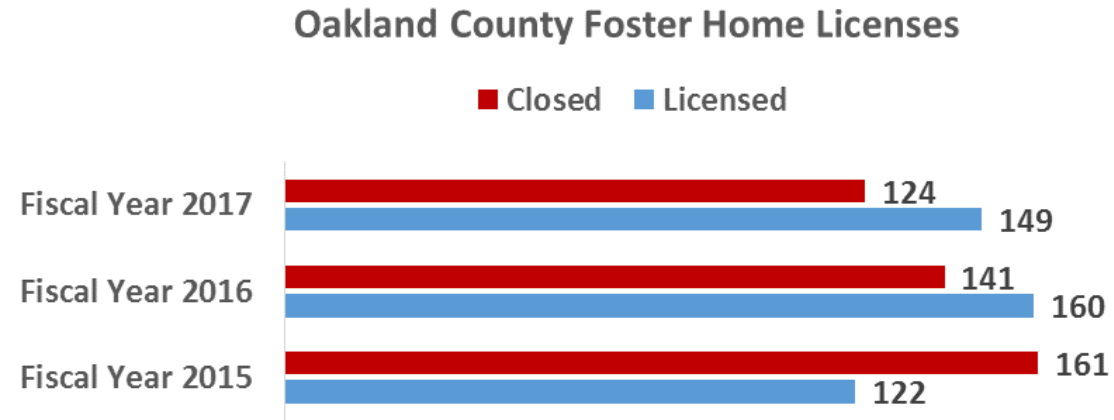
- Adopted the child(ren) placed with them.
- Demands/stress of being a foster parent.

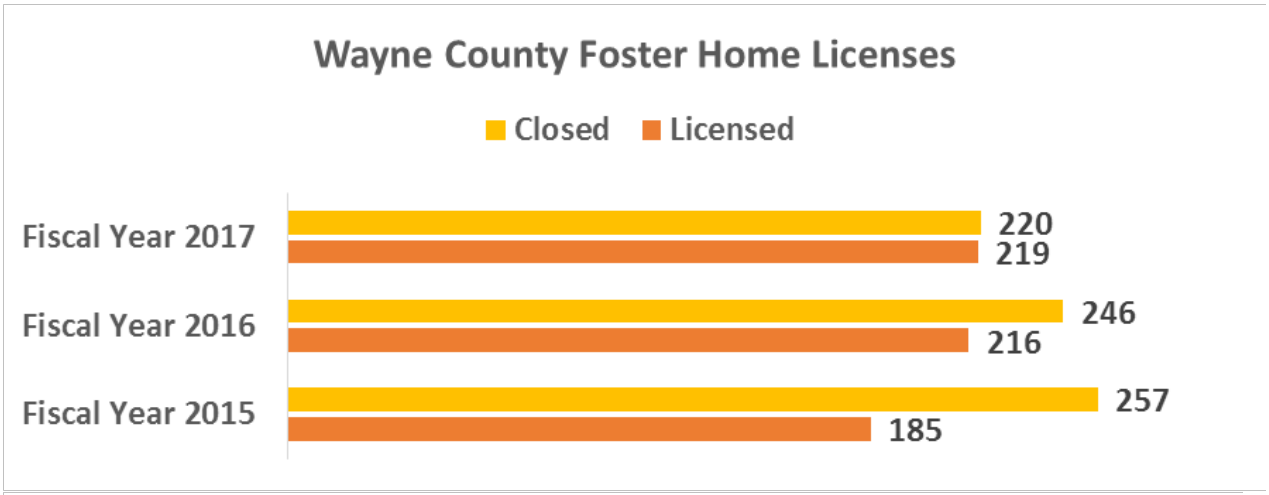
The below graphs detail the trend of newly licensed and closed foster homes in the five most-urban counties:

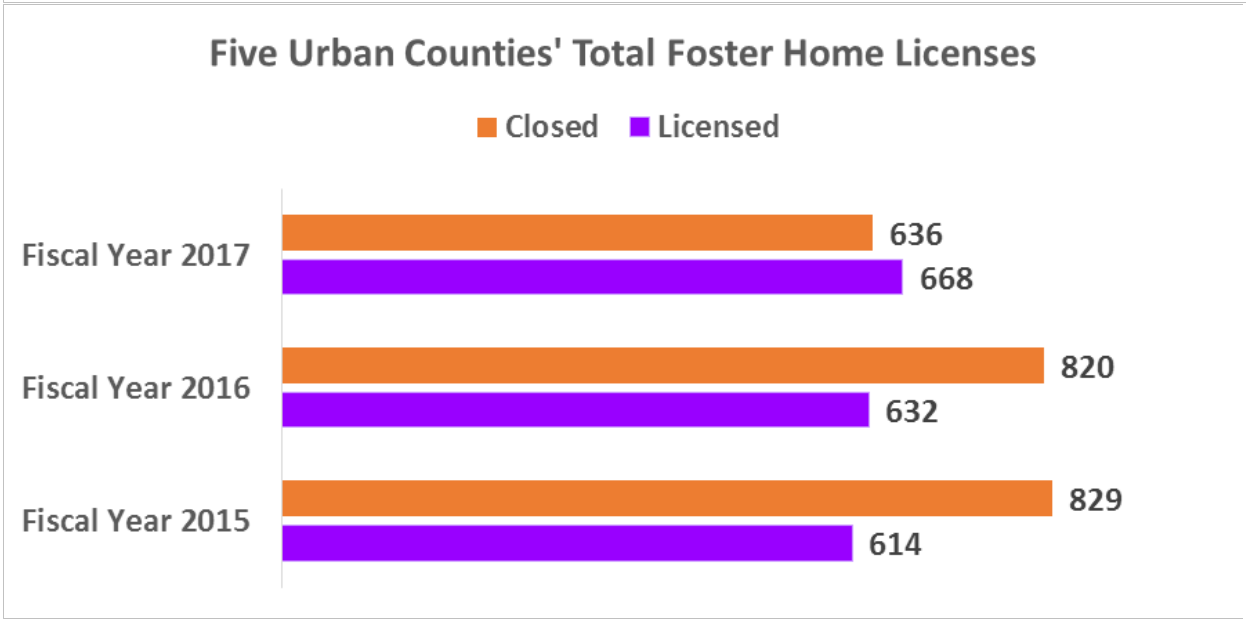



Kent County Foster Home Licenses
Closed
Licensed
Fiscal Year 2017
117
118
Fiscal Year 2016
178
115
Fiscal Year 2015
176
134

