

Child and Family Services Reviews

Statewide Assessment

February 3, 2025

Minor formatting adjustments may have been made to this document for 508 compliance. Content is unaffected.

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Children's Bureau
Administration for Children and Families

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Section I: General Information

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES CHILDREN'S SERVICES ADMINISTRATION

Child and Family Services Reviews
Statewide Assessment
2025

STATE AGENCY CONTACT PERSON(S) FOR THE STATEWIDE ASSESSMENT

Elizabeth Hertel, Director
Michigan Dept. of Health and Human Services
333 S. Grand Avenue, P.O. Box 30195
Lansing, MI 48909
HertelE@michigan.gov

Demetrius Starling, Senior Deputy Director, Children's Services Administration
Michigan Dept. of Health and Human Services
235 S. Grand Avenue, P.O. Box 30037
Lansing, MI 48909-0037
starlingd@michigan.gov

Kelly Sesti, Director, Administration Bureau, Children's Services Administration
Michigan Dept. of Health and Human Services
235 S. Grand Avenue, P.O. Box 30037
Lansing, MI 48909-0037
sestik@michigan.gov

Franchesca Vega-Myatt, Director, Division of Continuous Quality Improvement
Michigan Dept. of Health and Human Services
235 S. Grand Avenue, P.O. Box 30037
Lansing, MI 48909-0037
vegaf@michigan.gov

LIST OF STATEWIDE ASSESSMENT PARTICIPANTS

Name	Affiliation	Role in Statewide Assessment Process
Demetrius Starling	Michigan Department of Health and Human Services (MDHHS) Children's Services Administration Senior Deputy Director	Decision-Maker
Kelly Sesti	MDHHS Children's Services Administration	Decision-Maker
	(CSA) Bureau Director	
Tim Click	MDHHS In-Home Bureau Director	Contributor
Rachel Willis	MDHHS Out-of-Home Bureau Director	Contributor

Name	Affiliation	Role in Statewide Assessment Process
Franchesca Vega-Myatt	MDHHS CSA Division of Continuous Quality Improvement (DCQI) Director	Contributor
Kelly Wagner	State Court Administrative Office Child Welfare Services Court Improvement Program Director	Contributor
Luciana Viramontes	State Court Administrative Office Child Welfare Services Court Improvement Program Court Analyst	Contributor
Janet Reynolds Synder	Michigan Federation for Children and Families CEO	Contributor
Ashleigh Brotherson	MDHHS CSA Division of Child Welfare Licensing Director	Contributor
Erin House	MDHHS CSA Juvenile Justice Director	Contributor
Kathonya Rice	MDHHS CSA Adoption and Guardianship Assistance Office Director	Contributor
Kimberly Reese	MDHHS Race Equity Diversity and Inclusion Director	Contributor
Dr. Stacie Gibson	MDHHS Office of Workforce Development and Training Director	Contributor
Suzanne Greenberg	Children Trust Michigan Director – Community Block Grant Child Abuse Prevention	Contributor
Heidi Coggins	Children Trust Michigan – Community Block Grant Child Abuse Prevention	Contributor
Patricia Neitman	MDHHS Bureau of Children's Coordinated Health Policy and Supports Bureau Director	Contributor
Nancy Rostoni	MDHHS Prevention and Preservation State Administrative Manager	Contributor
Jordan Carter	MDHHS Children's Protective Services & Redesign State Administrative Manager	Contributor
Kathleen Hoehne	Michigan Department of Education Foster Care Liaison to Michigan Dept. Health and Human Services Children's Services Administration	Contributor
Jason Cross	MDHHS CSA Native American Affairs State Manager	Contributor
Brittney Barros	State Court Administrative Office and Michigan Public Health Institute and Lived Expert	Contributor
Sarah Goad	MDHHS CSA Out-of-Home Bureau Older Youth Services	Contributor
Joy Thelen	MDHHS CSA Guy Thompson Parent Partners	Contributor
Mary Lou Mahoney	MDHHS Prevention, Preservation, and Protection Division Director	Contributor
Heather Williams	MDHHS CSA Legislation, Policy, Diversity, Equity, and Inclusion State Administrative Manager	Contributor

Name	Affiliation	Role in Statewide Assessment Process
Jessica Sweet	MDHHS CSA Foster Care Adoption Director	Contributor
Paula Aylward	Attorney	Workgroup member
Lynette Durnell	Foster Parent	Workgroup member
Evelyn Calogero	Attorney	Workgroup member
Steve Flood	Berrien County Referee	Workgroup member
Jeffrey Getting	Prosecuting Attorney	Workgroup member
Hon. Cheryl Lohmeyer	Monroe County Probate Court Judge	Workgroup member
Ann Rossi	MDHHS CSA Education & Young Adult Voluntary Foster Care Analyst	Workgroup member
Aimee Nimeh	Michigan Court Appointed Special Advocate President & Chief Executive Officer	Workgroup member
Mona Youssef	Michigan Department of Attorney General, Children & Youth Services Division Chief	Workgroup member
Joshua Pease	Chair of Children's Law Section of the Michigan Bar Association	Workgroup member
Kathleen Allen	Deputy General Counsel, Third Judicial Circuit of Michigan	Workgroup member
Heather Samkowiak	MDHHS Business Service Center 1 Quality Assurance Analyst	Contributor
Jennifer Gransell	MDHHS Business Service Center 2 Quality Assurance Analyst	Contributor
Derek Heath	MDHHS Business Service Center 3 Quality Assurance Analyst	Contributor
Kelsey Chaudoin	MDHHS Business Service Center 4 Quality Assurance Analyst	Contributor
Charnay Amash	MDHHS Business Service Center 5 Quality Assurance Analyst	Contributor
Susan Svoboda	Senior Data Analyst, Judicial Information Systems	Contributor
Emily Novello	Administrative Assistant, Foster Care Review Board	Contributor

DESCRIPTION OF STAKEHOLDER INVOLVEMENT IN STATEWIDE ASSESSMENT PROCESS

Beginning with the state's participation as a pilot site with the Federal Department of Health and Human Service's Administration for Children and Families (ACF) Children's Bureau (CB) root cause analysis following the third Child and Family Services Review (CFSR) in 2019, Michigan prioritized involvement of stakeholders. As Michigan implemented strategies aimed to impact the child welfare system collectively, specific structures were adopted to ensure that people with lived expertise were involved in the development and evaluation of those strategies. Michigan's professional and citizen groups, committees, and councils routinely provide input, feedback, and data as inherent partners; it is the department's practice to solicit stakeholder input on an ongoing basis. The Michigan Department of Health and Human Services (MDHHS) Children's Services Administration (CSA) Bureaus of Administration, In-Home Services, and Out-of-Home Services use vital stakeholder information to address identified issues and improve services to children and families. Michigan adopted a payment structure and process to provide equitable pay to people with lived experience for their participation, ensuring there are

avenues for individuals with lived expertise to inform change and participate in evaluation to sustain positive results to meaningfully impact and improve the state child welfare system. Stakeholder involvement in the Fourth Child and Family Services Review Statewide Assessment was attained through interviews, surveys, listening circles, and/or workgroups in October 2024.

This process of including stakeholder input began with the development of the state's Child and Family Service Plan. In August 2024, Michigan formally designated subject matter experts responsible for leading the state child welfare system's seven unique systemic factors to guide the development of the statewide assessment for each factor. These subject matter experts, a core team of professionals with various responsibilities of state level oversight, participated in a two-day, in-person event supported by the Capacity Building Center for States and the Regional team from the Federal Department of Health and Human Service's Administration for Children and Families Children's Bureau in September 2024. The two-day event began with the Capacity Building Center for States review of the purpose of the CFSR, the intention of the CFSR Statewide Assessment, important requirements, as well as expectations of being data driven and inclusive of a diverse audience of contributors, with specific attention to those with lived expertise. The second day included direct technical assistance from the regional team regarding what to consider within the assessment. At the conclusion of the two-day event, the teams of subject matter experts were charged with developing workgroups of diverse public and private stakeholders, including individuals with lived experience, to complete the CFSR Readiness Assessment document and draft an assessment of performance for each factor for inclusion in the Statewide Assessment.

During October, each subject matter expert team utilized workgroup meetings, interviews, and/or surveys to collect a variety of perspectives and input to inform the performance assessment for their systemic factor and associated items. Those with lived experiences have provided ongoing feedback on a variety of state initiatives since 2019 and were therefore asked for their assistance with the Statewide Assessment. For example, the subject matter experts for the Case Review systemic factor solicited feedback from youth, attorneys, jurists, Foster Care Review Board members, Court Appointed Special Advocates, and staff via a workgroup. The Quality Assurance subject matter experts included feedback from local Continuous Quality Improvement (CQI) teams staffed by youth, parents, caregivers, and staff of various levels, including individuals assigned to coordinate that local CQI team, direct services staff, and supervisory and leadership staff members. Their input was collected during in-person meetings and via surveys for those unable to attend in person.

Michigan's subject matter experts will continue to seek information and provide updates to their workgroups and teams throughout the state-led Child and Family Services Review. The subject matter expert teams will continue to review each systemic factor and assess the outcome measures (i.e., safety, permanency, well-being) through quarterly Quality Improvement Council

sessions. Ongoing review and sharing of data from various sources on the outcome measures will inform strategies to improve the functioning of the child welfare system.

Section II: State Context Affecting Overall Performance

PART 1: VISION AND TENENTS

The MDHHS organizational structure reflects the department's vision and priorities, with an emphasis on public health, family, children's services, aging and adult services, service delivery and community operations, economic stability, health and behavioral health services, family support, and community services. Director Elizabeth Hertel was appointed to lead MDHHS in January 2021.

Child welfare services in Michigan are administered through the MDHHS CSA under the leadership of CSA Senior Deputy Director, Demetrius Starling. The administration is organized into the following entities:

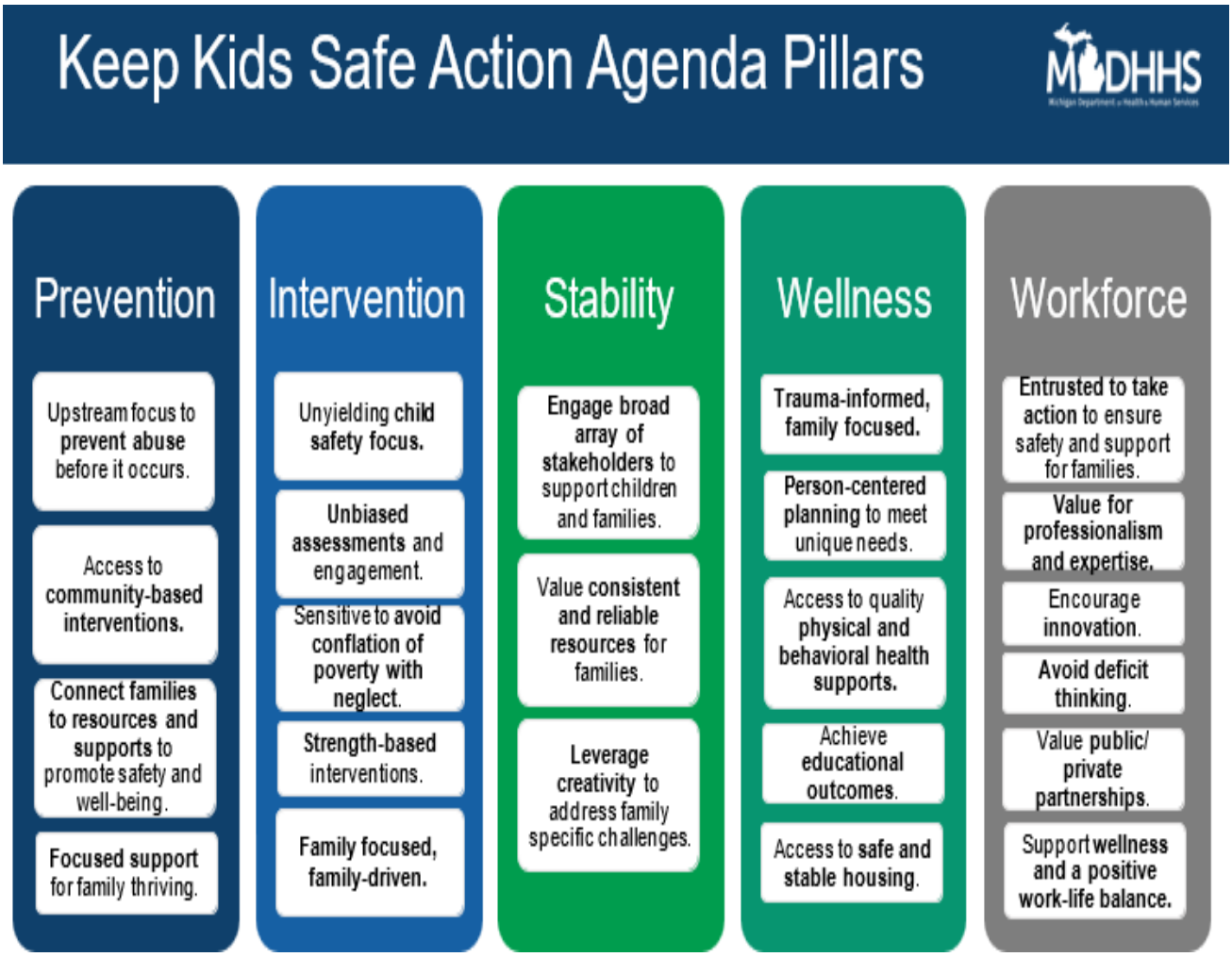
- The Bureau of CSA Administration.
- The Bureau of In-Home Services.
- The Bureau of Out-of-Home Services.
- Five Business Service Centers (BSCs).
- The Juvenile Justice Program Office.
- Children Trust Michigan.

The Division of Continuous Quality Improvement (DCQI), within the Bureau of CSA Administration, is responsible for the development and administration of the Child and Family Services Plan (CFSP), Child and Family Services Review, and leading ongoing continuous quality improvement (CQI) efforts.

MDHHS Vision
Deliver health and opportunity to all Michiganders, reducing intergenerational poverty and promoting health equity.

MDHHS Mission
MDHHS provides services and administers programs to improve the health, safety, and prosperity of the residents of the state of Michigan.

MDHHS Priorities and Agenda
The Keep Kids Safe Action Agenda includes protocols and policies to improve the safety and well-being of Michigan children. Developed over the course of more than four years, the agenda relies on best practices in child welfare and commits the department to the nation's highest standards. The action agenda highlights the steps MDHHS has taken and will continue to take that can be separated into five categories — prevention, intervention, stability, wellness, and workforce. The pillars depicted below provide the framework that continues to guide Michigan's approach to serving children and families and in the creation of the 2025-2029 Children and Family Services Plan (CFSP).



Child Welfare Vision
All Michigan children are safe from abuse and neglect, and families have the services and supports they need to thrive.

Child Welfare Priorities and Agenda
The CSA is committed to ensuring equitable practices in child welfare and prioritizes keeping Michigan children safe with their families while providing the least intrusive service provision for timely reunification and permanency.

PART 2: CROSS-SYSTEM CHALLENGES

Michigan continues to be impacted by several long-term consequences of the COVID-19 pandemic. This is especially noticeable in the high turnover rates and instability within the direct services staff, affecting both public and private sectors. Workforce stability has been impacted among resource parent providers and contracted service providers. Court hearings remain backlogged with significant impacts to in-person hearings.

PART 3: CURRENT INITIATIVES

MDHHS is committed to creating an equitable child welfare system and advancing equity for all Michigan citizens, including people of color and those who have been historically underserved, marginalized, and adversely affected by persistent poverty because of inequality. In 2020, Governor Whitmer signed Executive Directive 2020-9, recognizing racism as a public health crisis and initiating steps to address it within state government. Under the executive directive, MDHHS was charged with making health equity a major goal as well as requiring implicit bias training for all state employees.

MDHHS created the Race Equity, Diversity, and Inclusion (REDI) office in 2020 to address racial, health, social, and wealth disparities that impact internal and external partners. REDI is responsible for setting the strategic direction for the department in identifying and addressing issues of inequity due to systemic marginalization, and creating a culture of diversity, equity and inclusion (DEI) in practices and policies. REDI collaborates with internal partners to develop strategies to address disparities in the areas of health (Medicaid/public health), the wealth gap/poverty (Economic Stability Administration), employment (Human Resources), policies/procedures (Policy), services to children and families (CSA), and other administrations. The REDI director collaborates with equity and inclusion officers across all state agencies.

The Children's Services Administration created an Anti-Racism Transformation Team (ARTT) to eliminate racial disparities and to reduce disproportionate representation of children of color in Michigan's child welfare system. Two cohorts, or generations, of staff have been trained in team building and strategic planning, and they continue to be supported through a contract with a national leader in anti-racism training, Eliminating Racism and Claiming/Celebrating Equity (ERACCE). MDHHS acknowledges and works to remediate historical trauma impacting communities of color caused by institutional racism through:

- Establishing a racially diverse workforce and leadership team who exemplify cultural integrity.
- Empowering and engaging voices of communities of color in all decision-making.
- Institutionalizing anti-racist policies, practices, and legislation.

MDHHS has partnered with the Michigan Public Health Institute to complete an Equity Impact Assessment (EIA) which prepares organizations to address the root causes that contribute to the racial/ethnic disparities produced through programs, processes, practices, policies, budgetary decisions, and other factors. Through the EIA process, organizations learn how to develop actionable strategies and decisions that can lead to better outcomes for racial, ethnic, and other communities that are marginalized. The EIA process includes formalized steps for organizations to authentically engage with communities and partners to co-create solutions that lead to equitable outcomes. Organizations identify, plan for, and implement strategies that reduce potential harm for racial/ethnic and other marginalized communities as they conduct the EIA process.

The Michigan Child Welfare Improvement Task Force (MCWITF) was established in Fall 2020 by MDHHS to address the overrepresentation of children of color in the Michigan child welfare system, and support MDHHS in improving the safe, fair, and equitable treatment of all Michigan's children and families. The task force is responsible for reviewing the adequacy and effectiveness of the strategies identified by the agency, assessing whether the agency is implementing the

identified strategies, and seeking necessary community support including legislative support for implementation. The task force engages with youth and families with lived experience, academic experts, providers, and child welfare staff. In fulfilling its obligations, it utilizes a suite of tools such as:

- Case, policy, and budget reviews.
- Public hearings and interviews.
- Research review and data analysis.

Michigan is one of eight national pilot sites for the Quality Improvement Center on Engaging Youth in Finding Permanency (QIC-EY). The QIC-EY is federally funded by the Children's Bureau and charged with advancing child welfare programs and practice to ensure they are authentically engaging youth in foster care. Michigan was uniquely positioned for the national pilot due to the early efforts of the Court Improvement Program (CIP) Youth Advocacy Project (YAP). The QIC-EY chose the CIP YAP as the official intervention program model for Michigan. This means that the CIP YAP model is currently being tailored, enhanced, and streamlined to meet the unique research, evaluation and policy goals of the QIC-EY; benefitting from national expert consultation from the various partners who are part of the five-year cooperative QIC-EY agreement (Spaulding for Children, the University of Washington, and the University of Nebraska).

The Michigan CIP Youth Advocacy Project (YAP) aims to increase meaningful involvement of youth in their foster care cases through education about the child welfare system and development of self-advocacy skills. The Michigan CIP identified a Youth Champion, developed the structure and documents for the project, met with local stakeholders to discuss the project, and began providing Youth Champion support in 2022. Core components of the model include the following:

1. A trained youth champion who supports the youth.
2. A standardized youth intake process which is facilitated by the youth champion.
3. A standardized orientation intake meeting: youth champion meets with case manager and Legal Guardian Ad Litem (LGAL) to orient them to the program.
4. Weekly contact: The youth champion maintains weekly contact with youth.
5. A Five Art Webinar Training Series to educate youth related to rules, policies, laws etc., and effectively using their voice in Family Team Meetings (FTM) and court hearings.
6. Preparation for court and agency meetings: Youth prepare for court hearings and permanency planning FTMs with the support of the youth champion by completing the *Youth Desired Outcomes Worksheet (YDOW).*
7. Youth participates in court hearings and FTMs specific to permanency planning with support of youth champion.
8. Debrief: youth and youth champion debrief and delineate next steps based on outcome of FTM or court hearing.
9. Follow-Up with caseworker and LGAL: youth champion and youth follow-up with case manager and LGAL to coordinate and collaborate on next steps in case planning.

The Michigan CIP has coordinated initiatives to improve quality legal representation in Michigan with two specific tracks. The first began with a pilot and is now operationalized in two courts with structured support to families navigating challenges prior to a court ordered intervention including support for ancillary legal services. The second track is for courts to adopt new strategies and attorney requirements that can be funded through the Title IV-E Child and Parent Legal Representation (CPLR) Grant. MDHHS's CPLR grant program provides title IV-E funding for parent and child attorneys, and, through the CIP consultants, assists the courts that opted into receiving CPLR funding adopt the strategies below to improve legal representation for children and families:

1. Providing inter-disciplinary legal representation for families.
2. Compensating attorneys to provide pre-petition legal representation.
3. Increased compensation to obtain or maintain high quality attorneys.
4. Compensating attorneys to attend court-approved child welfare training.
5. Compensating attorneys to represent families in ancillary legal matters that cause barriers to permanency.
6. Establishing an attorney mentor program to assist newer attorneys.
7. Compensating attorneys to attend out-of-court client meetings.

Section III: Assessment of Child and Family Outcomes

SAFETY

Safety Outcomes 1 and 2

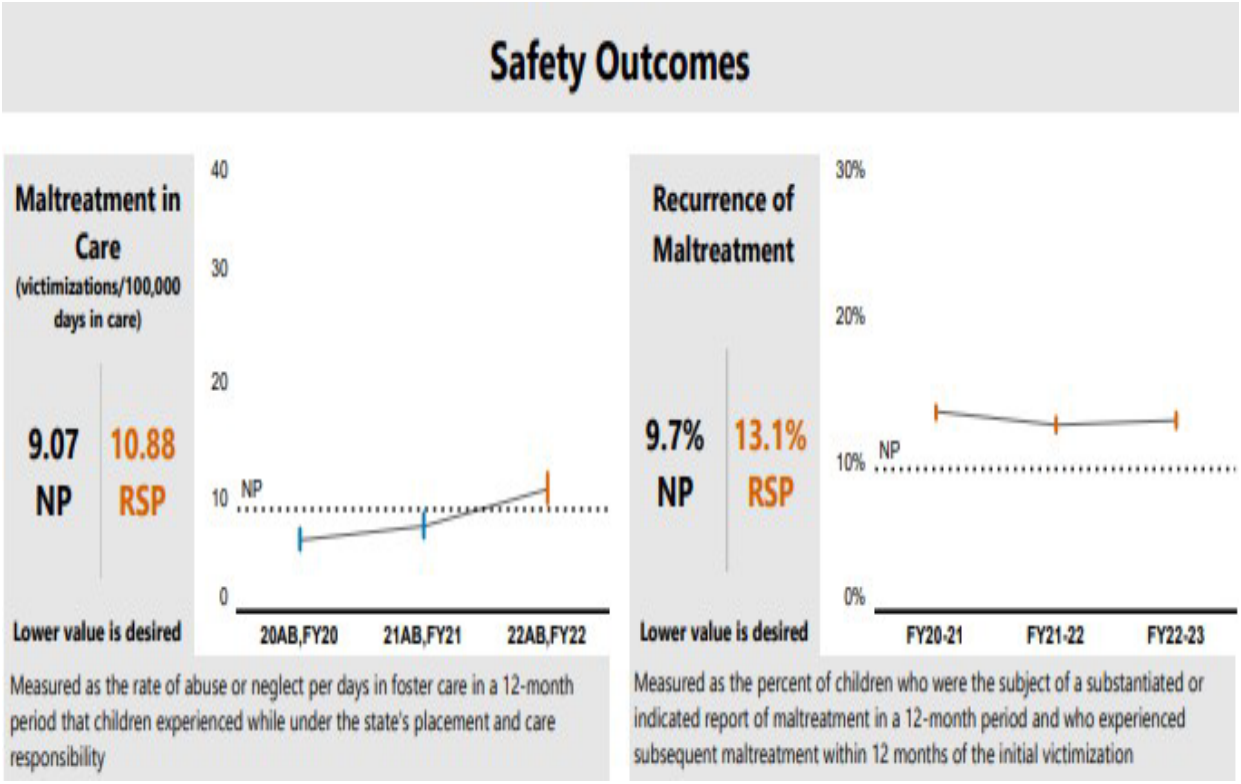
Safety outcomes include: (A) children are, first and foremost, protected from abuse and neglect; and (B) children are safely maintained in their homes whenever possible and appropriate.

In CFSR Round 3, Michigan was assessed by ACF CB as not being in substantial conformity with Safety Outcome 1 and Safety Outcome 2.

Michigan assesses **Safety Outcome 1** and **Outcome 2** as **not being in substantial conformity**. While Michigan has placed enormous effort into improving assessment tools to better understand various levels of risk and safety within a family or foster home, and implementing the best-matched services, rates of Maltreatment in Care and Recurrence of Maltreatment are not within, or better than, the national performance standards.

Michigan experienced significant improvement in the rate of Maltreatment in Care for two reporting periods covering federal fiscal years 2020 and 2021. Beginning in federal fiscal year 2022, Michigan observed an increase in that rate. An analysis of data shows that parents are most often the perpetrators for subsequent maltreatment events during unsupervised parenting time with substance use or domestic violence events as the main catalysts for these events.

Michigan's rate of Recurrence of Maltreatment remains above the national performance standard with mental health instability, substance dependence, and domestic violence as the reasons for additional maltreatment experiences.



**Statewide Data Profile August 2024.*

Safety Outcome 1:

In CSFR Round 3, Michigan was evaluated and given an overall rating of needing improvement. However, 82% of the 33 applicable cases were rated as a strength in accordance with state policy for timely initiation of an accepted report of child maltreatment.

Since that time, Michigan has made marked improvement in meeting the state policy to initiate an investigation of child abuse or neglect no later than 24 hours after a complaint has been accepted by the centralized intake division.

Initiation of an investigation may include communication or contact with the child or children, the child(ren)'s caregiver, or another person involved with the child(ren); communication or contact with a person who knows the child(ren), recently saw them, or has relevant knowledge about the family situation; and/or communication or contact with law enforcement, medical staff, or an emergency responder who has knowledge of the child(ren). Those accepted reports designated as a Priority One response require investigation initiation to occur as soon as possible when there is an immediate danger of harm to the child(ren) and within 12 hours of the receipt of the complaint with face-to-face contact with the child(ren) victims within 24 hours. A Priority Two response requires investigation initiation within 24 hours after the acceptance of the complaint when it is determined that the child is not in immediate danger and having face-to-face contact with the child(ren) victim within 72 hours.

Michigan actively monitors this metric monthly using statewide data. The Monthly Management

Report offers the following monthly data and compares the rate to the previous month, previous three months, previous six months, and previous 12 months. The following graphics show data from the past two years.

Report Month: 2023-09 | **Michigan Department of Health and Human Services** | *Statewide Performance*

Children's Services Agency - Monthly Management Report (September 2023)

STATEWIDE PERFORMANCE				2023-09 MONTHLY PERFORMANCE			2023-09 PERFORMANCE COMPARED TO REPORT PERIOD AVERAGES							
							Monthly	Prior 3 Months		Prior 6 Months		Prior 12 Months	
AGENCY NAME	PRGM	CATEGORY	REPORT METRIC	Due	Timely	%	Gain	%	Difference	%	Difference	%	Difference
STATEWIDE	CPS	CPS Commencement	12 Hour (P1)	1661	1615	97%	0%	97%	0%	98%	-1%	98%	-1%
			24 Hour (P2)	4292	4182	97%	-1%	98%	-1%	98%	-1%	98%	-1%
			Total for Category	5953	5797	97%	-1%	98%	0%	98%	-1%	98%	-1%
STATEWIDE	CPS	CPS Face To Face Inv	24 Hour	1656	1566	95%	0%	94%	0%	95%	0%	95%	-1%
			72 Hour	4293	4056	94%	-1%	95%	0%	95%	-1%	95%	-1%
			Total for Category	5949	5622	95%	0%	95%	0%	95%	0%	95%	-1%

**Data from the Monthly Management Report covering September 2022 – September 2023.*

Report Month: 2024-09 | **Michigan Department of Health and Human Services** | *Statewide Performance*

Children's Services Administration - Monthly Management Report (September 2024)

STATEWIDE PERFORMANCE				2024-09 MONTHLY PERFORMANCE			2024-09 PERFORMANCE COMPARED TO REPORT PERIOD AVERAGES							
							Monthly	Prior 3 Months		Prior 6 Months		Prior 12 Months	
AGENCY NAME	PRGM	CATEGORY	REPORT METRIC	Due	Timely	%	Gain	%	Difference	%	Difference	%	Difference
STATEWIDE	CPS	CPS Commencement	12 Hour (P1)	1742	1701	98%	0%	98%	0%	98%	0%	98%	0%
			24 Hour (P2)	4903	4807	98%	0%	98%	0%	98%	0%	98%	0%
			Total for Category	6645	6508	98%	0%	98%	0%	98%	0%	98%	0%
STATEWIDE	CPS	CPS Face To Face Inv	24 Hour	1705	1610	94%	0%	95%	0%	95%	0%	95%	0%
			72 Hour	5102	4840	95%	0%	94%	1%	95%	0%	95%	0%
			Total for Category	6807	6450	95%	0%	94%	0%	95%	0%	95%	0%

**Data from the Monthly Management Report covering September 2023-September 2024.*

Item 1

Were the agency's responses to all accepted child maltreatment reports initiated, and face-to-face contact with the child(ren) made, within time frames established by agency policies or state statutes?

Michigan completes monthly case reviews using the Child and Family Services Review On-Site Review Instrument, housed in the Online Monitoring System. Case reviews include a review of the electronic file and case member interviews with the child(ren), parents whose rights are and are not intact, resource families/caregivers, service providers, legal partners, Court Appointed Special Advocates (CASA), educators, and other case members as identified by either the agency serving the case, or by the review team members who believe that an interview with that identified person will provide addition information to support the review process. The following graph demonstrates that based on the case reviews completed during fiscal years 2022, 2023, and up to July 30, 2024, Michigan assesses **Item 1** as a **strength**.

Onsite Review Instrument Item 1 – Timeliness of Initiating Investigations

Practice Description	All Case Types Applicable Cases 2022	All Case Types Applicable Cases 2023	All Case Types Applicable Cases 2024
Investigations or assessments were initiated in accordance with the state's timeframes and requirements in cases.	NA	100% 7/7	100% 8/8
Face-to-face contacts with the child(ren) who is (are) the subject of the report were made in accordance with the state's timeframes and requirements in cases.	NA	100% 7/7	100% 8/8
Reasons for delays in initiation of investigations or assessments and/or face-to-face contact were due to circumstances beyond the control of the agency.	NA	0	0
Item 1 Strength Ratings	NA	100% 7/7	100% 8/8

**Data Source is from the Division of Continuous Quality Improvement monthly Michigan Services Review using the Onsite Review Instrument for case reviews completed during fiscal years 2022, 2023, and up to July 30, 2024.*

Safety Outcome 2

In CFSR Round 3, Michigan was evaluated and given an overall rating of not being in substantial conformity with children safely maintained in their homes whenever possible and appropriate. Only 54% of the 65 cases reviewed were rated as a strength.

Michigan continues efforts to reduce the numbers of children entering foster care and has maintained or exceeded the national performance standard of children not reentering foster care.

Item 2

Did the agency make concerted efforts to provide services to the family to prevent children's entry into foster care or reentry after reunification?

In CFSR Round 3, for Item 2, Michigan was evaluated and given a rating of needing improvement due to 55% of the 20 applicable foster care cases rated as a strength and 67% of the applicable 12 in-home services cases rated as a strength.

Since implementing strategies within the CFSR Round 3 Program Improvement Plan beginning on May 1, 2019, Michigan has made significant concerted efforts to provide services to the family to prevent children's entry into foster care or reentry into foster care after a reunification. Michigan assesses the **Item 2** as a **strength.**

Onsite Review Instrument Item 2 – Services to Protect Children in the home

Practice Description	Foster Care Performance of Applicable Cases 2022	In-Home Performance of Applicable Cases 2022	All Case Types Performance of Applicable Cases 2022
Agency made concerted efforts to provide or arrange for appropriate services for the family to protect the children and prevent their entry or reentry into foster care.	12.5% (4) of 32	0% (0) of 31	6.35% (4) of 63
Although the agency did not make concerted efforts to provide or arrange for appropriate services for the family to protect the children and prevent their entry into foster care, the child(ren) was removed from the home because this action was necessary to ensure the child's safety.	50% (16) of 32	90.32% (28) of 31	69.84% (44) of 63
Agency did not make concerted efforts to provide services and either the child was removed without providing appropriate services or services were not available in the community.	28.13% (9) of 32	0% (0) of 31	14.29% (9) of 63
Concerted efforts were not made to provide appropriate services to address safety/risk issues and the child(ren) remained in the home.	9.38% (3) of 32	9.68% (3) of 31	9.52% (6) of 63
Item 2 Strength Ratings 2022	NA	NA	NA

Practice Description	Foster Care Performance of Applicable Cases 2023	In-Home Performance of Applicable Cases 2023	All Case Types Performance of Applicable Cases 2023
Agency made concerted efforts to provide or arrange for appropriate services for the family to protect the children and prevent their entry or reentry into foster care.	83.33% (5 of 6)	100% (4 of 4)	90% (9 of 10)
Although the agency did not make concerted efforts to provide or arrange for appropriate services for the family to protect the children and prevent their entry into foster care, the child(ren) was	0% (0 of 6)	Not Applicable	0% (0 of 6)
removed from the home because this action was necessary to ensure the child's safety.			
Agency did not make concerted efforts to provide services and either the child was removed without providing appropriate services or services were not available in the community.	0% (0 of 6)	Not Applicable	0% (0 of 6)

Practice Description	Foster Care Performance of Applicable Cases 2023	In-Home Performance of Applicable Cases 2023	All Case Types Performance of Applicable Cases 2023
Concerted efforts were not made to provide appropriate services to address safety/risk issues and the child(ren) remained in the home.	16.67% (1 of 6)	0% (0 of 4)	10% (1 of 10)
Item 2 Strength Ratings 2023	83.33% (5 of 6)	100% (4 of 4)	90% (9 of 10)

Practice Description	Foster Care Performance of Applicable Cases 2024	In-Home Performance of Applicable Cases 2024	All Case Types Performance of Applicable Cases 2024
Agency made concerted efforts to provide or arrange for appropriate services for the family to protect the children and prevent their entry or reentry into foster care.	83.33% (5 of 6)	66.67% (4 of 6)	75% (9 of 12)
Although the agency did not make concerted efforts to provide or arrange for appropriate services for the family to protect the children and prevent their entry into foster care, the child(ren) was removed from the home because this action was necessary to ensure the child's safety.	16.67% (1 of 6)	Not Applicable	16.67% (1 of 6)
Agency did not make concerted efforts to provide services and either the child was removed without providing appropriate services or services were not available in the community.	0% (0 of 6)	Not Applicable	0% (0 of 6)
Concerted efforts were not made to provide appropriate services to address safety/risk issues and the child(ren) remained in the home.	0% (0 of 6)	33.33% (2 of 6)	16.67% (2 of 12)
Item 2 Strength Ratings 2024	100% (6 of 6)	66.67% (4 of 6)	83.33% (10 of 12)

**Data Source is from the Division of Continuous Quality Improvement monthly Michigan Services Review using the Onsite Review Instrument for case reviews completed during fiscal years 2022, 2023, and up to July 30, 2024.*

Item 3

Did the agency make concerted efforts to assess and address the risk and safety concerns relating to the child(ren) in their own homes or while in foster care?

In CFSR Round 3, for Item 3, Michigan was evaluated and given a rating of needing improvement as 55% of 65 cases were rated as a strength. Only 70% of the 40 foster care cases were rated as a strength while 32% of the 25 in-home services cases were rated a strength.

Michigan's root cause analysis and program improvement plan focused on strengthening authentic

engagement with children, parents, and caregivers while developing updated assessment tools for direct services staff to assess risk and safety. Those goals and strategies identified to support improvement included:

1) development of assessment tools that are reliable and valid
2) improvement in supervisory oversight and skillset to coach workers in accurately administering assessment tools
3) identification of available community services and gaps.

Michigan continues to implement the strategies from the improvement plan, which initially aimed to accurately administer assessment tools and expand the state's evidence-based services. These efforts are part of Michigan's Families First Prevention and Services Act (FFPSA) plan and are being applied across various systems and communities, even after successfully completing the initial strategies. Michigan assesses **Item 3** as a **strength**.

The following case review data support the consistent concerted efforts throughout Michigan to assess and address the risk and safety concerns relating to child(ren) in their homes or while in foster care.

Onsite Review Instrument Item 3 – Risk and Safety Assessment and Management

Practice Description	Foster Care Performance of Applicable Cases 2022	In-Home Performance of Applicable Cases 2022	All Case Types Performance of Applicable Cases 2022
There were no maltreatment allegations about the family that were not formally reported or formally investigated/assessed.	96.83% (61 of 63)	97.22% (35 of 36)	96.97% (96 of 99)
There were no maltreatment allegations that were not substantiated despite evidence that would support substantiation.	96.83% (61 of 63)	100% (36 of 36)	97.98% (97 of 99)
The agency conducted an initial assessment that accurately assessed all risk and safety concerns.	96% (24 of 25)	100% (25 of 25)	98% (49 of 50)
The agency conducted ongoing assessments that accurately assessed all risk and safety concerns.	88.89% (56 of 63)	66.67% (24 of 36)	80.81% (80 of 99)
When safety concerns were present, the agency developed an appropriate safety plan with the family and continually monitored the	88.57% (31 of 35)	75.76% (25 of 33)	82.35% (56 of 68)
safety plan as needed, including monitoring family engagement in safety-related services.			
There were no safety concerns pertaining to children in the family home that were not adequately or appropriately addressed by the agency.	90% (27 of 30)	90.48% (19 of 21)	90.2% (46 of 51)
There were no concerns related to the safety of the target child in foster care during visitation with parent(s)/caregiver(s) or other family members that were not adequately or appropriately addressed by the agency.	95.65% (44 of 46)	0	95.65% (44 of 46)

Practice Description	Foster Care Performance of Applicable Cases 2022	In-Home Performance of Applicable Cases 2022	All Case Types Performance of Applicable Cases 2022
There were no concerns for the target child's safety in the foster home or placement facility that were not adequately or appropriately addressed by the agency.	98.41% (62 of 63)	0	98.41% (62 of 63)
Item 3 Strength Ratings 2022	NA	NA	NA

Practice Description	Foster Care Performance of Applicable Cases 2023	In-Home Performance of Applicable Cases 2023	All Case Types Performance of Applicable Cases 2023
There were no maltreatment allegations about the family that were not formally reported or formally investigated/assessed.	100% (16 of 16)	100% (4 of 4)	100% (20 of 20)
There were no maltreatment allegations that were not substantiated despite evidence that would support substantiation.	100% (16 of 16)	100% (4 of 4)	100% (20 of 20)
The agency conducted an initial assessment that accurately assessed all risk and safety concerns.	100% (2 of 2)	100% (2 of 2)	100% (4 of 4)
The agency conducted ongoing assessments that accurately assessed all risk and safety concerns.	100% (16 of 16)	75% (3 of 4)	95% (19 of 20)
When safety concerns were present, the agency developed an appropriate safety plan with the family and continually monitored the safety plan as needed, including monitoring family engagement in safety-related services.	100% (6 of 6)	66.67% (2 of 3)	88.89% (8 of 9)
There were no safety concerns pertaining to children in the family home that were not adequately or appropriately addressed by the agency.	71.43% (5 of 7)	50% (1 of 2)	66.67% (6 of 9)
There were no concerns related to the safety of the target child in foster care during visitation with parent(s)/caregiver(s) or other family members that were not	87.5% (7 of 8)	Not Applicable	87.5% (7 of 8)
adequately or appropriately addressed by the agency.			
There were no concerns for the target child's safety in the foster home or placement facility that were not adequately or appropriately addressed by the agency.	100% (16 of 16)	Not Applicable	100% (16 of 16)
Item 3 Strength Ratings 2023	81.25% (13 of 16)	75% (3 of 4)	80% (16 of 20)

Practice Description	Foster Care Performance of Applicable Cases 2024	In-Home Performance of Applicable Cases 2024	All Case Types Performance of Applicable Cases 2024
There were no maltreatment allegations about the family that were not formally reported or formally investigated/assessed.	100% (26 of 26)	100% (6 of 6)	100% (32 of 32)
There were no maltreatment allegations that were not substantiated despite evidence that would support substantiation.	100% (26 of 26)	100% (6 of 6)	100% (32 of 32)
The agency conducted an initial assessment that accurately assessed all risk and safety concerns.	100% (1 of 1)	100% (2 of 2)	100% (3 of 3)
The agency conducted ongoing assessments that accurately assessed all risk and safety concerns.	96.15% (25 of 26)	83.33% (5 of 6)	93.75% (30 of 32)
When safety concerns were present, the agency developed an appropriate safety plan with the family and continually monitored the safety plan as needed, including monitoring family engagement in safety-related services.	85.71% (6 of 7)	75% (3 of 4)	81.82% (9 of 11)
There were no safety concerns pertaining to children in the family home that were not adequately or appropriately addressed by the agency.	100% (9 of 9)	75% (3 of 4)	92.31% (12 of 13)
There were no concerns related to the safety of the target child in foster care during visitation with parent(s)/caregiver(s) or other family members that were not adequately or appropriately addressed by the agency.	100% (18 of 18)	Not Applicable	100% (18 of 18)
There were no concerns for the target child's safety in the foster home or placement facility that were not adequately or appropriately addressed by the agency.	100% (26 of 26)	Not Applicable	100% (26 of 26)
Item 3 Strength Ratings 2024	92.31% (24 of 26)	83.33% (5 of 6)	90.63% (29 of 32)

**Data Source is from the Division of Continuous Quality Improvement monthly Michigan Services Review using the Onsite Review Instrument for case reviews completed during fiscal years 2022, 2023, and up to July 30, 2024.*

PERMANENCY

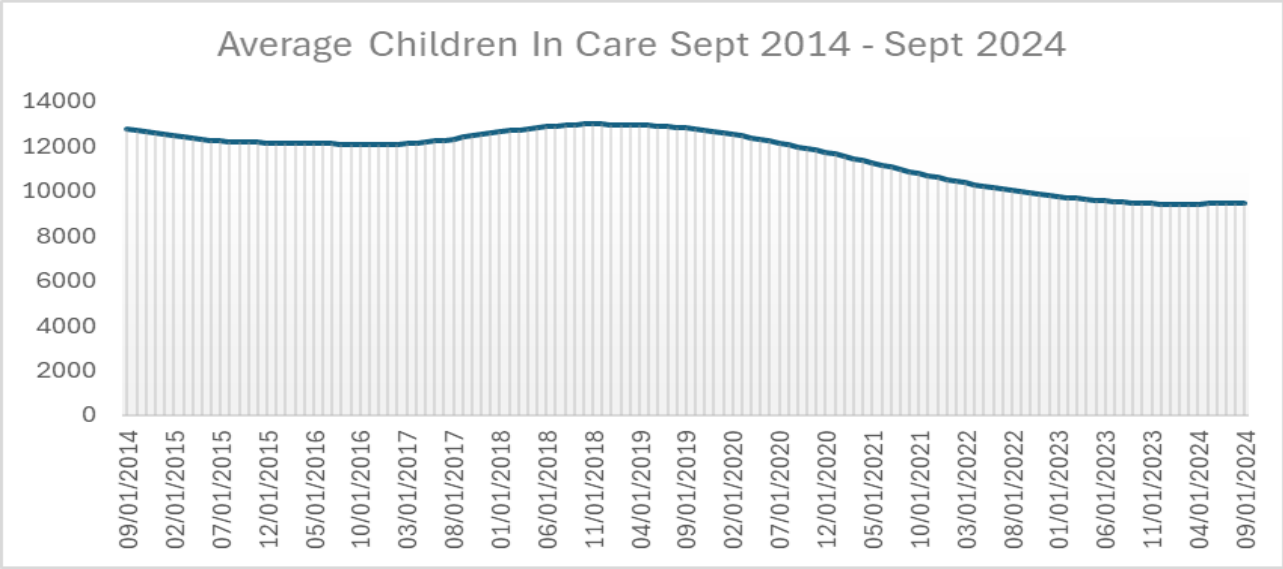
Permanency Outcomes 1 and 2

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

Permanency Outcome 1

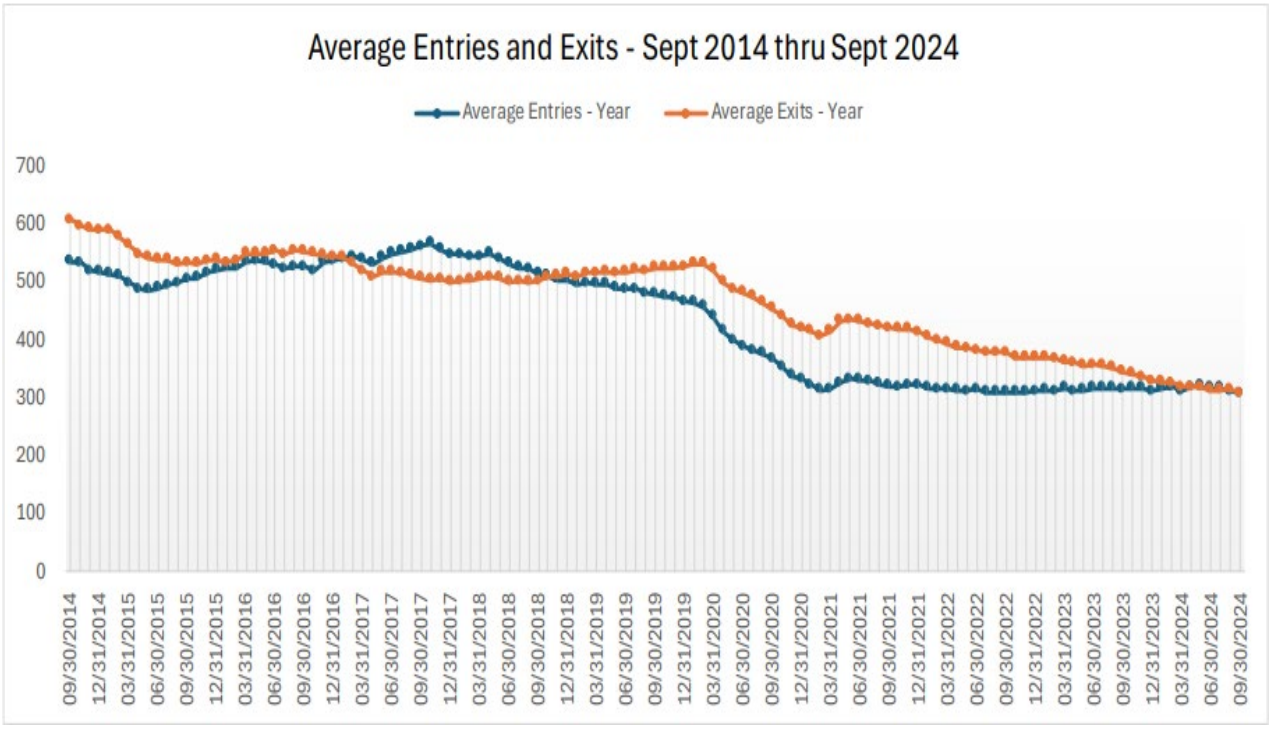
In CFSR Round 3, Michigan was rated as not being in substantial conformity with ensuring that children have permanency and stability in their living situations, and in preserving the continuity of family relationships for children.