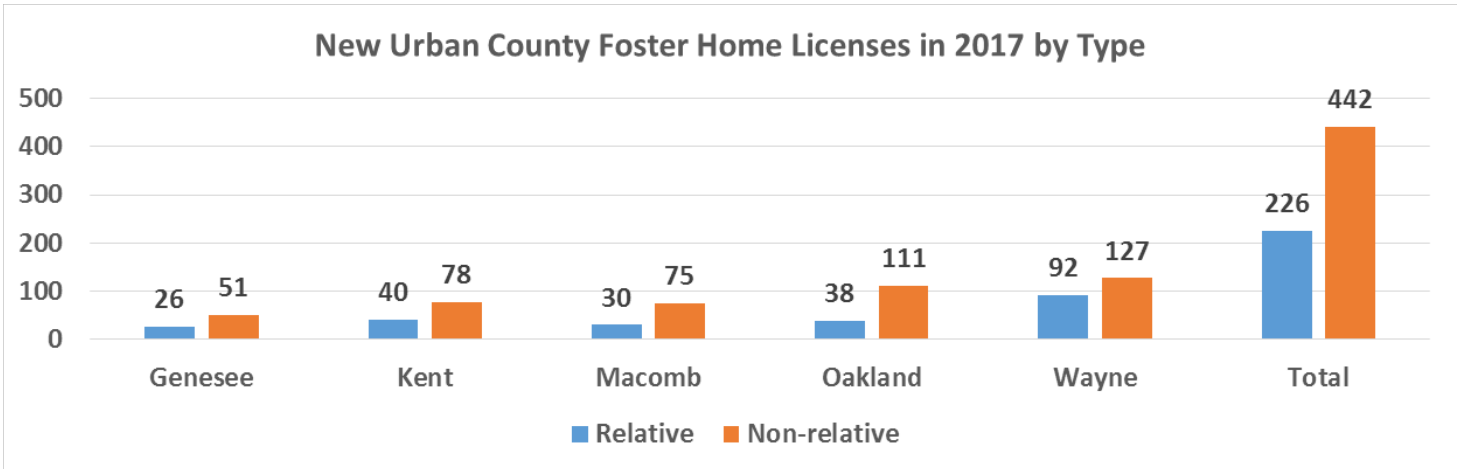

Macomb County Foster Home Licenses
Closed
Licensed
Fiscal Year 2017
97
105
Fiscal Year 2016
135
71
Fiscal Year 2015
129
101


Oakland County Foster Home Licenses
Closed
Licensed
Fiscal Year 2017
124
149
Fiscal Year 2016
141
160
Fiscal Year 2015
161
122





The graph below describes the type of homes (relative and non-relative) opened in urban counties in 2017:



Child Caring Institution (CCI) Licensing Process and Requirements

- **Site -** A license is issued to a specific person or organization at a specific location, is non-transferable, and remains the property of the Department.
- **Orientation –** Attendance at an orientation session is required that includes the requirements and process of licensing. In signing the application, applicants agree to operate in compliance with the Child Care Act and Rules.
- **Application -** The chief administrator of the organization applying for Licensed Child-Caring Institution certification must submit an application with a Licensing Record Clearance Request (BCAL-1326).
- **Facility Inspections -** Upon receipt of the application materials and application fee, the consultant sends the applicant requests for fire safety and environmental health inspections:
  - A list of qualified fire safety inspectors is provided to the applicant. The completed inspection report by the qualified fire safety inspector must be forwarded to the licensing consultant.
  - An environmental health inspection and report by the local public health agency of the proposed facilities is required.
  - A licensing consultant makes an onsite inspection during the licensing process. Any work requested in these inspections must be completed and the consultant notified of the completion prior to a licensing decision.

Licensing variances are only granted on rules that do not pertain to the safety of children. An unannounced visit to the CCI is completed within the first six months of licensure to determine ongoing rule compliance and make a recommendation for ongoing licensure.

Licensing Waivers

Upon request of a licensee, the DCWL may grant a variance from an administrative rule if there is clear and convincing evidence that the alternative to the rule complies with the intent of the administrative rule from which a variance is sought. The variance may remain in effect for as long as the licensee continues to comply with the intent of the rule, or it may be time limited.

Number of Variances Granted	FY 2016	FY 2017
R 400.4114 Tuberculosis screening for employees and volunteers	0	1*
R 400.4120 Supervisor of direct care workers; qualifications	3	2*
R 400.4121 Direct care worker; qualification	0	1
R 400.4127 Staff to resident ratio	1*	0
R 400.10121 Direct care worker; qualifications	0	1*
Total	**4**	**5**

* Total includes non-contracted facility variances.

Use of Restraints in Child-Caring Institutions

A CCI must require its staff to have ongoing education, training and demonstrate knowledge of techniques and skills involving behavior modification, nonphysical intervention skills and safe use of personal restraint and seclusion.