Michigan assesses **Permanency Outcome 1** as **not being in substantial conformity**. Michigan is not meeting the national performance standards in each of the three permanency outcome measures and is trending lower than the performance standard over time. Over the past decade, Michigan has dramatically reduced the number of youth entering the state foster care system, making efforts to preserve children in their family home. Youth who enter foster care often do so because their families are experiencing complex and compound challenges that take time to resolve, impacting the rate in which permanency is achieved.

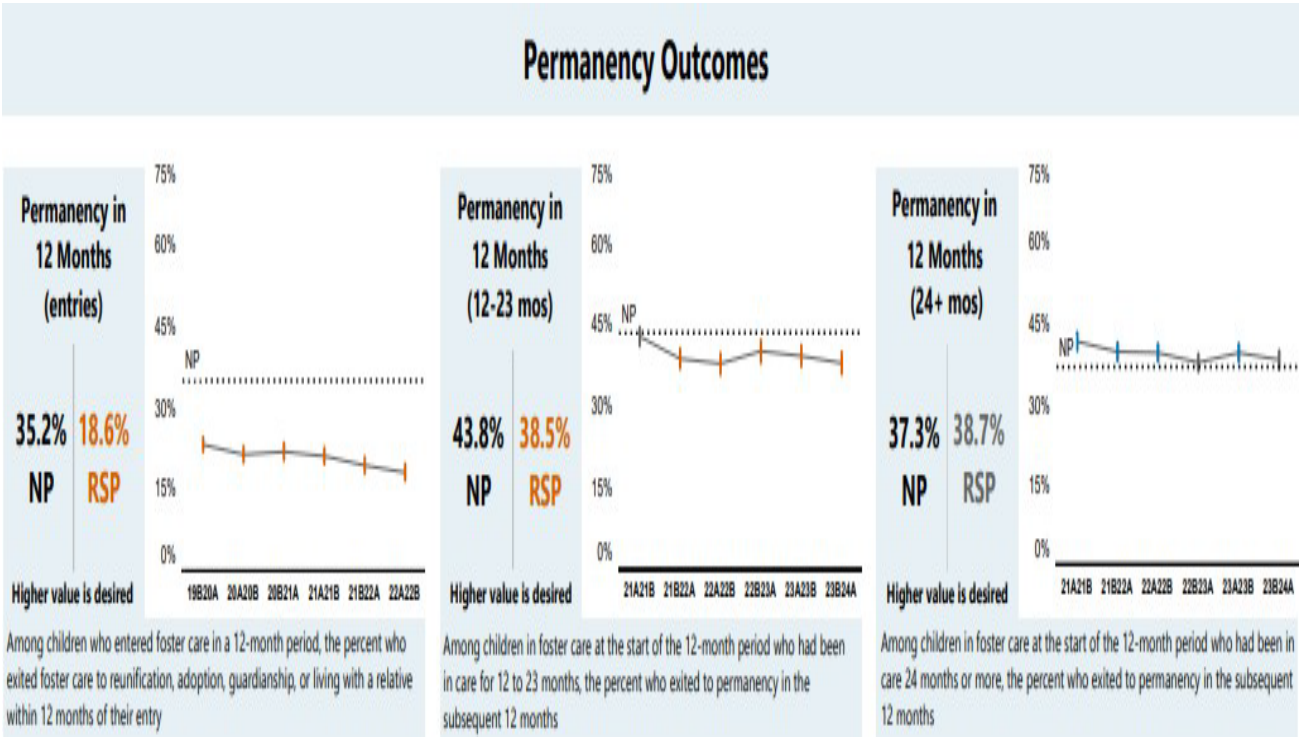


**Monthly Management Report November 6, 2024.*

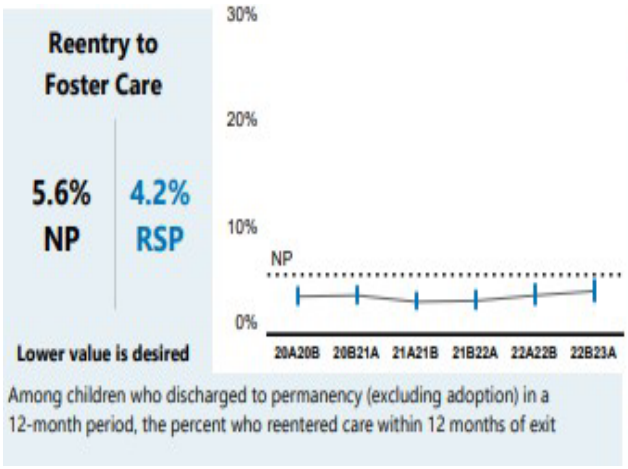
In addition, the number of Michigan youth entering foster care and exiting from foster care has been trending downward since 2017; the rates are now even.

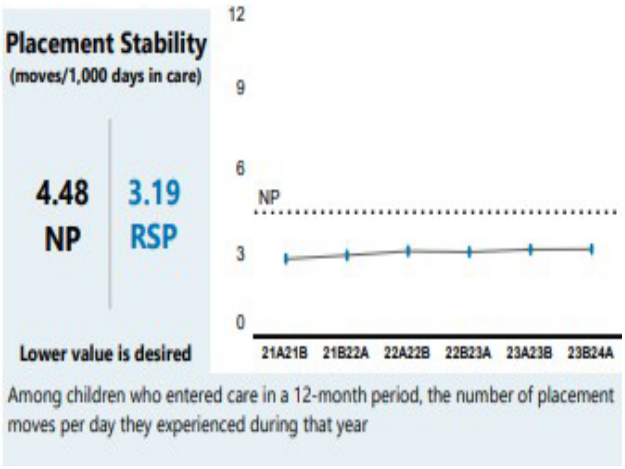


**Monthly Management Report November 6, 2024.*



**Michigan State Data Profile August 2024.*





**Michigan State Data Profile August 2024.*

Michigan attributes the decline in achieving permanency within 12 months, as well as permanency for children within 12-23 months, to the lingering challenges from the COVID-19 pandemic. Families experiencing complex needs such as mental health instability or substance dependence treatment and/or recovery had limited access to in-person interventions for extended periods of time due to stay-at-home orders; these challenges have been further compounded by unstable staffing across service providers since that time. Families who had committed to an action for recovery or stability were found without the resources needed to sustain their efforts. Michigan also sees that families make progress in achieving mental health stability or sobriety and have a subsequent relapse which impacts or resets the case projections and case plans, extending the achievement of permanency within these timeframes.

Michigan is meeting and exceeding the national performance standards for Reentry into Foster Care and Placement Stability. Youth who return to the parental home and achieve permanency within 12 months of entry into foster care do not return to foster care. The youth placed into foster care have a stable placement.

Item 4

Is the child in foster care in a stable placement and were any changes in the child's placement in the best interests of the child and consistent with achieving the child's permanency goal(s)?

In CFSR Round 3, Michigan was rated as needing improvement. Of the 40 applicable cases, 78% were rated as a strength; children in foster care were stable in their placement and any placement change during the period under review were in the best interests of the child and were consistent with achieving the child's permanency goal.

Michigan continues to work to minimize the number of placement changes for a child while they experience an out-of-home placement in foster care. Michigan experienced many challenges with a declining number of licensed foster homes following COVID-19 pandemic. The rate in which licensed, unrelated foster homes closed far exceeded the number of unrelated foster homes that became licensed. In contrast, Michigan has made significant strides in promoting and placing youth in relative foster homes to address this gap.

Michigan Foster Care Placements by Type

Placement Type	Placement Type Total
Residing in licensed foster care homes	3,142
Non-relative (not a relative by blood or marriage)	2,606
Relative (by marriage or blood)	536
Residing with unlicensed relatives	4,296
In child caring institution	325
In own home/independent living	1,792
Other (e.g., adoptive home, emergency shelter, community justice center, detention, jail, mental health facility, court treatment facility, boarding school, runaway, service facility, hospital, or MDHHS training school)	588

**Monthly Fact Sheet September 2024. The count of non-relative was maintained for the report to finish the fiscal year reporting consistently following the legal definition change to the terminology "relative." The totals are the running total for fiscal year 2024.*

On Nov. 1, 2023, Michigan legally changed the definition of relative to include those persons with a significant relationship with a child not supported by blood or marriage. On March 4, 2024, Michigan was the first state approved to support relative caregivers/resource families/foster parents utilizing Title IV-E funding.

Michigan assesses the **Item 4** as a **strength** as supported by the State Data Profile outcome for Placement Stability. The case review data demonstrates that when youth experience a placement change, it is done so to support the achievement of the child's permanency goal, and most youth placements are stable.

Onsite Review Instrument Item 4 –Stability of Foster Care Placement

Practice Description	All Case Types Applicable Cases 2022	All Case Types Applicable Cases 2023	All Case Types Applicable Cases 2024
Placement changes for the child were planned by the agency in an effort to achieve the child's case goals or to meet the needs of the child.	52.94% (9 of 17)	42.86% (3 of 7)	28.57% (2 of 7)
The child's current or most recent placement setting is stable.	95.24% (60 of 63)	93.75% (15 of 16)	96.15% (25 of 26)
Item 4 Strength Ratings	NA	75% (12 of 16)	80.77% (21 of 26)

**Data Source is from the Division of Continuous Quality Improvement monthly Michigan Services Review using the Onsite Review Instrument for case reviews completed during fiscal years 2022, 2023, and up to July 30, 2024.*

Item 5

Did the agency establish appropriate permanency goals for the child in a timely manner?

In CFSR Round 3, Michigan was rated as needing improvement; of 40 applicable cases 53% were rated as a strength.

Since that time, Michigan has significantly improved the documentation of the case plan permanency goal which is established within 60 days of that youth's entry into foster care and is appropriate for that youth's case circumstances. Michigan assesses **Item 5** as a **strength**.

Onsite Review Instrument Item 5 – Permanency Goal for Child

Practice Description	All Case Types Applicable Cases 2022	All Case Types Applicable Cases 2023	All Case Types Applicable Cases 2024
Permanency goal(s) is (are) specified in the case file.	98.41% (62 of 63)	100% (16 of 16)	100% (26 of 26)
Permanency goals in effect during the period under review were established in a timely manner.	90.48% (57 of 63)	87.5% (14 of 16)	80.77% (21 of 26)
Permanency goals in effect during the period under review were appropriate to the child's needs for permanency and to the circumstances of the case.	NA	93.75% (15 of 16)	96.15% (25 of 26)
Child has been in foster care for at least 15 of the most recent 22 months.	NA	75% (12 of 16)	65.38% (17 of 26)
) Child meets other Adoption and Safe Families Act criteria for termination of parental rights (TPR).	NA	0% (0 of 4)	22.22% (2 of 9)
8 of	95.65% (22 of 23)	100% (8 of 8)	100% (16 of 16)
Item 5 Strength Rating	NA	81.25% (13 of 16)	80.77% (21 of 26)

**Data Source is from the Division of Continuous Quality Improvement monthly Michigan Services Review using the Onsite Review Instrument for case reviews completed during fiscal years 2022, 2023, and up to July 30, 2024.*

Item 6

Did the agency make concerted efforts to achieve reunification, guardianship, adoption, or other planned permanent living arrangement for the child?

In CFSR Round 3, Michigan was rated needing improvement. Of the 40 applicable cases, 25% were rated as a strength for making concerted efforts during the period under review to achieve reunification, guardianship, adoption or other planned permanent living arrangement.

Michigan rates **Item 6** as an **area needing improvement.** There is opportunity for increased focus by both the agency, a term that includes both public and private foster care providers, and the courts to achieve the permanency goal(s) within the timeframe defined by each permanency outcome measure. This is demonstrated by the State Data Profile and case review findings noted in the chart below.

Onsite Review Instrument Item 6 – Achieving Reunification, Guardianship, Adoption, or Another Planned Permanent Living Arrangement

Practice Description	All Case Types Applicable Cases 2022	All Case Types Applicable Cases 2023	All Case Types Applicable Cases 2024
The agency and court made concerted efforts to achieve reunification in a timely manner.	79.55% (35 of 44)	0	100% (1 of 1)
The agency and court made concerted efforts to achieve guardianship in a timely manner.	66.67% (2 of 3)	0% (0 of 1)	0% (0 of 3)

Practice Description	All Case Types Applicable	All Case Types Applicable	All Case Types Applicable
The agency and court made concerted efforts to achieve adoption in a timely manner.	70% (35 of 50)	50% (2 of 4)	41.67% (5 of 12)
The agency and court made concerted efforts to place a child with a goal of Another Planned Permanent Living Arrangement (APPLA) in a living arrangement that can be considered permanent until discharge from foster care.	0	100% (1 of 1)	100% (2 of 2)
The agency and court made concerted efforts to achieve concurrent goals. If one of two concurrent goals was achieved during the period under review, rating is based on the goal that was achieved.	0	60% (6 of 10)	50% (4 of 8)
Item 6 Strength Rating	NA	56.25% (9 of 16)	46.15% (12 of 26)

**Data Source is from the Division of Continuous Quality Improvement monthly Michigan Services Review using the Onsite Review Instrument for case reviews completed during fiscal years 2022, 2023, and up to July 30, 2024.*

Permanency Outcome 2

In CFSR Round 3, Michigan was rated as not being in substantial conformity.

Michigan assesses **Permanency Outcome 2** as being **in substantial conformity**. Michigan places youth who enter foster care with their siblings, make concerted efforts to ensure visitation occurs with parents and those siblings not placed together, and whenever safely possible, place youth with relatives.

Item 7

Did the agency make concerted efforts to ensure that siblings in foster care are placed together unless separation was necessary to meet the needs of one of the siblings?

In CFSR Round 3, Michigan was rated needing improvement with 89% of 28 applicable cases assessed as a strength.

Michigan continues to make concerted efforts to place siblings together when it is safe to do so, separating youth from their siblings only when there is a valid reason. It should be noted that during this time, foster homes were decreasing at a faster rate than new homes were onboarding. Michigan continues to make efforts to place youth with non-custodial parents and relatives.

Michigan assesses **Item 7** as a **strength** as there were only two cases in which the reason for sibling separation was noted as not being a valid reason.

Onsite Review Instrument Item 7 – Placement with Siblings

Practice Description	All Case Types Applicable Cases 2022	All Case Types Applicable Cases 2023	All Case Types Applicable Cases 2024
The child was placed with all siblings who also were in foster care.	31.71% (13 of 41)	20% (2 of 10)	57.89% (11 of 19)

Practice Description	All Case Types Applicable Cases 2022	All Case Types Applicable Cases 2023	All Case Types Applicable Cases 2024
There was a valid reason for the child's separation from siblings in placement.	100% (28 of 28)	100% (8 of 8)	75% (6 of 8)
Item 7 Strength Rating	NA	100% (10 of 10)	89.47% (17 of 19)

**Data Source is from the Division of Continuous Quality Improvement monthly Michigan Services Review using the Onsite Review Instrument for case reviews completed during fiscal years 2022, 2023, and up to July 30, 2024.*

Item 8

Did the agency make concerted efforts to ensure that visitation between a child in foster care and his or her mother, father, and siblings was of sufficient frequency and quality to promote continuity in the child's relationships with these close family members?

In CFSR Round 3, Michigan was rated needing improvement as of the 29 applicable cases, 69% were rated as a strength.

Michigan continues to prioritize and monitor the visitation rates of youth with their siblings (if they do not share a placement) and their parents. Monthly monitoring is completed through the Monthly Management Report. Parental visitation is also reviewed during ChildStat sessions where those responsible for direct service provision to families discuss barriers to meeting state parenting time/visitation expectations. Common barriers include parental challenges in overcoming substance dependence, or failure to achieve stability in identified mental health challenges. Michigan assesses **Item 8** to be **an area needing improvement** as there is more evidence needed to determine whether current initiatives to engage fathers have markedly improved the quality and frequency of visitation between youth and their fathers.

Onsite Review Instrument Item 8 – Visiting with Parents and Siblings in Foster Care

Practice Description	All Case Types Applicable Cases 2022	All Case Types Applicable Cases 2023	All Case Types Applicable Cases 2024
The usual frequency of visits between the child and mother was more than once a week.	48.89% (22 of 45)	30.77% (4 of 13)	53.33% (8 of 15)
The usual frequency of visits between the child and mother was once a week.	26.67% (12 of 45)	30.77% (4 of 13)	26.67% (4 of 15)
The usual frequency of visits between the child and mother was less than once a week but at least twice a month.	4.44% (2 of 45)	0% (0 of 13)	0% (0 of 15)
The usual frequency of visits between the child and mother was less than twice a month but at least once a month.	11.11% (5 of 45)	23.08% (3 of 13)	6.67% (1 of 15)
The usual frequency of visits between the child and mother was less than once a month.	8.89% (4 of 45)	7.69% (1 of 13)	13.33% (2 of 15)
Child never had visits with mother.	0% (0 of 45)	7.69% (1 of 13)	0% (0 of 15)

Practice Description	All Case Types Applicable Cases 2022	All Case Types Applicable Cases 2023	All Case Types Applicable Cases 2024
Concerted efforts were made to ensure that the frequency of visitation between the mother and child was sufficient to maintain or promote the continuity of the relationship.	91.11% (41 of 45)	76.92% (10 of 13)	93.33% (14 of 15)
Concerted efforts were made to ensure that the quality of visitation between the mother and child was sufficient to maintain or promote the continuity of the relationship.	95.35% (41 of 43)	83.33% (10 of 12)	86.67% (13 of 15)
The frequency and quality of visitation between the child and mother was sufficient to maintain and promote the continuity of the relationship.	91.11% (41 of 45)	69.23% (9 of 13)	86.67% (13 of 15)
The usual frequency of visits between the child and father was more than once a week.	27.59% (8 of 29)	20% (1 of 5)	33.33% (3 of 9)
The usual frequency of visits between the child and father was once a week.	34.48% (10 of 29)	20% (1 of 5)	11.11% (1 of 9)
The usual frequency of visits between the child and father was less than once a week but at least twice a month.	6.9% (2 of 29)	20% (1 of 5)	0% (0 of 9)
The usual frequency of visits between the child and father was less than twice a month but at least once a month.	10.34% (3 of 29)	20% (1 of 5)	0% (0 of 9)
The usual frequency of visits between the child and father was less than once a month.	6.9% (2 of 29)	20% (1 of 5)	33.33% (3 of 9)
Child never had visits with father.	13.79% (4 of 29)	0% (0 of 5)	22.22% (2 of 9)
Concerted efforts were made to ensure that the frequency of visitation between the father and child was sufficient to maintain or promote the continuity of the relationship.	82.76% (24 of 29)	60% (3 of 5)	88.89% (8 of 9)
Concerted efforts were made to ensure that the quality of visitation between the father and child was sufficient to maintain or promote the continuity of the relationship.	95.35% (41 of 43)	80% (4 of 5)	85.71% (6 of 7)
The frequency and quality of visitation between the child and father was sufficient to maintain and promote the continuity of the relationship.	79.31% (23 of 29)	60% (3 of 5)	77.78% (7 of 9)
The usual frequency of visits between the child and siblings was more than once a week.	7.69% (2 of 26)	33.33% (3 of 9)	0% (0 of 8)
The usual frequency of visits between the child and siblings was once a week.	11.54% (3 of 26)	22.22% (2 of 9)	37.5% (3 of 8)

Practice Description	All Case Types Applicable Cases 2022	All Case Types Applicable Cases 2023	All Case Types Applicable Cases 2024
The usual frequency of visits between the child and siblings was less than once a week but at least twice a month.	19.23% (5 of 26)	0% (0 of 9)	12.5% (1 of 8)
The usual frequency of visits between the child and siblings was less than twice a month but at least once a month.	53.85% (14 of 26)	33.33% (3 of 9)	50% (4 of 8)
The usual frequency of visits between the child and siblings was less than once a month.	3.85% (1 of 26)	11.11% (1 of 9)	0% (0 of 8)
Child never had visits with siblings.	3.85% (1 of 26)	0% (0 of 9)	0% (0 of 8)
Concerted efforts were made to ensure that the frequency of visitation between the child and siblings in foster care was sufficient to maintain or promote the continuity of the relationship.	92.31% (24 of 26)	88.89% (8 of 9)	100% (8 of 8)
Concerted efforts were made to ensure that the quality of visitation between the child and siblings in foster care was sufficient to maintain or promote the continuity of the relationship.	92.31% (24 of 26)	100% (9 of 9)	100% (8 of 8)
The frequency and quality of visitation with siblings in foster care was sufficient to maintain and promote the continuity of the relationship.	92.31% (24 of 26)	88.89% (8 of 9)	100% (8 of 8)
Item 8 Strength Rating	NA	71.43% (10 of 14)	83.33% (15 of 18)

**Data Source is from the Division of Continuous Quality Improvement monthly Michigan Services Review using the Onsite Review Instrument for case reviews completed during fiscal years 2022, 2023, to July 30, 2024.*

Item 9

Did the agency make concerted efforts to preserve the child's connections to his or her neighborhood, community, faith, extended family, tribe, school, and friends?

In CFSR Round 3, Michigan was rated needing improvement for Item 9. Out of 39 applicable cases, 79% were rated as a strength in which concerted efforts were made to maintain a child's connections to their community, neighborhood, faith, extended family, tribe, school, and friends.

Michigan assesses **Item 9** to be a **strength** as continued improvement has been made to foster and maintain important connections for youth in foster care. The current level of performance is 92%, as demonstrated in the chart below.

Onsite Review Instrument Item 9 – Preserving Connections

Practice Description	All Case Types Applicable Cases 2022	All Case Types Applicable Cases 2023	All Case Types Applicable Cases 2024
Concerted efforts were made to maintain the child's important connections (for example, neighborhood, community, faith, language, extended family members including siblings who are not in foster care, Tribe, school, and/or friends).	87.3% (55 of 63)	87.5% (14 of 16)	92.31% (24 of 26)
Item 9 Strength Rating	87.3% (55 of 63)	87.5% (14 of 16)	92.31% (24 of 26)

**Data Source is from the Division of Continuous Quality Improvement monthly Michigan Services Review using the Onsite Review Instrument for case reviews completed during fiscal years 2022, 2023, to July 30, 2024.*

Item 10

Did the agency make concerted efforts to place the child with relatives when appropriate?

In CFSR Round 3, Item 10 was rated as a strength for Michigan. Seventy-nine percent of the 38 applicable cases were rated as a strength.

Michigan assesses **Item 10** as a **strength.** Michigan has demonstrated a rate of 90% or better regarding concerted efforts to place youth with relatives, when appropriate.

Onsite Review Instrument Item 10 – Relative Placement

Practice Description	All Case Types Applicable Cases 2022	All Case Types Applicable Cases 2023	All Case Types Applicable Cases 2024
The child's current, or most recent, placement was with a relative.	54.84% (34 of 62)	60% (9 of 15)	56% (14 of 25)
The child's current or most recent placement with a relative was appropriate to the child's needs.	94.12% (32 of 34)	100% (9 of 9)	100% (14 of 14)
Cases in which concerns existed due to a lack of concerted efforts to Identify maternal relatives.	83.33% (5 of 6)	100% (1 of 1)	0
Cases in which concerns existed due to a lack of concerted efforts to Locate maternal relatives.	83.33% (5 of 6)	100% (1 of 1)	0
Cases in which concerns existed due to a lack of concerted efforts to Inform maternal relatives.	83.33% (5 of 6)	100% (1 of 1)	0
Cases in which concerns existed due to a lack of concerted efforts to Evaluate maternal relatives.	100% (6 of 6)	100% (1 of 1)	0
Cases in which concerns existed due to a lack of concerted efforts to Identify paternal relatives.	100% (4 of 4)	100% (1 of 1)	100% (1 of 1)

Practice Description	All Case Types Applicable Cases 2022	All Case Types Applicable Cases 2023	All Case Types Applicable Cases 2024
Cases in which concerns existed due to a lack of concerted efforts to Locate paternal relatives.	100% (4 of 4)	100% (1 of 1)	0% (0 of 1)
Cases in which concerns existed due to a lack of concerted efforts to Inform paternal relatives.	100% (4 of 4)	100% (1 of 1)	0% (0 of 1)
Cases in which concerns existed due to a lack of concerted efforts to Evaluate paternal relatives.	100% (4 of 4)	100% (1 of 1)	0% (0 of 1)
Item 10 Strength Rating	NA	93.33% (14 of 15)	96% (24 of 25)

**Data Source is from the Division of Continuous Quality Improvement monthly Michigan Services Review using the Onsite Review Instrument for case reviews completed during fiscal years 2022, 2023, to July 30, 2024.*

Item 11

Did the agency make concerted efforts to promote, support, and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregivers from whom the child had been removed through activities other than just arranging for visitation?

In CFSR Round 3, Michigan was rated as an area needing improvement. Sixty-seven percent of the 27 applicable cases were rated as a strength for making concerted efforts to promote, support, and/or maintain positive relationships between the child in foster care and their mother, father, or other primary caregiver from whom they were removed through activities other than visitation.

Michigan is making intermittent progress in this area and assesses **Item 11** as an **area needing improvement**.

Onsite Review Instrument Item 11 – Relationship of Child in Care with Parents

Practice Description	All Case Types Applicable Cases 2022	All Case Types Applicable Cases 2023	All Case Types Applicable Cases 2024
Concerted efforts were made to promote, support, and otherwise maintain a positive, nurturing relationship between the child in foster care and his or her mother.	80.85% (38 of 47)	92.31% (12 of 13)	80% (12 of 15)
Concerted efforts were made to promote,	73.33%	80%	88.89%
support, and otherwise maintain a positive, nurturing relationship between the child in foster care and his or her father.	(22 of 30)	(4 of 5)	(8 of 9)
Item 11 Strength Rating	NA	92.86% (13 of 14)	80% (12 of 15)

**Data Source is from the Division of Continuous Quality Improvement monthly Michigan Services Review using the Onsite Review Instrument for case reviews completed during fiscal years 2022, 2023, to July 30, 2024.*

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.

Well-Being Outcome 1

The CFSR Round 3 found Michigan not in substantial conformity, with 28% of the 65 cases rated as a strength.

Michigan assesses **Well-Being Outcome 1** as **not being in substantial conformity** with families having enhanced capacity to provide for their children's needs; children receiving appropriate services to meet their educational needs; and children receiving adequate services to meet their physical and mental health needs, despite overall improvement across items 12, 13, 14, and 15 over the past three years.

Item 12

Did the agency make concerted efforts to assess the needs of and provide services to children, parents, and foster parents to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family?

In CFSR Round 3, Michigan was assessed as an area needing improvement, with 28% of the 65 cases rated as strength.

Michigan assesses **Item 12** as **an area needing improvement**. While the department makes concerted efforts to assess the initial and ongoing needs of children and foster parents to provide necessary services and achieve case goals, there is room for improvement in assessing the needs of parents. Michigan has made significant progress in completing both initial and ongoing assessments with mothers and fathers. Continued emphasis is required to ensure appropriate services are provided to meet the identified needs.

Onsite Review Instrument Item 12 – Needs and Services of Child, Parents, and Foster Parents

Practice Description	All Case Types Applicable Cases 2022	All Case Types Applicable Cases 2023	All Case Types Applicable Cases 2024
Sub-Item 12 A Strength Rating	NA	95% (19 of 20)	84.38% (27 of 32)
Sub-Item 12 B Strength Rating	NA	78.95% (15 of 19)	66.67% (14 of 21)
Sub-Item 12 C Strength Rating	NA	75% (12 of 16)	88% (22 of 25)
Item 12 Overall Strength Rating	NA	65% (13 of 20)	65.63% (21 of 32)

**Data Source is from the Division of Continuous Quality Improvement monthly Michigan Services Review using the Onsite Review Instrument for case reviews completed during fiscal years 2022, 2023, to July 30, 2024.*

Item 13

Did the agency make concerted efforts to involve the parents and children (if developmentally appropriate) in the case planning process on an ongoing basis?

In CFSR Round 3, Michigan was rated as an area needing improvement. Of 62 applicable cases,

50% were rated as strength for making concerted efforts to involve parents and children developmentally capable in the case planning process on an ongoing basis.

Michigan assesses **Item 13** as an **area needing improvement**. Progress in case planning with parents and developmentally capable children continues to advance from year to year. Contributing factors are staff turnover and parental access to the identified services at the time of greatest need.

Onsite Review Instrument Item 13 – Child and Family Involvement in Case Planning

Practice Description	All Case Types Applicable Cases 2022	All Case Types Applicable Cases 2023	All Case Types Applicable Cases 2024
The agency made concerted efforts to actively involve the child in the case planning process.	87.5% (42 of 48)	93.75% (15 of 16)	80% (16 of 20)
The agency made concerted efforts to actively involve the mother in the case planning process.	74.36% (58 of 78)	94.44% (17 of 18)	70% (14 of 20)
The agency made concerted efforts to actively involve the father in the case planning process.	59.32% (35 of 59)	88.89% (8 of 9)	71.43% (10 of 14)
Item 13 Strength Ratings	NA	90% (18 of 20)	70% (21 of 30)

**Data Source is from the Division of Continuous Quality Improvement monthly Michigan Services Review using the Onsite Review Instrument for case reviews completed during fiscal years 2022, 2023, to July 30, 2024.*

Item 14

Were the frequency and quality of visits between caseworkers and child(ren) sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?

In CFSR Round 3, Michigan was rated as an area needing improvement with 71% of the 65 cases rated as a strength.

Michigan assesses **Item 14** as **an area needing improvement** with opportunity to improve the quality of visits with children receiving in-home services. Case reviews show that in-home services cases remain open beyond the end of service provision, citing a need to monitor a family. This is not the intent of service intervention, and it negatively impacts the quality of visitation with the children. Direct services staff from both the public and private agencies are to complete visitation with children in foster care with sufficient frequency and quality to support case goals.

Onsite Review Instrument Item 14 – Caseworker Visit with Child(ren)

Practice Description	Foster Care Applicable Cases 2022	In-Home Services Applicable Cases 2022	All Case Types Applicable Cases 2022
The typical pattern of visits between the caseworker and child(ren) was more than once a week.	3.17% (2 of 63)	0% (0 of 36)	2.02% (2 of 99)
The typical pattern of visits between the caseworker and child(ren) was once a week.	1.59% (1 of 63)	0% (0 of 36)	1.01% (1 of 99)

Practice Description	Foster Care Applicable Cases 2022	In-Home Services Applicable Cases 2022	All Case Types Applicable Cases 2022
The typical pattern of visits between the caseworker and child(ren) was less than once a week but at least twice a month.	15.87% (10 of 63)	16.67% (6 of 36)	16.16% (16 of 99)
The typical pattern of visits between the caseworker and child(ren) was less than twice a month but at least once a month.	77.78% (49 of 63)	72.22% (26 of 36)	75.76% (75 of 99)
The typical pattern of visits between the caseworker and child(ren) was less than once a month.	1.59% (1 of 63)	11.11% (4 of 36)	5.05% (5 of 99)
Caseworker never had visits with child(ren).	0% (0 of 63)	0% (0 of 36)	0% (0 of 99)
The typical pattern of visits between the caseworker and the child (ren) was sufficient.	98.41% (62 of 63)	86.11% (31 of 36)	93.94% (93 of 99)
The quality of visits between the caseworker and the child(ren) was sufficient.	95.24% (60 of 63	80.56% (29 of 36)	89.9% (89 of 99)
Item 14 Strength Ratings 2022	NA	NA	NA

Practice Description	Foster Care Applicable Cases 2023	In-Home Services Applicable Cases 2023	All Case Types Applicable Cases 2023
The typical pattern of visits between the caseworker and child(ren) was more than once a week.	0% (0 of 16)	0% (0 of 4)	0% (0 of 20)
The typical pattern of visits between the caseworker and child(ren) was once a week.	6.25% (1 of 16)	0% (0 of 4)	5% (1 of 20)
The typical pattern of visits between the caseworker and child(ren) was less than once a week but at least twice a month.	12.5% (2 of 16)	0% (0 of 4)	10% (2 of 20)
The typical pattern of visits between the caseworker and child(ren) was less than twice a month but at least once a month.	81.25% (13 of 16)	100% (4 of 4)	85% (17 of 20)
The typical pattern of visits between the caseworker and child(ren) was less than once a month.	0% (0 of 16)	0% (0 of 4)	0% (0 of 20)
Caseworker never had visits with child(ren).	0% (0 of 16)	0% (0 of 4)	0% (0 of 20)
The typical pattern of visits between the caseworker and the child (ren) was sufficient.	93.75% (15 of 16)	75% (3 of 4)	90% (18 of 20)
The quality of visits between the caseworker and the child(ren) was sufficient.	93.75% (15 of 16)	75% (3 of 4)	90% (18 of 20)
Item 14 Strength Rating 2023	93.75% (15 of 16)	75% (3 of 4)	90% (18 of 20)

Practice Description	Foster Care Applicable Cases 2024	In-Home Services Applicable Cases 2024	All Case Types Applicable Cases 2024
The typical pattern of visits between the caseworker and child(ren) was more than once a week.	0% (0 of 26)	16.67% (1 of 6)	3.13% (1 of 32)
The typical pattern of visits between the caseworker and child(ren) was once a week.	0% (0 of 26)	0% (0 of 6)	0% (0 of 32)
The typical pattern of visits between the caseworker and child(ren) was less than once a week but at least twice a month.	7.69% (2 of 26)	16.67% (1 of 6)	9.38% (3 of 32)
The typical pattern of visits between the caseworker and child(ren) was less than twice a month but at least once a month.	92.31% (24 of 26)	50% (3 of 6)	84.38% (27 of 32)
The typical pattern of visits between the caseworker and child(ren) was less than once a month.	0% (0 of 26)	16.67% (1 of 6)	3.13% (1 of 32)
Caseworker never had visits with child(ren).	0% (0 of 26)	0% (0 of 6)	0% (0 of 32)
The typical pattern of visits between the caseworker and the child (ren) was sufficient.	100% (26 of 26)	83.33% (5 of 6)	96.88% (31 of 32)
The quality of visits between the caseworker and the child(ren) was sufficient.	92.31% (24 of 26)	33.33% (2 of 6)	81.25% (26 of 32)
Item 14 Strength Rating 2024	92.31% (24 of 26)	33.33% (2 of 6)	81.25% (26 of 32)

**Data Source is from the Division of Continuous Quality Improvement monthly Michigan Services Review using the Onsite Review Instrument for case reviews completed during fiscal years 2022, 2023, to July 30, 2024.*

Item 15

Were the frequency and quality of visits between caseworkers and the mothers and fathers of the child(ren) sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals

In CFSR Round 3, Michigan was assessed as an area needing improvement, with 43% of the 54 applicable cases rated as a strength.

Michigan assesses **Item 15** as **an area needing improvement.** Case reviews illustrate opportunities for direct services staff to meet with both mothers and fathers with greater frequency to ensure safety, permanency, well-being, and to promote the achievement of case goals. In addition, there are opportunities to improve the quality of the visits. In fiscal year 2023, Michigan observed improvement following statewide training of Motivational Interviewing. In fiscal year 2024, case reviews highlight the impact of direct service staff turnover and gaps among staff who have not completed Motivational Interviewing training.

Onsite Review Instrument Item 15 – Caseworker visit with Parents

Practice Description	Foster Care Applicable Cases 2022	In-Home Services Applicable Cases 2022	All Case Types Applicable Cases 2022
The typical pattern of visits between the caseworker and mother was more than once a week.	0% (0 of 46)	0% (0 of 34)	0% () of 80)
The typical pattern of visits between the caseworker and mother was once a week.	6.52% (3 of 46)	0% (0 of 34)	3.75% (3 of 80)
The typical pattern of visits between the caseworker and mother was less than once a week but at least twice a month.	13.04% (6 of 46)	29.41% (10 of 34)	20% (16 of 80)
The typical pattern of visits between the caseworker and mother was less than twice a month but at least once a month.	52.17% (24 of 46)	55.88% (19 of 34)	53.75% (43 of 80)
The typical pattern of visits between the caseworker and mother was less than once a month.	23.91% (11 of 46)	11.76% (4 of 34)	18.75% (15 of 80)
Caseworker never had visits with mother.	4.35% (2 of 46)	2.94% (1 of 34)	3.75% (3 of 80)
The typical pattern of visits between the caseworker and the mother was sufficient.	71.74% (33 of 46)	82.35% (28 of 34)	76.25% (61 of 80)
The quality of visits between the caseworker and the mother was sufficient.	72.09% (31 of 43)	75.76% (25 of 33)	73.68% (56 of 76)
Both the frequency and quality of caseworker visitation with the mother were sufficient.	0% (0 of 31)	0% (0 of 27)	0% (0 of 58)
The typical pattern of visits between the caseworker and father was more than once a week.	6.45% (2 of 31)	0% (0 of 27)	3.45% (2 of 58)
The typical pattern of visits between the caseworker and father was once a week.	3.23% (1 of 31)	14.81% (4 of 27)	8.62% (5 of 58)
The typical pattern of visits between the caseworker and father was less than once a week but at least twice a month.	51.61% (16 of 31)	44.44% (12 of 27)	48.28% (28 of 58)
The typical pattern of visits between the caseworker and father was less than twice a month but at least once a month.	29.03% (9 of 31)	22.22% (6 of 27)	25.86% (15 of 58)
The typical pattern of visits between the caseworker and father was less than once a month.	9.68% (3 of 31)	18.52% (5 of 27)	13.79% (8 of 58)
Caseworker never had visits with father.	67.74% (21 of 31)	66.67% (18 of 27)	67.24% (39 of 58)
The typical pattern of visits between the caseworker and the father was sufficient.	78.57% (22 of 28)	72.73% (16 of 22)	76% (38 of 50)
The quality of visits between the caseworker and the father was sufficient.	63.04% (29 of 46)	73.53% (25 of 34)	67.5% (54 of 80)
Both the frequency and quality of caseworker visitation with the father were sufficient.	67.74% (21 of 31)	59.26% (16 of 27)	63.79% (37 of 58)
Item 15 Strength Rating 2022	NA	NA	NA

Practice Description	Foster Care Applicable Cases 2023	In-Home Services Applicable Cases 2023	All Case Types Applicable Cases 2023
The typical pattern of visits between the caseworker and mother was more than once a week.	0% (0 of 14)	0% (0 of 3)	0% (0 of 17)
The typical pattern of visits between the caseworker and mother was once a week.	7.14% (1 of 14)	0% (0 of 3)	5.88% (1 of 17)
The typical pattern of visits between the caseworker and mother was less than once a week but at least twice a month.	14.29% (2 of 14)	0% (0 of 3)	11.76% (2 of 17)
The typical pattern of visits between the caseworker and mother was less than twice a month but at least once a month.	64.29% (9 of 14)	100% (3 of 3)	70.59% (12 of 17)
The typical pattern of visits between the caseworker and mother was less than once a month.	14.29% (2 of 14)	0% (0 of 3)	11.76% (2 of 17)
Caseworker never had visits with mother.	0% (0 of 14)	0% (0 of 3)	0% (0 of 17)
The typical pattern of visits between the caseworker and the mother was sufficient.	92.86% (13 of 14)	100% (3 of 3)	94.12% (16 of 17)
The quality of visits between the caseworker and the mother was sufficient.	92.86% (13 of 14)	66.67% (2 of 3)	88.24% (15 of 17)
Both the frequency and quality of caseworker visitation with the mother were sufficient.	92.86% (13 of 14)	66.67% (2 of 3)	88.24% (15 of 17)
The typical pattern of visits between the caseworker and father was more than once a week.	0% (0 of 6)	0% (0 of 3)	0% (0 of 9)
The typical pattern of visits between the caseworker and father was once a week.	0% (0 of 6)	0% (0 of 3)	0% (0 of 9)
The typical pattern of visits between the caseworker and father was less than once a week but at least twice a month.	0% (0 of 6)	0% (0 of 3)	0% (0 of 9)
The typical pattern of visits between the caseworker and father was less than twice a month but at least once a month.	66.67% (4 of 6)	66.67% (2 of 3)	66.67% (6 of 9)
The typical pattern of visits between the caseworker and father was less than once a month.	33.33% (2 of 6)	33.33% (1 of 3)	33.33% (3 of 9)
Caseworker never had visits with father.	0% (0 of 6)	0% (0 of 3)	0% (0 of 9)
The typical pattern of visits between the caseworker and the father was sufficient.	83.33% (5 of 6)	100% (3 of 3)	88.89% (8 of 9)
The quality of visits between the caseworker and the father was sufficient.	100% (6 of 6)	100% (3 of 3)	100% (9 of 9)
Both the frequency and quality of caseworker visitation with the father were sufficient.	83.33% (5 of 6)	100% (3 of 3)	88.89% (8 of 9)
Item 15 Strength Rating 2023	93.33% (14 of 15)	75% (3 of 4)	89.47% (17 of 19)

Practice Description	Foster Care Applicable Cases 2024	In-Home Services Applicable Cases 2024	All Case Types Applicable Cases 2024
The typical pattern of visits between the caseworker and mother was more than once a week.	0% (0 of 16)	20% (1 of 5)	4.76% (1 of 21)
The typical pattern of visits between the caseworker and mother was once a week.	0% (0 of 16)	0% (0 of 5)	0% (0 of 21)
The typical pattern of visits between the caseworker and mother was less than once a week but at least twice a month.	6.25% (1 of 16)	0% (0 of 5)	4.76% (1 of 21)
The typical pattern of visits between the caseworker and mother was less than twice a month but at least once a month.	56.25% (9 of 16)	60% (3 of 5)	57.14% (12 of 21)
The typical pattern of visits between the caseworker and mother was less than once a month.	37.5% (6 of 16)	20% (1 of 5)	33.33% (7 of 21)
Caseworker never had visits with mother.	0% (0 of 16)	0% (0 of 5)	0% (0 of 21)
The typical pattern of visits between the caseworker and the mother was sufficient.	56.25% (9 of 16)	80% (4 of 5)	61.9% (13 of 21)
The quality of visits between the caseworker and the mother was sufficient.	50% (8 of 16)	80% (4 of 5)	57.14% (12 of 21)
Both the frequency and quality of caseworker visitation with the mother were sufficient.	50% (8 of 16)	80% (4 of 5)	57.14% (12 of 21)
The typical pattern of visits between the caseworker and father was more than once a week.	0% (0 of 10)	25% (1 of 4)	7.14% (1 of 14)
The typical pattern of visits between the caseworker and father was once a week.	0% (0 of 10)	0% (0 of 4)	0% (0 of 14)
The typical pattern of visits between the caseworker and father was less than once a week but at least twice a month.	0% (0 of 10)	25% (1 of 4)	7.14% (1 of 14)
The typical pattern of visits between the caseworker and father was less than twice a month but at least once a month.	30% (3 of 10)	25% (1 of 4)	28.57% (4 of 14)
The typical pattern of visits between the caseworker and father was less than once a month.	30% (3 of 10)	25% (1 of 4)	28.57% (4 of 14)
Caseworker never had visits with father.	40% (4 of 10)	0% (0 of 4)	28.57% (4 of 14)
The typical pattern of visits between the caseworker and the father was sufficient.	50% (5 of 10)	75% (3 of 4)	57.14% (8 of 14)
The quality of visits between the caseworker and the father was sufficient.	66.67% (4 of 6)	75% (3 of 4)	70% (7 of 10)
Both the frequency and quality of caseworker visitation with the father were sufficient.	40% (4 of 10)	75% (3 of 4)	50% (7 of 14)
Item 15 Strength Rating 2024	37.5% (6 of 16)	66.67% (4 of 6)	45.45% (10 of 22)

**Data Source is from the Division of Continuous Quality Improvement monthly Michigan Services Review*

using the Onsite Review Instrument for case reviews completed during fiscal years 2022, 2023, to July 30, 2024.

Well-Being Outcome 2

In CFSR Round 3, Michigan was rated as not being in substantial conformity; 69% of the applicable 36 cases were rated as a strength.

Michigan assesses **Well-Being Outcome 2** as **not being in substantial conformity** with making concerted efforts to assess children's educational needs at the initial contact or on an ongoing basis and appropriately addressing those identified needs within the case plan.

Item 16
Did the agency make concerted efforts to assess children's educational needs, and appropriately address identified needs in case planning and case management activities?

Michigan assesses **Item 16** as **an area needing improvement.** Opportunities exist within in-home services cases to assess children's educational needs at the initial contact and on an ongoing basis and appropriately address those identified needs through service provision according to the case

plan. Michigan has sustained improvement in assessing the educational needs of children and providing those services for youth placed in foster care.

Onsite Review Instrument Item 16 – Educational Needs of the Child(ren)

Practice Description	Foster Care Applicable Cases 2022	In-Home Services Applicable Cases 2022	All Case Types Applicable Cases 2022
The agency made concerted efforts to accurately assess the children's educational needs.	87.8% (36 of 41)	91.67% (11 of 12)	88.68% (47 of 53)
The agency made concerted efforts to address the children's educational needs through appropriate services.	78.57% (22 of 28)	77.78% (7 of 9)	78.38% (29 of 37)
Item 16 Strength Ratings 2022	NA	NA	NA

Practice Description	Foster Care Applicable Cases 2023	In-Home Services Applicable Cases 2023	All Case Types Applicable Cases 2023
The agency made concerted efforts to accurately assess the children's educational needs.	93.75% (15 of 16)	50% (1 of 2)	88.89% (16 of 18)
The agency made concerted efforts to address the children's educational needs through appropriate services.	83.33% (10 of 12)	0% (0 of 2)	71.43% (10 of 14)
Item 16 Strength Ratings 2023	87.5% (14 of 16)	0% (0 of 2)	77.78% (14 of 18)

Practice Description	Foster Care Applicable Cases 2024	In-Home Services Applicable Cases 2024	All Case Types Applicable Cases 2024
The agency made concerted efforts to accurately assess the children's educational needs.	95.24% (20 of 21)	50% (1 of 2)	91.3% (21 of 23)
The agency made concerted efforts to address the children's educational needs through appropriate services.	80% (12 of 15)	50% (1 of 2)	76.47% (13 of 17)
Item 16 Strength Ratings 2024	80.95% (17 of 21)	50% (1 of 2)	78.26% (18 of 23)

**Data Source is from the Division of Continuous Quality Improvement monthly Michigan Services Review using the Onsite Review Instrument for case reviews completed during fiscal years 2022, 2023, to July 30, 2024.*

Well-Being Outcome 3

In CFSR Round 3, Michigan was rated as **not being in substantial conformity** with making concerted efforts to ensure children receive adequate services to meet their physical and mental health needs.

Item 17

Did the agency address the physical health needs of children, including dental health needs?

In CFSR Round 3, Michigan was rated as an area needing improvement.

Michigan assesses **Item 17** as **a strength,** as the department has addressed the physical health needs of the children, including dental needs. Direct service staff continue to make incremental improvements in both in-home and foster care service provision of physical and dental health services as demonstrated through the case reviews. Service deserts in rural areas of the state have been reduced, contributing to improvement in meeting identified physical and dental needs of children.

Onsite Review Instrument Item 17 – Physical Health of the Child(ren)

Practice Description	Foster Care Applicable Cases 2022	In-Home Services Applicable Cases 2022	All Case Types Applicable Cases 2022
The agency accurately assessed the children's physical health care needs.	98.41% (62 of 63)	94.12% (16 of 17)	97.5% (78 of 80)
The agency provided appropriate oversight of prescription medications for the physical health issues of the target child in foster care.	87.93% (51 of 58)	60% (6 of 10)	83.82% (57 of 68)
The agency ensured that appropriate services were provided to the children to address all identified physical health needs.	85.71% (12 of 14)	NA	85.71% (12 of 14)
The agency accurately assessed the children's dental health care needs.	92% (46 of 50)	66.67% (8 of 12)	87.1% (54 of 62)
The agency ensured that appropriate services were provided to the children to address all identified dental health needs.	78.72% (37 of 47)	37.5% (3 of 8)	72.73% (40 of 55)
Item 17 Strength Rating 2022			

Practice Description	Foster Care Applicable Cases 2023	In-Home Services Applicable Cases 2023	All Case Types Applicable Cases 2023
The agency accurately assessed the children's physical health care needs.	100% (16 of 16)	100% (1 of 1)	100% (17 of 17)
The agency provided appropriate oversight of prescription medications for the physical health issues of the target child in foster care.	100% (2 of 2)	NA	100% (2 of 2)
The agency ensured that appropriate services were provided to the children to address all identified physical health needs.	100% (13 of 13)	NA	100% (13 of 13)
The agency accurately assessed the children's dental health care needs.	87.5% (14 of 16)	100% (1 of 1)	88.24% (15 of 17)
The agency ensured that appropriate services were provided to the children to address all identified dental health needs.	85.71% (12 of 14)	100% (1 of 1)	86.67% (13 of 15)
Item 17 Strength Rating 2023	87.5% (14 of 16)	100% (1 of 1)	88.24% (15 of 17)

Practice Description	Foster Care Applicable Cases 2024	In-Home Services Applicable Cases 2024	All Case Types Applicable Cases 2024
The agency accurately assessed the children's physical health care needs.	100% (26 of 26)	100% (3 of 3)	100% (29 of 29)
The agency provided appropriate oversight of prescription medications for the physical health issues of the target child in foster care.	100% (7 of 7)	NA	100% (7 of 7)
The agency ensured that appropriate services were provided to the children to address all identified physical health needs.	100% (21 of 21)	100% (2 of 2)	100% (23 of 23)
The agency accurately assessed the children's dental health care needs.	96.15% (25 of 26)	100% (2 of 2)	96.43% (27 of 28)
The agency ensured that appropriate services were provided to the children to address all identified dental health needs.	81.82% (18 of 22)	100% (2 of 2)	83.33% (20 of 24)
Item 17 Strength Rating 2024	84.62% (22 of 26)	100% (3 of 3)	86.21% (25 of 29)

**Data Source is from the Division of Continuous Quality Improvement monthly Michigan Services Review using the Onsite Review Instrument for case reviews completed during fiscal years 2022, 2023, to July 30, 2024.*

Item 18

Did the agency address the mental/behavioral health needs of children?

In CFSR Round 3, Michigan was rated as an area needing improvement with 51% of the 37 applicable cases rated as a strength.

Michigan assesses **Item 18** as **an area needing improvement**. Case reviews demonstrate that direct services staff are accurately assessing the mental health needs of children in foster care as well as those served via in-home services, with opportunities to improve the delivery of identified services. Case reviews highlight wait lists for intensive and specialized services needed by youth to best address their identified mental health needs. This demand has increased in the past year.

Onsite Review Instrument Item 18 – Mental/Behavioral Health of the Child(ren)

Practice Description	Foster Care Applicable Cases 2022	In-Home Services Applicable Cases 2022	All Case Types Applicable Cases 2022
The agency accurately assessed the children's mental/behavioral health needs.	87.88% (29 of 33)	73.91% (17 of 23)	82.14% (46 of 56)
The agency provided appropriate oversight of prescription medications for the	85.71% (6 of 7)	NA	85.71% (6 of 7)
mental/behavioral health issues of the target child in foster care.			
The agency ensured that appropriate services were provided to the children to address all identified mental/behavioral health needs.	78.13% (25 of 32)	68.18% (15 of 22)	74.07% (40 of 54)
Item 18 Strength Rating 2022	NA	NA	NA

Practice Description	Foster Care Applicable Cases 2023	In-Home Services Applicable Cases 2023	All Case Types Applicable Cases 2023
The agency accurately assessed the children's mental/behavioral health needs.	92.86% (13 of 14)	100% (3 of 3)	94.12% (16 of 17)
The agency provided appropriate oversight of prescription medications for the mental/behavioral health issues of the target child in foster care.	80% (4 of 5)	NA	80% (4 of 5)
The agency ensured that appropriate services were provided to the children to address all identified mental/behavioral health needs.	85.71% (12 of 14)	100% (3 of 3)	88.24% (15 of 17)
Item 18 Strength Rating 2023	85.71% (12 of 14)	100% (3 of 3)	88.24% (15 of 17)

Practice Description	Foster Care Applicable Cases 2024	In-Home Services Applicable Cases 2024	All Case Types Applicable Cases 2024
The agency accurately assessed the children's mental/behavioral health needs.	94.12% (16 of 17)	75% (3 of 4)	90.48% (19 of 21)
The agency provided appropriate oversight of prescription medications for the mental/behavioral health issues of the target child in foster care.	71.43% (5 of 7)	NA	71.43% (5 of 7)
The agency ensured that appropriate services were provided to the children to address all identified mental/behavioral health needs.	68.75% (11 of 16)	50% (2 of 4)	65% (13 of 20)
Item 18 Strength Rating 2024	70.59% (12 of 17)	50% (2 of 4)	66.67% (14 of 21)

**Data Source is from the Division of Continuous Quality Improvement monthly Michigan Services Review using the Onsite Review Instrument for case reviews completed during fiscal years 2022, 2023, to July 30, 2024.*

Section IV: Assessment of Systemic Factors

STATEWIDE INFORMATION SYSTEM

Item 19:

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,

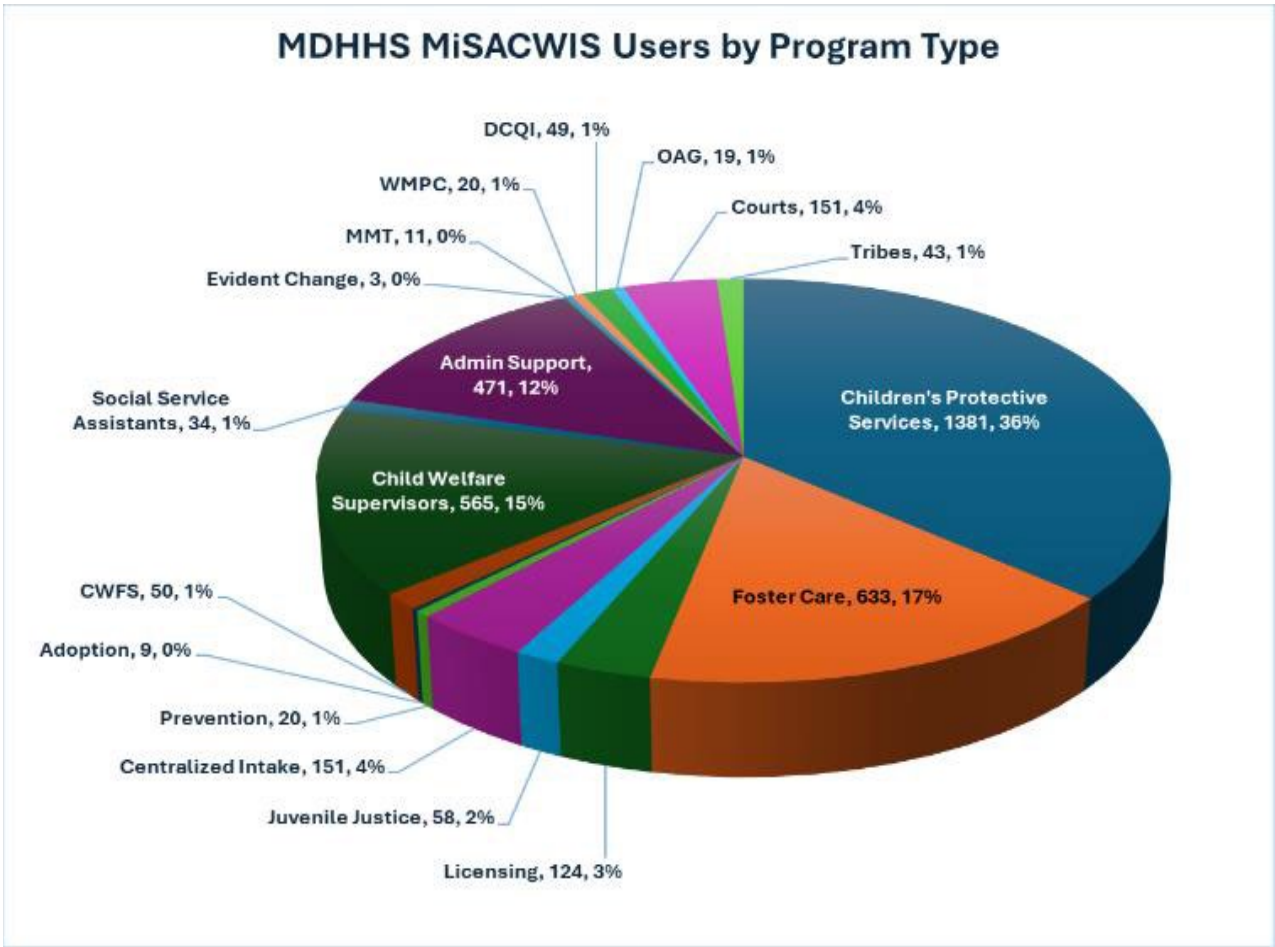
and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?

Michigan assesses the state's performance on systemic factor **Statewide Information System** as being in **substantial conformity**.

The Michigan Statewide Automated Child Welfare Information System (MiSACWIS) is the primary case management system for child welfare case management except for child welfare licensing, which is managed within the Comprehensive Child Welfare Information System (CCWIS). These systems identify the status, demographic characteristics, location, and placement goals for all children in care within the last 12 months. Michigan meets all data quality validation requirements and the trajectory to a more advanced case management system continues.

The MiSACWIS application is widely used by almost 7,000 public, private, and tribal child welfare users. MDHHS alone has almost 3,600 child welfare-related staff that use MiSACWIS to collect and report important data on safety, well-being, and permanency for children and families.

MiSACWIS Users as of October 2024



The Database Security Application (DSA) is used to submit all Request for Access submissions to various MDHHS systems for new, change, or renewal requests.

- Applicants are responsible for the safeguarding of confidential, sensitive, or protected health information (PHI).
- All requests are reviewed by immediate supervisors and program approvers.
- A reason for access is required and the user must provide a reason or justification.
- After submittal of a request, the applicant can view the status of their Request for Access.
- Request for Access may be approved in part or in full depending on the results of the supervisor and program approver's review.
- Change requests *cannot* be submitted before a prior request has completed the authorization process.
- Help information is contained with each form.

All users must complete the following steps to obtain access to the Michigan Statewide Automated Child Welfare Information System (MiSACWIS) and/or to the Comprehensive Child Welfare Information System (CCWIS) Child Welfare Licensing Module (CWLM). The form used to request MiSACWIS and CCWIS-CWLM access, the MiSACWIS/CCWIS Access Request Form, is found within the Database Security Application (DSA).

Users complete the MiSACWIS/CCWIS Access Request Form to request initial MiSACWIS or CCWIS-CWLM access (new users). All users then complete the MiSACWIS/CCWIS Access Request Form on an annual basis to maintain MiSACWIS and CCWIS-CWLM access.

Users of the MiSACWIS/CCWIS system are permitted to complete specific case level documentation within the information system based on their position responsibilities. Statewide, staff in both public and private contracted agencies are held to the same position standards which are guided by laws and policies as outlined in position specific responsibilities.

State policy outlines specific points when data is to be entered into the information system. Timeliness of that data entry is measured in multiple ways including the system supported Book of Business which keeps track of individual staff Standards of Promptness (SOP), and system generated ticklers to remind staff about specific data entry requirements including what is coming due, what is due, and what is past due. Supervisors ensure these data elements are noted during the review of investigative reports, service plans, and court reports. Examples of documentation timelines include:

- Demographics for a Child — Enter within 30 days.
- Location of the Child — Enter within 7 days.
- Permanency Goals — Enter within 30 days.
- Legal Status — Enter within 7 days.

Within the information system, MiSACWIS/CCWIS, there are many reports to select and can be produced at an individual, regional, or statewide level to assess compliance or use for analysis. Examples of these reports include:

State of Michigan
Department of Human Services
CW-2001 CFC Social Work Contacts Timeliness by County (All)
Report Period 10/01/2024 To 11/01/2024

Statewide

Number of Social Work Contacts Due During the Reporting Period														
Business Service Center	County	Agency Sector	Worker - Child		Worker - Parent		Parent - Child		Worker - Supervisor		Returned Home Children		Child - Sibling	
			# Due	% Compl	# Due	% Compl	# Due	% Compl	# Due	% Compl	# Due	% Compl	# Due	% Compl
		MDHHS	8	63%	16	25%	68	82%	11	100%	6	100%	8	0%
		PAFC	3	100%	1	100%	8	100%	3	100%				
		Total	**11**	**73%**	**17**	**29%**	**76**	**84%**	**14**	**100%**	**6**	**100%**	**8**	**0%**
		MDHHS	2	100%	1	100%	1	0%	3	100%				
		PAFC	6	100%	2	0%			6	100%	2	100%		
		Total	**8**	**100%**	**3**	**33%**	**1**	**0%**	**9**	**100%**	**2**	**100%**		
		MDHHS	39	85%	66	67%	216	49%	31	100%			10	100%
		PAFC	11	82%	11	73%	8	100%	13	100%	4	50%	2	0%
		Total	**50**	**84%**	**77**	**68%**	**224**	**50%**	**44**	**100%**	**4**	**50%**	**12**	**83%**
		MDHHS	13	85%	17	41%	74	47%	9	89%			4	100%
		Total	**13**	**85%**	**17**	**41%**	**74**	**47%**	**9**	**89%**			**4**	**100%**

**MiSACWIS Data Warehouse Social Work Contact Example.*

Another tool for ensuring timely data entry is the Supervisor Control Protocol (SCP), which specifically checks the status of policy requirements. In addition, supervisors are required to review staff documentation to ensure the content meets policy expectations, all while adhering to laws. Case management activities documented within MiSACWIS/CCWIS are connected to payment authorizations for services, placement reimbursement to caregivers, and/or other actions including central print for court hearing notifications. Timely and accurate data entry is paramount to many downstream case management actions.

Michigan supports timely data entry by publishing monthly and quarterly dashboards to reflect timeliness standards for specific case management tasks. Accuracy of data entry is evaluated during various case review activities completed at the supervisory or external levels, including review of relative home studies, investigations, service plans, maltreatment in care assessments, and licensing of foster home evaluations.

When data is missing or inaccurate, within each process, assigned staff are required to update that information within the information system. Supervisors reject case actions within the information system allowing staff to update, correct, or fill in the data where identified. Staff then resubmit that case action within MiSACWIS for review and action by the supervisor. This process takes place over the 14-day supervisory review period to confirm accuracy and quality. Staff are alerted through case level reviews when there is data inconsistency or missing information, and through spreadsheet dissemination with identified gaps noted for reconciliation.

Statewide reports available through MiSACWIS or outlined in dashboards are used to ensure that missing data and errors are updated as part of an ongoing process. To ensure that data is accurately reported within federally submitted files, Michigan implements an Information System Review twice annually.

Information System Review

Michigan utilizes the Information System Review (ISR) to demonstrate the accuracy of data reported within the state's federal files submitted to the ACF CB biannually or annually within the following federal systems:

- Adoption and Foster Care Analysis Reporting System (AFCARS)
- National Child Abuse and Neglect Data System (NCANDS)
- National Youth in Transition Database (NYTD)

The Information System Review methodology entails a random sample of active or closed cases from the out-of-home population (360 annually or 180 biannually) across the entire state. The randomized sample includes all 83 counties and both public and privately managed cases. The sample is distributed to active case managers and/or supervisors with direct knowledge of the case. They confirm that the reported information from AFCARS is accurate, complete, and reliable for the sample period consistent with the AFCARS reporting period, and that matches the documented information within the MiSACWIS case management system. This process also allows the case worker to confirm that the data recorded within MiSACWIS is accurate for the circumstances and demographics of the case. When data elements change, the Information System Review instructs staff to update that data element within MiSACWIS. Typically, when there is a discrepancy, it is due to case level data being updated and found outside the AFCARS federal submission based on current case statuses (e.g., placement address, permanency goal, dispositional review hearing date, etc.), not that the information is inaccurate. If there is inaccurate or outdated information on any of the statuses, staff are instructed to update that information.

The following chart shows percentages of data matching comparing AFCARS file reporting to what is recorded within the MiSACWIS system.

Information System Review – Fiscal Years 2021, 2022, 2023

Quality Assessment	2021	2022	2023
Does the data in the ISR match that within the MiSACWIS case file?	328/333 or 98%	339/346 or 98%	320/337 or 94%

**ISR Survey Question – AFCARS data reported match MiSACWIS for fiscal years 2021-2023*

Michigan offers technical assistance to staff regarding how to update case level information. Michigan also provides direct outreach to staff assigned to participate in the review process to encourage 100% participation and completion. Over the past three years, the only reason staff did not participate in the review was due to approved leave time. The following chart outlines the total number of ISR case reviews completed by staff from the randomized sample by fiscal year:

Information System Review Completion Totals Fiscal Year 2021, 2022, 2023

Fiscal Year	Total Case ISR Reviews Completed by Case Managers	Total Percent ISR Review Completed	Total ISR Sample
2021	333	93%	360
2022	346	96%	360
2023	337	93%	360

**Completion rates of Information System Reviews for fiscal years 2021, 2022, 2023.*

A limitation of the Information System Review is regarding closed cases in which the staff/supervisors who had direct knowledge of the case are no longer employed with either the public or private child welfare agency. In these circumstances, Michigan utilizes a review of the local office or agency's paper case file documentation to confirm the reported data. Opportunities for improvement are specific to the entry of disability information and updated dispositional review hearing dates. While Michigan's MiSACWIS system has the data element to collect specific disabilities for a youth and review hearing dates, the system does not require, via a data validation error, that the disability information be entered/updated. Michigan continues to provide training to staff/supervisors regarding the importance of documenting and updating disability information, as well as dispositional review hearing dates. The ISR is one of Michigan's mechanisms to highlight data entry improvements. Another method used to identify data entry improvements are statewide case reviews targeting specific topics.

Statewide case review findings or reports are distributed to stakeholders including the federal Children's Bureau, MDHHS Business Service Center or local office directors, Child Welfare Community Service, Private Agency Quality Assurance and Compliance who shares findings with Michigan's private agency partners, and Children's Services Administration leadership any time documentation deficits will be updated. Subsequent case reviews, monthly data reports, and MiSACWIS-generated tickler reports are used to demonstrate documentation has been completed.

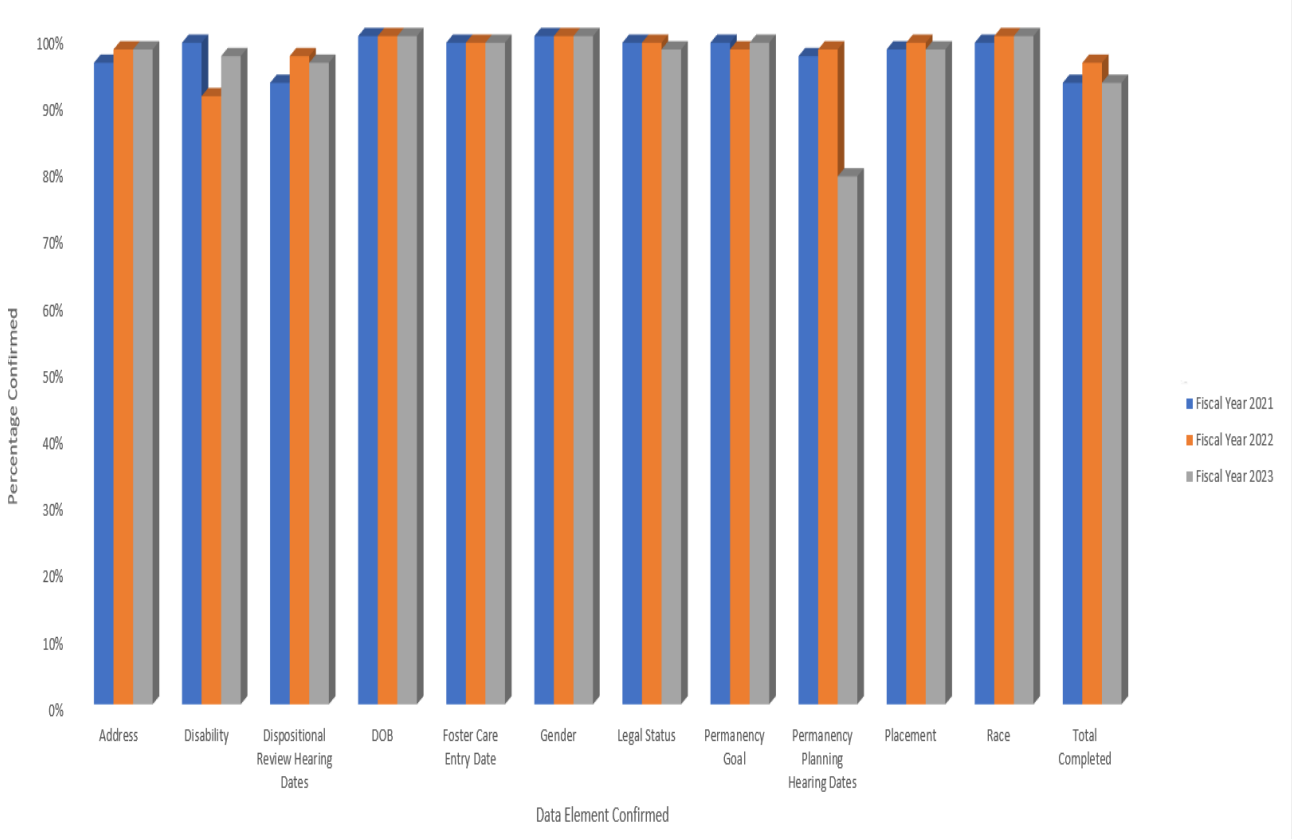
Michigan's ISR confirms that the data elements captured within MiSACWIS are accurately reported to the Children's Bureau.

Information System Review for all Elements – Fiscal years 2021, 2022, 2023

Fiscal Year	Address	Race	Gender	Legal Status	Permanency Goal	Disposition Hearing Dates	Permanency Hearing Dates
2021	96%	99%	100%	99%	99%	93%	97%
2022	98%	100%	100%	99%	98%	97%	98%
2023	98%	100%	100%	98%	99%	96%	79%

**Information System Review Data from bar chart for Fiscal Years 2021, 2022, 2023.*

Information System Review – Individual Data Elements – Fiscal Years 2021, 2022, 2023



**Information System Review Data from bar chart for Fiscal Years 2021, 2022, 2023.*

The ISR results highlight Michigan's accuracy in recording important demographic, placement, and legal status information statewide. Michigan has noted a decline in the number of permanency planning hearing dates recorded, which will be further assessed within the Case Review Systemic Factor and Item 22. Permanency hearings are being adjourned to support parents' benefit from services, publication for hearing notice challenges, or unresolved dispositional hearing statuses when there are competing criminal proceedings. These are some of the challenges in reporting of permanency planning hearings in the ISR.

MiSACWIS workshops continue to be offered at the request of MDHHS and private agency first-line workers and supervisors to provide over-the-shoulder support. The MiSACWIS team continues to update online help information, prepare release notes, and maintain training environments to support end users. These tools are posted on the MiSACWIS communication page and are available to all users.

MiSACWIS Child Welfare Technology Training	Support Activities	# of Participants
Federal Fiscal Year 2021	157	4,333
Federal Fiscal Year 2022	219	3,668
Federal Fiscal Year 2023	177	4,324

**MiSACWIS fiscal year data for years 2021-2023*

Based on the accuracy of federal reports and the ISR, Michigan's MiSACWIS system ensures the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is currently in foster care, or who has been within the immediately preceding 12 months. Procedures are in place to correct errors or update information that is not current or has changed overtime.

CASE REVIEW SYSTEM

Michigan assesses the **Case Review System** as **not being in substantial conformity**.

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?

Michigan's case review system is substantially functioning statewide to ensure that each child has a written case plan that is jointly developed with the child's parent(s) and those children developmentally capable and includes required provisions.

Michigan rates its performance of **Item 20** as a **strength**. Michigan continues to focus and promote case practice skills of teaming, engagement, assessment and mentoring to positively impact parents' participation in developing their case plans. Michigan also continues to seek data related to parent engagement at court and in meetings with case managers and attorneys to improve parents' participation in case plan development as demonstrated in the trends provided by the evidenced-based Quality Service Review data.

Michigan received an overall rating of Area Needing Improvement during CFSR Round 3 based on Statewide Assessment and stakeholder interviews. Data in the statewide assessment showed that, for federal fiscal year 2018, the Children's Protective Services plans were not consistently completed timely, and parents were not consistently actively engaged in case planning. Stakeholders reported that active involvement of parents in case planning varied by county and by caseworker; many stakeholders agreed that parents are not consistently engaged in developing case plans. Some stakeholders reported that the case plan is developed without parental participation, then presented to the parent(s) before the court hearing.

Michigan's case review system functions statewide to ensure case plans are developed jointly with parents. As required by Foster Care Policy 722-08, an initial service plan must be completed within 30 calendar days after the removal date of the child. The initial service plan is used to:

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

Michigan's statewide data demonstrates that service plans are completed within designated timeframes. Various data points are available statewide, monthly, via the Monthly Management Report with source data from MiSACWIS. Direct services staff in all programs including Children's Protective Services, Foster Care, Juvenile Justice, and Adoption enter case management activities.

The Monthly Management Report is created from monthly raw data and can be used by staff to drill down to case-specific information about compliance or standards of promptness to complete their service plans. The report contains point-in-time data; if a service plan is not completed within its due date, it will not be counted for compliance. Month-to-month rolling data counts plans which were completed between report periods.

Report Month: 2024-09 | **Michigan Department of Health and Human Services** | *Statewide Performance*

Children's Services Administration - Monthly Management Report (September 2024)

STATEWIDE PERFORMANCE				2024-09 MONTHLY PERFORMANCE			2024-09 PERFORMANCE COMPARED TO REPORT PERIOD AVERAGES							
							Monthly	Prior 3 Months		Prior 6 Months		Prior 12 Months		
AGENCY NAME	PRGM	CATEGORY	REPORT METRIC	Due	Timely	%	Gain	%	Difference	%	Difference	%	Difference	
STATEWIDE	CPS	CPS Service Plans	ISP	5335	5172	97%	0%	97%	-1%	97%	0%	97%	0%	
			USP	830	702	85%	2%	84%	1%	83%	2%	83%	2%	
			Closing USP	677	667	99%	1%	99%	0%	98%	1%	97%	1%	
			Total for Category	6842	6541	96%	0%	96%	0%	96%	0%	95%	0%	
STATEWIDE	CPS	CPS Plan Approval	ISP Approval	5052	4403	87%	-1%	88%	0%	88%	-1%	89%	-2%	
			USP Approval	840	758	90%	-2%	91%	-1%	92%	-1%	93%	-2%	
			Closing USP Aprvl	685	650	95%	0%	95%	0%	95%	0%	95%	0%	
			Total for Category	6577	5811	88%	-1%	89%	0%	89%	-1%	90%	-1%	
STATEWIDE	CFC	CFC Service Plans	ISP	304	264	87%	0%	85%	1%	87%	0%	87%	0%	
			USP	2512	2335	93%	0%	93%	0%	93%	0%	93%	0%	
			PWSP	835	805	96%	2%	95%	1%	95%	1%	94%	2%	
			YAVFC ISP	21	15	71%	13%	58%	13%	59%	12%	58%	14%	
			YAVFC PWSP	113	102	90%	1%	89%	1%	90%	0%	89%	1%	
			Total for Category	3785	3521	93%	1%	93%	0%	92%	1%	92%	1%	
STATEWIDE	CFC	CFC Plan Approval	ISP Approval	307	257	84%	-4%	86%	-2%	88%	-4%	89%	-5%	
			USP Approval	2372	2136	90%	1%	90%	0%	89%	1%	89%	1%	
			PWSP Approval	773	724	94%	2%	93%	1%	92%	2%	91%	2%	
			YAVFC ISP Aprvl	22	21	95%	3%	92%	3%	92%	4%	93%	3%	
			YAVFC PWSP Aprvl	106	98	92%	2%	91%	2%	90%	2%	91%	1%	
			Total for Category	3580	3236	90%	1%	90%	0%	90%	1%	90%	1%	

**The Monthly Management Report covering September 2023-September 2024 CPS and Foster Care Service Plan due date standards of promptness.*

The Monthly Management Report highlights that staff and supervisors complete and approve Initial Service Plans (ISP) and Updated Service Plans (USP) consistently and within policy standards of promptness for children's protective services cases, foster care cases, permanent ward cases, and voluntary permanent ward foster care cases. Initial plans for voluntary foster care have the least timely service plan completion and approval rates. The following chart compares the total number of service plans due to the total number of service plans completed as another

demonstration of Michigan's consistent rates of timely service plan completion.

MDHHS Monthly Management Report

Foster Care Service Plan Type completed by direct services staff	Total Plans Completed/Due	Total Timely	Prior Three Months	Prior Six Months	Prior Twelve Months
Initial Service Plan (30 days)	264/304	87%	85%	87%	87%
Updated Service Plan (90 days)	2,329/2,486	94%	93%	93%	93%
Permanent Ward Service Plan for youth committed to the Michigan Children's Institute	829/890	93%	94%	95%	94%

Foster Care Service Plan Approval by Supervisor	Total Plans Completed/ Due	Total Timely	Prior Three Months	Prior Six Months	Prior Twelve Months
Initial Service Plan (30 days)	257/307	84%	86%	88%	89%
Updated Service Plan (90 days)	2,327/2,562	91%	89%	89%	89%
Permanent Ward Service Plan- is for youth committed to the Michigan Children's Institute	873/936	93%	92%	92%	91%

**Point-in-time data July 1, 2023, through July 30, 2024, for timeliness of service plans for the out-of-home population. Prior three months would be percentage covering April, May, and June 2024. Prior six months includes January 2024-June 2024. Prior twelve months is coving the period July 1, 2023, through July 30, 2024.*

Michigan's case service plans are designed to ensure Michigan complies with the requirement that each child has a written case plan jointly developed with the child's parents. The case plan includes the following:

1. Identifying information.
2. Legal status and progress.
3. Reasonable or active 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 (FCRB) review, if applicable.
8. Placement.
9. Placement resources.
10. Medical.
11. Visitation plan.
12. Team Decision Meeting (TDM)/Family Team Meeting (FTM) summary.
13. Family information and assessment.
14. Child(ren)'s best interest or compelling reasons.
15. Recommendations to the court.

Michigan's direct services staff continuously adjust the case plan based on feedback from the family, parents, the child(ren), and service providers through ongoing meetings including home visits with parents, children, and caregivers. A copy of the service plan must be sent to the court prior to the regularly scheduled review. Pursuant to MCR 3.975(E), initial and updated case service plans must be provided to the parties at least seven days before a review hearing which occur every

90 days. Initial service plans are due within 30 days of the case opening, and updated service plans are due every 90 days thereafter for those youth placed into out-of-home placement. Case service plans are due every 30 days with case extensions required after 90 days. 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 hearing, the court may modify the plan. For Native American children, an ICWA performance checklist must be attached to all documents as a cover sheet.

TDM and FTM serve as a process for collaborative service planning, service identification, and assessment of progress, and include parents, caretakers, foster parents, children, youth, and may also include extended family, friends, neighbors, service providers, community representatives, tribal representatives, and other professionals involved with the family. The information from the FTM/TDM is used to update and inform the case service plan alongside ongoing case management activities with the parents.

Michigan has implemented the Team Decision-Making model using Family Team Meetings; a deliberate and structured approach to involving parent, children, families, and caregivers in case planning through a facilitated meeting of family and their identified supports. Michigan began tracking Team Decision Making (TDM) meetings in January 2021. The following chart outlines the types of TDMs held to support the development of the case plan, updates to case planning when specific events require a TDM session to support the family, and who attended the meetings. Meetings are required as follows:

- **Initial TDM** - within 30 calendar days before or 14 calendar days after case opening.
- **Placement Stability/Change** - at least three business days prior to a planned change in placement or no later than three business days after an unplanned placement change.
- **Unsupervised Parenting Time** - within 14 calendar days of a planned change in the parenting time from supervised to unsupervised visitation.
- **Return Home** - no less than 30 calendar days before the transition of the child into the parental home. Planning is ongoing every 90 days and would be included in the regular service plan review.