1. The use of timeout or therapeutic de-escalation does not constitute seclusion.
2. Physical management will not be included as a component in a behavior support plan but employed only in situations when a recipient is presenting an imminent risk of serious harm to self or others and lesser restrictive interventions have not reduced or eliminated the risk of harm.
3. Prone (face down) immobilization is prohibited under any circumstances.

Licensing Renewal Process and Frequency

DCWL staff complete annual unannounced inspections on CCIs statewide to determine ongoing rule compliance. Inspections include a review of applicable documentation, interviews with CCI staff and residents and a tour of the facility to determine compliance with the Child Care Organization Act and Licensing Rules for Child Caring Institutions. Division staff complete a report that documents findings of non-compliance and makes a recommendation regarding the license. A license is valid for one year following the date of the previous licensing. As necessary, CCIs are required to complete corrective action plans that will obtain and maintain compliance with the Child Care Organization Act and Licensing Rules for Child Caring Institutions.

CCI Licensing Data

2016

- There were 183 in-state licensed CCIs, including detention facilities, training schools, county juvenile justice facilities, court-operated facilities and non-contracted facilities.
- Ninety-one were eligible for Title VI-E funding at the end of the fiscal year.
- DCWL conducted 97 annual reviews of private contracted CCIs eligible for Title VI-E funding.
- DCWL conducted 86 annual reviews of CCIs ineligible for Title VI-E funding including court and secured detention facilities, training schools and private non-contracted CCIs.

2017

- DCWL monitored 182 licensed CCIs, including detention facilities, training schools, out-of-state facilities, county juvenile justice facilities, court-operated facilities and non-contracted facilities.
- Eighty-six annual reviews were performed in private contracted CCIs eligible for Title VI-E funding.
- Ninety-six annual reviews were performed in private contracted CCIs ineligible for Title VI-E funding.
- DCWL conducted 172 annual reviews at 156 licensed facilities including court and secured detention facilities, training schools and private non-contracted CCIs.
- Eighty-five annual reviews were performed in private contracted CCIs eligible for Title VI-E funding.
- Eighty-seven annual reviews were completed of CCIs ineligible for Title VI-E funds.

Timeliness of Licensing is determined by how quickly an applicant is able to meet compliance with the Child Care Organization Act and Licensing Rules for Child Caring Institutions. Nine months from the date of application, if the applicant has no viable plan to open or if required documentation has not been received by the Division, the applicant is notified that the application will be closed within 30 days.

Title IV-E Review Findings in 2017, the CCI files were determined to be compliant with Title IV-E requirements.

Foster Home and Child Caring Institution Licensing Concerns
The DCWL receives and processes complaints for:

- Licensed foster homes.
- Child Caring Institutions.
- Child Placing Agencies.
- Juvenile Court Operated Facilities.

Investigation Process
When an agency becomes aware of information that indicates a possible statute/rule or policy violation, agency staff are to arrange interview(s).

- An unscheduled or unannounced visit to a foster home or institution by the licensing consultant may be necessary to ensure the safety/protection of children.
- The investigation is to be completed within 45 calendar days of the date the agency learns of the information.
- Within 15 days of the conclusion of the evaluation, an agency completes a report and submits it to the DCWL.
- The existence of rule violations always necessitates a signed Corrective Action Plan (CAP) if the rule violations are correctible and the license is to be continued. Once a CAP has been agreed upon and signed by both the licensee(s) and the agency, the agency is to make a recommendation to DCWL regarding the status of the license.
- In addition to a CAP, a provisional license may be issued. A provisional license is valid for six months.
- The licensing agency may recommend to the DCWL that disciplinary action be taken to address the complaint or concern.

Disciplinary Action
The Division of Child Welfare Licensing, as authorized by statute, is able to deny a license, modify the contested terms of a license, issue a provisional license, refuse to renew a license or revoke an existing license.

Addressing State-Level Concerns
On a statewide level, concerns with Michigan's foster care licensing processes and standards are brought to the attention of the QIC Placement sub-team. Depending on the issue, the Placement sub-team is responsible for developing a strategy to address it or to delegate the process or portions of the process to the most appropriate office or committee. The Placement

sub-team may escalate the concern to the attention of the QIC to address or delegate to another group for resolution with the advisement of CSA Director Dr. Herman McCall.

Ensuring Processes Are Applied Equally Across the State
The Division has established procedures that outline requirements for CCI inspections:

- Standard audit workbooks are used in all inspections to determine sample size, documents to be reviewed and to record non-compliance. Audit workbooks include links to applicable statutes, administrative rules, policy and contract for reference.
- Standard interview questions are used with all levels of CCI staff and residents to assess and or verify compliance and treatment programing.
- Division report formats are standardized and completed reports are reviewed and approved by DCWL managers.
- Inspection procedures are reviewed and discussed with DCWL staff during monthly supervision and quarterly staff meetings to ensure consistent process application.

Assessment of Performance

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

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

  Measures: Child welfare licensing data and other sources.
  Benchmarks 2015 – 2019: Local licensing agencies will collaborate with the Division of Child Welfare Licensing to ensure all standards are applied equally.
    - **2016 Performance:** Collaboration between local licensing agencies and the division continued.
    - **2017 Performance:** Collaboration between local licensing agencies and the division continued.

Planned Activities for 2018 and 2019

- Eight regional Post Adoption Resource Centers will provide services to support families who have finalized adoptions of children from the Michigan child welfare system or children who were adopted in Michigan through an international or a direct consent/direct placement adoption or children who have a Michigan subsidized guardianship agreement.
- Adoption Resource Consultant services
- Adoption Navigator services
- MARE Match Support Program
- The Adoption Oversight Committee will meet bi-monthly

Item 34: Requirements for Criminal Background Checks

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?

> Please provide relevant quantitative/qualitative data or information that show the state is complying with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children.