TDM Events/Attendees January 1, 2021 – September 30, 2024, documented within MiSACWIS

[Mother/Father]	Initial TDM		Placement Stability/Change		Unsupervised Parenting Time		Return Home	
6. Mother *(% excludes mothers deceased, unknown, or rights terminated)*	8219	79%	2679	51%	1436	82%	1185	84%
7. Mother Deceased, Unknown, or Parental Rights Terminated	324	3%	1895	27%	55	3%	55	4%
8. Father *(% excludes fathers deceased, unknown, or rights terminated)*	5386	55%	1281	27%	830	51%	654	51%
9. Father Deceased, Unknown, or Parental Rights Terminated	1034	10%	2384	34%	172	10%	170	12%

Michigan's Quality Service Review (QSR) Protocol assesses the degree to which meaningful, measurable, and achievable life outcomes for children and families are supported with well-reasoned, agreed-upon case goals, intervention strategies, and actions that the child and family

can attain within a case plan through the indicator titled Case Planning. The case plan is to include safety and protection, permanency, and well-being, ensuring that the case plan development and adjustments are not completed in isolation but are inclusive of the child(ren), parents, caregivers, and informal supports for the achievement of the intended outcome. Interviews are used to assess during a designated review period that parents have a voice and choice in the development of their case plan on an ongoing basis and that the case planning interventions are working to meet their intended outcome. Voice and choice are measured as the degree to which the parents are ongoing participants having an active and significant role, voice, choice, and influence in shaping decisions made about their strengths, needs, and goals for life change and services. Implementing interventions are assessed as the degree to which strategies, natural and professional supports, and services planned for the parents are available and provided on a timely and adequate basis and services maximize results and minimize inconveniences or conflicting strategies. Delivery of the case services are intended to sustain case goals/outcome beyond case closure. Over the past three years, parents report improvement in being actively involved in the development of the written case plan, what it is they want from the service intervention, and how that intervention is to be prioritized.

A six-point rating matrix is used to rate the conditions for each indicator. Each indicator has specific parameters on a continuum that ranges from 0 or absent to 6 or optimal, ratings at 3 or below are considered unacceptable, ratings 4 or higher are acceptable.

Quality Service Review Matrix

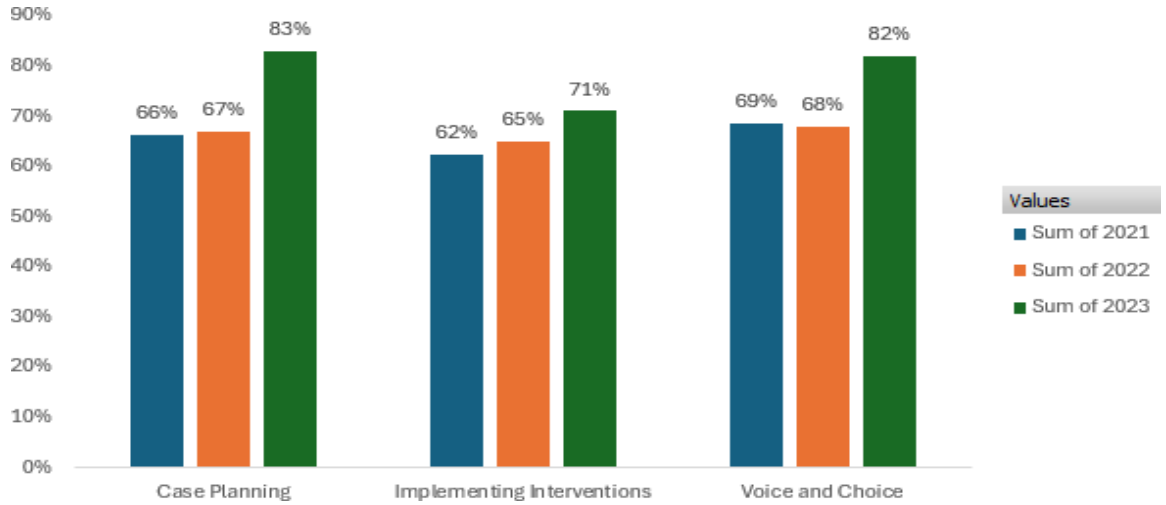
UNACCEPTABLE			ACCEPTABLE		
1 – Adverse Status/ Performance: Status/practice may be absent or substantially inadequate. Performance may be missing or not done. Strategies may by inadvisable and in need of immediate action to address the situation.	**2 – Poor Status/ Performance:** Status/practice is fragmented, unreliable, lacking necessary intensity, or validity. Performance warrants prompt attention and improvement.	**3 – Marginally Inadequate Status / Performance:** Status/practice may be insufficient, inconsistent, or not well matched to need. Performance may be falling below the acceptable range and there is a need for adjustment at the present time.	**4 – Fair Status/ Performance:** Status/practice is minimally or temporarily adequate to meet short-term needs or objectives. There is a reasonable prospect of achieving the desired outcomes if this performance level continues or improves.	**5 –Good Ongoing Status/Performance:** At this level, the status/practice is functioning reliably and appropriately under changing conditions and over time. Performance has continued to be generally effective and dependable with signs of stability being apparent.	**6 – Optimal & Enduring Status / Performance:** At this level, there is exceptional, steady, and effective status/practice in the function area. Performance has shown an enduring pattern of stability.
IMPROVEMENT		**REFINEMENT**		**MAINTENANCE**	

Michigan Services Review – Case Reviews and Interviews completed

Fiscal Year	Foster Care Case Totals	Interviews Completed
2021	49	478
2022	52	460
2023	16	160

**Michigan Services Review 2021-2023 – Michigan completed the CFSR Round 3 Program Improvement Plan in September 2022. Case review totals decreased in fiscal year 2023 impacting interview totals.*

FY 2021-2023 Case Planning, Implementing Interventions, Voice, and Choice



**Data is from DCQI Michigan Services Review. Ratings are completed on a six-point scale with ratings at "4"*

or higher as being acceptable case practice. Ratings above 70% represent case practice is strong across the child welfare system.

Michigan has improved the rate in which parents are included in the development and ongoing updates to the case plan with a high of 83% in fiscal year 2023. In addition, 82% of parents claimed an increased voice and choice in what and how case interventions are implemented as part of the case plan. Seventy-one percent of parents indicated that interventions executed within the case plan are meeting the intended outcome.

In addition to the data provided above, as part of Michigan's self-assessment process, this item was assessed by a workgroup comprised of a variety of stakeholders from various disciplines within the child welfare system at their Oct. 10, 2024, meeting. On this date, the workgroup, which is comprised of Court Process Improvement Committee (CPIC) members, consisted of:

- two attorneys who represent parents and/or children
- one lived expert
- one foster parent
- one juvenile court judge
- one juvenile court referee
- one county prosecuting attorney
- one DHHS-DCQI Manager
- one Attorney General Division Chief
- one MI CASA President and CEO
- one MDHHS Education Analyst
- one SCAO court analyst
- one Chair of the Michigan Bar's Children's Law Section
- one DHHS special assistant to the MDHHS CSA Senior Deputy Director.

Relative to this item, the group noted that the case service plan did not fully list the agency's responsibilities within the case service plan, thus not accurately reflecting that the case service plan is a joint effort by the parties. Stakeholders also indicated that there may be some disagreement on whether parents feel they were engaged when there was a disagreement about the services required or the ultimate permanency goal. However, the ability to change case planning as the case progressed was identified as a positive aspect of joint case-planning.

Parents may not witness the caseworker develop the written plan submitted to the court during the TDM, FTM, and other case planning meetings. Accordingly, while families are reporting an overall increase in engagement, understanding, and involvement in the case planning process, there remains additional opportunity as to how and when the written plans are developed, which ties the discussions and goals jointly developed verbally at FTM and other meetings, to the documents submitted at court proceedings.

Item 21: Periodic Review

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 six months, either by a court or by administrative review?

Michigan received an overall rating of Strength for Item 21 during CFSR Round 3.

Michigan's case review system functions to ensure that periodic reviews are occurring more frequently than the federally required six-month timeframe, resulting in Michigan assessing **Item 21** item as a **strength**.

Michigan's Probate Code, MCL 712A.19, exceeds federal requirements to hold dispositional review hearings. The law requires the court to conduct review hearings not more than 182 days after the date a petition is filed and no later than every 91 days after that during the first year a child is in foster care, and every 182 days if the child remains in foster care for more than one year. A court may also enter an Order of Disposition during its initial review of the parties' case plans following adjudication. Parties have the option 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 if the child is subject to the jurisdiction, control, or supervision of the court, Michigan Children's Institute Superintendent, or other agency.

All trial courts are required to maintain case flow management plans. The case management system in place for each court should provide the capability to 1) monitor case progress; 2) generate various reports for measuring inventory, delay, activity, and scheduling practices; and 3) generate reports showing compliance with time guidelines.

At the hearing, the court reviews compliance with the service plan with respect to:

- services and parenting time
- likelihood of harm to the child if returned or if the child continued to be separated from parent(s) or guardian(s)
- the extent of progress made towards alleviating or mitigating circumstances that caused child to be placed in care
- the continuing necessity and appropriateness of the child's placement
- whether reasonable efforts have been made to preserve and reunify the family
- likelihood that the child may be returned.
- when applicable, the court must also approve or disapprove a qualified residential treatment program placement during the review hearing.

Following the hearing, the court may:

1) Order the child to be returned home if parental rights have not been terminated.
2) Modify the dispositional order.
3) Modify any part of the case service plan.
4) Enter or continue a dispositional order.
5) Set the date for the next dispositional review hearing or permanency planning hearing.

If the child is returned home, the court must periodically review progress if 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.

Performance Calculator – Item 21

Performance Period 1			
Hearing Type	Count of children (denominator)	Count of valid hearings (numerator)	Percentage of children who received a timely hearing
Initial	797	459	58%
Subsequent	7,788	7,145	92%
All	8,585	7,604	89%

Performance Period 2			
Hearing Type	Count of children (denominator)	Count of valid hearings (numerator)	Percentage of children who received a timely hearing
Initial	823	471	57%
Subsequent	7,636	6,979	91%
All	8,459	7,450	88%

Performance Period 3			
Hearing Type	Count of children (denominator)	Count of valid hearings (numerator)	Percentage of children who received a timely hearing
Initial	874	500	57%
Subsequent	7,571	6,865	91%
All	8,445	7,365	87%

Performance Period 4			
Hearing Type	Count of children (denominator)	Count of valid hearings (numerator)	Percentage of children who received a timely hearing
Initial	911	504	55%
Subsequent	7,584	6,848	91%
All	8,495	7,352	87%

All Performance Periods (Include this table in your Statewide Assessment)			
Hearing Type	Count of children (denominator)	Count of valid hearings (numerator)	Percentage of children who received a timely hearing
Initial	3,405	1,934	57%
Subsequent	30,579	27,837	91%
All	33,984	29,771	88%

**Data calculated using the ACF calculation tool for Periodic Review Hearings federal fiscal years 2023, 2024*

It is important to note that data compiled using the ACF calculation tool only reports hearings that have been manually entered by the agency by designated individuals upon receipt of the court's written orders. As noted in item 19, Michigan has identified opportunities for improvements

specific to the entry of updated dispositional review hearing dates. The use of a combined court order form for reviews and permanency planning hearings in Michigan can lead to confusion in data entry, especially when the hearings are combined. Where no updated date is entered, the data would show that no valid hearing was held even if a hearing was properly held. Currently, there is no process to validate that all hearings have been captured and are consistent with the court's register of actions for each case. Moreover, a court may also enter an Order of Disposition during its initial review of the parties' case plans following adjudication. It is unclear whether the dates of these hearings/order are recorded by the agency, given that the court order does not specifically include the term "review" in the title. Failure to include these hearings in the calculation tool could explain the reduced numbers of "initial" hearings identified.

According to the data within SCAO's Judicial Information Systems (JIS), 91-day and 182-day dispositional review hearing data for 2023 reflects that of the 4,291 182-day dispositional review hearings required for children placed Out-of-Home during that calendar year:

- 83.7% (3,592) were completed within 182 days of removal. The average time to the dispositional review hearing was 93 days.
- 5.7% (245) were completed more than 182 days. The average time to the dispositional review hearing in these cases was 440 days.
- 10.6% (454) were not completed.

Reasons for delay identified by courts included:

- Awaiting outside agency action (MDHHS or other service provider).
- Compliance with ICWA.
- Non-appearance or non-availability of attorneys, parties, and/or witnesses.
- Operations issue (such as reassignment, scheduling problems, jurist unavailability).
- Stipulation to adjourn; and,
- Service of process issues.

This data is compiled by the Judicial Information System in the format of Permanency Indicator Report 8. Case data is reported individually by judicial bar number and counts the 182-day review hearings that were due within the reporting period under MCR 3.975(C). MCR 3.975 requires a dispositional review hearing must be completed not more than 182 days after a child's removal from his/her home and no later than every 91 days after that for the first year that the child is subject to the jurisdiction of the court.

It is worth noting that Michigan does not possess a statewide information system that universally collects judicial hearing data. Data is offered from those communities who participate with SCAO's judicial information systems/juvenile court database voluntarily. In 2023, this included 71 county courts including: Oakland, Ionia, Montcalm, Luce, Mackinac, Schoolcraft, Alger, Houghton, Isabella, Missaukee, Gogebic, Calhoun, Livingston, St. Joseph, Alcona, Allegan, Alpena, Antrim, Arenac, Barry, Bay, Benzie, Branch, Cass, Cheboygan, Chippewa, Clinton, Crawford, Dickinson, Eaton, Genessee, Grand Traverse, Gratiot, Hillsdale, Huron, Iosco, Iron, Jackson, Kalkaska, Lake, Lapeer, Leelanau, Lenawee, Manistee, Marquette, Mason, Menominee, Midland, Monroe, Montmorency, Muskegon, Newaygo, Oceana, Ogemaw, Oscoda, Presque Isle, Roscommon, St. Clair, Sanilac, Shiawassee, Tuscola, VanBuren, Wexford, Clare, Gladwin, Mecosta, Osceola, Charlevoix, Emmet, Keweenaw, and Ontonagon.

Michigan legislation was passed in late 2020 limiting the publication of juvenile court data, which further limits access.

As a result of the judicial court data challenges, SCAO has secured funding to develop a statewide court data information system. The process to build the information system will take significant time as there are many considerations including the number of variables in how each of the 83 counties have historically and currently keep records. In Michigan, some courts operate with paper files and manual calculations while other court systems have developed automated systems. The funding secured for a statewide information system will allow all 83 counties to use the same system. It is the intention of this system to coordinate data among many of the legal data systems including police, prison, jail, and probation data, as well as court review hearing data and criminal record checks.

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?

Michigan's case review system functions to ensure that permanency planning hearings are occurring within the required 12-month timeframes. **Item 22** is assessed as a **strength**.

Michigan received an overall rating of Strength for Item 22 during CFSR Round 3 based on statewide assessment and stakeholder interviews. Information and data in the statewide assessment showed that Michigan conducts quality permanency hearings at a frequency of no less than every 12 months for almost all children in foster care.

Foster care policy requires the supervising agency to work towards achieving the permanency planning goal for the child within 12 months of their removal from home. 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.

All trial courts are required to maintain case flow management plans as noted above. Additionally, in Michigan's Third Judicial Circuit, the largest circuit court in Michigan, it is standard practice for the court to hold a permanency planning hearing in conjunction with every scheduled dispositional review hearing, which results in more frequent than required permanency planning hearings. In other counties, courts may opt to combine the dispositional review and permanency planning hearings only as necessary to meet required timelines.

At the permanency planning hearing, the court reviews compliance with the service plan with respect to services and parenting time; likelihood of harm to the child if returned or if the child continued to be separated from parent(s) or guardian(s); the extent of progress made toward alleviating or mitigating circumstances that caused child to be placed in care; the continuing necessity and appropriateness of the child's placement; whether reasonable efforts have been made to preserve and reunify the family; and the likelihood that the child may be returned. The court also considers the current permanency plan goal; whether reasonable efforts were made to achieve that goal; whether the permanency goal should be changed whether the court should order a petition to terminate parental rights; or whether compelling circumstances exist that would

compel the court not to order the filing of a petition for termination of parental rights. When applicable, the court must also approve or disapprove a qualified residential treatment program placement during the review hearing.

Performance Calculator – Item 22

Performance Period 1			
Hearing Type	**Count of children (denominator)**	**Count of valid hearings (numerator)**	**Percentage of children who received a timely hearing**
Initial	1,505	1,110	74%
Subsequent	6,656	5,925	89%
All	8,161	7,035	86%

Performance Period 2			
Hearing Type	**Count of children (denominator)**	**Count of valid hearings (numerator)**	**Percentage of children who received a timely hearing**
Initial	1,648	1,157	70%
Subsequent	6,468	5,639	87%
All	8,116	6,796	84%

All Performance Periods			
Hearing Type	**Count of children (denominator)**	**Count of valid hearings (numerator)**	**Percentage of children who received a timely hearing**
Initial	3,153	2,267	72%
Subsequent	13,124	11,564	88%
All	16,277	13,831	85%

**Data calculated using the ACF calculation tool for Permanency Planning Review Hearings for federal fiscal years 2023, 2024.*

Regarding the data compiled using the ACF calculation tool, it's important to note that Michigan utilizes a combined court order form for reviews and permanency planning hearings, and in some circumstances the hearings are combined. As noted in item 19, Michigan has identified opportunities for improvements specific to the entry of court hearing dates. Where no order was entered by the specific individuals inputting the hearings dates, the data would show that no valid hearing was held even if a hearing was properly held. Currently, there is no process to validate that all hearings have been captured and are consistent with the court's register of actions for each case.

In calendar year 2023, according to SCAO's Judicial Information System (JIS), of the 6,771 permanency planning hearings that were due within the calendar year:

- 90.8% (6,140) were completed within 364 days. The average time to the permanency planning hearing was 131 days.
- 4.4% (300) were completed after more than 364 days. The average time to the permanency planning hearing was 1,139 days.

- 4.8% (331) were not completed.

This data is compiled by the Judicial Information System in the format of Permanency Indicator Report 7. Case data is reported individually by judicial bar number and counts the permanency planning hearings that were due within the reporting period under MCR 3.976(B)(2), (3). MCR 3.976(B)(2) requires courts to complete permanency planning hearings no later than one year after removal from the home and MCR 3.976(B)(3) requires the court to complete permanency planning hearings annually during the continuation of foster care beginning one year after the initial permanency planning hearing. The calculation counts all permanency planning hearings completed and not completed within these timeframes during the reporting period. Currently, there is no way to distinguish between initial permanency planning hearings and ongoing permanency planning hearings within that data; however, JIS is currently exploring adding this distinction into future reporting.

Furthermore, as noted in item 21, Michigan does not possess a statewide information system that universally collects judicial hearing data, and the data offered is from those communities who participate with SCAO's judicial information systems/juvenile court database voluntarily. In 2023, this included 71 county courts including: Oakland, Ionia, Montcalm, Luce, Mackinac, Schoolcraft, Alger, Houghton, Isabella, Missaukee, Gogebic, Calhoun, Livingston, St. Joseph, Alcona, Allegan, Alpena, Antrim, Arenac, Barry, Bay, Benzie, Branch, Cass, Cheboygan, Chippewa, Clinton, Crawford, Dickinson, Eaton, Genessee, Grand Traverse, Gratiot, Hillsdale, Huron, Iosco, Iron, Jackson, Kalkaska, Lake, Lapeer, Leelanau, Lenawee, Manistee, Marquette, Mason, Menominee, Midland, Monroe, Montmorency, Muskegon, Newaygo, Oceana, Ogemaw, Oscoda, Presque Isle, Roscommon, St. Clair, Sanilac, Shiawassee, Tuscola, VanBuren, Wexford, Clare, Gladwin, Mecosta, Osceola, Charlevoix, Emmet, Keweenaw, and Ontonagon.

Michigan legislation was passed in late 2020 limiting the publication of juvenile court data, which further limits access. SCAO has secured funding to develop a statewide court data information system that is intended to coordinate data among many of the legal data systems including police, prison, jail, and probation data, as well as court review hearing data and criminal record checks.

Item 23: Timely Termination of Parental Rights Filing

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?

During CFSR Round 3, Michigan received an overall rating of Area Needing Improvement for Item 23 based on statewide assessment and stakeholder interviews. Information in the statewide assessment and collected during interviews with stakeholders showed that the filing of termination of parental rights (TPR) proceedings is not occurring in accordance with required provisions. Stakeholders confirmed that there is no statewide tracking system for the filing of TPR and that timely filing of TPR varies by county. Stakeholders said timeliness is not a priority in some courts, and some stakeholders reported delays in filing because the court determined that parents should be given more time.

The lack of a statewide tracking system for the timely filing of termination of parental rights supports Michigan's assessment that **Item 23** is an **area needing improvement**.

The filing of the petition to terminate parental rights need not be delayed until a Permanency Planning Hearing is conducted. Consultation with legal counsel is necessary to determine whether

sufficient legal grounds exist to pursue termination of parental rights. The supervising agency must file or join in filing a petition to terminate parental rights if the child has been in foster care for 15 of the last 22 months. Exceptions apply if the child is being cared for by relatives or if the case service plan documents a compelling reason indicating that terminating parental rights would not be in the child's best interest. Compelling reasons include, but are not limited to:

- Adoption is not the appropriate permanency plan for the child.
- No grounds exist to file the termination.
- 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 necessary for the child's safe return home if reasonable efforts are required.
- The ICWA or MIFPA or tribe specifies compelling reasons for Indian child(ren) (Native American Affairs policy 250).

Despite the lack of statewide data, case review data shows that when cases meet the criteria for filing a petition to terminate parental rights, either MDHHS or a contracted private agency files a joint petition in a timely manner.

CFSR On-Site Review Instrument Item 5

Item 5 Question 5F and 5G	Foster Care Applicable Case 2022	Foster Care Applicable Case 2023	Foster Care Applicable Case 2024
The agency filed or joined a TPR petition before the period under review (PUR) or in a timely manner during the PUR or an exception applied.	22/23 96%	8/8 100%	16/16 100%

**Data Source is from the Division of Continuous Quality Improvement monthly Michigan Services Review using the Onsite Review Instrument for case reviews completed during fiscal years 2022, 2023, to July 30, 2024.*

This item was considered by the Court Process Improvement Committee (CPIC) on Oct. 10, 2024 as part of Michigan's self-assessment process. Jurists indicated that the court assesses the need for ordering the filing of a petition for termination during each permanency planning meeting, and the primary reasons that termination is not ordered are:

1) placement with a relative
2) a documented compelling reason
3) or services have not yet been received or completed, often due to waitlists.

Michigan does not have a statewide tracking system for the timely filing of termination of parental rights. Court data is currently not available or useful for assessing performance on this item. More specifically, the JIS court data system does not distinguish between relative placement cases and other forms of placement and does not capture compelling reasons the court may find for not ordering the filing a termination petition. While jurists report that they regularly have sufficient evidence at the permanency planning hearings to determine whether a termination petition should be ordered or whether an exception applies, there is currently no system in place that tracks the supervising agency's compliance with the federal filing requirement.

Item 24: Notice of Hearings

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 (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?

Michigan received an overall rating of Area Needing Improvement for Item 24 during CFSR Round 3 based on statewide assessment and stakeholder interviews. Information in the statewide assessment and collected during interviews with stakeholders showed that Michigan does not have a consistent practice across the state for notifying foster parents, pre-adoptive parents, and relative caregivers of reviews or hearings held with respect to children in foster care. Stakeholders reported that notices are automated in some counties and dependent upon case managers in other counties. Stakeholders reported variation across the state in providing caregivers an opportunity to be heard when present at court hearings because the level of participation varies based on the judge and the county. Stakeholders confirmed that caregivers were not always given the opportunity to be heard.

Evidence shows that there continues to be variation statewide on how caregivers, foster parents, and pre-adoptive parents receive notice of hearings and whether they have an opportunity to be heard. Therefore, Michigan assesses **Item 24** as an **area needing improvement**.

The Safe and Timely Interstate Placement of Children Act of 2006, PL 109-239, requires state courts "to ensure 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 incorporated 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.
- Person or institution having court-ordered custody of the child.
- Parents of the child, subject to sub-rule (D), and the attorney for the respondent parent, unless parental rights have been terminated.
- Guardian or legal custodian of the child, if any.
- Lawyer-guardian ad litem for the child.
- Attorneys for each party.
- Prosecuting attorney if the prosecuting attorney has appeared in the case.
- Child, if 11-years-old or older.
- If the court knows or has reason to know the child is a Native American child, the child's tribe.
- Foster parents, pre-adoptive parents, and relative caregivers.
- If the court knows or has reason to know the child is a Native American child and the parents, guardian, legal custodian, or tribe are unknown to the Secretary of the Interior.
- Any other person the court may direct to be notified.

Notice of Hearings and Reviews to Caregivers, is addressed systemically in Michigan. The DHS-715, Notice of Hearing, form is included within the functionality of Central Print to be mailed to caregivers, automating the process. Direct services staff select the Central Print function for court hearing notifications to be sent to caregivers. The change was released for operations in May 2020 and is available in English, Arabic, and Spanish.

Total Court Notifications Sent via Central Print during Fiscal Years 2021-2023

2021	2022	2023
2,219	2,887	1,581

Michigan cannot count the number of notifications that should be sent, only the total number of notifications sent through an action performed by staff within MiSACWIS.

The Foster Care Review Board (FCRB) asks foster parents about notice of court hearings and the opportunity to be heard in the foster care cases they review.

- **In 2022**, of 212 foster parents involved in FCRB case review meetings:
  - Four (2%) reported they were not regularly provided notice of court hearings, 208 (98%) reported receiving regular notice of court hearings.
  - Twenty-two (10%) reported not being provided the opportunity to participate in court hearings, 190 (90%) reported being provided the opportunity to participate in court hearings.
- **In 2023**, of 250 foster parents involved in FCRB case review meetings,
  - Seven (3%) reported they were not regularly provided notice of court hearings, 243 (97%) reported receiving regular notice of court hearings.
  - Thirty-nine (16%) reported not being provided the opportunity to participate in court hearings, 211 (84%) reported being provided the opportunity to participate in court hearings.
- **Between Jan. 1, 2024, and Sept. 30, 2024,** of 196 foster parents involved in FCRB case review meetings,
  - Seventeen (9%) reported they were not regularly provided notice of court hearings, 179 (91%) reported receiving regular notice of court hearings.
  - Thirty-nine (20%) reported not being provided the opportunity to participate in court hearings, 157 (80%) reported being provided the opportunity to participate in court hearings.

Note that the FCRB data above does not track how the notice of court hearings is provided, and whether it was provided via the DHS-715 form or verbally.

MDHHS QSR interviews completed in fiscal years 2021-2023 show that a total of 50 of 51 caregivers interviewed stated they received notification of court hearings which outlined their right to be heard.

As part of Michigan's self-assessment process, this item was reviewed by the Court Process Improvement Committee (CPIC) workgroup on Oct. 10, 2024, in addition to the quantitative data. Relative to this item, a foster parent reported that when and how notice is received varies from case-to-case. In some cases, the foster parent reached out directly to the court for hearing-specific information, while in other cases, the foster parent was informed by the child's LGAL or CASA. The foster parent reported that they did not receive a written notice, and when they were present at the hearing(s), the foster parent had never been asked to speak. Additionally, one parent attorney reported that in at least one instance, a foster parent was not allowed to speak. On the other hand, the jurists within the workgroup reported that they welcome the input of the foster parents.

Currently, there is no court data available to validate whether caregivers have received notice of

hearings. Based on the responses of at least one foster parent present at the Oct. 10, 2024, workgroup meeting, it appears there are variations statewide on how caregivers, foster parents, and pre-adoptive parents receive notice of hearings. Parties to the case, including caseworkers, CASA, LGALS, and others are receiving notice may share that information with the caregiver. However, foster parents are not consistently receiving written DHS- 715 notices as the process is designed to work. Although the automated notification process through the DHS-715 was implemented in May 2020, there is currently no method of validation to show that it is being consistently utilized statewide, and the number of notifications processed through Central Print in years 2021-2023 suggests that notices were not sent for each periodic and permanency planning hearing held during those timeframes.

Additionally, the data from FCRB shows that there is also inconsistency on whether foster parents have an opportunity to be heard. The evidence indicates that caregivers that receive notice are not consistently given an opportunity to participate in the hearings. In that regard, it's worth noting that the notice language is not clear about the foster parent's right to heard at the hearing and instead requires the caregiver to submit written comments to their caseworker in advance of the hearing.

QUALITY ASSURANCE SYSTEM

Item 25:

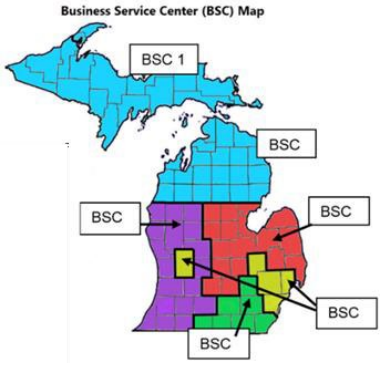
How well is the quality assurance system functioning statewide to ensure that it is (1) operating in the jurisdictions where the services included in the CFSP are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality 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?

During the CFSR Round 3 assessment, Michigan was rated as being in substantial conformity.

Michigan assesses the state's performance on system factor **Quality Assurance** as being in **substantial conformity.**

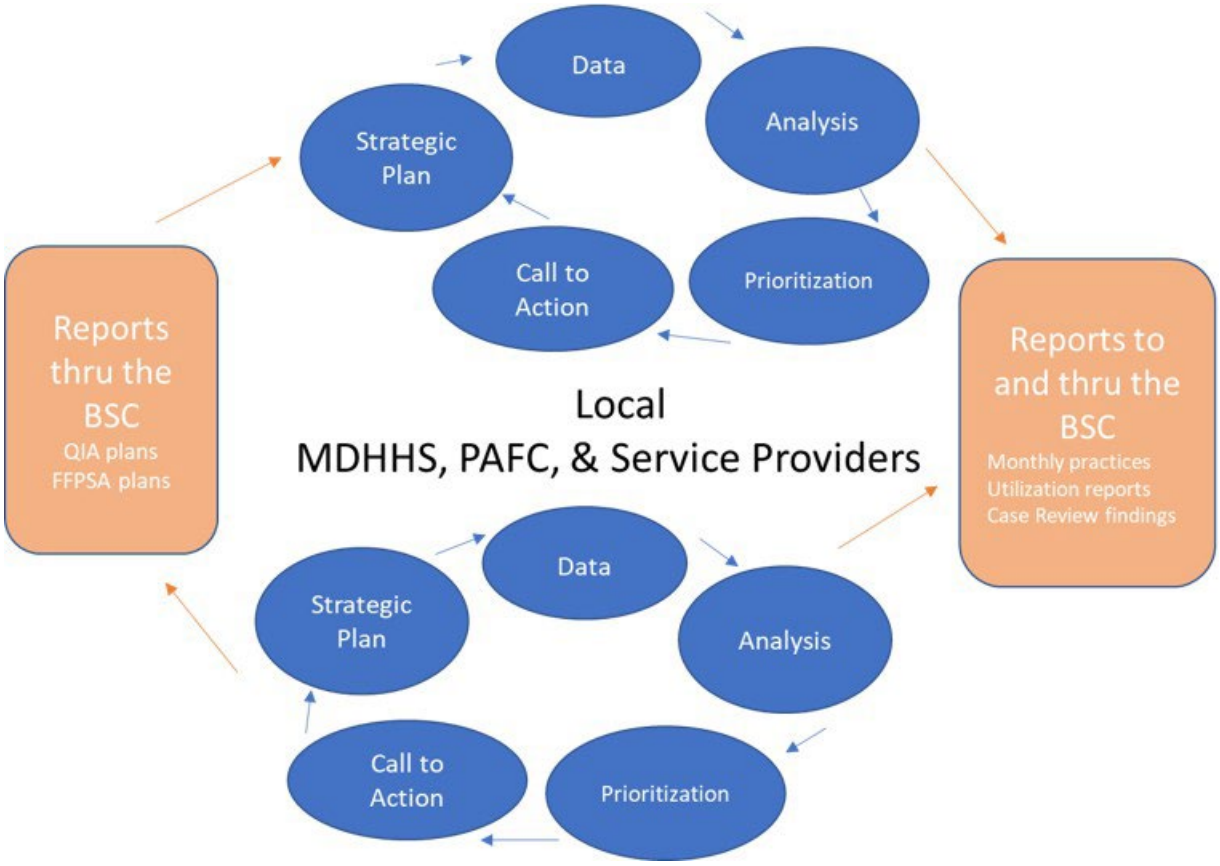
Michigan's quality assurance system operates statewide in all jurisdictions where services included in the CFSP are provided to ensure that the child welfare system fulfills all five of the federal requirements of a Quality Assurance System:

- Operates in the jurisdictions where the services in the CFSP are provided.
- 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).
- Identifies strengths and needs of the service delivery system.
- Provides relevant reports.
- Evaluates implemented program improvement measures.



MDHHS is the state department responsible to administer federally funded child welfare services. Child welfare services are administered through the CSA. Michigan is a state-administered system implemented in 83 counties, which are organized into five distinct Business Service Centers geographically aligned by contiguous counties. Michigan's child welfare system operates state, county, and private agencies.

CSA is responsible for coordination of statewide child welfare operations including policy development, continuous quality improvement (CQI), and governances, as noted below.



- **Central Office Policy, Program, and Organizational Operations**. Three child welfare bureaus include a CSA administration bureau, in-home services bureau, and an out-of-home service bureau. These bureaus operate to provide management and oversight of child welfare business operations and performance including child welfare program policies, the MiTEAM case practice competencies, and administration of statewide child welfare contracts.
- **Division of Child Welfare Licensing (DCWL).** The DCWL performs statewide licensing activities for child placing agencies and child-care institutions. This includes initial, annual, and special evaluation of compliance with licensing rules, department policy, and child welfare contracts.
- **Division of Continuous Quality Improvement (DCQI)**. The DCQI houses four distinct units organized to perform large-scale activities to collect quantitative and qualitative data and information with responsibility to submit federal files, respond to ad hoc data requests, liaise with local and statewide CQI activities, review child fatalities, and provide technical

assistance and monitoring of private agency child welfare performance, in cooperation with BSCs and county offices, where those private agencies serve and report compliance with federal monitoring activities.

- **Business Services Centers (BSC)**. Five BSCs include quality assurance analysts to support the counties in the region, maintain fidelity to the MiTEAM model, facilitate the development of local CQI teams, and guide plans for quality assurance activities.
- **Local Offices**. Each local office effectively executes child welfare programs and conducts county-specific quality assurance activities to continuously improve child welfare practices delivered to children and families.

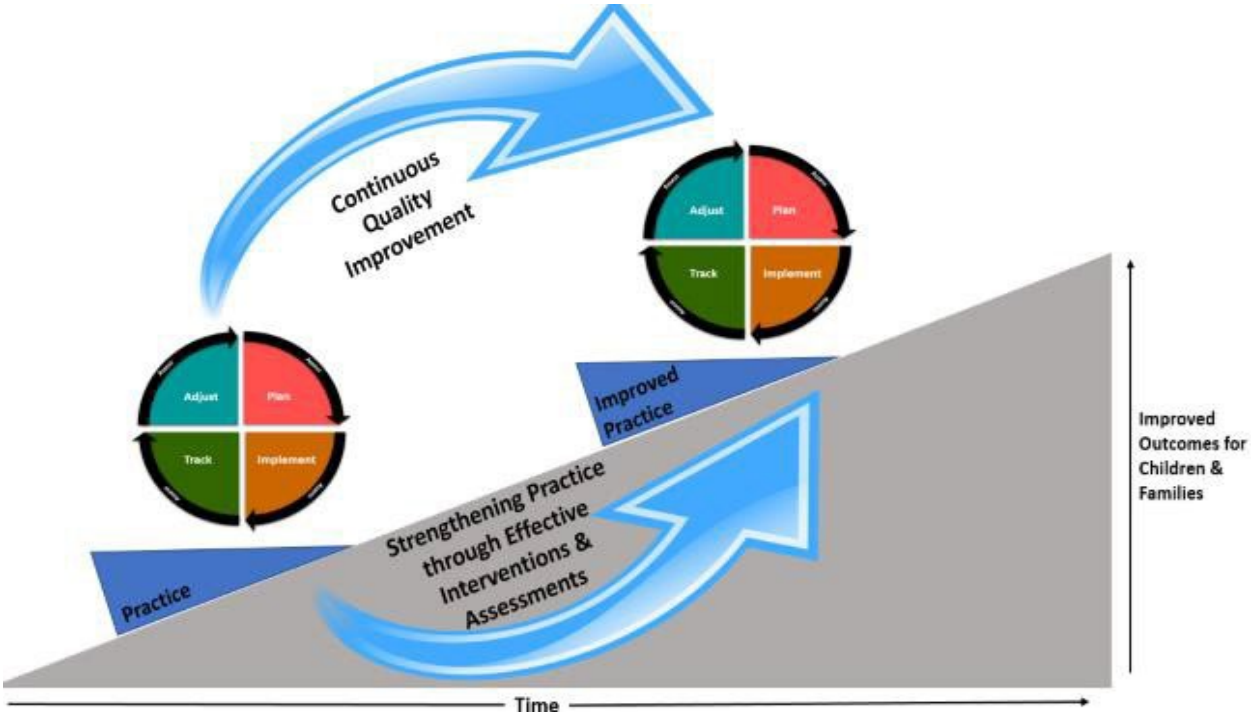
MDHHS is committed to ensuring that evidence-based services provided to families are delivered with fidelity and are effective. Continuous quality improvement at the state level is funneled through local county and agency CQI teams and the Quality Improvement Council (QIC). This state level council is comprised of state, local, and BSC-level analysts and vested stakeholders to share best practices and prioritize quality improvement assignments. QIC is designed to review data, discuss current activities, and make statewide decisions in a collaborative manner. Priority discussions align with CSA's mission to reduce incidents of maltreatment, increase safety for children in out-of-home care, and reduce the time to achieve permanency.

Likewise, two other CQI processes have been instituted for statewide participation and those include Sustaining Performance Improvement and ChildStat sessions. These sessions include stakeholders from public and private agencies who review a specific set of data, strategies aimed to improve safety, permanency, and/or well-being.

ChildStat is the process for counties to examine data related to safety and permanency measures. ChildStat brings together county and agency leaders, direct service managers, and CQI staff to review relevant data and identify successes and opportunities for improvement. ChildStat facilitates the identification of systemic issues so that action can be taken to positively impact the state child welfare system. Since inception in 2019, 250 sessions have been held. The focus of ChildStat in 2019 was on the reduction of Maltreatment in Care; measured over a designated period and is defined as of all children in foster care during a 12-month period, what was the rate of victimization per 100.000 days of foster care? Michigan observed the rate significantly drop from a rate of 14 in 2019 to as low as 6.14 in 2021. Michigan's current focus is on improving the rate at which children reach permanency within 12 months and reducing the rate of recurrence of maltreatment.

The Sustained Performance Improvement (SPI) process in Michigan helps private CPAs and CCIs track their progress on key performance indicators. This process creates a forum where agency and institution leaders regularly meet with MDHHS leaders and CQI teams to discuss and monitor their performance. The foundation of SPI is ensuring that all service providers succeed in strengthening outcomes for children and families. This is achieved through leaders' commitment to driving data-informed improvement strategies and regularly sharing these strategies in meetings with all providers to review dashboard trends. Since inception in July 2022, Michigan has completed 10 sessions with Child Placing Agencies and 10 sessions with the CCIs. Key performance metrics reviewed include case worker contacts, parental visits, support to staff in managing challenging behaviors of youth in congregate care settings, and best practices in supporting staff. Michigan's key performance indicators observed improvement in social work contacts with parents, staff retention improvements in some agencies, and networking amongst

agencies because of best practices shared.



Michigan utilizes a specific method for CQI to support statewide and local quality assurance activities aimed at improving the quality of services delivered to children and families. Plan, Implement, Track, Adjust, (PITA) is a cyclical process with fundamental phases during which various analytic and decision-making tasks are executed. Each phase of the process must be informed by an assessment of evidence. Michigan utilizes a Quality Improvement Activity to define a specific improvement activity. As Michigan implements strategies to improve case practice at an individual level, and as a state child welfare agency the outcomes for children and families will improve. QIA activities may end but the measurement of those outcomes continues so that adjustments or renewed improvement activities can be implemented.

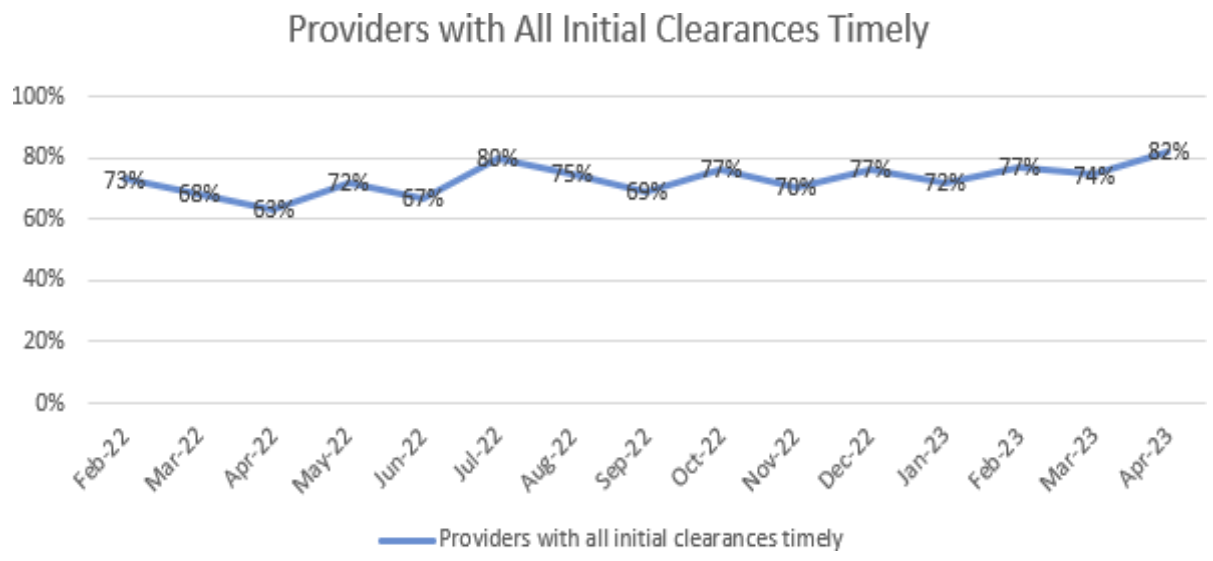
Michigan's statewide QIA activities over the period of fiscal year 2021-2023 include the following and are highlighted in the charts and graphs below:

- Children's Protective Services accuracy of Risk Assessments measured by Case Review Team.
- Relative Assessment – initial and annual.
- Permanency In 12 Months.
- Foster Care Contacts measured by federal Case Worker Visit data for 2021-2023.
- Maltreatment in Care (MIC) measured by MIC remediation.
- Recurrence of Maltreatment measured by CFSR Monthly Dashboard/State Data Profile.

Quality Improvement Activity	Fiscal Year Competed	Baseline Measure	Outcome Measured
Children's Protective Services – Case Review Team	2021-2023 Ongoing Activity	Accurate Risk Assessments 63%	Accurate Risk Assessments 82.2%
Relative Assessment Initial Clearances Timely	2022-2023	Initial Clearances Timely 73%	Initial Clearances Timely 82%
Foster Care Contacts-Worker-Child	2021-2022	92% for Public 86% for Private	95% for Public 93% for Private
Maltreatment in Care	2021-2022	Baseline in April 2021 5.8	Outcome August 2022 6.9
Recurrence of Maltreatment	2021-2024	10.6 statewide baseline in February 2021	9.89 statewide outcome as of June 2024

**Quality Improvement Assignments.*

Graphics demonstrating QIA measurements over each reporting period noted in the grid above:



Report Month: 2024-09

Michigan Department of Health and Human Services

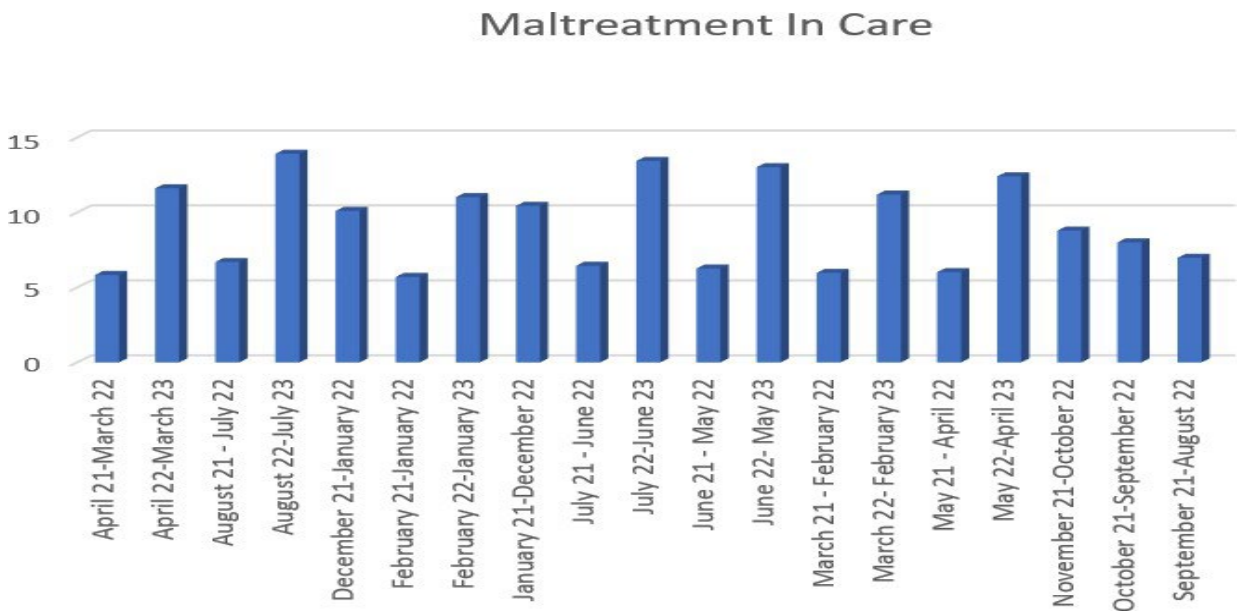
Children's Services Administration - Monthly Management Report (September 2024)

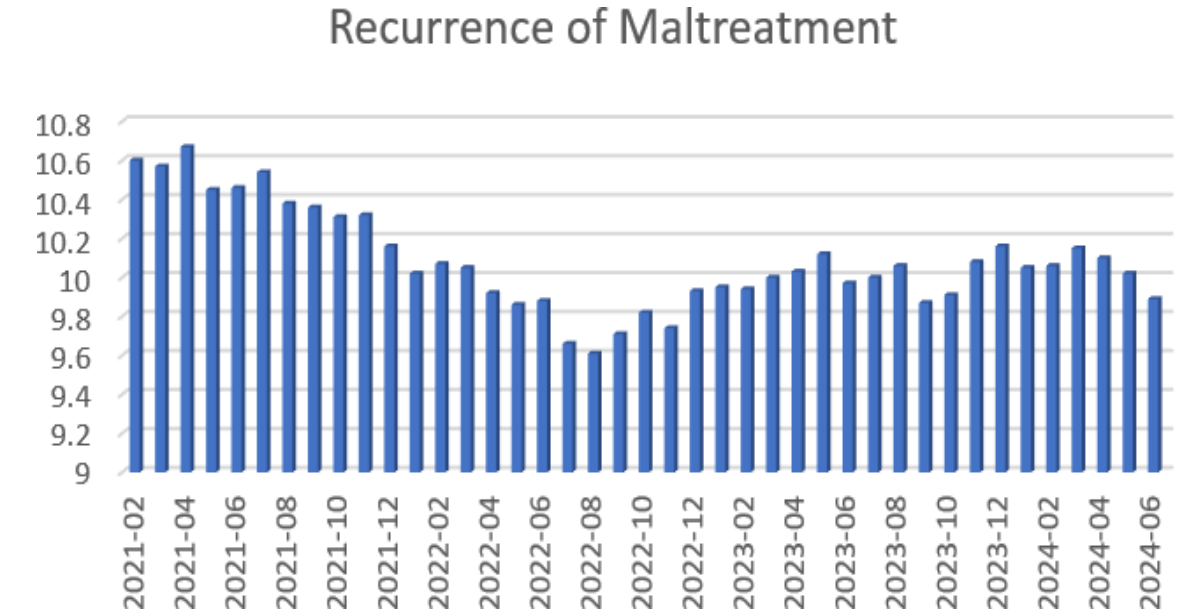
Statewide Performance

STATEWIDE PERFORMANCE				2024-09 MONTHLY PERFORMANCE			2024-09 PERFORMANCE COMPARED TO REPORT PERIOD AVERAGES							
							Monthly	Prior 3 Months		Prior 6 Months		Prior 12 Months		
AGENCY NAME	PRGM	CATEGORY	REPORT METRIC	Due	Timely	%	Gain	%	Difference	%	Difference	%	Difference

STATEWIDE	CFC	Worker Child	First 5 Days	652	618	95%	3%	92%	3%	91%	3%	91%	3%
			First 30 Days	1240	1193	96%	1%	95%	1%	95%	1%	95%	2%
			Second 30 Days	1104	1006	91%	1%	90%	1%	90%	1%	89%	2%
			Monthly	7525	7383	98%	0%	98%	0%	98%	0%	98%	1%
			Total for Category	10521	10200	97%	1%	96%	1%	96%	1%	96%	1%

**Data from the Monthly Management Report September 2023-September 2024 on Foster Care Worker-Child Visitation – these are face-to-face contacts displaying trends overtime.*





**Data populated by federal report team within State of Michigan Department of Transportation, Management,*

and Budget (DTMB) calculators and trends reports Nov. 13, 2024, for multiple reporting periods.

MDHHS's central office and each local MDHHS office, contracted private agency, and child caring institution operates a Continuous Quality or Performance Quality Improvement team, ensuring that services provided meet key performance indicators or that plans are implemented to meet standards. To support local and private agencies, a CQI Infrastructure Assessment tool was developed in 2019 to assess their functioning and level of efficiency, to ensure a sustainable statewide CQI system. The tool uses a five-point matrix to assess how well the CQI team is formed, coordinated, and functioning to support CQI locally, regionally, and as a state system. Assessments are completed annually and are coordinated through the Quality Improvement Council's Business Service Center (BSC) Quality Assurance Analysts.

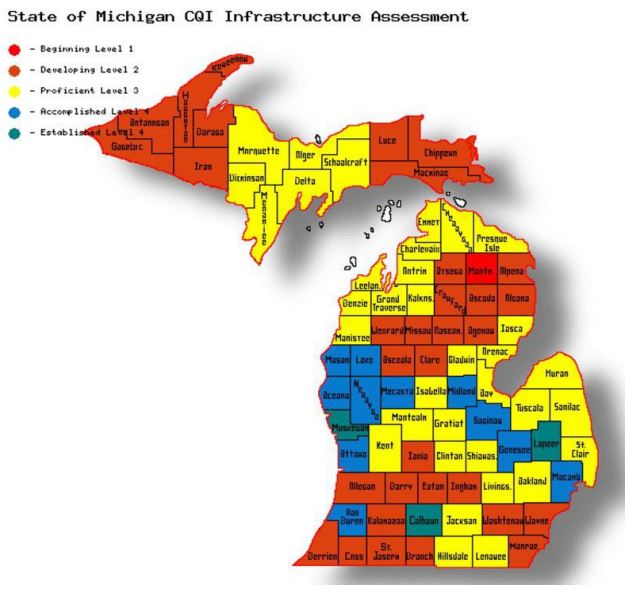
As the matrix below indicates, ratings are noted by the following colors and levels of proficiency:

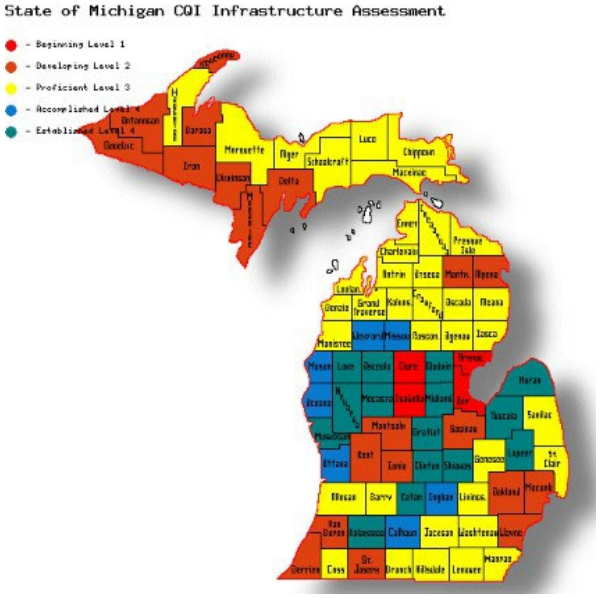
- Level 1 – Beginning – Red.
- Level 2 – Developing – Orange.
- Level 3 – Proficient – Yellow.
- Level 4 – Accomplished – Blue.
- Leve 5 – Established – Green.

Team Formation	**Beginning Level 1**	**Developing Level 2**	**Proficient Level 3**	**Accomplished Level 4**	**Established Level 5**
Primary Team Membership	Team is **not fully formed** and **does not have consistent membership**. Members should include representatives from: -MDHHS and private agencies. -Supervisory and front-line staff. -Local leadership. -Analysts.	Team is **partially** formed with **diverse membership**.	Team is **mostly formed** with **diverse membership.**	Team is **fully formed** with **diverse membership** with a consistent core set of members.	Date level 4 achieved: **<u>All</u> components of level 4** have been implemented **for at least a year.**

Team Formation	Beginning Level 1	Developing Level 2	Proficient Level 3	Accomplished Level 4	Established Level 5
Team Structure	CQI teams are not utilized as a means toward executing CQI processes and activities. There is little to no communicati on between the various CQI teams and initiatives.	There are various CQI teams functioning with only limited awareness/sharin g of CQI activities and outcomes. CQI teams have demonstrated flexibility in including other key stakeholders such as tribal partners, court staff, foster parent, parents, youth, service providers, etc.	Staff and stakeholders actively participate in the CQI process through a fully operational teaming structure. A shared sense of community is evident where membership is not limited to those actively serving on the team. CQI teams	A teaming structure that supports the active involvement of staff and stakeholders at all levels of the CQI process. CQI team structure demonstrates flexibility and intentionality with modifying team membership specific to current goals. Demonstrates	Date level 4 achieved: **All components of level 4** have been implemented **for at least a year.**
			have demonstrated the adaptability in creating and/or eliminating teams as well as modifying membership based on some goal areas but not all.	the adaptability in creating and/or eliminating teams based on focus areas. CQI teams have a formalized communicatio n plan and knowledge of the work occurring across teams.	

State of Michigan CQI Infrastructure Assessment for March and September 2024





Technical assistance on statewide CQI efforts is offered by the Division of Continuous Quality Improvement (DCQI) via developing tools that gather effectiveness data, and, at the local level, are led by Quality Improvement Councils (QIC) Business Service Center Quality Assurance Analysts who assist local CQI teams in implementing program analysis and improvement strategies.

DCQI completes a monthly Michigan Services Review (MSR) which utilizes two evidenced-based case review protocols simultaneously to provide qualitative data, informing how well the state implements its case practice model, MiTEAM, as well as conformity with outcomes of safety, permanency and well-being.

Michigan's practice model, MiTEAM, includes the tenants of:

- Teaming (the formation, coordination, and functioning) of a collective group of case

members collaborating to support the family in reaching their case goal(s).

- Engagement is the process of connecting with youth/parents/caregivers/extended family/informal supports for the purpose of building an authentic collaborative working relationship.
- Assessment is the process that includes information gathering, analysis, and collaborative decision-making which incorporates the family/youth/caregivers in the development of the case plan.
- Mentoring is the developmental partnership in which one shares knowledge, skills, information, and perspective to empower personal and professional growth.

The MSR utilizes both the Quality Service Review (QSR) and Child Family Service Review (CFSR) assessment tools. Case selection for the review includes a random statewide sample of foster care and in-home services cases selected within each of the five BSCs. Sample sizes are dependent upon reporting activities such as the CFSR Program Improvement Measurement Plan. Reviews are completed using information gained from case member interviews (caseworkers, teachers, therapists and other service providers, caregivers, family members and children) to obtain diverse perspectives as well as review case file documentation. A team of two DCQI staff are assigned to complete each case selected for the MSR. The data from the reviews are shared in two paths. The first set of MSR data is shared through feedback directly to the case manager and their supervisor at the time of the MSR and through a written summary. The written summary includes suggested steps for improvement. Supervisors and the assigned case manager use this information to inform case planning such as changing a counselor for a youth for better match or comfort. Staff have used the information to learn about needs that a family had identified, but not received, such as a gas card.

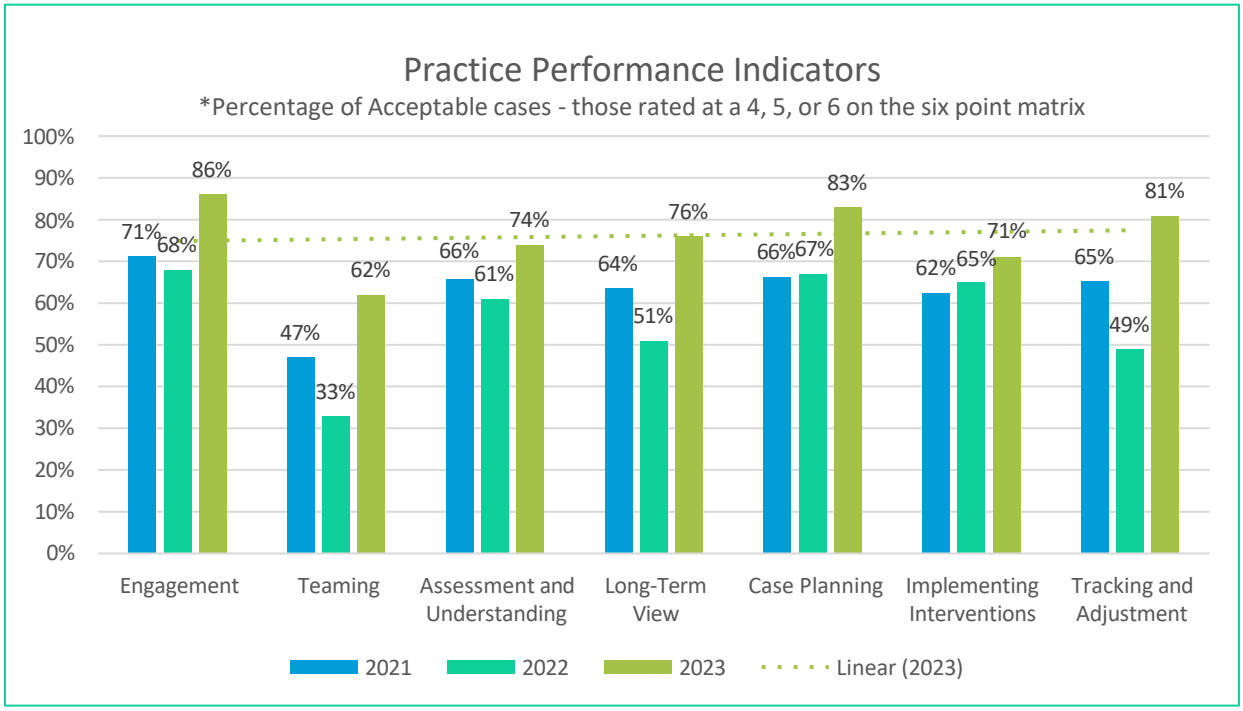
The second path by which MSR results are shared is through quarterly and annual reports provided to local communities via the Quality Improvement Council, BSC/County/Private Agency staff and directors. Larger systemic adjustments have been informed by this process, such as identifying gaps in payments for caregivers that required technical following the initial roll out of MiSACWIS. Information from these reviews informed the scope of the gap, allowing the department to escalate this issue to better support caregivers and improve service delivery. Information from the MSR is also used to highlight emerging trends across the state, including need for domestic violence services for perpetrators and survivors and the need for in-patient substance dependence treatment that allows parents to engage in treatment with their children. Other highlights include the significant positive impact on overall case practice following the statewide rollout of Motivational Interviewing training. This initiative has notably increased the use of these techniques during fiscal year 2023.

For fiscal years 2021-2023, a total of 163 cases were reviewed which including 1,098 interviews with case members.

Fiscal Year	Foster Care Case	In-Home Services	Case Review	Interview Totals
2021	49	19	68	478
2022	52	23	75	460
2023	16	4	20	160
Total	**117**	**46**	**163**	**1,098**

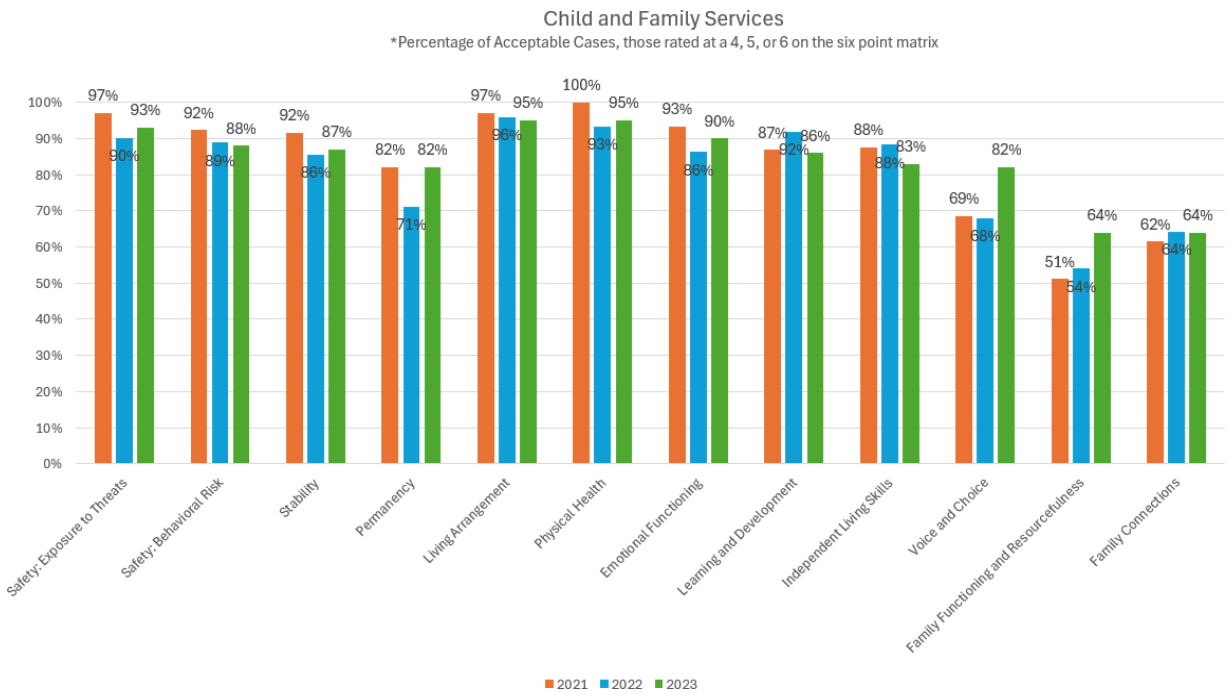
**Michigan completed the CFSR Round 3 Program Improvement Plan in September 2022. Case review totals decreased in fiscal year 2023 to accommodate other initiatives and priorities.*

The Practice Performance Indicators are rated on a six-point matrix with six being optimal/perfect following the QSR protocol. Any rating of a 4 or above is acceptable practice/status.



**Quality Service Review Data from Division of Continuous Quality Improvement Michigan Services Reviews over fiscal years 2021, 2022, 2023.*

The QSR also evaluates the current case status of youth and families through what is categorized as Child and Family Status Indicators. When considering these indicators, reviewers are looking at the past 30 to 60 days from the date of the interview. Rating the level of performance is completed on a six-point scale with a rating of 6 being optimal/perfect. Any rating of a 4 or above is acceptable practice/status. Living Arrangement assesses the fit of that living arrangement to the child/family's needs; Family Functioning and Resourcefulness considers the impact that services have had on the child/parent/family's ability to function independently of external child welfare formalized services. Voice and Choice speak to the level of having an active role in the case planning and decision points, including goals for life changes.



**Quality Service Review Data from Division of Continuous Quality Improvement Michigan Services Reviews over fiscal years 2021, 2022, 2023.*

For the same set of cases and interviews, the following summarizes the results of the Michigan Services Review utilizing the Child and Family Services Review Onsite Instrument in the Online Monitoring System. For this review, case file documentation and case member interviews are used to rate the items as being either a strength or an area needing improvement.

Child and Family Services Review Onsite Review Instrument Case Review Findings

Item	Fiscal Year 2021	Fiscal Year 2022	Fiscal Year 2023
Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment.	93%	98%	100%
Item 2: Services to Family to Protect Child(ren) in the home and Prevent Removal or Reentry into Foster Care.	76%	90%	90%
Item 3: Risk and Safety Assessment and Management.	66%	75%	80%
Item 4: Stability of Foster Care Placement.	90%	83%	75%
Item 5: Permanency Goal for Child.	87%	84%	81%
Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement.	67%	71%	56%
Item 7: Placement with Siblings.	97%	100%	91%
Item 8: Visiting with Parents and Siblings in Foster Care.	70%	84%	79%

Item	Fiscal Year 2021		Fiscal Year 2022		Fiscal Year 2023	
Item 9: Preserving Connections.	89%		87%		88%	
Item 10: Relative Placement.	79%		89%		93%	
Item 11: Relationship of Child in Care with Parents.	71%		79%		93%	
Item 12 Overall: Needs and Services of Child, Parent, and Foster Parents.	56%		45%		65%	
Item 12A: Needs and Services of Child	91%		95%		84%	
Item 12B: Needs and Services of Parents Mother/Father	66%	47%	76%	78%	70%	77%
Item 12C: Needs and Services of Caregivers	81%		75%		88%	
Item 13: Child and Family Involvement in Case Planning.	56%		64%		90%	
Item 14: Caseworker Visits with Child.	78%		88%		90%	
Item 15: Caseworker Visits with Parents.	45%		54%		95%	
Item 16: Educational Needs of the Child.	85%		85%		78%	
Item 17: Physical Health Needs of the Child.	73%		77%		83%	
Item 18: Mental/Behavioral Health of the Child.	72%		71%		83%	

Michigan uses a suite of data including the MSR, Monthly Management Reports, ChildStat, Quality Improvement Activities, and CFSR Outcome Measures to measure the impact of improvement strategies and reassess ways to continue improvement efforts. Improvements to a complex child welfare system take time to permeate and be reflected in outcomes measurements. Michigan diligently plans, implements a variety of strategies, tracks those strategies to inform improvement outcomes, and adjusts for optimal and sustainable improvement.

STAFF AND PROVIDER TRAINING

In CFSR Round 3, the Children's Bureau assessed the state's performance as not in substantial conformity with the systemic factor of Staff and Provider Training in 2018.

Michigan assesses the state's performance on system factor **Staff and Provider Training** as being

in **substantial conformity.**

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 Child and Family Services Plan (CFSP) that includes the basic skills and knowledge required for their positions?

The CFSR Round 3 assessment determined that Michigan's Initial Staff Training, Item 26, required improvement as partners described that the skill-based component of training was not sufficient to meet the entry-level training needs of new case managers. More training was requested on the state's information system and agency policies. More hands-on training was requested, especially in the areas of assessment and engagement. Offering training in only two locations was seen as a challenge for new case managers who must travel to attend training.

Analysis shows that the initial staff training is functioning well statewide. It ensures that all staff who deliver services under the CFSP receive timely training that covers the essential skills and knowledge needed to perform their duties effectively.

Michigan assesses the state's performance on **Item 26** as being a **strength.**

Initial training is delivered to MDHHS and private contracted child placing and adoption agency (private agency) child welfare case managers. Michigan's performance in initial staff training is tracked through learning management system (LMS) data, levels one, two, and three training evaluations, and feedback from partners. Between Jan. 1 through Dec. 31, 2023, 768 new case managers were hired and remained employed through the nine-week training period. Case managers are required to complete the Pre-Service Institute (PSI) within 112 days of hire, all 768 case managers (100%) completed training timely. As the chart below indicates, training timeliness has been an ongoing strength.

Year	Completed Within 112 Days	Number Trained	MDHHS	Private Agency	Adoption	Foster Care	CPS
2021	100%	862	410	452	34	MDHHS: 104 PAFC: 403	308
2022	100%	712	368	334	42	MDHHS: 92 PAFC: 290	276
2023	100%	768	437	331	33	MDHHS: 128 PAFC: 298	309

**Pre-Service Training Completed for fiscal years 2021-2023*

Monitoring Timeliness

- Supervisor makes hiring decision.
- MDHHS Human Resources (HR) confirms eligibility.

- Business Center Liaison (BCL) updates SharePoint spreadsheet with case manager name and hire date.
- Office of Workforce Development and Training (OWDT) enrolls employee in PSI via LMS.
- Case manager completes training.
- OWDT trainer marks case manager complete/incomplete/withdraw/no show in LMS.
- LMS reports include case manager hire date and PSI completion date, demonstrating who met the 112-day timeframe requirement.
- The Licensing Division completes a full review of training compliance for all new case managers at child placing agencies during their annual inspection of private agency records.

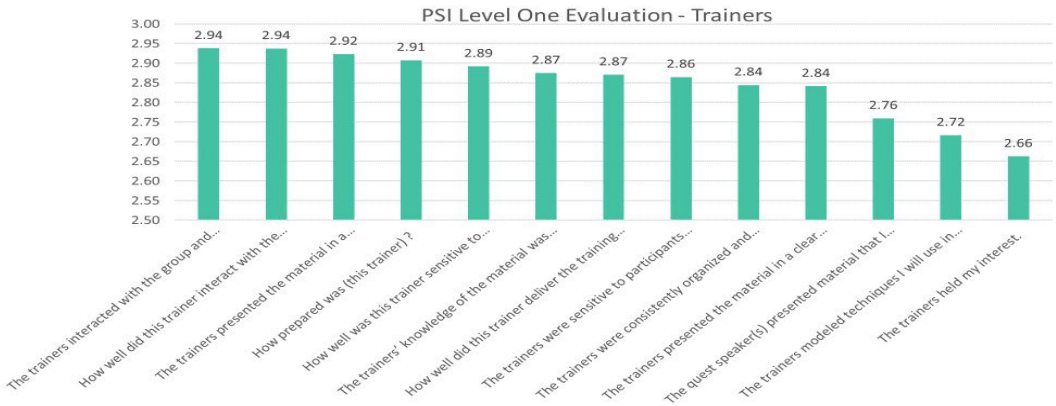
The process for private agencies is similar; for steps 2 and 3 above, each agency emails OWDT the necessary information for each newly hired case manager.

Level One Evaluation

A level one evaluation, which measures training reactions, is provided to each case manager at the conclusion of PSI. With the information gained from level one evaluations, changes to the curriculum, trainers, and facilities may take place to improve the trainee experience. Level one evaluation summaries are posted on an internal shared drive for training staff and managers to review.

Case managers reported that training helped develop basic skills needed to become a child welfare case manager. In 2023, 355 case managers completed a level one evaluation (of the 768 case managers who completed PSI, a 46% response rate). They reported their trainers being very engaging and helpful of policy and procedure. The trainers were energized, organized, and presented a passion for child welfare. Results indicated that trainers modeled techniques that are used in practice and engaged participants in the hybrid model (hybrid being defined as having in-person and virtual participants at the same time). Trainees expressed the need for more legal and MiSACWIS training, more time in program-specific training, additional on-the-job training, and wanted to continue the mock trial experience. Case managers reported wanting additional time to assist on home visits and parenting time visits during on-the-job training.

Feedback on Trainers



Level Two Evaluation

The knowledge gained through training is measured through level two evaluation. Case managers are required to pass two written exams at 70% or higher in LMS. Case managers who do not pass the exam on the initial try are given additional support by the trainers, supervisor, and mentor, and can retake the exam at their supervisor's discretion.

Those who do not pass the exams cannot be assigned a full caseload until the exam is passed, and the PSI is completed. In some situations, this results in a case manager being placed in a non-caseload carrying position or being separated from child welfare service.

Exam Score Data 2023

Exam	Range	Average	Number of Staff
General child welfare	70%-98%	89%	803
Adoption	70%-90%	80%	33
CPS	70%-98%	84%	365
Foster care	70%-98%	83%	438

PSI completion data does not match exam data because the data date range includes PSI start dates that fall between Jan. 1 – Dec. 31. The exam data range was the same. Due to having a multi-week training with overlapping sessions, exams for a PSI that starts in 2024 may be completed in 2025. Additionally, case managers may withdraw from training after taking an exam. This would result in their exam score being included, even though they are not counted in the PSI completion data.

For future improvements, exam score data will be reported for the PSI case managers included in the total PSI completion count for the year.

Level Three Evaluation

To evaluate how well the skills necessary for the job transferred to case managers, a level three evaluation is administered via Survey Monkey at three and 12 months after PSI completion. These evaluations are sent to the case manager's supervisor who has observed the trainee on the job. Evaluation summaries are reviewed by training managers to identify themes and inform change.

Feedback indicated that while case managers were trained in necessary basic skills, those skills could be enhanced through:

- More time in the MiSACWIS environment.
- More on-the-job training.
- Additional time in program-specific training.
- Improved report writing skills.
- Improved safety planning skills.
- Writing thorough service plans and assessments.
- Increased knowledge in legal training.

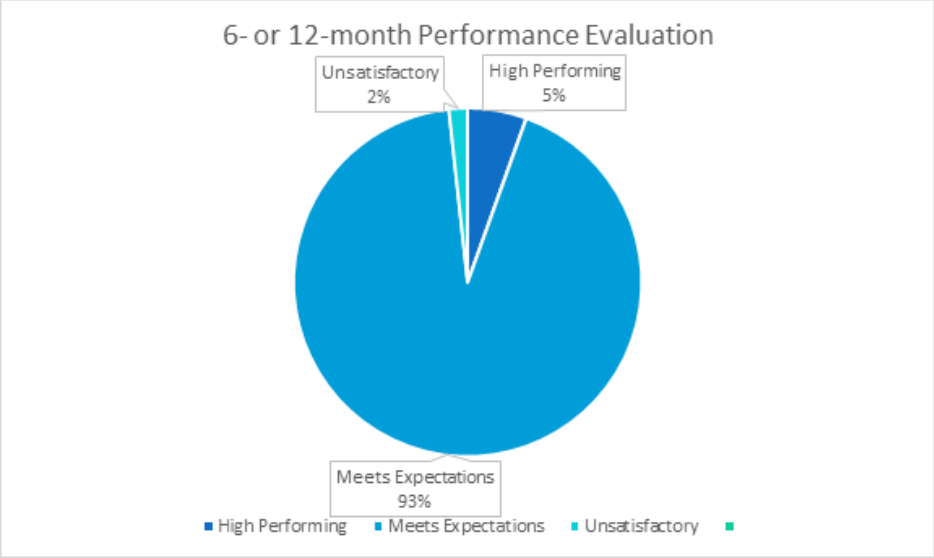
Performance data provides evidence that the quality of Pre-Service Institute training is sufficient to support the case managers in carrying out their jobs. Of a sample of 347 MDHHS employees who started a PSI in calendar year 2023 and had a six- or 12-month performance evaluation in NeoGov, 98% were rated as meeting expectations or were high performing. Five of the six case managers who received unsatisfactory ratings at six months are no longer employed by DHHS. The significant number of case managers who were performing at or above expectations supports that the training is effective at preparing case managers, and those who were not performing were likely due to disciplinary reasons or a poor job fit with the individual case manager.

The sample group size for performance evaluation data is limited by the fact that:

- Centralized performance data is not available for private agency case managers. Each agency is responsible for the performance of their case managers.
- MDHHS performance data had to be manually entered and cross-referenced between two human resources systems.

The chart below reflects the performance ratings for the 347 MDHHS case managers for whom we had data, and who completed a PSI between Jan. 1 – Dec. 31, 2023.

OBJ



Case Load Progression

While in training, a progressive caseload may be assigned.

- Caseload progression for CPS:
  - No cases will be assigned until after completion of four weeks of training and passing the first exam.
  - After successful completion of week four, up to five cases may be assigned using case assignment guidelines. The first five cases will not include an investigation involving children under eight years of age or children who are unable to communicate.
  - A full caseload may be assigned after nine weeks of training, passing exam two and receiving an overall meet or exceeds expectations rating on the competency-based evaluation.
- Caseload progression for foster care and adoption:
  - Three training cases may be assigned on or after day one of training at the supervisor's discretion using case assignment guidelines.
  - After successful completion of week three of pre-service training and passing exam one, up to five cases may be assigned.
  - A full caseload may be assigned after nine weeks of training, passing exam two and receiving an overall meet or exceeds expectations rating on the competency-based evaluation.

Training caseloads are assigned strategically to help support the new case manager in applying new skills under the guidance of the supervisor and with the support of mentors and peers. OWDT provides LMS reports to DCWL for each PSI, DCWL accesses MiSACWIS to track caseload compliance for case managers during initial training.

National Scan, Partner Engagement, and Focus Groups

In 2022, University Consortium members, OWDT, and other partners led focus groups to inform the design and content of Michigan's PSI to enhance and provide context to evaluation data, in. Research was conducted on the pre-service training in Arizona, California, New Jersey, Oregon, and Washington. These states were selected because they had recently updated their pre-service training and provided information on the internet that was accessible. Takeaways from the analysis

of the five states revealed that robust hands-on training is necessary to increase transfer of knowledge. Additionally, the voices of those with lived experience is essential in making connections between theory and practice.
Focus groups were held with the following partners between June-September 2022:

- MDHHS CSA.
- Children's protective services staff.
- MDHHS and PAFC foster care staff.
- MDHHS and PAFC supervisors.
- Michigan Federation for Children and Families.
- Guy Thompson Parent Advisory Council members.
- The Association of Accredited Child and Family Agencies.
- MDHHS child welfare leadership.
- Native American tribal members.
- CSA Antiracism Transformation Team.
- Attorney General's Office.
- Adoption Case managers group.
- State Court Administrative Office staff and Family Probate Court staff.
- Legal/Judicial leadership.
- Kinship Care Advisory Council
- Adoption case managers.
- Foster parents.

For youth input, a survey was sent to those aged 14 or older, 147 youth responded. The survey revealed that youth in the child welfare system want their case managers to engage with them more meaningfully in supportive manner. Youth want to be asked about their experiences in the system, have their feelings validated, and their identities respected.
Additionally, youth want both tangible and emotional support from their case managers. A need for honest discussion about their circumstances and follow through by case managers also emerged. These themes suggested a need for enhanced engagement, relationship building, and cultural awareness training for case managers. Incorporating more lived experience was also an important takeaway.

Training Advisory Council
In 2019, OWDT established a Training Advisory Council. This council is made up of child welfare partners who meet quarterly. This includes Tribal-State representation, Children's Services Administration, Division of Continuous Quality Improvement, private agencies, local MDHHS offices, first line staff and supervisors, lived experience representatives, etc. The purpose of the Training Advisory Council is to provide the ongoing review of curriculum, learning objectives, job aids, training materials, and to identify performance gaps, as well as recommend, review, and prioritize training solutions.

Based on the evidence from the level one, level two, and three evaluations, focus groups, Training Advisory Council and interviews, the following areas were identified for improvements or enhancements, all of which were implemented and sustained over the last three years:

- The top three priority foundation topics identified were assessment, engaging children and families, and trauma.

- Childhood mental health and adult mental health issues, intimate partner violence, and substance use as a risk factor in child welfare were advanced topics designated as a priority.
- Critical thinking/reasoning, implicit bias, valuing diversity, race, equity, and inclusion were cited the most as topics that should be integrated throughout the PSI curriculum.
- Navigating the state's information system.
- Knowledge of agency policies.
- Developing assessment skills.
- Engaging case participants.
- More hands-on training.
- Reduction in travel time for case managers.

Improvements to Pre-Service Institute

OWDT has operationalized and sustained improvements identified in the Round 3 Program Improvement Plan. The quality of training has been significantly enhanced alongside the major redesign of the Pre-Service Institute (PSI). Training created a bridge plan to implement tangible improvements while the PSI redesign is underway. This bridge plan allowed for more time to practice MiSACWIS in class during program-specific training. Prior to the bridge plan, MiSACWIS was offered two days during the nine-week training. The increase allowed for three additional days of MiSACWIS. There was an increase in the trauma curriculum. It was decided to introduce trauma informed child welfare practice to case managers prior to program-specific curriculum. This would give them an opportunity to understand the dynamics of trauma prior to program-specific training. Case managers receive more hands-on training three weeks later. During this time, case managers are allowed an additional two hours practicing trauma screening. The Safety by Design curriculum was enhanced to provide more hands-on experience walking through scenarios for practicing safety assessment development. There was a half day of training specifically for this assessment skills practice. The prior version did not offer any practice for safety planning.

Forensic Interviewing training was enhanced in 2023. There has been an additional day added to provide more opportunity to practice interviewing. The training was enhanced to provide detail in the degrees of criminal sexual conduct, criminal charges, police investigations, and prosecution of criminal charges. There is also a component that goes into the medical aspects of child sexual abuse (genital anatomy, hymens, dispelling myths regarding penetration, etc.).
To improve family engagement and racial equity practices, an anti-bias child welfare (ABCW) training was developed and piloted for use in PSI. The training was delivered across the state to all new and experienced case managers beginning in 2022.

OWDT expanded training locations in 2019 to reduce the travel burden for case managers across the state. PSI training was delivered in the following cities: Jackson, Detroit, Lansing, Flint, Gaylord, and Grand Rapids. In March 2020, the COVID-19 pandemic resulted in statewide restrictions on travel. To accommodate, PSI was transferred to an online platform. Since 2020, OWDT has made several upgrades to technology, equipment, and software tools, as well as upskilling and professional development for trainers. For continuous quality improvement of PSI training in a virtual format, once travel restrictions were lifted, improvements have resulted in case managers attending PSI in either a fully virtual or a hybrid format. Importantly, this has significantly reduced the travel burden and effectively eliminated this barrier, while offering in-person training for those who choose.

Feedback suggests the enhancements implemented are making tangible impacts on staff and the services provided to families. As one case manager shared after completing ABCW training their ability to engage with families notably improved.

"A blind, multiracial teenager had just lost his White mother and would soon be moving to his Black father's home for the first time. The youth had spent his entire life with his mom, and he identified as White. The transition was very difficult for him and at one point he refused to go to his dad's home. We used what we learned at the [ABCW] training to bring together the dad, family, and the youth to discuss the youth's racial identify. The youth was able to use his voice, and his father and family received it well. The youth successfully moved into his father's home, and they are doing well so far."

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 regarding the services included in the CFSP?

The Children's Bureau assessed the state's performance in the CFSR Round 3 for Item 27, Ongoing Staff Training as a Strength.

Michigan assesses the state's performance on **Item 27** as being a **strength.**

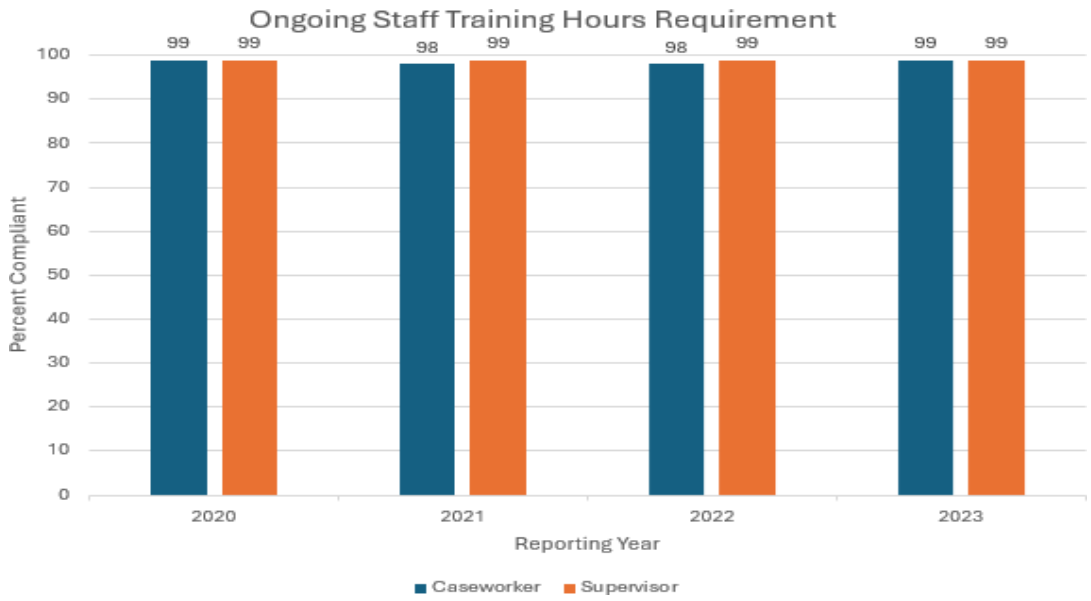
MDHHS policy SRM-103 requires case managers (32 hours), and their supervisors (16 hours) complete a minimum number of in-service training hours per calendar year. For many years, almost 100% compliance has been achieved, with the one to two percent noncompliant typically on some sort of medical or family leave within the year being measured.