State Response:

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

- Fingerprinting, allowing accurate state and FBI criminal history clearance.
- Sexual offender registry clearance completed prior to licensure or home study approval.
- Central registry clearance completed prior to licensure or home study approval.

In addition, every adult household member in these homes undergo criminal history, sexual offender and central registry clearances prior to licensure of home study approval.

Michigan law requires that criminal history checks be completed on all persons over 18-years-old residing in the home in which a foster family home or foster family group home is operated. The following checks are completed on foster parent applicants and results are documented on the Licensing Record Clearance Request-Foster Home/Adoptive Home (CWL-1326) and in the DCWL Information Tracking System:

- Law Enforcement Information Network (LEIN).
- Internet Criminal History Access Tool (ICHAT).
- Public Sex Offender Registry.
- Central Child Abuse and Neglect Registry.
- Secretary of State.
- Children's Protective Services history.
- Previous licenses issued/closed.

When the agency completes the licensing evaluation, including the assessment of any conviction(s), and if the decision is made to recommend licensure despite conviction(s) for specified crimes as indicated in the Good Moral Character licensing rules, the agency completes the Administrative Review Team Summary and submits it with the initial licensing packet.

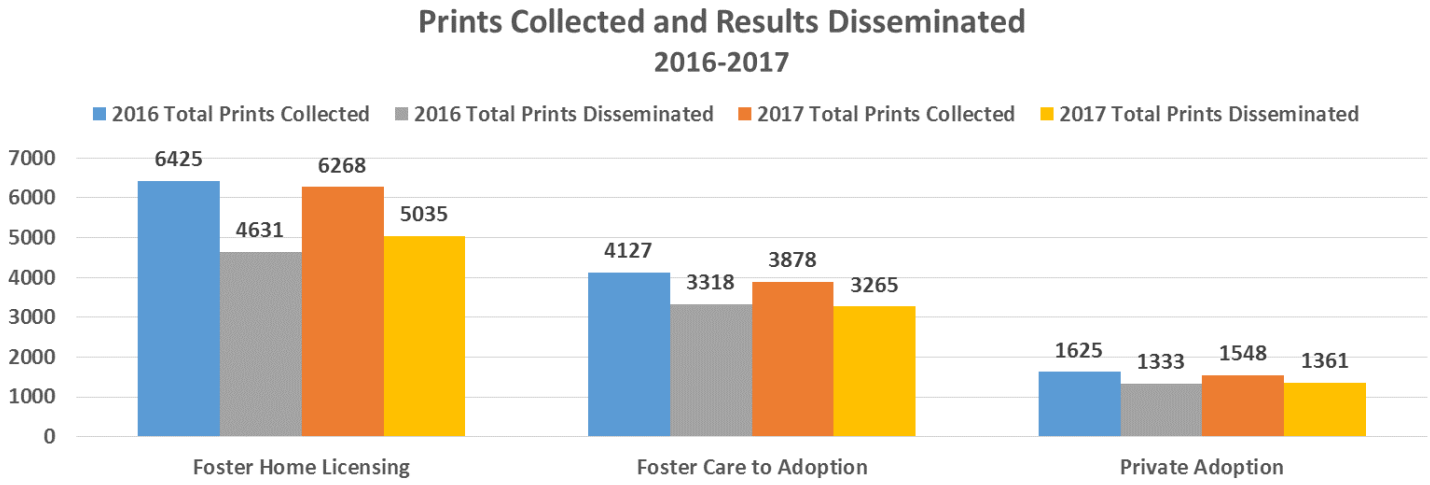
Michigan's Good Moral Character Rule identifies criminal offenses that presume a lack of good moral character. Administrative Review is the process by which a licensee or applicant may

rebut the Good Moral Character Rule's presumption by demonstrating detailed evidence of rehabilitation. If, in addition to a conviction for a specified crime, there are convictions for other crimes not specified in the Good Moral Character rule, all convictions must be addressed in the Administrative Review Summary. Decisions made by the Administrative Review Team are not subject to appeal. Subsequent disciplinary licensing actions are subject to appeal per MCL 722.121.

When all record clearances are completed, applicants receive a home study conducted by a DCWL Licensing Consultant. Once enrolled as foster parents, anytime a foster parent is fingerprinted by a police agency or has a new conviction in Michigan, the Michigan State Police send an email to DCWL. DCWL also receives a weekly list of anyone associated with a license that has been placed on Central Registry. A new criminal history check is completed on all non-licensee adults in the household at each renewal.

Fingerprint Data 2016 and 2017

Fingerprints were collected under three types of application: foster home licensing prints, foster care to adoption prints and private adoption prints. Of the 12,177 fingerprints collected, 9,282 criminal history record information results were found and disseminated to the field for assessment.



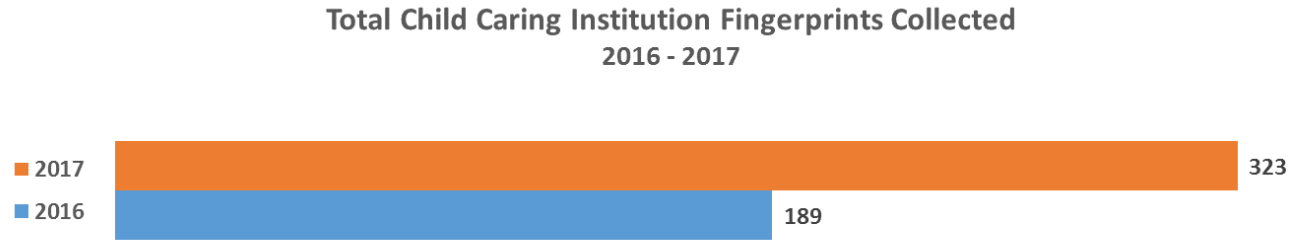
Qualitative Analysis

The fingerprint data is affected by policy and procedure changes implemented in 2016 and 2017. In July 2016, DCWL released policy in Services Requirements Manual (SRM) 200 specific to the collection, processing and dissemination of fingerprints for prospective adoptive and foster parents.