Monitoring Ongoing Training Requirements

Compliance is tracked through the Learning Management System. Each county office and private agency accesses the Learning Management Systems for their employees, verifies the required 32 hours are completed for each case manager and sends the data to the Division of Child Welfare Licensing who compiles a report and returns it to the Office of Workforce Development and Training.

Role/Hours Requirement	How many per role in 2023	How many met requirements in 2023	Percent compliant in 2023
Case managers/32 hours	2,957	2,898	99%
Supervisors/16 hours	850	842	99%

**Learning Management System for fiscal year 2023*



**Learning Management System staff training hours compliance for fiscal years 2020-2023*

Ongoing Training Options

Ongoing training for the workforce is offered by OWDT and REDI, much of the ongoing training is offered through a university based in-service training contract, described below, as well as various local community partners. Training topics include a focus on:

- MiTEAM case practice model.
- Trauma, secondary trauma, and crisis management.
- Mental and behavioral health.
- Substance abuse.
- Cultural competence, anti-bias, and anti-racism.
- Preservation and prevention.
- Placement and permanency.
- Education issues.
- Domestic violence.

While in-person training is offered, the workforce continues to find value with virtual and on-demand training options. OWDT and Race Equity Diversity and Inclusion (REDI) division provide instructor-led in-service training on topics identified by the MDHHS Business Service Centers (BSCs) and offer over 100 on-demand computer-based training modules on Title-IVE eligible topics. Case managers, supervisors, and those in supportive positions have access to over 120 learning events on LMS related to MiSACWIS and over 30 related to the Child Welfare Licensing Module.

A total of 330 in-service training sessions were provided by OWDT/REDI to 6,127 participants. Training is planned with each BSC. Some of the larger training efforts in 2024 include:

- New maltreatment types.
- Michigan State Police safety.
- Anti-bias child welfare.
- Motivational interviewing.

- MiTEAM domestic violence engagement.

Family Preservation
The family preservation service array implemented its redesign with the launch of the new pilot program MiFamily Together in August 2024. MiFamily Together has broader eligibility and flexibility to serve families as their needs change including prevention, preservation, and reunification. Families participating in MiFamily Together will work with one team and one service provider to address child maltreatment concerns instead of referrals to multiple programs and/or service providers as their needs change.

Training and program-specific supportive services continue to be provided to family preservation case managers in special topics, including:

- Domestic violence.
- Working with substance-affected families.
- Assisting families with mental illness.
- Personal safety.
- Trauma-informed checklist.

University Based In-Service Training Contract
Michigan is proud of the ongoing relationship with the Michigan University's Schools of Social Work. In addition to our child welfare certificate program, for over a decade, a contract with Michigan State University (MSU), which collaborates with twelve other schools with Master of Social Work programs in Michigan, has been delivering high-quality ongoing training free to public and private case managers including CPS, foster care, adoption, family preservation staff, foster/adoptive parents, licensing, and supervisors.

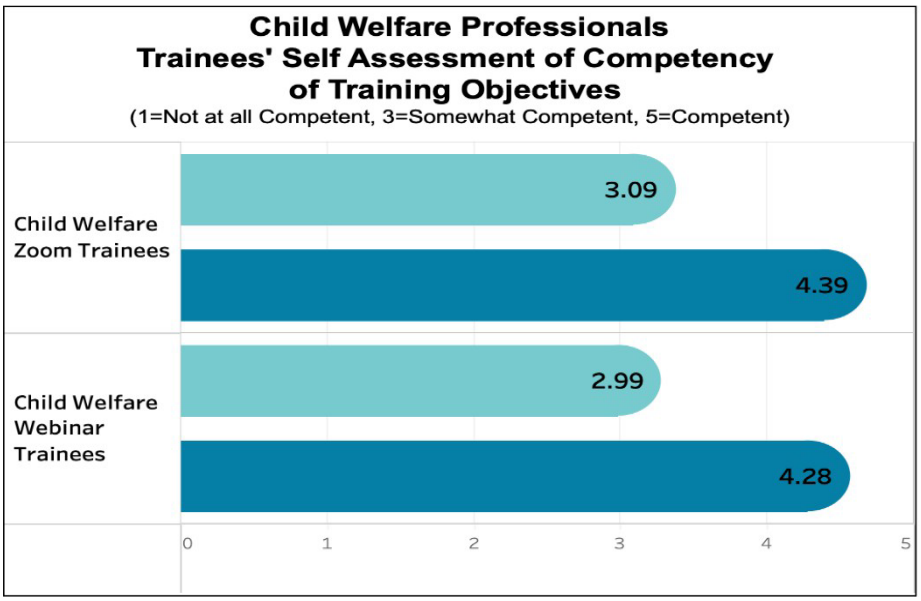
MSU and its partner universities deliver 50 in-person workshops and 20 live webinar trainings per year. Webinars are recorded to create a catalog of on-demand training opportunities, ten trainings specific for foster, adoptive, kinship/relative caregivers and birth parents are offered each year.

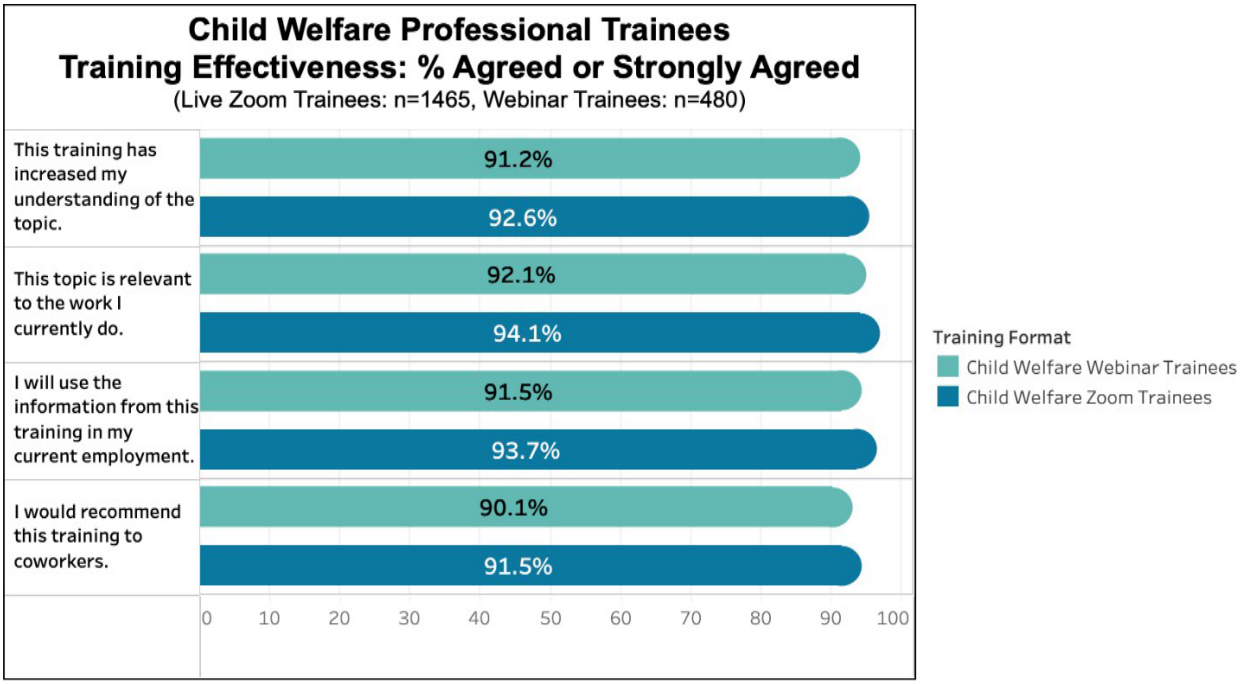
Toward the overall goal of creating an anti-racist organization, and based on in-service training evaluations, additional content around race equity/justice and cultural diversity were offered. The requirement is that all training:

- Represents our varied collective and individual identities and differences (race, sex, religion, age, national origin, color, height, weight, marital status, partisan considerations, disability, and genetic information).
- Builds on respect and dignity in an environment that acknowledges historic and contemporary injustices.
- Actively invites all to contribute and participate, grounded in a mission and purpose statement around the anti-racist and race equity concepts for the initiative.

Between Jan. 1, 2023, and Dec. 21, 2023, the university collaborative provided training to 2,094 trainees through 153 training events across a variety of platforms. More than 5,024 training hours were provided to trainees, reaching employees in every county in the state.

Post training surveys were completed by 1,450 of these trainees. Reports of competence indicate that 1,305 trainees (90 percent) considered themselves to be either “moderately competent” or “competent” in the learning objectives after participating in the training.





For the 1,945 training participants who attended webinars and live Zoom training during 2023, 1,301 surveys were returned. When asked what specific knowledge or skills from this training do you expect to implement in your work, the following direct quotes were received:

- “Be more conscious of cultural impact when evaluating children and foster care placements. Do a better job trying to find close family friends or relatives to allow children to remain connected to their culture and community.”
- “I am now better equipped to spot where abuse is present. I have more knowledge to be able to understand when someone might be a victim of some form of human trafficking.”
- “I will be better equipped to identify children that are more at risk for self-harm and am more confident in having difficult conversations with foster families and children addressing the potential concerns of self-harm.”

Identifying Future Training Topics

As part of the evaluations completed at the conclusion of each training event, child welfare trainees were asked to provide suggestions for future topics about which they would be interested in receiving training. The top 20 categories of suggested training topics were:

Suggested Topic	Count	Suggested Topic	Count
Trauma	93	Recruiting and supporting foster parents and guardians	23
Substance abuse	60	Domestic violence	21
Specific clinical skills (de-escalation, DBT, EMDR, CBT, etc.)	59	Supervision/leadership	20
Race equity/justice or cultural diversity	48	Autism/neurodiversity	19
General mental health	41	Suicide prevention/awareness	18
Youth supports and resources	41	LGBTQA+ concerns	18
Human trafficking	41	Secondary trauma	18
Self-care/burnout prevention	35	Pain management	18
Ethics	27	Education or Special Education in schools	16
Working with families	25	Online safety/social media/teen and technology	15

Training topics are also recommended by CSA to support new initiatives or improve practice in designated areas. The BSCs and private agencies can request any training directly through a process within OWDT. The Training Advisory Council (see Initial Training section for details), also recommends future training topics.

To adjust to this need identified in the chart above, several more trauma and substance abuse trainings are being offered in 2024. The chart below lists training sessions that have been added to the in-service offerings on the topics most requested.

Minimizing Disruption and Trauma in Kids When Placements Change	Child Brains and Trauma: How ACEs May Predict Development
Historical Trauma in the African American Community	Navigating the Education System with Children Who Have Experienced Trauma
Understanding Trauma, Domestic Violence, and Human Trafficking in Child Welfare	Understanding Their Trauma and How to Mitigate the Impact of Removal and Placement in Children's Services
Trauma and Children: What Is It, and How Can We Help?	Addiction 101: What I Should Know About Substance Use
Understanding Loss Experienced by Youth in Foster Care	Bring the Light: Substance Use Disorders
Understanding Stress and Trauma: The Brain–Body Connection	Assessment Skill Building: Tools and Strategies to Recognize Signs/ Symptoms of Substance Use Disorder
Understanding Their Trauma and How to Mitigate the Impact of Removal and Placement in Children's Services	Substance-exposed Infants and the Risk of Subsequent Maltreatment

Additionally, the National Center on Substance Abuse and Child Welfare has five training modules that were made available to child welfare staff via the LMS, and are required to be completed within six months of hire. This requirement is monitored locally by the supervisor.

Ongoing Training Monitoring

The Cornerstone on Demand LMS is working well for MDHHS and private agency staff.

1. Employee completes in-service training sessions.
2. Each session is recorded on LMS by the employee.

3. Supervisor reviews description and confirms attendance, approval adds session to the employees' LMS transcript.
4. Supervisors, BCLs, and Departmental Analysts have access to transcript reports on LMS.
5. Each BSC and the private agencies roll up this data into how many case managers and supervisors met the in-service training hours and provides explanations for those who didn't meet the requirement.
6. OWDT includes data in statewide reporting.

Diversity, Equity, and Inclusion

OWDT trainers are required to develop and deliver training with a diversity and equity training lens. This includes a requirement to take an Understanding and Analyzing Systemic Racism workshop, Cultural Awareness training, LGBTQ+, Introduction to Health Equity, Systemic Racism, Working with Tribal Governments, Discriminatory Harassment, Implicit Bias and Race Equity Training Review Tool tutorial.

In 2022, OWDT/REDI developed the Race Equity Training Review Tool. All training implemented by OWDT/REDI is reviewed using this tool. The training review tool prioritizes racial equity as a foundation for addressing other isms.

For all training contracts, an anti-racism requirement is included that reads: Assure that all training design, development, and delivery (e.g., graphics, content, presentation, etc.) represents MDHHS/OWDT's goal of creating an anti-racist organization that aligns with the agency's overall goal to provide diversity, equity & inclusion (DEI). DEI activities include provisions as it relates to race, national origin, color, sex, disability, religion, age, height, weight, familial status, partisan considerations, or genetic information. Sex-based discrimination includes, but is not limited to, discrimination based on sexual orientation, gender identity, gender expression, sex characteristics, and pregnancy.

Child Welfare Supervisors

New Supervisor Institute is required for all newly hired and promoted public and private child-welfare supervisors who will provide guidance and supervision for caseload carrying staff in the programs of children's protective services, foster care, unaccompanied refugee minors, supervised independent living adoption, and foster-home licensing. Completion of the New Supervisor Institute is required within 112 days of hire/promotion.

The New Supervisor Institute (NSI) is offered in ten institutes annually and is delivered in four sections. The first two sections are required of all public and private child welfare supervisors. The curriculum for the first section of NSI focuses on preparing new supervisors to adjust their workflow to the responsibilities of their new role, and creating a healthy and productive unit culture through modules on the following topics:

- Time-Management.
- Onboarding.
- Trauma-informed supervision.
- Assessing staff performance and providing support plans for staff development.
- Collaborating effectively across the continuum of care.
- Using data to inform decision-making.
- Effective facilitation of the MiTEAM Fidelity Tool (the qualitative assessment tool used to determine performance and development needs in the Michigan's child welfare practice model).

The curriculum for the second section of the New Supervisor Institute focuses on preparing new supervisors to provide program-specific guidance and oversight to child welfare case managers. The program-specific sections include modules related to the requirements of law and policy governing service delivery in the specific programs, using the states data-management system (currently MiSACWIS) for supervisory oversight and required case actions, effective use of case read tools, templates, and other quality assurance resources, effective use of data to inform decision making, and coaching for staff using the key performance indicators for each child welfare program.

During the third and fourth sections of the New Supervisor Institute, MDHHS supervisors complete a classroom week learning State of Michigan human resources, performance management, labor relations, etc. Private agency supervisors learn human resource policies applicable to their agency while on the job.

During on-the-job training, supervisors must complete structured learning activities, webinars and computer-based trainings.

The table below shows the number of supervisors who have completed the New Supervisor Institute as well as the timely completion percentage between 2020 and 2023.

Year Completed	**2020**	**2021**	**2022**	**2023**
Number of New Supervisors	91	109	152	133
% Completed Timely (within 112 days of hire/promotion)	71%	87%	94%	94%

As a result of intentional process improvement efforts, there was a significant increase between 2021 and 2022 in timely completion of NSI for new child welfare supervisors. After further analysis of the NSI completion data for 2022 and 2023, the following was determined regarding the 6% of new supervisors who did not complete training timely:

- In 2022, six of the seven new supervisors who did not complete the training timely did ultimately complete the training. The range of late completion was found to be between 1 and 21 days late.

- In 2023, all required supervisors completed NSI, but eight did not complete training on time. Of those eight, four were out of compliance before registering for the training. The remaining four registered for training prior to the compliance deadline but completed training after the deadline. One supervisor missed compliance by one day, two by two days, and one by seven days. Some reasons for missing compliance include prior approved leave time before accepting a promotion, unexpected life events that delay attendance at training, and private agency supervisors who continue in a caseworker role while transitioning to supervisory duties.

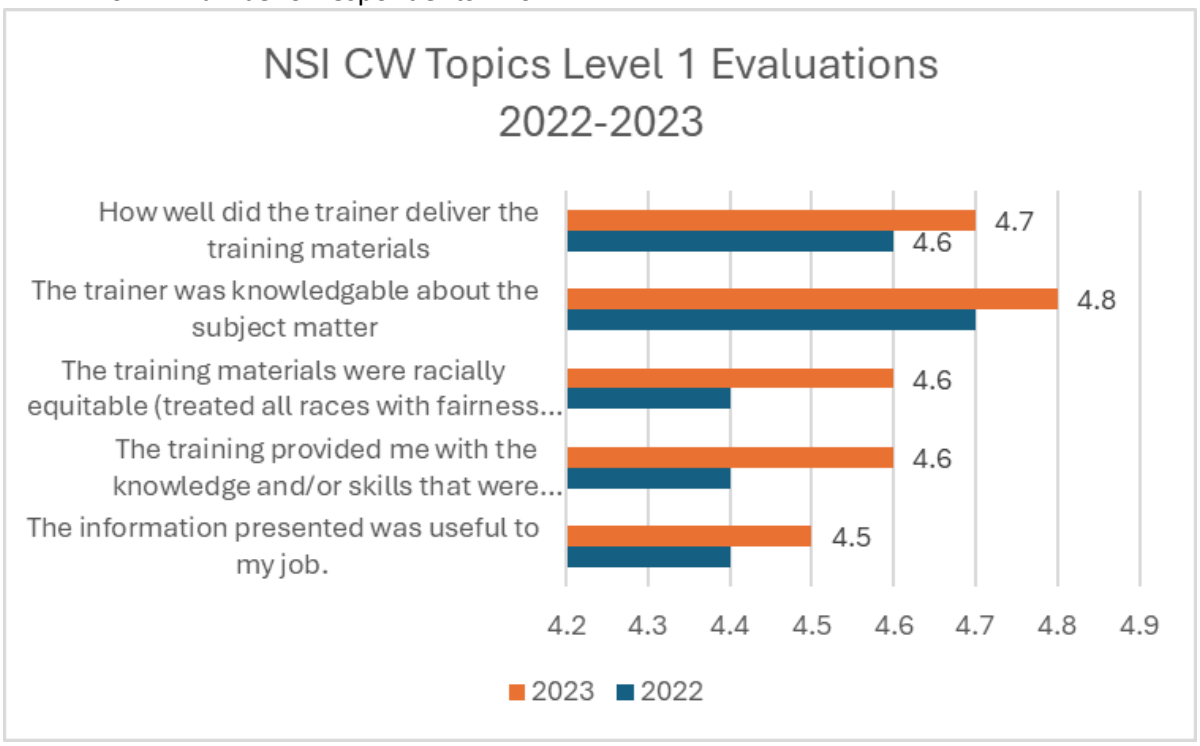
The degree to which training addresses skills and knowledge needed by supervisors to carry out their duties is assessed using three levels of evaluation:

Level 1 Evaluations

New supervisors provide feedback regarding their experience during training immediately following completion of the New Supervisor Institute. This evaluation is completed in the state's learning management system. The questions asked at this point in the development process assess the overall training experience and the degree to which conditions were present for learning to occur. Responses were provided on a Likert scale of 1-5, with one being strongly disagree and 5 being strongly agree.

As indicated by the responses outlined in the table below, new supervisors reported the training experience to be useful in preparing them for their new role:

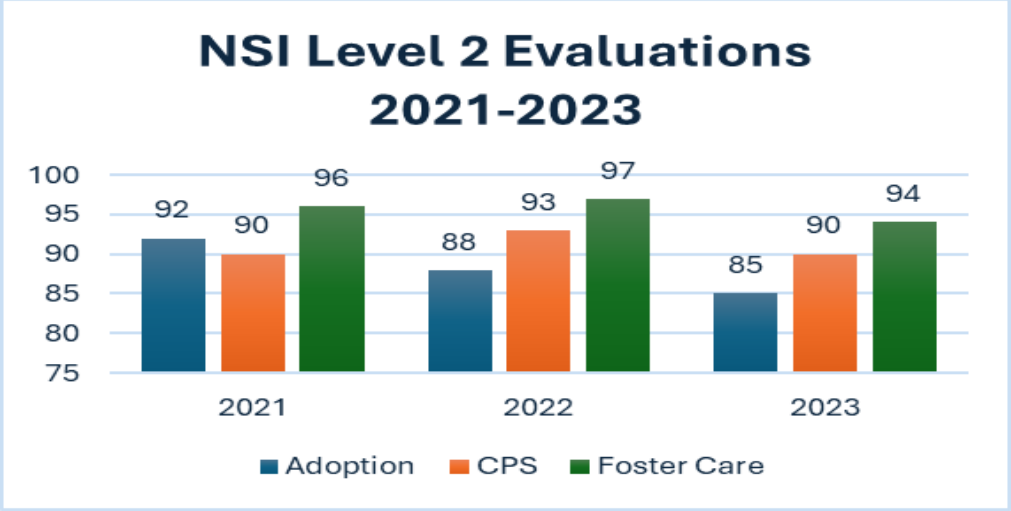
- 2023 – number of respondents = 51
- 2022 – number of respondents = 70



**Survey data following level 1 evaluations by staff in fiscal years 2022 and 2023*

Level 2 Evaluations

During the program-specific sections of the New Supervisor Institute, new supervisors practice and demonstrate understanding of new knowledge/skills through activities including sample case reads, and guided completion of templates used to assess key performance data. Completion of a competency-based evaluation at the end of the program-specific week for CPS, foster care, and adoption supervisors is also required. Data gathered from the end of class exam indicates that supervisors understand core requirements of their role at the end of NSI. While there has been some fluctuation in scores over the years reviewed, average scores remain in the high 80s – low 90s range, with the lowest average score being 85%.

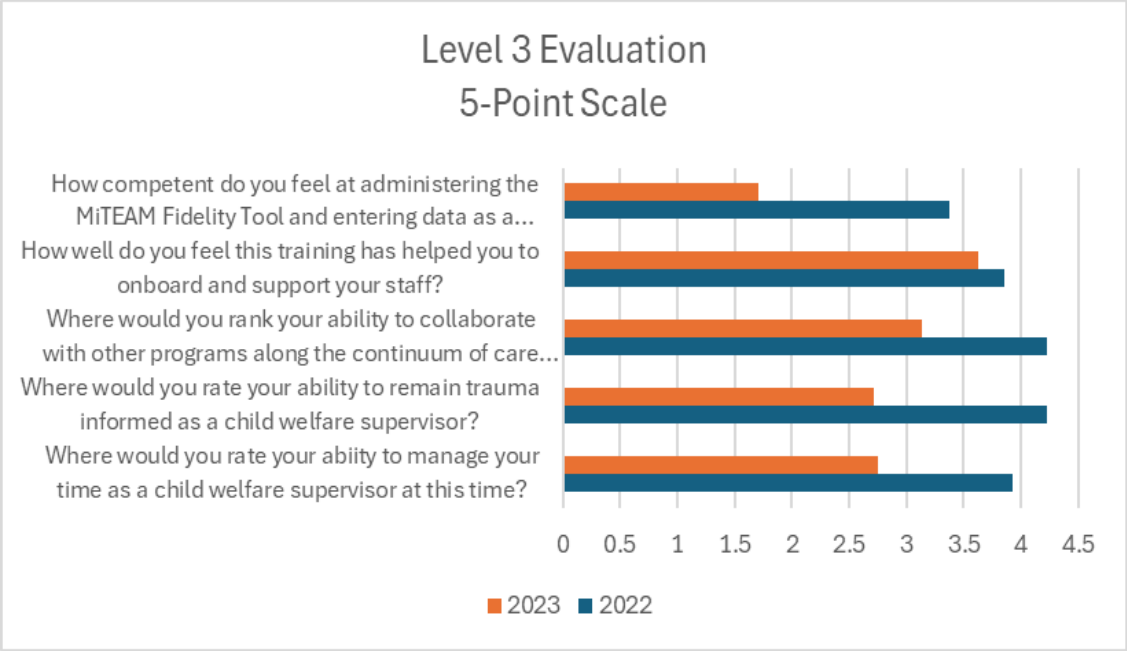


**Level 2 survey data received by program type for fiscal years 2021, 2022, 2023*

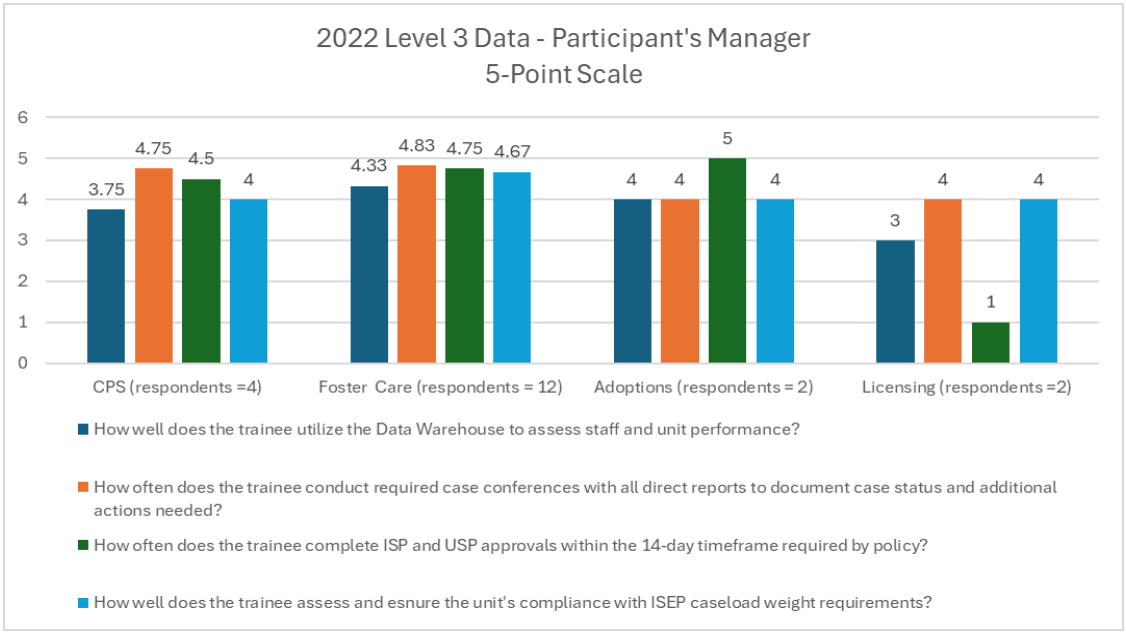
Level 3 Evaluations

Feedback is requested at three months and, beginning 2024, 12 months after completion of the New Supervisor Institute by survey. These surveys are completed by the new supervisors and their direct manager and assess transfer of learning based on post-training experience by the new supervisor and performance as observed by the direct manager. Based on their responses, new supervisors reported being prepared for key areas of their role.

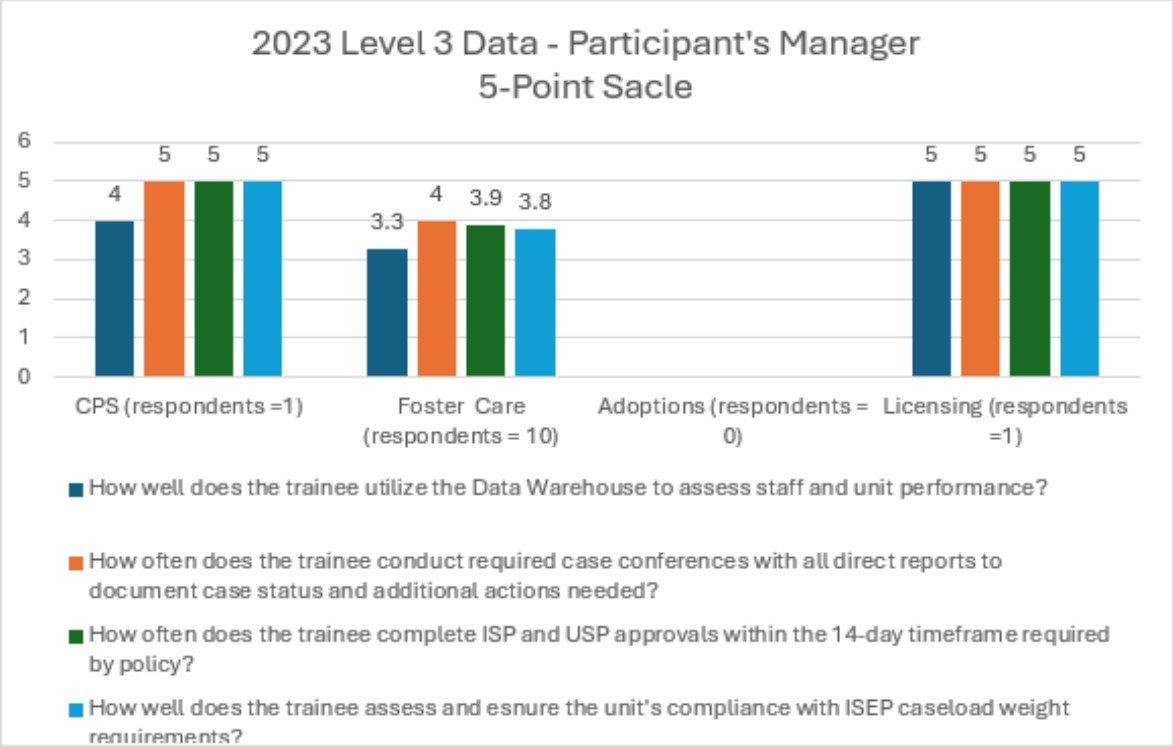
- 2023 – number of respondents = 12
- 2022 – number of respondents = 13



**Level 3 Evaluation surveys received in fiscal years 2022 and 2023*



**Level 3 Evaluation surveys from participants direct manager for fiscal year 2022*



**Level 3 Evaluation surveys from participants direct manager for fiscal year 2023*

While data is currently limited due to lack of availability of data from the participant's managers, it is noted through the responses that managers found new supervisors to be prepared in the areas measured. Additional efforts to obtain feedback on the quality of training include focus groups, which are currently in progress, and should provide additional data moving forward.

Program-Specific Transfer Training for Supervisors

Supervisors who completed the New Supervisor Institute in one program and are reassigned to another program must complete a one-week program-specific training within 112 days of assuming the new role. If the supervisor does not have any prior experience in the new program, program-specific transfer training for child welfare specialists must be completed within six months. There is not a consistent or concrete way, such as a human resources report, to identify when supervisors change programs, making this requirement difficult to track. Ongoing efforts to improve tracking are focused on data accuracy. Training evaluations for supervisors transferring programs are encompassed in the New Supervisor Institute evaluations listed above.

Ongoing Leadership Training and Development

Continuous development is made available to supervisors through the following:

- Regional in-service training weeks for child welfare case managers and supervisors. These weeks offer skill-focused workshops in key program-specific supervisor requirements, as well as refreshers for supervisors on topics offered during the first section of the New Supervisor Institute. The training topics are selected by the region (Business Services Center) to ensure that the training provided meets the current training and development needs. Through 2024, enrollment for these regional trainings were limited to staff and supervisors in that region. Beginning 2025, enrollment for these in-service opportunities will be open to child welfare staff and supervisors statewide.

- In-Service Training specific to different levels leadership development is available for individual sign up. These trainings are made available to supervisors and staff and are geared towards increasing personal and interpersonal effectiveness in their roles, and key knowledge and skills for healthy work cultures. The topics available on the quarterly in-service schedule include:
    - Emotional Intelligence.
    - Effective Communication.
    - Strengths-Based Development.
    - Building Teams Utilizing the PERMA Model (Positive Emotion, Engagement, Relationships, Meaning, Achievements/Accomplishments) – for supervisors.
    - Leading Change – for supervisors.
- In-Service training is made available to supervisors through the OWDT-University Partnership.
- Training is provided to county/regional management teams upon request.
- Beginning September 2024, child welfare supervisors have access to a full library of self-paced trainings specifically designed for development in each area of the child welfare supervisor's/manager's role. These trainings were made available through the National Child Welfare Workforce Institute (NCWWI) and are now available our state's learning management system.

Currently, the efforts to ensure that ongoing training addresses skills and knowledge need by supervisors include:

- Providing opportunities for refreshers on topics previously learned in NSI.
- Providing access to National Child Welfare Workforce Institute (NCWWI) training topics developed for child welfare supervisors nationwide.
- Seeking feedback through survey from the new supervisor and their direct manager at multi-intervals after completion of the New Supervisor Institute.

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 needed to carry out their duties with regard to foster and adopted children?

Michigan's previous CFSR Round 3 assessment recognized this area as an area needing improvement. This determination was based on stakeholder feedback from foster and adoptive families indicating that pre-service training had been being completed inconsistently, and from an outdated curriculum. During the assessment, Michigan had just moved to contract out Regional Resource Teams to train prospective foster and adoptive families utilizing a consistent curriculum. At the time, Michigan was utilizing the PRIDE curriculum. Families indicated that the training was not preparing them for the challenges of fostering and was missing key components such as fostering children who have experienced trauma. Stakeholders also indicated that the training was not readily available. These issues have been addressed during the review period both through both the related PIP goal and through annual self-assessment and improvement.

Michigan assesses the state's performance on **Item 28** Foster and Adoptive Parent Training as a

strength.

Training Requirements

Pre-Service Training for Caregivers: Michigan utilized a curriculum created for foster and adoptive families in this state specifically called GROW. The acronym GROW stands for:

- **G**row culturally responsive relationships.
- **R**ecognize children's developmental needs and the impact of trauma.
- **O**btain information and resources.
- **W**ork in partnership with families to support healthy relationships.

The GROW curriculum includes the following modules that must be completed prior to licensure or adoption approval:

- Introduction.
- Child and adolescent development.
- Attachment and relationships.
- Toxic stress and trauma.
- Wellbeing.
- Diversity and inclusion.
- Child mental health and special needs.
- Advocacy and systems.
- Panel-foster care, adoption or relative.
- Conclusion.

GROW provides Michigan Foster, Adoptive and Kinship (FAK) parents with the 22 hours of foundational pre-service training needed to prepare them for their FAK parenting roles. In addition to supporting FAK parenting confidence and knowledge, the curriculum content effectively conveys core MDHHS FAK parenting values and attitudes. GROW has been proven through evaluation to addresses the unique parenting needs of infants, children, and youth in FAK care with attention to trauma, development, and attachment. Furthermore, GROW impacts parents' understanding and empathy about birth parent perspectives, coparenting, and honoring children's experiences and identities. GROW provides foundational information about the systems and policies implicated in FAK care and includes resources for parents and the children in their care. GROW has been an effective replacement for Michigan PRIDE in terms of addressing the content required by MDHHS for the preliminary stages of FAK parenting. The GROW training curriculum was evaluated by Eastern Michigan University and this research was provided as a part of the previous CFSR Program Improvement Plan. The training was determined to be effective at adequately preparing caregivers for their role as foster and adoptive parents. Caregivers cannot be licensed or approved for adoption without completing the GROW training curriculum. This results in 100% compliance with completing the training prior to licensure or adoption approval. This is monitored by the state level licensing and adoption consent areas ensuring this requirement is met prior to licensing or adoption approval.

To address consistency of the curriculum delivery, the Regional Resource Teams continue to be the trainers certified to deliver this training content to prospective foster and adoptive families. The training is offered online through a live Zoom format as was requested by most attendees. This allows for multiple sessions to be running throughout the state each month. In addition, the training modules were each created as Computer Based Trainings that are self-paced. This ensures that attendees who miss a module or would like a refresher can obtain the content without delaying their ability to complete their training requirement timely. Training completion is tracked by a GROW referral form and provided back to the case worker to enter the training into the CCWIS system.

Ongoing Training for Caregivers: Foster parents in Michigan are required to complete at least six hours of ongoing training annually. This is assessed by the foster family's licensing worker during their annual assessment. If a family is not compliant with this licensing rule requirement, they are placed on a corrective action plan to address the non-compliance and ensure that the training is completed. The Division of Child Welfare Licensing (DCWL) audits each child placing agency annually. During this audit, licensing files are reviewed to ensure that foster families are provided relevant ongoing training. Of the 159 licensing inspections completed in 2024, only nine had findings for insufficient foster parent ongoing training. This is indicative of a strong system in place to ensure foster parent ongoing training is being provided on a consistent basis.

The current array and scope of ongoing trainings offered to foster and adoptive families was evaluated. It was found that there are many trainings offered annually to ensure foster families can receive training in the topic areas in which they most need development. Some of the annual ongoing training offerings include:

- MDHHS contracted with MSU, which collaborates with twelve other schools with Master of Social Work programs in Michigan, to deliver ongoing training free to public and private specialists including CPS, foster care, adoption, family preservation staff, foster/adoptive parents, licensing, and supervisors. Electronic catalogs are regularly distributed to communicate the child welfare training opportunities available statewide. Classes are offered on-demand, in-person, and virtually.
- Annual Foster, Adoptive and Kinship Parent Conference. This in-person statewide conference is open to approximately 350 caregivers annually. It hosts nationally recognized presenters, along with Michigan experts, to provide relevant training to foster, adoptive and kinship families.
- Annual ongoing trainings offered regionally by each regional resource team. Information about upcoming training offerings is emailed and mailed to all caregivers in that region.
- Annual ongoing trainings offered regionally by each Post Adoption Resource Center. Information about upcoming training offerings is emailed and mailed to adoptive families in that region.
- Annual ongoing trainings offered by the Michigan Adoption Resource Exchange for pre-adoptive families. A listing of trainings being offered around the state can be found on their website at Events Calendar (mare.org).
- Statewide implementation of Together Facing the Challenge training for families caring for, or preparing to care for, children with complex mental health and behavioral needs. These

trainings are being offered by MDHHS staff in each county or county grouping who are trained to deliver the material to their peers and caregivers within their areas of the state. Initial feedback from this training curriculum has been positive.
- Access to online, on-demand trainings though sites like the Foster Parent College and The National Foster Parent Association.
- County office and private agency partnerships for regional training opportunities. Each county Adoptive and Foster Parent Recruitment and Retention (AFPRR) plan requires the agencies working in that county to develop a plan for ingoing training opportunities for the year.

To evaluate the effectiveness of the foster parent training offerings statewide, caregivers are surveyed about this support during an annual survey. As with any survey, the results are extrapolated to the whole group based on those completing said survey. In this instance, 961 foster parents completed the survey for a response rate of 32.0%. In the survey, over 90% of caregivers indicated there are free resources for ongoing training near their home. Over 90% of caregivers also indicated that they received some benefit from the training offered. As these are ongoing training opportunities, caregivers attend the trainings based on the specific needs of the children in their home.

Staff in Congregate Care Facilities: Child Caring Institutions (CCIs) are required to ensure their staff meet the following training requirements laid out in their contracts.

The CCI must choose a training practice model that fully operationalizes the values of family-driven, youth-guided, trauma-informed, permanency, strong involvement with the home communities, and culturally and linguistically competent care. The training model must have an urgent focus on permanency practices and engaging and working with families in their homes and communities towards successful and sustained reunification.

- The CCI must provide 50 hours of training during a new hire's first year of employment.
- The CCI must provide a minimum of 40 hours within the first 30 calendar days of employment. Sixteen of the 40 hours must occur prior to direct care staff having contact with children. The remaining hours must be completed prior to the end of the first year of employment.
    - Orientation must include topics identified in Michigan Child Caring Institutions Administrative Rule R400.4128, as well as the Child Protection Law, mandated reporting requirements, family/child/youth engagement, interpersonal-communication, appropriate discipline, crisis intervention, effects of trauma, secondary trauma, MiTEAM Case Practice Model overview, youth handling and de-escalation techniques, and basic group dynamics.
    - A minimum of 25 hours per year of staff development training must be provided to direct care staff following the first year of employment.
    - All program staff must be provided with training on the topic of engaging youth and family to ensure ongoing development and support of knowledge and skills in this

area. This does not have to be accomplished solely through traditional classroom or online training methods.

- All program staff must be provided with trauma-focused program training to maintain a trauma-informed milieu and treatment environment. Trauma-focused programming must be based on an evidence-based, evidence-informed, or promising practice treatment model.
- Based on the assessment of a staff person's identified training needs, annual training topics must be selected from, but not limited to, the areas identified in Michigan Child Caring Institutions Administrative Rule, R 400.4128 and FOM 912:
  - All program staff must be trained to serve as a role model to youth for appropriate social skills, prioritizing needs, negotiation skills, accessing local resources, hygiene and grooming preparation, food preparation, and anger management.
  - All staff that have direct contact with youth shall complete Sexual Orientation, Gender Identity and Expression (SOGIE) training.

Annual audits are completed to ensure residential treatment facilities have the required training hours during onboarding and annually for all their staff. 88.71% of CCI staff had all required trainings completed during fiscal year 2024 (FY24) audits. Some CCIs struggled with ensuring that there is a system for documenting staff training which was included on performance improvement plans and technical assistance for each agency.

What does the evidence identify as areas of strength?
Overall, Michigan has vastly improved the quality, availability, and usefulness of the pre-service training required of foster and adoptive parents. Additionally, with 92.35% of surveyed families indicating the ability to attend free ongoing training near them and 95.41% of participants indicating the training was either very helpful or somewhat helpful shows a strong systemic functioning of available ongoing training opportunities for foster and adoptive parents. Michigan also requires all residential treatment providers to ensure staff complete several trainings annually, which is audited at the facility's annual audit. This ensures that those staff serving children in residential treatment facilities also have access to quality and readily available training.

SERVICE ARRAY AND RESOURCE DEVELOPMENT

Michigan assesses the state's performance on systemic factor **Service Array and Resource Development** as **not being in substantial conformity**.

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?

During CFSR Round 3, Michigan received an overall rating of needing improvement. It was specifically noted that more work was required to achieve meaningful conversations with families for accurate safety and risk assessments. The most critical need for improvement was better quality assessments for parents and children across CPS and foster care cases. This would include increasing the oversight and assessment of service array and resource development.

Michigan's array of services and resource development functions statewide to ensure services are accessible in all political jurisdictions covered by the state Child and Family Services Plan. However, gaps exist between the identification of service needs and the availability of these services to children and families.