SRM 200 requires forms to be signed and dated by applicants in a specific order to ensure that proper consent and authorization complies with SRM 200. If policy requirements are not met, all forms are rejected by DCWL, requiring the child placing agency and applicant to complete the fingerprinting process according to policy requirements.

Child Caring Institution (CCI) Fingerprint Data

Fingerprint-based criminal record history information is required for all CCI and CPA licensee designees and chief administrators. These fingerprints are assessed by DCWL and not disseminated outside of the division.



Review Process for clearing fingerprint based Criminal History Record Information

DCWL's central office staff is responsible for receiving, processing and reviewing all criminal and central registry clearances on the following applicant types:

a. Licensees – Child Placing Agencies and Child Caring Institutions.
b. Chief Administrators.
c. Foster Parent.
d. Adoption.

DCWL has standardized procedures for processing and reviewing clearances.

- The DCWL receives fingerprint-based criminal record history information results directly from the Michigan State Police (MSP) into a secure database.
- DCWL staff review required documents signed by the applicants to ensure compliance with FBI/MSP policies and match the clearance results with the applicant's documentation.
- Arrest and conviction results specific to a CCI licensee and or a chief administrator are reviewed by a departmental analyst and the director. Any arrests or convictions that fall under the Good Moral Character Administrative Rules require an immediate contact by the director to the CCI and DCWL staff assigned to the CCI.
- Instructions are given regarding contact with residents and documentation needed for the DCWL to assess future safety and risk to residents.

Michigan's Division of Child Welfare Licensing is responsible for both licensing and safety. All cases reviewed by DCWL were found to be in compliance in the areas of licensing and safety. All foster care homes and child-caring institutions had the appropriate licenses and the renewals were timely. The completion of FBI fingerprint-based checks, state and local criminal record checks and child abuse and neglect central registry checks ensure compliance with section 471(a)(20) of the Social Security Act and state licensing rules are clearly documented in the licensing files.

Assessment of Performance

- **Objective:** MDHHS will ensure that the state complies with federal requirements for criminal background clearances for licensing foster and adoptive homes and has provisions for ensuring the safety of foster and adoptive placements.
  Measures: Criminal history and central registry screening of foster or adoptive applicants.
  Benchmarks 2015 – 2019: Collaboration between the DCWL and local child-placing agencies to ensure each foster and adoptive home is screened and approved before children are placed.
  - **2016 Performance:** One hundred percent of licensed foster homes had a completed criminal history and central registry screening prior to licensure.
  - **2017 Performance:** One hundred percent of licensed foster homes had a completed criminal history and central registry screening prior to licensure.

Planned Activities for 2018 and 2019

The following services will continue:

- Eight regional Post Adoption Resource Centers will provide services to support families who have finalized adoptions of children from the Michigan child welfare system or children who were adopted in Michigan through an international or a direct consent/ direct placement adoption or children who have a Michigan subsidized guardianship agreement.
  - Adoption Resource Consultant services
  - Adoption Navigator services
  - MARE Match Support Program
  - The Adoption Oversight Committee will meet bi-monthly

Item 35: Diligent Recruitment of Foster and Adoptive Homes

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?

> Please provide relevant quantitative/qualitative data or information that show the state's process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide.

State Response:

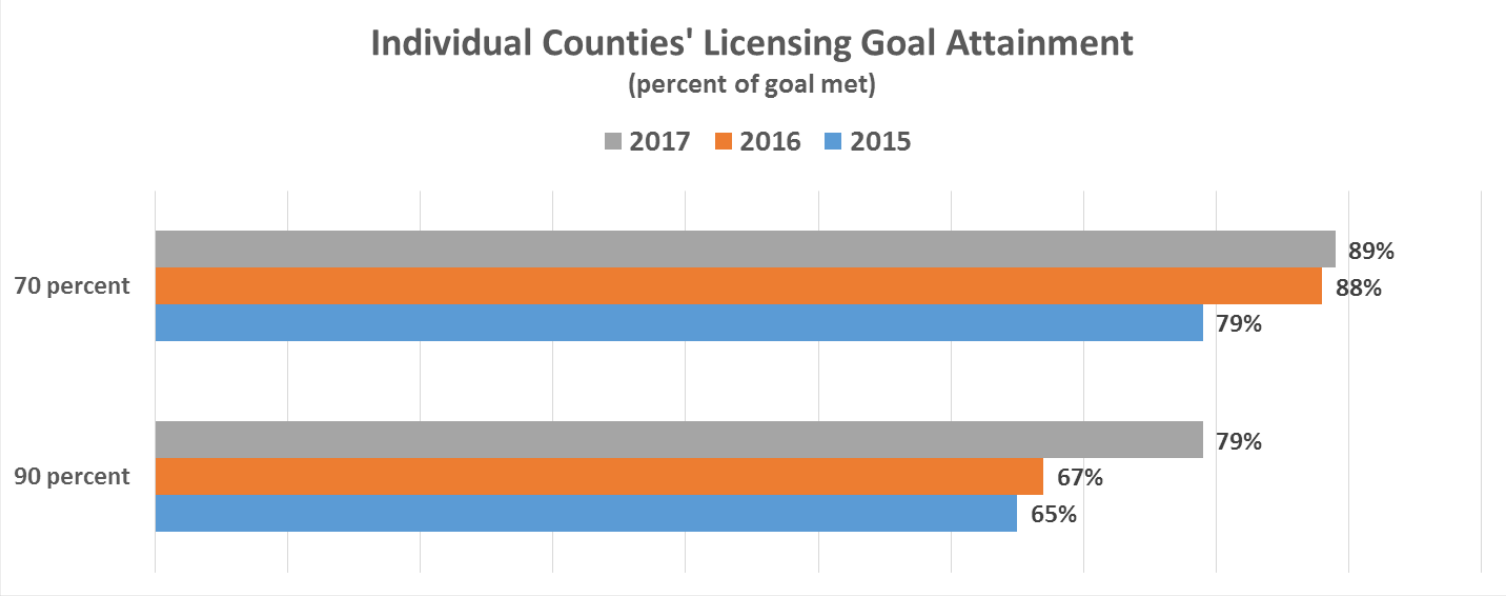
Infants, children and youth from various geographic, ethnic and cultural backgrounds need foster and adoptive homes. Michigan's demographic and cultural diversity ranges from northern and rural, to urban southeastern Michigan, and the foster care population is similarly varied. Maintaining an adequate array of placements that reflect the ethnic and racial diversity of children in care continues to be a top priority. Placement with relatives for foster care and adoptive care is a strength, and the state-administered structure ensures a smooth process for placement of children across jurisdictions.