Michigan assesses **Item 29** as an **area needing improvement.**

In the most recent case level assessments performed using the Onsite Review Instrument, improvement has been demonstrated within Item 3 and Item 12. Item 3 has increased from 65.8% in 2020 to 80% in 2023, an improvement of 12% over the 2019 PIP baseline. Item 12 has increased from 56.2% in 2020 to 65% in 2023, an improvement of 17% over the 2019 PIP baseline.

Michigan utilizes the Michigan Services Review to assess case-level practice and appraise performance of key service system practices or service array within the following indicators:

- Assessment and Understanding.
- Implementing Interventions.
- Tracking and Adjustment.
- Engagement.

Each of these areas have shown some level of progress over the last seven years; there is room for improvement:

- Assessment and Understanding, which details how well the child and family needs, strengths, trauma, and underlying issues are understood and addressed, has increased from 64% in 2017 to 74% in 2023.
- Implementing Interventions, which identifies if a plan is put into action to address the underlying needs in conjunction with the child and family's strengths, had a decline from 74% in 2017 to 71% in 2023 but has steadily improved year-to-year since falling to 52% in 2019.
- Tracking and Adjustment, which details if the child and family's interventions, service process, and progress being made are routinely being monitored and evaluated, has increased substantially from 52% in 2017 to 81% in 2023.
- Engagement, which identifies if those working with the child and family are developing and maintaining a culturally competent, mutually beneficial, and collaborative working relationship with the child and family, has increased from 66% in 2017 to 86% in 2023.

Gap Analysis Information

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

1) Michigan Services Reviews (MSR) interviews and focus groups.
2) ChildStat.
3) Feedback from foster parents and other community groups.

Based on the Needs Assessment completed by the Division of Continuous Quality Improvement in 2022, the following services are those that are most needed in Michigan:

- Regularly scheduled respite supports for caregivers.
- In-home support to foster parents focused on trauma and behavior management to support placement stability and strengthen youth coping skills.
- Statewide services for domestic violence perpetrators and victims.
- Substance use support services.
- Transportation services for parents and youth to attend activities, including parenting time, therapeutic intervention, medical appointments, and other school related extracurricular or religious services that support the case plan or permanency plan.

Additionally, during the first six months of 2024, DCQI reviewed 29 child welfare cases. One hundred and sixty-seven stakeholder interviews were held with children, parents, caregivers, workers, therapists, court personnel, school personnel, and other child welfare professionals. Systematic barriers identified include:

- Waitlists for parenting coaches.
- Housing.
- Psychological services.
- Waitlists for services for children including CCI placements.
- Court hearing delays impacting permanency.

The Division of Victim Services (DVS) facilitated eight listening sessions during June and July of 2024 for domestic violence (DV) service providers from across the state and compiled a report on the findings. Listening sessions were held in various locations including Essexville, Detroit, Holland, Marquette, Tribal Governments, Gaylord, as well as virtually. Seventy participants shared information during the sessions. The biggest gaps that were identified include:

- Lack of affordable and available housing.
- Increase in mental health and substance use issues.
- Transportation, particularly for those in rural areas.
- The complexity of the work and cost to do the work continues to increase yet funding remains stagnant.
- Need for specialized services for children.
- Collaboration and advocacy within child welfare. For this gap, it may be helpful to highlight the collaboration between DVS and CSA regarding The Safe and Together Model and its integration into MiTEAM as the domestic violence training enhancement. Four communities are currently being targeted with the provision of intensive training and hands on support to ensure case practice reflects the approach supported in the MiTEAM Domestic Violence Guide for case managers.
- Need to coordinate care for pets, as some DV victims will not leave their pets behind if/when they leave.

In October2024, a survey was shared with 17 members of the Guy Thompson Parent Advisory Council (GTPAC) which is comprised of birth and adoptive parents across the state with lived experience with the child welfare system. They inform child welfare policy, practice, tools, training, and other related initiatives from a lived experience perspective. Sixteen responses were received, and the following services gaps were noted:

- Transportation.

- Access to mental health services due to waitlists.
- Access to substance use treatment services due to limited availability resulting in long waitlists.
- Shortage of affordable childcare.
- Assistance navigating public assistance programs.

During annual contract audits conducted by CSA's Private Agency Compliance Unit (PACU) the following services gaps were identified: Assessments completed during FY '23 and reviewed documentation from open cases during the same fiscal year.

- Affording housing and housing instability for families.
- Workforce shortages and challenges.
- Instability in foster care placements.

Services that assess the strengths and needs of children and families and determine other service needs.

Pursuant to Michigan's Child Protection Law (CPL), Michigan Compiled Laws (MCL) – Act 238 of 1975, the Michigan Department of Health and Human Services (MDHHS) oversees the state's Children's Protective Services (CPS) program. MDHHS also oversees the state's prevention work and foster care system.

MDHHS's top priority is keeping children safe and families together. This is accomplished through implementation of the department's policies, aligned with the CPL and other state and federal requirements, robust prevention services, training for case managers and their supervisors, rigorous case management, and partnering with children and families to determine how best to meet their needs to ensure child safety and family well-being.

To help achieve these outcomes, a diverse array of services and supports are available to children and families across the state. Some services are offered through statewide contracts, while others are only available within local communities.

Children's Protective Services

Children's Protective Services (CPS) investigations and CPS ongoing services are available in every county in Michigan. Each year, CPS investigates approximately 70,000 allegations of child abuse and/or neglect and confirms around 22% of those cases. about 18% are transferred to CPS ongoing for services and monitoring to ensure ongoing child safety and family well-being. A small subset of those cases, approximately 4%, result in court intervention and/or placement of children outside the family home.

Since 2020, MDHHS's Children's Services Administration (CSA) has been leading an initiative to transform Michigan's child protection system into a child and family well-being system rooted in prevention, child safety, family preservation, and equity. This initiative is dedicated to incorporating the voices of youth and parents with lived experience, Tribal Governments, race equity experts, and others with a vested interest in Michigan's child protection response.

In addition to other policy and practice requirements, CPS case managers utilize various tools/assessments to conduct their investigations and manage ongoing CPS cases, including the Structured Decision Making (SDM) Safey Assessment, SDM Risk Assessment and Risk

Reassessment, the Trauma Screening Checklist, the Child Assessment of Needs and Strengths (CANS), and Family Assessment of Needs and Strengths (FANS). These tools help inform decision making, case outcomes, and service provision for children and 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 while 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.

Beginning Oct. 1, 2024, the MichiCANS Screener, the Child and Adolescent Needs and Strengths (CANS) screener ,and comprehensive tools went into use by the department's behavioral health system to identify areas of need for each child to plan for access and delivery of behavioral health services. The Children's Services Administration uses the MichiCANS screener to screen behavioral health information on all youth from birth to age 20 at the time of removal or when re-entering Young Adult Voluntary Foster Care. This identifies children meeting eligibility for behavioral health intervention and ensures timely referrals for further assessment and treatment. The MichiCANS screener is administered by MichiCANS Health Liaison Officers (HLOs).

The MichiCANS HLOs also administer the MichiCANS Screener when completion of the Structured Decision Making (SDM) CANS for an updated service plan or permanent ward service plan has the following scores, and the child is not receiving mental health services from a Community Mental Health Service Provider (CMHSP):

- For children ages 0-3, severely limited social and emotional development and attachment in domain C2. Social/Emotional Development and Attachment.
- For children ages four and older, severely limited emotional behavior and coping skills in domain C2. Mental Health and Well-being.

Prepaid Inpatient Health Plans and Community Mental Health Service Providers are required to accept and honor the MichiCANS Screener results provided by CSA and will review screener information when meeting with the family.

Services available to assist in enabling children to remain safely with their parents when reasonable include:

Project	Project Summary	Performance
Families First of Michigan (FFM)	FFM is a crisis oriented in-home service that provides ten hours of face-to-face time per week to families with intensive to high risk of child maltreatment.	• FFM is available in all counties and direct access is also available to Tribal Governments and local domestic violence shelters. • FFM served 5,817 children in 1,891 families during fiscal year 2023. • Twelve months post service, 90% of families who completed services in FY23 did not experience any Out-of-Home placements.
Family Reunification Program (FRP)	FRP is available in 46 counties and direct access is also available to tribal governments.	• FRP served 1,040 children in 465 families during FY23. • In FY23, 95% of families serviced did not experience any Out-of-Home placements.
Families Together Building Solutions-Pathways to Potential	FTBS-P2P is an in-home service provided to families with moderate to low risk of child-maltreatment. FTBS-P2P is often used as a step-down service to families who have successfully completed FFM but need continued support. Families receive an average of three hours of face-to-face time per week.	• FTBS-P2P is available in 28 counties and direct access is also available to Tribal governments • FTBS-P2P served 3,740 children in 1,159 families during fiscal year 2023. • After 12 months post-service, 96% of families who completed services during fiscal year 2023 did not experience out-of-home care of any of their children.
Parent Partner Building Community Partnerships	Parent Partner Building Community Partners (PP-BCP) program is an in-home approach to parent mentoring and building relationships within a community to create an environment that supports families involved with the child welfare system. Parent Partners work with parents involved with MDHHS, MDHHS staff, and the community to enhance families' capacities to provide for their children's needs.	• Parent Partners served 271 parents during FY23. • One hundred percent of parents who participated in surveys during FY23 reported satisfaction with services. • One hundred percent of referring workers who responded to surveys reported satisfaction with the services provided to the families involved with Parent Partners.
Substance Use Disorder Family Support Program (SUDFSP)	SUDFSP in an in-home program that provides skill-based intervention and support for families when a parent is alcohol or drug affected or has been found to have a co-occurring disorder. SUDFSP seeks to reduce	• Risk factors most identified with families served during both FY23 and FY24 include substance use, environmental violence, domestic violence, housing insecurity, employment insecurity, and incarcerated parents. • SUDFSP served 225 families during FY24.

Project	Project Summary	Performance
	future maltreatment and prevent unnecessary placement in foster care. SUDFSP services are currently available in 21 counties and are available to tribal governments in those counties.	
Motivational Interviewing (MI)	Motivational Interviewing is an evidence-based, client-centered method designed to promote behavior change and improve physiological, psychological, and lifestyle outcomes.	

MDHHS local offices support an array of services based on community need. County offices use allocated funds to ensure that the services offered to families are appropriate to the needs of their geographical region and local need. Funds allocated to MDHHS county offices may be consolidated to allow counties with low populations to combine funds in contracts that serve a broader population or geographic area and thereby enhance the service array for that area. Services include but are not limited to:

- Parent Education – Home Based (14 contracts).
- Parent Education – Group Based (four contracts).
- Family Assistance Program (21 contracts).
- Family Skills Services (six contracts).
- In-Home Family Services (22 contracts).
- Parenting Time (Visitation) Support Services (22 contracts).
- Domestic Violence Positive Parenting and Support (two contracts).
- Domestic Violence Intervention Individual and/or Family Based and Group Based (five contracts).
- Substance Abuse Treatment Services and Educational Workshops (five contracts).

Services that address the needs of families in addition to individual children to create a safe home environment.

Depending on eligibility and identified needs, a family may be served through the prevention service continuum by utilizing primary, secondary or tertiary services. Primary prevention activities are directed at the general population and attempt to stop abuse or neglect before it occurs and prevent the need for involvement with the child welfare system. Secondary prevention activities are designed to prevent abuse or neglect before it occurs and prevent the need for initial or deeper involvement with child welfare. Tertiary prevention activities are focused on families that have a confirmed abuse or neglect finding and aim to prevent the recurrence of abuse or neglect and re-entry into the child welfare system.

Primary and Secondary Prevention Services

Services available to assist in addressing the needs of children and families to create a safe home environment include:

Children Trust Michigan (CTM)

- CTM supports a statewide network of 73 local councils that fill the role of prevention in a full array of services for children and families in all Michigan counties.
- CTM provides resources to 30 community direct service programs, which target the needs of the most vulnerable and challenged families. CTM serves as the Citizen Review Panel on Prevention, providing ongoing feedback and information about preventive services to families and provides grants to support three home visiting programs including Healthy Families America, Parents as Teachers, and Nurturing Parenting.
- CTM direct service grants are awarded to provide prevention services to meet community needs. Services are provided to families that have risk factors for child maltreatment but do not have an active CPS case. The following are some examples of how the direct services grants are used:
    - Family Resource Centers (FRCs) are community led, family-centered resource centers that partner with caregivers to deliver support and services responding to each family's individual needs. CTM is supporting 11 FRCs in the counties of Keweenaw, Alpena, Calhoun, Saginaw/Huron, Genesee, Ingham, Tuscola, Kent, Macomb, Washtenaw, and Wayne within the Family Resource Center Network.
    - Based on satisfaction surveys received from 2,279 participants, 2,261 or 99% of the community members stated they were satisfied with the services and needs were met from the FRC.
    - FRCs have served 22,638 adults, 29,440 children, and 16,615 individuals.
    - FRCs provided 57,514 services to people coming through their doors.
    - FRCs collect data on the gaps of services they are experiencing when serving or making a referral to a community agency.
        - Within FY24 there were 47 instances in which FRCs faced challenges providing clothing and household good items, 35 instances of providing housing/shelter, 30 instances of transportation needs, and 15 instances of childcare.
        - To help close these gaps, CTM holds spaces for FRCs to come together to discuss different ways they work to address gaps their communities are facing.

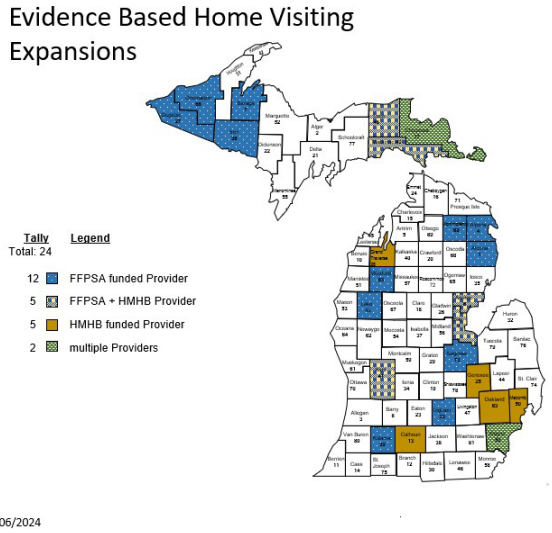
Economic Stability Administration

- MDHHS local offices facilitate access to public benefits to Michigan citizens. Benefits include food assistance, medical assistance, childcare, cash benefits, and supportive services such as employment and training.
- Pathways to Potential places success coaches in schools with high numbers of families receiving financial assistance, offering assistance and referrals for food, housing, and other needs.
    - Success coaches help address families' barriers to self-sufficiency in the key areas of safety, health, education, and school attendance.
    - Currently, there are 209 success coaches in schools throughout the state.
- Family Impact Teams (FIT) strengthen collaboration between MDHHS's Economic Stability Administration – which provides public benefits such as food assistance and Medicaid – and its Children's Services Administration, which protects children and provides services to their families.

- FIT embeds MDHHS family resource specialists with the department's child protection and foster care staff to support families in applying for benefits and Medicaid and connects them to other economic supports.
- As of Nov. 12, 2024, over 4,500 referrals (4,135 families) have been made to a Family Resource Specialist.

Public Health Administration – Division of Child and Adolescent Health

- Michigan's Early Childhood Home Visiting Programs provide voluntary, prevention-focused support services in the homes of pregnant women and families with children ages 0 to 5.
- Michigan's home visiting system is a robust system of eight models, which served 19,551 families in FY23.
  - 98.2% of families enrolled In-Home visiting programs did not experience an incidence of child maltreatment.
- Throughout 2023, MDHHS maintained and implemented the expansion of home visiting services in 24 counties, including three tribes for families impacted by the child welfare system and five counties for families impacted by substance use.



- The Peer Navigator Pilot project aims to better support families with infants born prenatally exposed to substances. Peer Navigators are professionals with lived experience who are, or can become, Certified Peer Recovery Coaches and receive training as Community Health Workers.
  - In the first year of implementation, 77 families were referred, and 60% were enrolled in services.

Michigan Department of Education - Early On

Early On is Michigan's system of early intervention services that assists families with infants and toddlers from birth to 36 months who display developmental delays or have a diagnosed disability. Early On provides assessment, care coordination, in-home therapy and other services to families and young children. Referral to Early On is a requirement for all substantiated CPS cases of children under three years of age.

Behavioral Health Services for Children and Youth

Medicaid-funded mental and behavioral health services are provided through Michigan's Community Mental Health (CMH) system with partners in state and local health and education systems. Each service must be determined medically necessary, as defined in the child's individualized plan of service. Although children and families involved in the child welfare system are among the clients served through these projects, eligibility criteria are based on diagnoses and level of functional impairment rather than risk of abuse or neglect. Below outlines services available:

- ***Applied Behavior Analysis (ABA)***: For fiscal year 2023, 6,464 children between the ages of 0 and 15 received ABA through Michigan Medicaid out of 23,141 identified as having an Autism Spectrum Disorder (ASD) diagnosis.
- ***Intensive Care Coordination with Wraparound (ICCW)***: In fiscal year 2023, 2,427 youth received Wraparound services.
- ***Parent Support Partners (PSP)*** is a statewide initiative that provides peer-to-peer support: the skills to address the challenges of raising a youth with special needs. There are 108 Parent Support Partners currently providing services throughout Michigan within 41 counties, with 89 certified and 19 working through the certification process.
- ***Youth Peer Support (YPS)*** is a Medicaid-covered service under the behavioral health managed care waiver. Youth Peer Support Specialists are available in 33 counties, with 22 currently certified and 38 working through the certification process.
- The ***Family Support Subsidy Program*** provides financial assistance to families with a child who has a diagnosis of severe developmental disabilities as determined by the public-school special education department.
- ***Parent Management Training*** is an evidence-based service for parents and caregivers of children with serious emotional disturbance. Parent Management Training provides individual, group (Parenting Through Change), and home-based services. The website has received over 11,000 "visitors" to the PMTO Website in the past 12 months with over 500 accessing the free web-based parenting program (MI Parent Resource). Currently there are over 149 clinicians trained to provide Parent Management Training-Oregon and/or Parenting Through Change (group parent training model) to families in the Community Mental Health System.
- ***Parenting Through Change***. Currently, 74 clinical staff are trained to provide this evidence-based group training model in the public mental health system. Two additional trainings occurred in fiscal year 2024 for parents referred by local MDHHS offices (parents/children involved in prevention services and/or CPS services).
- ***Intensive Crisis Stabilization Services (ICSS)*** for children are structured treatment and support activities provided by a mobile intensive crisis stabilization team designed to promptly address a crisis to avert a psychiatric admission or other Out-of-Home placement or to maintain a Medicaid eligible child in their home or present living arrangement. In fiscal year 2023, based on the Medicaid encounter data, there were 2,519 children who accessed mobile crisis statewide.
- ***Crisis Residential Services*** provide a short-term alternative to inpatient psychiatric services for children and youth experiencing an acute psychiatric crisis. Services are designed for children and youth who meet psychiatric inpatient

admission criteria who can be appropriately served in a setting less intensive than a hospital.

- ***Psychiatric Residential Treatment Facility:*** The PRTF benefit provides mental health treatment to children and adolescents who, due to a mental illness, substance abuse or severe emotional disturbance, need treatment that can effectively be provided in a residential treatment facility. This benefit offers a short term (90-180 days), intense, focused mental health treatment to promote a successful return of the youth to the community.
- ***Infant Mental Health Services*** provide home-based support and intervention services to families in which the parent's condition and life circumstances, or the characteristics of their infant, threaten the parent-infant attachment. Infant mental health specialists provide weekly visits to enrolled families during pregnancy and around the time of birth up to 36 months (age of infant/toddler is based on use of the evaluated model: Infant Mental Health Home Visiting). In fiscal year 2023, 1,587 infants, toddlers, and their parents (including pregnant women) were provided this individualized, intensive service.
- ***Home and Community Based Services*** are intensive services that have greater flexibility to meet the needs of children and families, as they occur in the home and community. **Community Living Supports (CLS)** is a service that allows a child or youth build skills to be more successful in the community. CLS services teach skills of daily living, social skills, or independence for an adolescent. Respite services provide parents with relief from daily care demands of a child with behavioral challenges.
- ***The Children's Serious Emotional Disturbance Home and Community-Based Services Waiver (SEDW)*** program provides services that are enhancements or additions to Medicaid state plan coverage for children up to age 21 with serious emotional disturbance. The SEDW enables Medicaid to fund necessary home and community-based services for children up to age 21 with SED who meet the criteria for admission to a state inpatient psychiatric hospital and/or who are at risk of hospitalization without waiver services.
- ***The Children's Home and Community Based Services*** **Waiver Program (CWP)** provides services that are enhancements or additions to regular Medicaid coverage to children up to age 18 who are enrolled in the CWP.
- ***The Michigan Child Collaborative Care (MC3)*** program targets child and adolescent populations through supporting local primary care providers who treat behavioral health issues. MC3 continues to provide consultation to primary care providers in all 83 Michigan counties, educate providers by developing a series of culturally sensitive webinars based on requested topics, link children and youth to appropriate behavioral health services and/or evidence-based intervention programs, and integrate screening and referral within primary care processes.
- ***Children's Therapeutic Foster Care (CTFC)*** is a Medicaid service offered through the Waiver for Children with Serious Emotional Disturbance (SEDW). CTFC is an intensive community-based family treatment model that requires an aftercare family to receive treatment concurrently with the youth and treatment is typically six-nine months.
- ***Treatment Foster Care Oregon (TFCO)*** is the evidence-based practice CMHs are using for stronger clinical outcomes. In FY23, there were three sites in Michigan that

offered CTFC and TFCO. There are currently four sites engaged in a year-long capacity building readiness process.

Bureau of Community Services, Housing and Homeless Services

Safe and stable housing continues to be a significant challenge for families in Michigan. In 2023, Michigan engaged 3,281 homeless families through local response systems. These were families who had no alternative place to stay and were living either in a homeless shelter or someplace unfit for human habitation such as a car, tent, or abandoned building. In addition, in the 2022-23 school year, Michigan identified 32,762 students who experienced some type of homelessness or housing instability in their K-12 schools.[1]

One of the most significant drivers of homelessness is the lack of affordable housing. In 2023, requests to Michigan 2-1-1 for housing and legal assistance related to housing increased by 8%. The cost for housing and other basic needs continues to outpace income for many Michigan families. The annual income needed in Michigan to afford a two-bedroom rental home is $48,169.[2] Of the 4 million households in Michigan, 41% struggle to afford the basics like housing, childcare, food, transportation and healthcare. [3]

- Since August 2023, MDHHS has been running the Family Emergency Housing Fund pilot (EHF) which provides emergency funding for eviction prevention, utility arrears, and first months' rent and deposit to homeless families or those at risk of homelessness who are currently engaged with the child welfare system. To date, the program has received 724 referrals totaling $1.3 million. In its FY25 budget, MDHHS received $3.5 million to continue this pilot.
- MDHHS is currently developing a new application to the US Department of Housing and Urban Development (HUD) for a new allocation of Family Unification Program (FUP) vouchers through a Michigan State Housing Development Authority (MSHDA)/Continuum of Care/MDHHS agreement. MSHDA is currently allocated 81 FUP vouchers from the US Department of Housing and Urban Development (HUD); this application will request an additional 75 vouchers to be targeted to six priority counties (Oakland, Jackson, Ingham, Kent, Muskegon, and Saginaw). In addition to MSHDA, select community public housing authorities such as Detroit and Ann Arbor continue to use their awarded FUP vouchers to house families engaged with the child welfare system.
- MSHDA has a "homeless preference" for its Housing Choice Voucher (HCV) program which prioritizes vouchers for people who are homeless. If a family or youth are homeless, the department works to ensure all MDHHS first line staff know how and when to connect a client to their local Homeless Response System (HARA) to complete an intake through local Coordinated Entry and to their local Housing Agent to submit an HCV application. An "Introduction to Homelessness" online, on-demand training was created and released in 2024 for all MDHHS local office staff and supervisors which provides basic information about the challenges of homelessness and how to support them to connect to housing resources.
- In its FY23 budget, MDHHS was allocated $6 million for supportive services to individuals, families or youth in permanent supportive housing for the purpose of helping clients obtain and maintain housing and other supportive services. This additional funding is critical to not

[1] The McKinney-Vento Homeless Assistance Act, Subtitle VII-B of the McKinney-Vento Act (2015) has an inclusive definition of homelessness that includes children and youth who move in with family or friends and become "doubled up" due to the loss of housing.
[2] Source: National Low Income Housing Coalition (NLIHC) (Michigan spotlight)
[3] Source: ALICE Report – Michigan Association of United Ways

only helping vulnerable singles, families and youth end their homelessness, but also to provide the necessary case management supports to keep them stably housed. In the FY25 budget, MDHHS was allocated an additional $20 million to expand this effort.

Division of Victim Services

The Division of Victim Services (DVS) provides funding to 45 Comprehensive Domestic Violence Service Organizations that provide services in every region of the state. The following is an overview of the services each of the funded programs are required to provide. The division provides the following supports:

- Temporary Emergency Housing.
- Individual Support.
- Group Support (optional).
- Live Skills Information and Education.
- Cultural and Holistic Healing.
- Counseling/Therapy.
    - Individual or group.
- Emergency Intervention Services-available 24 hours/day.
- Advocacy and support services.
- Civil Legal Advocacy.
- Criminal Legal Advocacy.
- Employment Services.
- Healthcare.
- Housing advocacy.
- Client assistant.
- Transportation.

MDHHS - Children's Services Administration

Centralized Intake Screen Out Prevention Pathway

MDHHS launched phase one of a screen-out prevention pathway in three counties (Kent, Kalamazoo, and Calhoun) with two trusted community organizations to offer supports and resources to families who had a screened-out referral from Centralized Intake in July 2021.

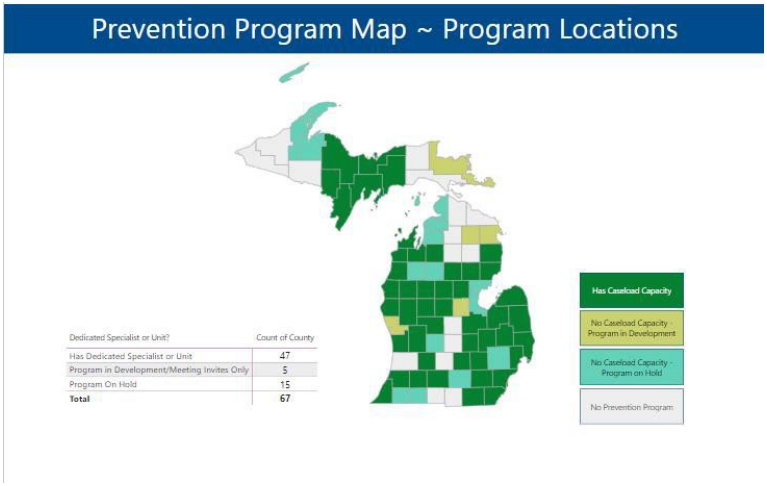
- Family Futures (N=1,265).
    - Attempted contact: 99%.
    - Answered call/text: 51%.
    - Opted in 24%.
    - Resource identified: 21%.
    - Accessed resource: 8%.
- 211-Gryphon Place (N=821).
    - Attempted contact: 100%.
    - Answered/Opted in: Unknown due to data legibility concerns.
    - Resources identified: 17%.
    - Accessed resources: 5%.

- MDHHS has been meeting with various community organizations to discuss partnering opportunities to begin phase two of the screen-out prevention work. The community organizations MDHHS has focused on collaborating with are currently support families who are potentially being served in both their programs and MDHHS systems.

- A cross-enrollment prevention pathway was launched in fall 2024 with a Family Resource Center that will focus on texting families who have a screened-out referral from Centralized Intake that will provide contact information of the trusted community organization for any supports/resources they may need.

MDHHS Local Office Prevention Programs

- MDHHS counties continue to be involved in prevention efforts and work towards increasing secondary prevention supports, specifically by utilizing child welfare specialists as prevention case managers.
- As of Nov. 12, 2024, 47 counties currently have prevention case load capacity. If a county does not have a formal prevention program, MDHHS makes every effort to connect families to community resources, as needed.



SafeCare Parent Education Program

- SafeCare is an in-home behavioral parenting program that promotes positive parent-child interactions, informed caregiver response to childhood illness and injury, and a safe home environment.
- SafeCare is designed for parents and caregivers of children ages birth through 5 who are either at risk for or have a history of child neglect and/or physical abuse.
- The program aims to reduce child abuse/neglect. The SafeCare curriculum is delivered by trained and certified providers.
- SafeCare is currently available in 18 counties.
- During FY23, 1,425 families were engaged and offered SafeCare services.
    - 15.9% of families enrolled.
        - 8.9% of families completed at least one module.
        - 5.9% of families completed all three modules.
        - 51.9% of families were not interested in participating in services.
- During FY24 (through Sept. 10, 2024), 1,615 families were engaged and offered SafeCare services.
    - 12.8% of families enrolled.
    - 5.3% of families completed at least one module.
    - 3% of families completed all three modules.
    - 45.9% of families were not interested in participating in services.

Services that help children in foster and adoptive placements achieve 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
Michigan's Adoption Assistance Program provides financial support to families who adopt children from foster care through the Michigan public child welfare system. Based on each child's situation or needs, one or more adoption assistance benefits may be available to support the adoption. Approximately 95% of children who are available for adoption qualify for Michigan's adoption assistance program.

The total number of adopted children funded through the Adoption Assistance Program for FY24 was 21,986. Some children received payments from at least two different funding sources.

Funding Source	Number of Children
Title IV-E	17,160
State General Fund	1,265
Temporary Assistance for Needy Families	4,239
Non-Recurring Expenses	1,529

The total number of children funded through the guardianship assistance program in FY 2024 was 1,057.

Funding Source	Number of Children
Title IV-E	541
State General Fund	516

Medical Subsidy
The total number of adoptive and guardianship children in the medical subsidy program in FY24 was 14,175.

- Total children with claims: 1,116.
- Total claims: 3,347.

Post Adoption Resource Centers
Post Adoption Resource Centers is a statewide program provided through eight contracts 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. The chart below reflects the total number of families served.

Service Type	Adoptive Families	Guardianship Families
Case Management	593	12
Education and Support	1,676	19
Information Dissemination	962 Combined	

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

Statewide parent- to- parent program (P2P): 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 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 to enable them to foster children with more challenging behaviors. 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 Kinship Support Program, a collaboration between the State of Michigan and Michigan State University's Kinship Care Resource Center (KCRC), is dedicated to supporting relatives or individuals with a family-like bond who are raising children when parents are unable to provide care. With recent program enhancements, the Kinship Support Program has expanded its capacity to implement and evaluate a kinship care navigator model for service delivery. Kinship navigators—experienced caregivers themselves—offer support, resources, and guidance to kinship families. The program also collaborates with Michigan's 2-1-1 system to provide access to over 20,000 community resources. This resource, coupled with a comprehensive communication and outreach strategy, ensures that kinship families across Michigan have the tools and support needed to thrive.

Foster Care Supportive Visitation/In-Home Parent Education Program (FCSV) provides an intensive individualized parent-child visit approach, that centers around the specific needs of the child(ren) in foster care. This program allows for the parent to receive customized supportive services in preparation for, during, and after each visit, toward achieving the goal of reunification in a timely manner. Other permanency services and strategies include:

- **Adoption Permanency Specialists.**
- **The National Center for Diligent Recruitment (NCDR)** provides consultation via an Intensive Technical Assistance Plan to enhance Michigan's targeted diligent recruitment efforts and outcomes intended to increase and retain an adequate array of foster homes.
- **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 with details of waiting children.

Statewide Services for Youth Transitioning to Adulthood

- Foster care caseworkers aid 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** aids 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.
- **The Tuition Incentive Program and Education and Training Vouchers** are available to foster youth to help them attend 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.

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.

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?

Michigan assesses **Item 30** as an **area needing improvement.**

During CFSR Round 3, Michigan received an overall rating of an area needing improvement for Item 30 based on information from the statewide assessment and stakeholder interviews indicating that the state had limited ability to consistently and effectively individualize services.

Michigan offers a diverse array of statewide and local services to children and families; however, there is not an efficient and effective way to assess the direct impact of each service to ensure they are reaching the desired outcomes, including preventing maltreatment and recurrence. While

some services offer surveys and other data elements to help inform number of referrals, capacity, experience, etc., there is not a consistent way to assess the impact of each service in a way that would offer concrete opportunities for statewide resource enhancements and development.

Michigan is committed to providing services tailored to meet the individual needs of children and families throughout the state. Services emphasize engaging with families effectively and working with the entire family system to increase safety and effect lasting change. Michigan 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.

Processes to individualize services to meet unique needs

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.

Individualizing Services Assessment

The MiTEAM practice model incorporates family engagement, Family Team Meetings (FTMs), and concurrent permanency planning into a unified practice model for child welfare. The use of core MiTEAM skills ensures that each service plan is developed for the specific needs of each family served. SAFE Team Decision Meetings (TDMs) and FTMs provide a vehicle for forming supportive family teams and regularly meeting with families around significant case events.

The MiTEAM Fidelity Tool allows child welfare supervisors to track use of the critical components of the MiTEAM model and identify strengths and needs in case management activities, through a sampling of cases. MDHHS utilizes the information obtained from the MiTEAM meetings to create individualized treatment plans with differentiated services that are best suited to meet the needs of the children and families. Services are then provided through existing contracted services or adopting new individualized services available through county and/or state flex funds.

For families referred, to what extent were services individualized to meet their unique needs

MDHHS central office administered contract requires direct service contractors to:

a. Incorporate family voice and adapt services and goals to meet the unique needs of each family.
b. Practice effective and respectful engagement to build rapport with families and help motivate them to achieve their goals.
c. Identify family systems and assess the strengths and needs of each parent and child.
d. Utilize flexible funds to address financial needs that could threaten family stability.
e. Utilize the protective factor framework to identify specific factors in individuals, families, and their communities that can build family strengths and the family environment.
f. Locate resources within the community and participate in multidisciplinary community collaboratives.
g. Closely collaborate with referral sources to connect families to services, design appropriate service plans, and support successful outcomes.

h. Closely collaborate with MDHHS to ensure delivery of high-quality services, measure outcomes, and track progress over time.
i. Use data to drive continuous improvement of service quality and outcomes for families.

MDHHS allocates funds for central office contracts and to county offices for flexible dollars that are to be used to address economic and concrete support needs impacting safety, permanency and/or well-being. In FY24, approximately $979,643 was spent in flexible dollars supporting families and children.

MDHHS offers Family Preservation training to prepare contracted providers to meet the goals outlined in the contracts. Case reviews are completed throughout the year for Families First of Michigan (FFM), Family Reunification Program (FRP), Families Together Building Solutions (FTBS) and Parent Partner.

Regarding services offered by the Division of Victim Services, the program areas also fund programs that provide specialized culturally responsive domestic violence services. The programs that provide specialized services can choose which of the services in the domestic violence comprehensive services list to provide.

The following are the culturally specific community-based organizations that receive funding to provide a variety of services for victims of domestic violence:

- Arab Community Center for Economic and Social Services.
- Avalon Healing Center formerly Wayne County SAFE.
- Bay Mills Indian Community.
- Centro Multicultural La Familia, Inc.
- Equality Michigan.
- Grand Traverse Band of Ottawa and Chippewa Indians.
- Hannahville Indian Community.
- Keweenaw Bay Indian Community.
- Lac Vieux Desert Tribal Council.
- LA VIDA/Community Health and Social Services Center.
- Little River Band of Ottawa Indians.
- Little Traverse Bay Band of Odawa Indians.
- Mai Family Services.
- Saginaw Chippewa Indian Tribe.
- SASHA Center.
- Sault Ste. Marie Tribe of Chippewa Indians.
- Sisters Against Abuse Society.

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, and 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 aid when a client who is not English-speaking needs 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.

Native American Outreach Workers (NAOW)
MDHHS offices in areas with Tribal populations employ Native American 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, aid, 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 includes:

- 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 teletypewriter (TTY) numbers for persons who are deaf/hearing impaired.

AGENCY RESPONSIVENESS TO THE COMMUNITY

MDHHS is responsible for a broad range of child welfare services and initiatives through implementing the provisions of the CFSP, including direct and contracted services to children and families as well as education, and raising awareness of child safety issues, permanency, and well-being in the community.

The CFSR Round 3 assessment found Michigan to be in substantial conformity with the systemic factor of Agency Responsiveness to the Community. Both items in this systemic factor were rated as a strength.

Michigan assesses Agency Responsiveness to the Community Systemic Factor as **in substantial conformity**.

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 Child and Family Services Plan (CFSP)

and developing related Annual Progress and Services Reports (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?

Michigan assesses **Item 31** as **a strength.**

MDHHS actively seeks feedback from partners at all levels to discern root causes for a condition, acting on feedback to target resources, training, and technical assistance effectively, and in turn, modifying strategies to fit changing needs in a CQI cycle essential to providing appropriate and accessible services in all areas of the state on an ongoing basis. Michigan uses varied methods to invite community partners to engage with MDHHS in implementing the provisions of the CFSP depending on the specific need or function of the engagement. Some of these methods include:

- Public service announcements.
- Citizen interest groups.
- Task forces.
- Religious organizations.
- Focus groups.
- Surveys.
- Media.
- Community Cafes.

Prevention Mindset Institute (PMI) - The FRIENDS National Center for Community-Based Child-Abuse Prevention (FRIENDS) initiated the Prevention Mindset Institute (PMI) to identify and support strategies showing promise for shifting mindsets toward prevention. A parent and local program were part of the original PMI and now we are the department is now starting the PMI Steering Committee to continue the work and will be designing this with parents with various lived experiences. the program with parent and lived experience input. Family Resource Centers have active Parent Advisory Councils that guide the work of the FRCs in their community.

Partnership activities:

- The **Tribal State Partnership** consists of tribal social service directors, MDHHS county, and private agency directors, and MDHHS staff who meet quarterly for consultation between the department and Michigan's 12 federally recognized tribes. The partnership collaborates to achieve and strengthen application of ICWA and MIFPA and promote effective and culturally sensitive services to Native American children and families.
- **The Michigan Youth Opportunities Initiative (MYOI)** trains young people in leadership, media, and communication skills, including how to strategically share their story and present on panels. Local MYOI Youth Boards are among the focus groups providing feedback on child welfare services in their communities through a variety of venues, including conferences and panels. The frequency of meetings varies by region/county; however, groups may meet weekly, monthly, or quarterly depending on the needs of the membership.
- The **Guy Thompson Parent Advisory Council** is comprised of birth parents impacted by the child welfare system who are committed to advising, assisting, and improving child welfare policy and programs. Members have advised MDHHS regarding the FFPSA, provided guidance

to approve training, advocated for changes to CPS central registry, provided feedback on potential policy changes, and presented at statewide conferences for child welfare staff and community partners.

- The **Foster, Adoptive and Kinship (FAK) Parent Collaborative Council** is chaired by MDHHS and consists of representatives from various parent support and advocacy organizations. Collectively, the FAK Parent Collaborative Council is comprised of people who understand the challenges of caring for children experiencing foster care and adoption and helps caregivers navigate those challenges. In addition to interfacing with foster, adoptive, and kinship parents in their daily work, many of the leaders and staff within the organizations that make up the FAK Parent Collaborative Council are former or current foster, adoptive, and kinship parents themselves.
- The **Kinship Advisory Council** brings together relative caregivers with firsthand experience in navigating the complexities of both formal and informal kinship care, alongside adults who were raised in kinship care. Additionally, the council includes community leaders and professionals from various fields, all committed to advancing the cause of kinship care. Council membership is determined through an application process or by appointment.
- The **Michigan Juvenile Justice Advisory Council (JJAC)** includes former juvenile justice (JJ) youth who are at least 18 years old who participate in reviews of juvenile justice policy, programs, and practice. The JJAC participates in consultations with current and former JJ youth and their families and ensures lived experience is incorporated into potential improvements to the JJ system.
- The **Michigan Juvenile Justice Family Advisory Council (JJFAC)** includes current and former family members of juvenile justice (JJ) youth who are at least 18 years old who participate in reviews of juvenile justice policy, programs, and practice. The JJFAC ensures lived experience is incorporated into potential improvements to the JJ system.
- **Parent Partners**: A Parent Partner is a peer mentor who provides support and guidance to parents whose children are in foster care. The mentors are parents who have been successfully reunited with children after their own child welfare case. The program is currently available in five counties: Genesse, Macomb, Oakland, Washtenaw, and Wayne. The program also works with families with an open MDHHS CPS case (Category I, II, III), where children may remain in the home. This is done through the guidance and mentorship of other parents who have successfully reunited with their own children.
- **Prevention and Family Preservation Lived Experience Advisory Committee**: This committee provides feedback and lived expertise in development and maintenance of prevention and family preservation programs. The committee members share lived experiences in child welfare and advise on what works and what could be done better to keep children safely at home or expedite reunification from out-of-home care. Committee members include parents and former youth who have participated in prevention and family preservation services or have been involved in the foster care system.
- **Statewide Youth Advisory Board (YAB):** This board provides a structure for young people who have experienced foster care to inform and advise on policies and practices that directly impact youth in the child welfare system. The statewide youth advisory board serves multiple purposes:
    - Opportunity for youth to learn leadership and advocacy skills.
    - Form partnerships with the community and stakeholders.
    - Create best practices to improve the child welfare system.
    - Review and recommend changes in policy and practice to better support youth

and their families.

Recruitment for YAB members has been through an application process; information and application requirements are disseminated through Michigan Youth Opportunities Initiative (MYOI) coordinators and case managers.

- **Trusted Advisors with Lived Experience Collective**: This collective consists of birth parents, kin providers, and youth/alumni-of-care who are at least 18 years old and have previous CPS or foster care involvement. Trusted advisors are available to assist with tasks within CSA in which lived experience expertise is needed. Stakeholder engagement circles are held quarterly to engage with individuals who may be interested in serving as trusted advisors. Birth parents are eligible to attend only if they do not have a current, open CPS, or foster care case.
- **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 and evaluate current performance and opportunities for improvement.
- **Sustaining Performance Improvement (SPI)** supports providers in strengthening their ability to understand and reflect upon data-driven performance indicators on an ongoing basis to sustain improvements in outcomes for children and families.
- The **Court Improvement Process (CIP)** is a collaboration with the State Court Administrative Office (SCAO) that addresses a broad range of judicial concerns related to child welfare. MDHHS collaborates extensively with courts through the Court Improvement Program (CIP), administered by the SCAO Child Welfare Services Division. MDHHS and the CIP share similar goals regarding workforce development and community improvement around DEI work. In addition, courts and the SCAO are aligned with MDHHS in supporting quality legal representation, which will result in improved permanency outcomes for Michigan children and families. Court Improvement Program members actively participate in Michigan's CFSR and Title IV-E Reviews and are involved in the planning for Round 4 of Michigan's CFSR in 2025, plan jointly for the 2025 Title IV-E review, and regularly collaborate to provide trainings. This group meets quarterly.
- The **Foster Care Review Board (FCRB)** provides independent review of cases in the state foster care system. The board also hears appeals by foster parents, by request, whobelievechildren are being unnecessarily removed from their care.
- **Children Trust Michigan (Citizen Review Panel for Prevention)** leads state child abuse prevention efforts and provides funding for prevention services in local communities.
- The **Governor's Task Force on Child Abuse and Neglect** (Citizen Review Panel for CPS, Foster Care and Adoption) gives community partners 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 the impact of trauma and composes recommendations for systemic improvement based on community and consumer feedback.
- The **Michigan Child Death Review Team** (Citizen Review Panel for Child Fatalities) 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 **Michigan Coalition Against Homelessness, Michigan Network for Youth and Families, the Michigan State Housing Development Authority, and Local Continuums of Care** collaborate with CSA to meet the needs of youth experiencing homelessness in Michigan.