Michigan has over 13,000 children in foster care and relies on public and private child placing agencies to find temporary and permanent homes for these children. Michigan has over 90 contracts with private child placing agencies for foster care case management and over 60 contracts for adoption services.

Assessment of Performance

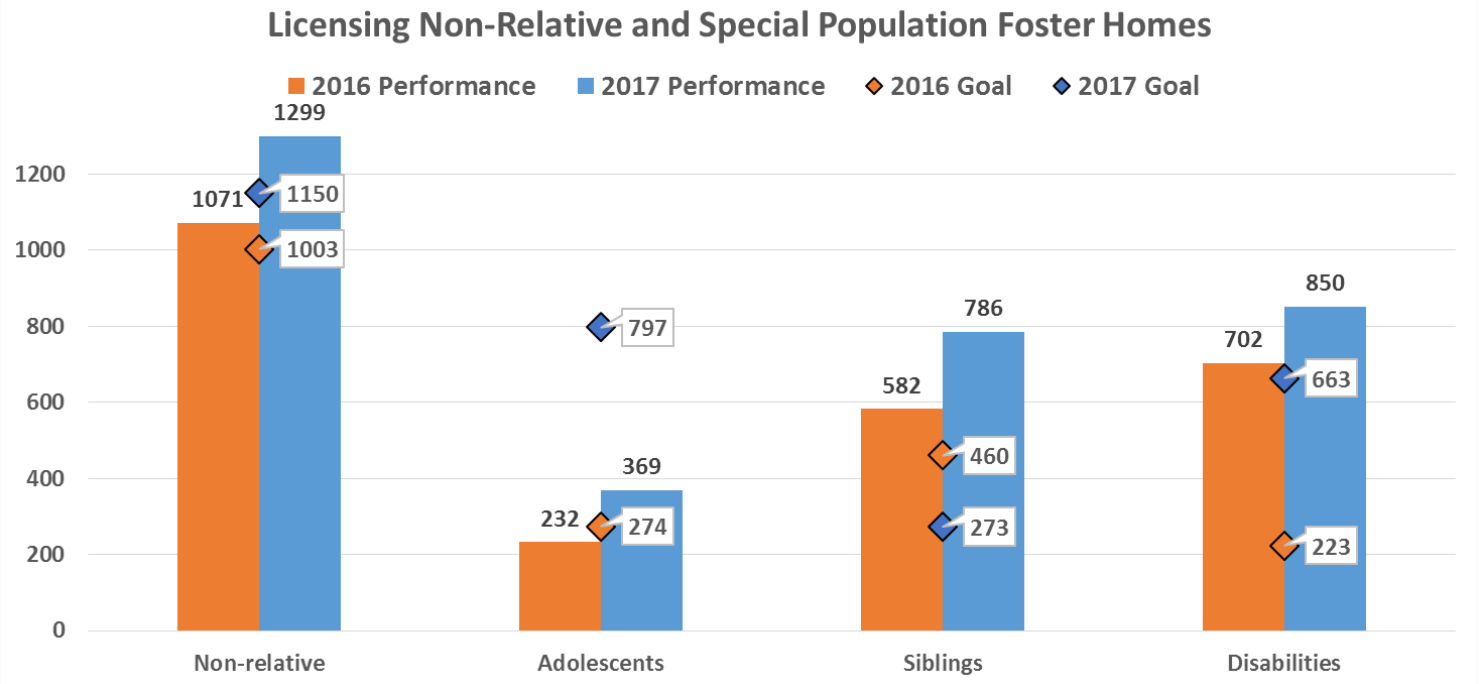
Michigan's performance in the Foster and Adoptive Parent Recruitment, Licensing and Retention systemic factor is measured through monitoring the percentage of counties that meet their licensing goals. Performance is also reflected in the percentages of children who are placed in permanent homes in a timely manner and the number of relative caregivers that complete the licensing process.

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



Non-Relative and Special Population Recruitment

The following graph for fiscal years 2016 and 2017 displays licensing data for non-relative foster homes and homes for special populations. Foster home goals for adolescents, siblings, and disabilities are for non-relatives. Data was provided by MDHHS Division of Child Welfare Licensing.



From Oct. 1, 2015 to Sept. 30, 2016, MDHHS and private child placing agencies licensed:

- Over 100 percent of the non-relative foster home goal.
- Eighty-five percent of the non-relative foster home goal for adolescents.
- Over 100 percent of the non-relative foster home goal for sibling groups.
- Over 100 percent of the non-relative foster home goal for children with disabilities.

From Oct. 1, 2016 to Sept. 30, 2017, MDHHS and private child placing agencies licensed:

- Over 100 percent of the non-relative foster home goal.
- Forty-six percent of the non-relative foster home goal for adolescents.
- Over 100 percent of the non-relative foster home goal for sibling groups.
- Over 100 percent of the non-relative foster home goal for children with disabilities.

In 2017, MDHHS used a new tool the Foster Home Estimator, to set fiscal year recruitment goals for counties, accounting for the large differences in some of the goals seen above between 2016 and 2017. Please see page 20, Diligent Recruitment of Foster and Adoptive Homes Plan for Improvement Progress in 2017, for further information regarding the Foster Home Estimator. Based on the recruitment performance above, Item 35 is assessed as a strength.

Diligent Recruitment that Reflects the Ethnic and Racial Diversity of Children

The Office of Child Welfare Policy and Programs provided materials and data to counties to assist them in completing their Adoptive and Foster Parent Recruitment and Retention plans in 2016. Each county received data regarding:

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

Counties and agencies reviewed the data and Foster Home Estimator results to identify targeted populations. The counties and agencies collaborated to identify non-relative licensing goals and strategies to recruit homes for the targeted populations.

In 2016, each county's licensing goal was analyzed and monthly targets were established to assist counties in monitoring their progress toward their unrelated licensing goal. Michigan's ongoing plan for diligent recruitment of foster and adoptive families is presented in Attachment H, Foster and Adoptive Parent Diligent Recruitment, Licensing and Retention Plan.

Recruitment of Foster and Adoptive Parents for Diverse Youth

In addition to the information previously provided about the foster home estimator, targets are shared with each county for the recruitment of foster and adoptive homes that match the racial and/or cultural diversity of children entering foster care in that county. These targets help the county gain a better understanding of which populations to focus on to achieve a vast array of foster homes available to match diversity within the county.

Child-Specific Adoption Recruitment Activities

Child-specific recruitment is the most effective strategy to find an appropriate adoptive family for a child. If an adoptive family has not been identified at the time of referral, a written, child-specific recruitment plan must be developed within 30 calendar days of the date of acceptance

of the case transfer. The child must also be registered for photo listing on the Michigan Adoption Resource Exchange within 30 calendar days of termination of parental rights or the date of acceptance of the case transfer, whichever is later.

An adoption case must be referred to an Adoption Resource Consultant if an adoptive home has not been identified for the child within one year of the child being legally free with a goal of adoption. Adoption Resource Consultants provide services until permanency is achieved through adoption or one of the other four federal permanency goals.

Adoption Navigators provide support and assistance to families pursuing adoption of children from Michigan's child welfare system.

The Michigan Adoption Resource Exchange produces recruitment brochures and newsletters, maintains an informational website, hosts "meet and greet" events and maintains the Michigan Heart Gallery, a traveling exhibit introducing available children.

The Michigan Adoption Resource Exchange Match Support Program provides statewide services for families who have been matched with a child from the website and are moving forward with adoption. The Match Support Program provides up to 90 days of informational and referral services to families.

The following recruitment and licensing activities were provided by counties and agencies in Michigan to ensure foster and adoptive homes met the needs of children and families in their area:

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

Each local MDHHS office was expected to:

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

Counties determined goals and action steps based on historical trends and data provided by the Office of Child Welfare Policy and Programs that include:

- Characteristics of children in care (i.e. age, gender, race and living arrangement).
- Characteristics of children entering and exiting foster care.
- Total number of homes licensed by the county at a point in time.

- Number of foster homes licensed by the county during specified periods.
- Foster home closure reasons.
- Demographic data on barriers to placements.

Diligent Recruitment of Foster and Adoptive Homes Plan for Improvement Progress in 2017

MDHHS began using the Foster Home Estimator developed by Wildfire Associates in collaboration with Dr. Denise Goodman with support and funding from the Annie E. Casey Foundation. The Foster Home Estimator allowed each county to analyze data including:

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

The needs identified by this tool were homes for specific age ranges, sibling groups and homes that match the race of children in the county. This information was valuable to local counties as they developed data driven recruitment plans to adequately serve their foster care population, within their own community.

An enhanced non-relative licensing dashboard was released in 2017. The dashboard allows users to see licensing progress at a statewide, BSC, county and agency level, and provides additional data not previously compiled and released. The following data is included:

- Four speedometers that show percentage of the licensure goal achieved (overall and for each special population).
- The number of foster homes opened compared to the number of foster homes closed. Graphs show this data by month and by fiscal year.
- Days to licensure.
- Number of enrollments.
- Number and percentage of residential placements by age group.
- Number and percentage of children placed with relatives.

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

- Back-to-school events.
- Community festivals, fairs and events.
- Flyers and presentations at local schools.
- Presentations at local hospitals and doctor offices.
- Foster care awareness and appreciation events.
- Adoption Day events.

- Presentations at congregations on the need for foster and adoptive parents.
- Collaboration with community and faith-based partners.
- Foster parent support groups.
- Flyers at sporting events.
- Local community presentations.
- Visiting library displays.
- Movie trailer ads.
- Billboards.

Planned Activities for 2018 and 2019

Regional Resource Teams (RRTs)

RRTs went into effect in December 2017/January 2018. The six RRTs are located across the state in each BSC. The RRTs provide regional recruitment, retention and training for foster and adoptive parents. The RRTs focus on recruiting, supporting and developing foster families in order to meet annual non-relative licensing goals, to retain a higher percentage of existing foster families, to appropriately prepare families for the challenges associated with fostering and to develop existing foster family skills in order to enable them to foster children with more challenging behaviors.

The RRTs provide resources for families and licensing staff in each county for recruitment and retention support, PRIDE pre-licensure training across the state, and includes the Foster Care Navigator program, of which each BSC has at least 2. RRTs provide the training certificate and number of training hours to the licensor for tracking, as each licensor is responsible for making sure their families are meeting training requirements. DCWL provides oversight of the licensors.