- The **Statewide Community and Faith-Based Initiative on Foster Care and Adoption** builds partnerships with local community leaders, business representatives, and faith leaders to promote awareness of the need for quality foster and adoptive parents and connecting children and youth to supportive resources and relationships.
- The **Mental Health Diversion Council** was created to improve outcomes for juveniles by reducing the number of youth with mental illness or intellectual or developmental disabilities from entering the JJ system, while maintaining public safety.
- The **Medical Care Advisory Counci**l advises MDHHS on policy issues related to Medicaid. The council is involved with issues of access to care, quality of care, and service delivery for managed care and fee-for-service programs. The Medical Care Advisory Council represents consumers and consumer advocates, health care providers, and the community.
- The **Human Trafficking Health Advisory Board** collects and analyzes information concerning medical and mental health services available to survivors of human trafficking. The board identifies state, federal, and local agencies involved in human trafficking prevention and treatment and coordinates the dissemination of medical and mental health services available to survivors of human trafficking.
- The **Michigan Committee on Juvenile Justice** is a 15-member committee that advises on JJ issues and guides effective implementation of JJ policies and programs. Membership includes MDHHS JJ personnel, judges, law enforcement, and private agencies.
- The **Michigan State Council for Interstate Juvenile Supervision** aids with in-state Interstate Compact for Juveniles (ICJ) operations and practice, raises the visibility of the compact among state leaders, non-governmental interest groups and the public, and develops policy and practices regarding operations and procedures of the compact within the state.
- The **Office of Child Advocate (OCA)** receives complaints from the community regarding specific cases, provides reports to the legislative and executive branches of state government and recommends changes to improve child welfare law, policy, and practice.
- MDHHS employee engagement is measured by annual department-specific employee surveys. Based on these annual surveys, employee engagement action plans are developed with specific goals.
- Director town halls provide a direct line of communication for MDHHS employees with the MDHHS director and an opportunity for feedback. The director also visits county offices and central office buildings to achieve the same goal.
- The Children's Services Administration (CSA) holds monthly meetings with both CSA staff and CSA and private agency partner leaders to discuss and receive feedback on current programming, initiatives, and needs of the communities that are served.
- Collaboration with professional and citizen groups ensures 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.
- The **MI Family Resource Center Network (**statewide network supported by Children Trust Michigan (CTM)). The MI FRC statewide network meets monthly and is comprised of representatives from each of the FRCs across the state. They co-designed the MI FRC definition, now the 'north star' of their work. They provided feedback and input on the data that was to be collected statewide. CTM continues to meet with the statewide network to provide training and technical assistance based on their expressed statewide and community needs. The network is an opportunity for the state (MDHHS and CTM) to learn the needs of their

organization and community. It is also an opportunity to network amongst themselves and learn from each other.

- **Community Cafes** is a CTM funded program who work to find ways to improve or increase ways parents or family members play a leadership role in the FRC organization. They have requested more support related to engaging families in meaningful leadership/collaboration roles. Specifically, they noted: "We want help to develop forums in which parents can work together to address concerns and solve problems."
- **Prevention Mindset Institute (PMI**) - The National Center for Community-Based Child-Abuse Prevention (FRIENDS) initiated the Prevention Mindset Institute (PMI) to identify and support strategies showing promise for shifting mindsets toward prevention. A parent and local program were part of the original PMI, and the department is now starting the PMI Steering Committee to continue the program with parent and lived experience input.
- **Family Resource Centers** all have active Parent Advisory Councils that guide the work of the centers in their community. Family Resource Centers use all levels of parent caregiver engagements. Parent Advisory Committee (PAC) members are decision makers in their organization (FRCs). Each PAC is comprised of a minimum of six and up to 15 individuals. These values ensure there is appropriate representation and diversity on the PAC. They are critical in sharing the needs of their community and assuring the FRCs are meeting those needs, from programming to concrete supports.

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 Child and Family Services Plan (CFSP) are coordinated with services or benefits of other federal or federally assisted programs serving the same population?

Michigan assesses **Item 32** as **a strength.** Through coordination of strategic initiatives and funding priorities, the Children's Services Administration does not operate in isolation and collaborates with other federal programming.

Under MDHHS's organizational framework, CSA, ESA, and other federal programs operate under a unified administration. Michigan coordinates assistance to children and families through MDHHS administration of the following federally funded programs:

- Title IV-E Foster Care.
- Temporary Assistance for Needy Families.
- Child Care and Development Block Grant.
- 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.
- Refugee Services.
- Native American Affairs.

Citizen access to the above programs in Michigan is gained through the county MDHHS offices;

however, families can also initiate application processes online through Michigan Department of Health & Human Services. The website includes links that assist families to check eligibility and initiate applications for cash assistance, Medicaid, food and childcare assistance, child support, children's special health care services, and emergency relief. Collaboration occurs between and among the above programs and offices to ensure services to families are provided in a streamlined and easily accessible manner. These programs have developed processes and procedures that facilitate communication among benefits providers so that services provided integrate with each other.

The process of children's services partnering with program areas that administer federal programs is seamlessly integrated into the routine operations due to the organizational structure in which both areas are housed within the same administration. This streamlined arrangement ensures smoother collaboration, coordination, and data sharing between departments. Technology systems are integrated across federal programs including a master person index providing everyone a unique identifier across programs.

Local Coordination of Assistance and the Educational System - Pathways to Potential

One example of coordination among programs that serve families is Pathways to Potential (P2P). P2P is MDHHS' economic security service delivery model that focuses on the location in the community where clients live, working with families to remove barriers by connecting them to a network of services, and engaging community partners and school personnel to help students and families find their pathway to success. P2P creates a bridge between families and their neighborhood school.

P2P places MDHHS success coaches in schools to address families' barriers to self-sufficiency in key areas: safety, health, education, and school attendance. P2P is focused on identifying barriers to academic success and offering solutions with the identified outcome of increasing school attendance. P2P fulfills the primary focus of getting students to school by providing students and families with basic needs such as donated clothing, hygiene items, household and school supplies, and addressing school attendance.

P2P Strategic Priorities

1. Addressing Social Determinants of Health: Addressing barriers related to health, mental health, safety, housing and homelessness, food insecurity, hygiene, employment, transportation, and clothing.
2. Keeping Kids in School and at Grade Level: Addressing chronic absenteeism, grade repeats, graduation rates, and school discipline.
3. Data-Informed Decision-Making: Using data to Inform strategic decisions that improve the program and promote positive outcomes for students and families.

P2P Progress

In reflecting on its ten years of programming, a three-year improvement plan was developed and implemented: P2P 2.0. P2P currently has 163 schools with full-time success coaches, and 72 schools with part-time success coaches. The new plan seeks to bring more consistent programming across the state, allowing for better evaluation of impact on students and families by focusing on increasing full-time staff placements in schools to develop deeper relationships and more sustained impact through regular access and engagement with families. To support these changes, P2P 2.0 expanded the scope of training and available resource materials for

success coaches and partner schools.

Pathways to Potential is currently housed in 240 schools in the following 38 counties: Allegan, Arenac, Bay, Berrien, Calhoun, Clare, Genesee, Gladwin, Gogebic, Hillsdale, Huron, Ingham, Jackson, Kalamazoo, Kalkaska, Kent, Lake, Lapeer, Livingston, Macomb, Mason, Mecosta, Midland, Missaukee, Muskegon, Newaygo, Oakland, Ontonagon, Osceola, Ottawa, Roscommon, Saginaw, Sanilac, Shiawassee, St. Clair, Tuscola, Washtenaw, and Wayne.

Pathways to Potential program evaluation data is provided in the Quality Assurance section of this report.

Coordination of CFSP Services with Other Federal Programs

Further examples of MDHHS coordination of CFSP services with other federal programs serving the same population include:

- MDHHS determines eligibility and provides case management for Medicaid and administers Disability Determination Services for Title II and XVI funds.
- MDHHS coordinates with 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 MDHHS Bureau of Out-of-Home Services 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.
- MDHHS partnered with SCAO to implement the change in federal Title IV-E funding policy to allow states to draw down federal reimbursement dollars to cover the costs of attorney fees for parents and children in child protective proceedings with the goal of improving quality legal representation.
- In 2021, MDHHS' Native American Affairs office and SCAO engaged in Tribal consultation with all 12 federally recognized tribes to improve review of cases with Native American children by the FCRB program in both foster parent appeals and foster care case review meetings.
- In 2021, the MDHHS Federal Compliance Division partnered with SCAO to provide direct Title IV-E funding consultation to the Hannahville Indian Community to create a MDHHS State-Tribal Title IV-E Claiming Agreement.
- CSA developed trauma policies for various service providers, including the Behavioral Health and Developmental Disabilities Administration. The Trauma Protocol was updated in 2022 and includes training opportunities for staff.
- Medicaid-funded mental and behavioral health services are provided through Michigan's CMH system with partners in state and local health and education systems.
- Since 2017, Michigan Department of Education employs a state foster care consultant, as required by the federal Every Student Succeeds Act of 2015. The MDHHS education analyst and the consultant collaborate to train child welfare and school district staff.
- In consultation with the Human Trafficking Health Advisory Board, Division of Victim Service staff worked with the MDHHS workgroup to draft recommendations for responding to individuals who disclose a history of being trafficked on their application

for benefits through MI Bridges.

- MDHHS collaborated with local housing authorities to apply for the Foster Youth to Independence housing vouchers.
    - MDHHS staff and leadership participated in Michigan's Roundtable on Housing and Urban Development Foster Youth Initiative hosted by the U.S. Department of Housing and Urban Development in partnership with the U.S Department of Health and Human Services.
    - MDHHS sought technical assistance from the National Center for Housing and Child Welfare on applying for Foster Youth to Independence vouchers.
    - Melvindale and Livonia Housing Commissions entered Memoranda of Understanding with MDHHS and are offering Foster Youth to Independence vouchers.
- MDHHS is participating in a Housing and Urban Development demonstration grant to extend housing for youth eligible for the Family Unification Program in multiple counties throughout the state.
- In 2024, MDHHS was awarded 52 housing vouchers in partnership with Michigan State Housing Development Authority (MSHDA) and the Michigan Balance of State Continuum of Care to meet the demand for stable and permanent housing among former foster youth through HUD's Foster Youth to Independence program. These vouchers will be deployed in rural Michigan counties.
- MDHHS is collaborating with Medicaid to streamline access to aftercare services for youth leaving residential care.

FOSTER AND ADOPTIVE PARENT LICENSING, RECRUITMENT, AND RETENTION

In CFSR Round 3, Michigan was rated as not being in Substantial Conformity as two of the four items were rated as a strength.

Michigan assesses systemic factor **Foster and Adoptive Parent Licensing, Recruitment, and Retention** as being **in substantial conformity**.

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 childcare institutions receiving title IV-B or IV-E funds?

Michigan assesses **Item 33** as a **strength.**

Summary of State Performance
The Michigan Department of Health and Human Services (MDHHS) has extensive measures to monitor compliance and ensure licensing standards are applied equally. In Michigan, the MDHHS Division of Child Welfare (DCWL) monitors, regulates and enforces licensing standards to ensure they are applied consistently. Child placing agencies (CPAs), child caring institutions (CCIs), foster family homes, and foster family group homes must be licensed through DCWL. The Child Caring Organization (CCO) Act 116 and applicable Michigan promulgated rule sets clearly outline the procedure and requirements for issuance and regulation of licenses. These ensure that all qualified

agencies and/or individuals seeking a license are approved. Michigan does not honor waivers and uses a process for variances which will be outlined in proceeding sections.

Licensing Standards

Child Placing Agencies

DCWL licenses foster family homes per MDHHS and Private Agency Foster Care (PAFC) Child Placing Agencies (CPAs) recommendations. All licensed foster family homes follow the same licensing procedures and documentation requirements regardless of whether the home is licensed by a MDHHS or private CPA. To ensure CPAs provide consistent assessment, licensing workers and supervisors are required to pass Certification and Compliant training facilitated by DCWL. Training is verified during annual CPA audits.

Fiscal Year	PAFC Foster and Group Homes Opened	MDHHS Foster and Group Homes Opened	Total Foster and Group Homes Opened
2022	657	389	1046
2023	351	250	601
2024	507	366	873

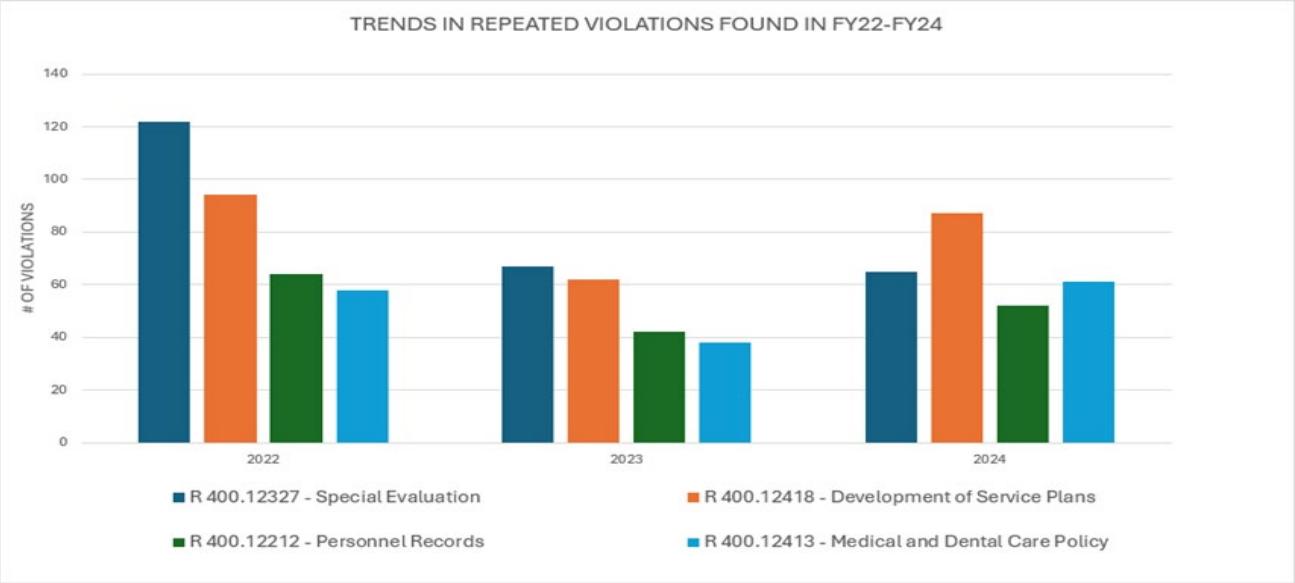
**Annual Child Placing Audits fiscal years 2022-2024*

Once a CPA certifies a foster home for licensure, their recommendation is routed to DCWL for review, and if appropriate, the foster home license is issued. CPAs determine ongoing foster home rule compliance via annual evaluations and renewals which are sent to DCWL for processing. Annual CPA audits assess the content of foster home renewal evaluations utilizing a standardized audit tool. To address any identified non-compliance, agencies are required to develop a corrective action plan (CAP) to address how rule compliance will be achieved and maintained. DCWL CAP tracking includes quarterly follow-up for up to six months after issuance.

CPA Annual Inspections

Fiscal Year	# of Inspections	# of Inspections Resulting in a CAP	% Resulting in a CAP
2022	171	147	86%
2023	169	134	79%
2024	161	128	80%

**Annual Child Placing Inspections fiscal years 2022-2024*



**Annual Child Placing Agency Repeat Violation Report fiscal years 2022-2024*

As part of each CPA's annual audit, DCWL CPA analysts visit a random sample of foster homes, including licensed and unlicensed caregivers. If a safety concern is identified, the agency is required to provide confirmation the safety issue has been rectified prior to completion of the audit.

Agency Analysts Visits and Safety Alerts Fiscal Year (FY) 2022-2024

FY	Safety Alerts Issued	Foster Homes Visited	Relative Homes Visited	Total Homes Visited
2022	59	485	386	871
2023	113	394	352	746
2024	90	353	338	691

**Annual DCWL Child Placing Agency visits fiscal years 2022-2024*

Safety trends over fiscal years 2022-2024 include the following.

- Broken or missing smoke and/or carbon monoxide detectors.
- Refusal of visit/walkthrough.
- Safe sleep and/or sleeping requirements.
- Water safety.
- Weapon storage.
- Door alarms.
- Missing doors, doorknobs, windows, flooring or walls.
- Means of egress.
- Discipline/corporal punishment.
- Household disrepair.

- Improper storage of hazardous materials.

Licensed Foster Family and Foster Family Group Homes

MDHHS requires all potential foster homes to meet the criteria outlined in Licensing Rules for Foster Family Homes and Foster Family Group Homes for Children, Publication 10. To ensure all state standards have been met, final license approval is completed by the DCWL central office licensing consultants. A reevaluation must be updated at each annual and renewal, per Child Caring Organization (CCO) Act 116, and is completed by the CPA. A DCWL CPA consultant completes an annual inspection of CPA files to ensure the CPA is accurately reviewing foster home licensing requirements. If a non-compliance is found, corrective or adverse action is implemented.

Variances

To ensure inclusivity and prevent otherwise appropriate individuals from being denied a foster care license, CCO Act 116 MCL 722.118(b) indicates the department may grant a variance for foster family home or group home rules if the department determines that the placement would be in the child's best interest and the variance to the rules would not jeopardize the health or safety of a child residing in the home.

All variances are submitted to DCWL consultants for preliminary review and routed for final review and determination of approval or denial by the DCWL director. DCWL does not grant variances unless it has been assessed the variance does not present a safety concern. Statewide variances have been tracked through the Child Welfare Licensing Module (CWLM) since 2022. CWLM provides a tickler to identify when a variance expires.

Foster Home Variances Approved by the DCWL	
Fiscal Year	**# of Approved Variances**
2022	390
2023	256
2024	178

**Foster Home variances fiscal years 2022-2024*

Denials and Revocations

CCO Act 116 MCL 722.121(2) outlines the parameters for denial of issuance or revocation of a child caring organization license.

A recommendation for denial or revocation can be made in the following situations:

- Applicant has falsified information on the application.
- Applicant has willfully and substantially violated licensing rules.

As of Nov. 12, 2024, there were 56 pending applications with a recommendation of denial of the foster home license and 89 pending revocation recommendations for foster home licenses.

Child Caring Institutions

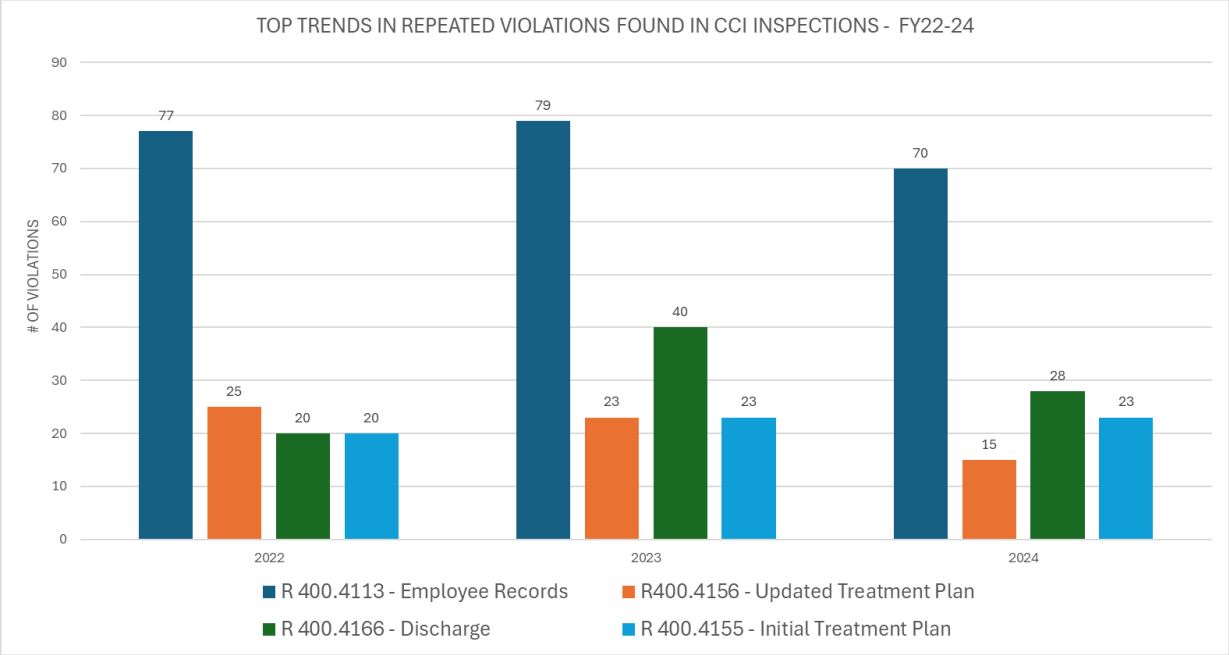
MDHHS also licenses residential child caring institutions (CCIs). As of Nov. 12, 2024, there are 99 licensed CCIs in the State of Michigan.

The licensing and regulation process for CCIs is very similar to the CPA licensing process. MCL 722.115(3) requires MDHHS to investigate the proposed standards of care and make an on-site visit at the organization prior to issuing or renewing a license. DCWL agency consultants utilize standardized tools and checklists. DCWL agency consultants also utilize a standardized audit tool to ensure agencies are compliant with licensing rules at the time of licensure and renewal. Supervisors review these tools and licensing reports to ensure accurate and consistent recommendations. If non-compliance with licensing rules is found, a corrective action plan is required and must be approved prior to the renewal of a license.

DCWL issues six-month original licenses to CCIs. During the original license period, DCWL supports agencies with monthly on-site visits to provide technical assistance and consultation. Following this initial six-month period, an audit is completed prior to issuance of a regular two-year license. DCWL conducts annual audits for all CCIs. Non-compliance is addressed within a CAP, outlining how compliance will be achieved and maintained. DCWL conducts CAP follow-up for up to six months after CAP issuance.

CCI Annual Inspections			
Fiscal Year	**# of Inspections**	**# of Inspections Resulting in a CAP**	**% Resulting in a CAP**
2022	116	86	74
2023	101	68	67
2024	91	53	58

**DCWL CCI Inspections fiscal years 2022-2024*



**DCWL repeat rule violations report fiscal years 2022-2024*

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

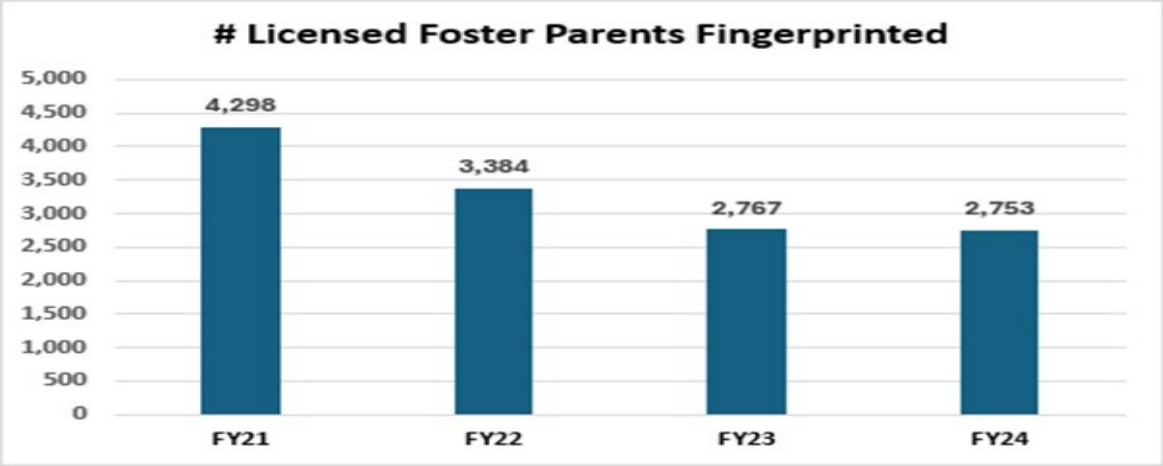
placements, and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?

In CFSR Round 3, Michigan was given an overall strength rating noting that criminal background checks occur prior to the licensure of all foster and adoptive homes. In addition, there are protocols to address child safety as well as to report safety concerns for child in foster homes and child caring institutions.

Michigan assesses **Item 34** as a **strength.**

Assessment of Performance
The Division of Child Welfare Licensing (DCWL) manages all background checks for foster homes, foster family group homes and contracted child caring institutions (CCIs).

Criminal history, sexual offender, and central registry clearances are completed on every adult household member in foster and adoptive homes prior to licensure or approval. Every foster and adoptive parent applicant is required to undergo fingerprinting, allowing accurate state and FBI criminal history clearance. Effective March 1, 2024, all new unlicensed relative caregivers are required to submit fingerprints for the purpose of review and placement approval. A new criminal history check is completed on all non-licensee adults in the household at each renewal. Since implementing this practice, DCWL has processed 2,633 unlicensed relative fingerprints.



**DCWL data on licensed foster parents who completed fingerprinting in fiscal years 2021-2024*

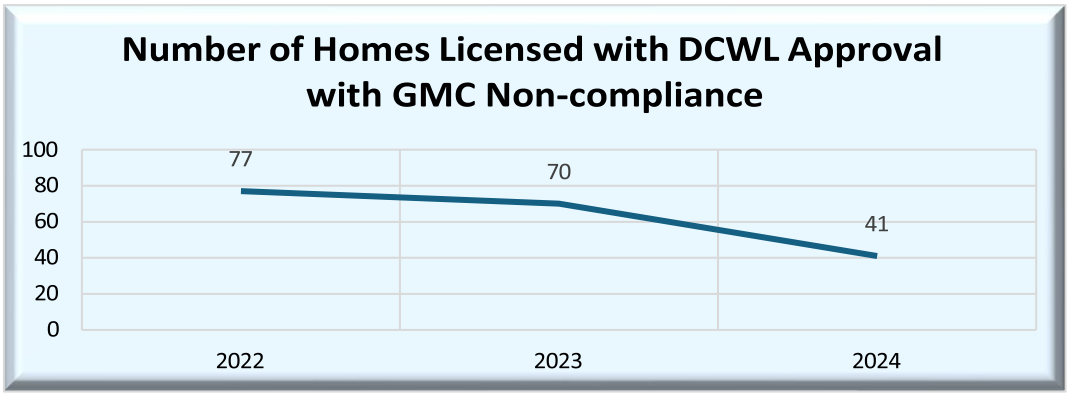
MDHHS will only issue a license after the applicants, any residents of the foster home age 18 and above, and any listed alternative caregivers for the home have completed and cleared background checks. The Child Welfare Licensing Module (CWLM) will not allow a license to be issued or renewed without the necessary background checks being entered and uploaded into the system. The following clearances are completed on foster parent applicants:

- Federal and State Fingerprints.
- Public Sex Offender Registry.
- Child Abuse and Neglect Registry/CPS history.
- Secretary of State.
- CPS history.
- Previous licenses issued or closed.

Michigan Law requires criminal background checks be completed on all persons over the age of 18 residing in the home in which a foster family or foster family group home is operated.
The following clearances are completed on all adult household members:

- Law Enforcement Information Network.
- Internet Criminal History Access Tool.
- Child Abuse and Neglect Central Registry/CPS history.
- Public Sex Offender Registry.
- Secretary of State.
- Previous Licenses issued or closed.

Michigan's Good Moral Character (GMC) Rule identifies criminal offenses that presume a lack of good moral character. The CPA must assess if the GMC non-compliance precludes licensure and submit their determination to DCWL for final review.



**DCWL homes licensed with GMC non-compliance for fiscal years 2022-2024*

When a foster parent applicant or licensee designee has been fingerprinted, they are automatically enrolled in a Record of Arrest and Prosecution BACK (RAPBACK) system. This system prompts a notification from the Michigan State Police which provides DCWL an alert of new criminal history information (arrest or conviction) in Michigan. If DCWL receives a RAPBACK for a licensed foster home, the CPA is automatically notified through CWLM. The CPA is provided the RAPBACK information and a letter outlining the requirements to open a special evaluation within five working days and assess any safety factors.

Fiscal Year	Number of approved Administrative Review Team assessments
2022	77
2023	70
2024	41

**DCQI Administrative Review Team Assessments for fiscal years 2022-2024*

DCWL also receives a weekly list of anyone associated with a license who has been placed on Michigan's Central Registry. CCO Act 116 requires revocation of the license if a foster parent's name has been placed on Central Registry. In the past three years, DCWL has revoked 38 licenses due to foster parents being placed on Central Registry for child abuse and neglect. A licensee's

name remains on the perpetrator match report until the license is closed.

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?

During CFSR Round 3, Michigan received an overall rating of needing improvement as the state had a severe shortage of foster homes for all children entering foster care for the assessment period during 2018.

Michigan assesses **Item 35** as a continued **area needing improvement.**

Background Information: The Bureau of Out-of-Home Services provides materials and data to each of Michigan's 83 counties to assist them in completing their Adoptive and Foster Parent Recruitment and Retention plans annually. Each county receives 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 Estimator, a foster home needs assessment tool, including the integration of information about homes needed for sibling groups of three or more and sibling groups of four or more.

Counties and agencies review the data and Foster Home Estimator results to identify targeted populations. Data provided in this tool includes a review of the number of foster homes needed to match the race and ethnicity of children in care in that county. The counties and agencies collaborate to identify non-relative licensing goals and strategies to recruit homes for the targeted populations. Collaboration and planning between MDHHS county offices, private agencies, federally recognized tribes, faith communities, and key foster/adoptive/kinship parents is necessary to determine overall recruitment needs, goals, and actions steps.

Additionally, all agencies are provided an opportunity to participate in training created to enhance foster family recruitment and retention efforts. Some examples of training that was provided in FY24 included the following topics:

- Targeted Recruitment
    - Overview of data-driven targeted recruitment.
    - Effective messaging techniques.
    - Rural recruitment strategies.
    - Finding families for children/teens with developmental disabilities.
    - Recruitment for marginalized/overrepresented youth.
    - Recruitment for teens.
    - Recruitment strategies for keeping siblings together.
    - Foster home recruitment of tribal homes.
    - Foster home recruitment in the LGBTQ community.

    - Foster home recruitment in different religious communities.
    - Targeted recruitment by zip code, school district, or neighborhood.
    - Customer service and satisfaction during recruitment.
- Utilizing data to enhance the value of a recruitment and retention plan.
- Understanding the data being evaluated for annual recruitment goal establishment.
- Retention
    - Caregiver engagement, support, and development strategies to increase foster home retention.
    - Introduction of the values and strategies inherent in Michigan's foster parent retention framework.

Annually, each county's licensing goal is analyzed, quarterly targets are established, and monthly updates is provided to assist counties in monitoring their progress toward meeting their unrelated licensing goals.

Assessment of Functioning: To assess Michigan's current foster home make-up by race in comparison to the racial identification of youth in care, data was compared showing the percentage of children in the state and in foster care by race. The foster home data was then also compared as is shown in the chart below. This data was compiled by pulling census data compiled for Kids Count to determine the state population, the February 2024 Child Welfare Fact Sheet to determine children in care by race and a data pull from the data management unit to determine foster homes by race.

Children in Foster Care Exploration of Disproportionality by Race/Ethnicity

	State Population Under age 17	**Children in Foster Care**	**Licensed Foster Homes**
White	65.90%	54.03%	83.07%
American Indian or Alaskan	0.60%	2.60%	0.79%
Black or African American	16.10%	24.81%	14.80%
Asian	0.40%	0.22%	0.90%

While Michigan has recognized the disproportionality of children in care from the Black, Indigenous, and People of Color (BIPOC) community, there has been comparatively less emphasis on addressing the shortage of foster homes within these communities. The state's current and future diligent recruitment plans aim to target increasing the number of homes from these communities. Even though the state has made considerable advancements in foster home recruitment and retention strategies, the department has not yet succeeded in specifically recruiting foster families from certain racial groups.

In addition to this data, MDHHS held a stakeholder meeting with an existing group of stakeholders serving Wayne, Oakland, Macomb, and Genesee counties. This group was asked to rate the overall function of current recruitment strategies. Participants rated this area a 4.5 out of a possible 10. Participants expressed that current recruitment strategies are not intentional in being targeted to specific groups, lack proper planning, and staff lack the knowledge and time necessary to be more effective in this area. Participants were asked about how they would rate the functioning of the

licensing process. Participants rated this a 6.2 out of a possible 10. Feedback for this metric was that staff do a good job overall engaging with families, and that they are finding new solutions to meet families' needs. The weaknesses expressed were related to some family's frustrations with the newer licensing rules regarding pool safety and the length of the process. Participants also provided feedback on overall functioning related to retention efforts. This was rated as a 5.5 out of 10. Participants shared that they feel this area has been improved in recent years but that foster home closure is seen as a negative even when it is a positive reason for closure. Participant feedback made it apparent that further training in this area is needed to reach the state's vision and goals arounds retention.

System Functioning - The data review and stakeholder feedback support that this is a continued area needing improvement. Although progress has been made, there is still work to be done prior to a determination that foster and adoptive home recruitment can be assessed as a strength. One area of strength in this area is the work Michigan has done around expanding kinship placements. Michigan has been investing in and working diligently to place many of the youth in care with kin. Kinship placement is consistently the most used placement setting for all races throughout the system. An additional area of strength is Michigan's use of lived experts (foster care navigators) to assist inquiring families with navigating through the licensing process. They assist with choosing an agency through licensure and provide a listening ear and mentorship through the licensing process.

Item 36: Use of Cross Jurisdictional Resources for Permanent Placement
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?

In the 2018 CFSR, Michigan was rated as needing improvement regarding the functions of the ICPC program. This was evidenced by the fact that in 2017, only 55% of home studies were completed within 60 days.

Significant changes conducted by staff including changes in policy, practice, form changes, training, increased contact with front line staff and coordination with multiple program offices, improved Michigan's response rates for home studies within 60 days by 30%. As such, Michigan assesses **Item 36** as a **strength**.

In state cross jurisdictional resources - The state-administered structure ensures a smooth process for placing children across in-state jurisdictions. Private agency contractors are engaged to provide statewide services, and MDHHS county offices can easily request courtesy supervision when a child is placed with kin or an adoptive family across the state. As Michigan is a state-administered system all counties and private agencies are required to follow the same placement policies, forms, and processes. This consistency makes data for the number of youth placed "though cross jurisdictional" resources non-existent for any youth placed in state. There are no barriers that exist to youth being placed with families in other areas of the state as a part of the youth's permanency plan.

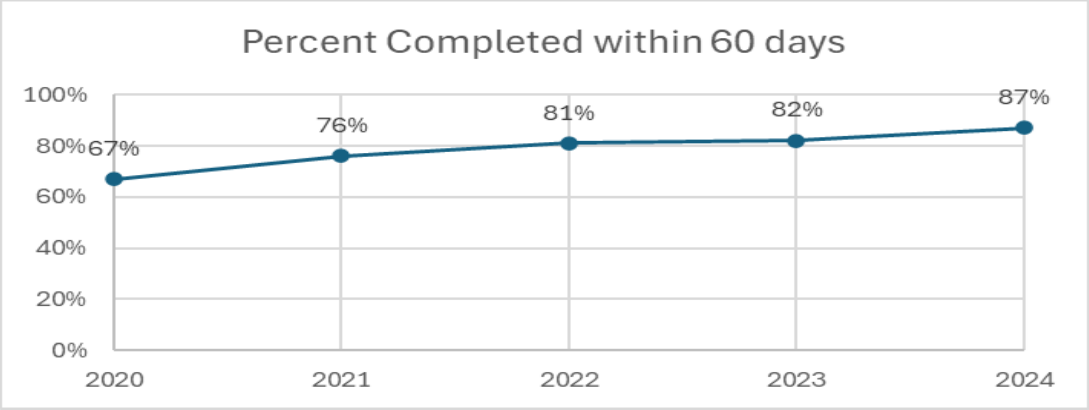
Out of state cross jurisdictional resources - Much of the work in this area was focused on Michigan's ability to function state to state to ensure timely placements for youth out of state. If a child's permanency plan is to be adopted by a family residing outside of the state of Michigan, the

Interstate Compact on the Placement of Children (ICPC) must be used. Foster care and adoption staff coordinate the referral process through the MDHHS 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.

The department recognizes that there is still room for improvement; however, the actions taken to date have resulted in remarkable improvements in the receipt of completed home studies. Michigan ICPC has taken the following actions to improve state efforts in performance:

- Managed a centralized ICPC email address for all ICPC matters including case routing, training, and technical assistance.
- Continued to encourage the use of email instead of ground mail to route cases and seek case assistance more rapidly.
- Continued a regular series of home study reminders for frontline staff with ICPC caseloads, codified in a follow-up protocol. Local office staff are reminded of home studies coming due on a regular basis and late home studies are subject to continuing regular follow-up.
- Continued an internal and external escalation protocol to follow up on cases coming near due and overdue to utilize BSCs in Michigan and for utilization with Interstate Compact Administration staff in other state ICPC offices.
- Provided ICPC training to MDHHS and private agency workers and supervisors as requested. Scheduled training is also offered.
- Published comprehensive revisions of all ICPC policies and forms.
- Initiated monthly data reporting to Wayne County MDHHS management for better awareness of active cases due to the high volume of cases within the county.
- Investigated enhancing contact with BSCs to provide data throughout the year on their counties as it relates to required ICPC processes to provide better overall awareness as well as ask for assistance with counties struggling with timeliness.
- Established quarterly meetings with MDHHS Legal Services to provide ongoing awareness and communication of ICPC issues and to encourage troubleshooting of those issues.
- Developing resource materials outside of policy for local MDHHS workers to assist in decision points within the ICPC process.
- Secured initial funding commitments to proceed with National Electronic Interstate Compact Enterprise (NEICE) implementation prior to CCWIS development.
- Represented Michigan in monthly update calls of the Association of Administrators of the Interstate Compact on the Placement of Children (AAICPC).
- Co-chaired the national training committee of the AAICPC.
- Continued to work with other state partners nationally through the AAICPC to evaluate ways to effect and improve timeliness in outgoing requests.
- Reevaluating current monthly follow-up processes to support a better understanding of requests to assist in better compliance.
- Evaluating implementation of policy requirements for monthly supervisory reports for incoming cases for better timeframe compliance.
- Utilizing the changes in federal requirements for foster home licensing by developing a streamlined relative approval process. This process aims to expedite the certification of relatives, allowing for quicker placements with family members. The department engaged with partners to establish ICPC processes that mirror those goals and provided education and resources to internal staff to support ICPC placement with relatives as quickly as possible.

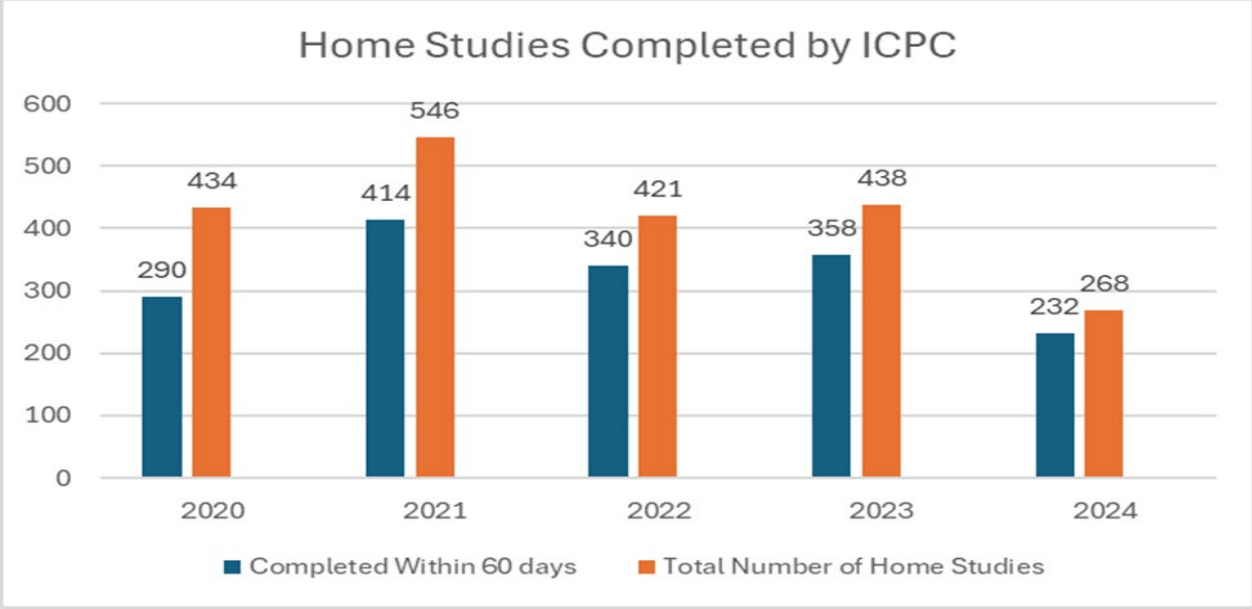
Item 36 Progress Made to Improve Outcomes



**Data from Interstate Compact Home Study completion rates fiscal years 2020-2024*

Calendar Year	Completed Within 60 days	Total Number of Home Studies	Percent Completed within 60 days
2020	**290**	**434**	**67**
2021	**414**	**546**	**76**
2022	**340**	**421**	**81**
2023	**358**	**438**	**82**
2024	**232**	**268**	**87**

**Data from Interstate Compact Home Study completion rates fiscal years 2020-2024*



**Data from Interstate Compact Home Study completion rates fiscal years 2020-2024*

Appendix I: CFSR State Data Profile

The state data profile can be requested from the state or the Children's Bureau.