Ongoing Services

- Eight regional Post Adoption Resource Centers will provide services to support families who have finalized adoptions of children from the Michigan child welfare system or children who were adopted in Michigan through an international or a direct consent/direct placement adoption or children who have a Michigan subsidized guardianship agreement.
- Adoption Resource Consultant services.
- Adoption Navigator services.
- MARE Match Support Program.
- The Adoption Oversight Committee will meet bi-monthly.

Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide?

Please provide relevant quantitative/qualitative data or information that show the state's process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide.

Please include quantitative data that specify what percentage of all home studies received from another state to facilitate a permanent foster or adoptive care placement is completed within 60 days.

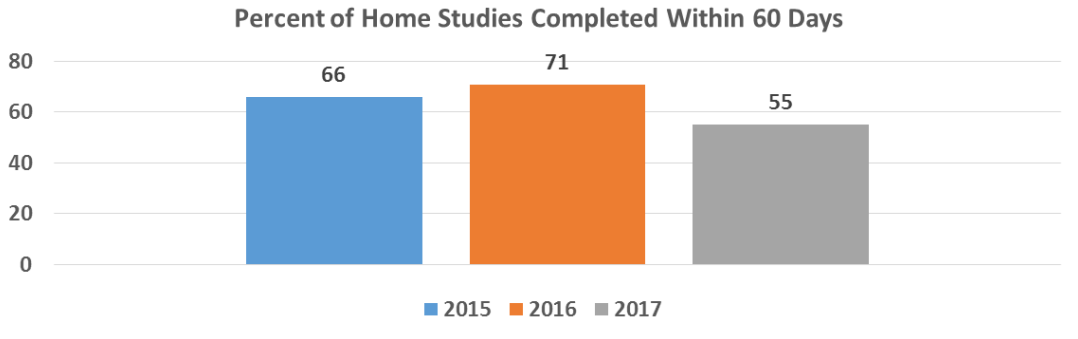
State Response:

Michigan contracts adoption services with 63 private Michigan child-placing agencies. All adoption contracts are statewide and include expectations of conducting Interstate Compact Adoptive Home Studies, requesting Adoptive Home Studies through the Interstate Compact process for adoptive placements in other states and performing adoption services on assigned cases, including cross-county placements.

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

State Use of Cross-Jurisdictional Resources Assessment of Performance

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



- **Objective 1:** MDHHS will ensure timely search for prospective parents for children needing adoptive placements, including the use of exchanges and other interagency efforts, if such procedures ensure that placement of a child in an appropriate household is not delayed by the search for a same race or ethnic placement.
  Measure: Number of children available for adoption without an identified family who are registered with the Michigan Adoption Resource Exchange within required timeframes.
  Baseline - 2014:
  - Eighty percent of children available for adoption without an identified family are registered with the Michigan Adoption Resource Exchange within required timeframes.
  - Eighty percent of children available for adoption without an identified family one year after termination of parental rights are referred to an Adoption Resource Consultant.

  Benchmarks 2015 – 2019: Demonstrate improvement each year.
  2016 Performance:
  - Twenty-four children were registered within the required timeframes; 22 percent compliance.
  - In 2016, 130 children were referred to the Adoption Resource Consultant Program.

  2017 Performance:
  - Twenty-two children were registered within the required timeframes; 39 percent compliance.
  - In 2017, 165 children were referred to the Adoption Resource Consultant Program.

  2018 Performance (Oct. 1 2017 – March 31, 2018):
  - Twenty-six children were registered within the required timeframes; 41 percent compliance.
  - Eighty-nine children were referred to the Adoption Resource Consultant Program.

Based on the data on timely home studies and registration on the Michigan Adoption Resource Exchange, Item 35 is assessed as an area needing improvement.

State Use of Cross-Jurisdictional Resources Plan for Improvement Planned Activities for 2018 and 2019

The following services will continue:

- Eight regional Post Adoption Resource Centers will provide services to support families who have finalized adoptions of children from the Michigan child welfare system or children who were adopted in Michigan through an international or a direct consent/direct placement adoption or children who have a Michigan subsidized guardianship agreement.

- Adoption Resource Consultant services.
- Adoption Navigator services.
- MARE Match Support Program.
- The Adoption Oversight Committee will meet bi-monthly.

Implementation Support

- Collaboration and planning between MDHHS county offices, private agencies, federally recognized tribes, faith communities and key foster/adoptive/kinship parents is necessary to determine the county's overall recruitment needs and goals and the actions steps required to achieve those goals.
- Local MDHHS offices and private agencies use the Foster Home Estimator to analyze data used to assess the need for foster homes serving diverse communities.
- Eight regional Post Adoption Resource Centers provide services to support families who have finalized adoptions of children from the Michigan child welfare system.
- Foster care and adoption staff coordinate the referral process through the Interstate Compact Office.
- The Michigan Adoption Resource Exchange Match Support Program provides statewide services for families who have been matched with a child from the website and are moving forward with adoption.

Program Support

- MDHHS utilizes the QIC Placement sub-team to provide input on the annual adoptive and foster parent recruitment and retention plans. This sub-team develops strategies for recruiting and retaining foster homes, implementing recruitment and retention plans and compliance in the licensing of foster homes.
- The QIC Placement sub-team monitors the implementation plans for placement of children in unlicensed homes and addresses practice in foster parent and relative licensing and placement exceptions.
- Adoption Resource Consultant Services throughout the state provide services to young people who have a permanency goal of adoption and have been legally free for adoption for one year or more without an identified family.

Technical Assistance and Capacity Building

MDHHS will continue using the Foster Home Estimator developed by Wildfire Associates in collaboration with Dr. Denise Goodman with support and funding from the Annie E. Casey Foundation.