



Child and Family Services Review Round 4

Program Improvement Plan Pilot

A Home for Every Child

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

Table of Contents

Introduction	4
Current Performance	4
Root Cause Analysis	5
Participants in Root Cause Analysis and Ongoing Efforts for Improvement	5
A Home for Every Child Program Improvement Plan	6
Measurement Plan	8
Continuous Improvement Efforts	9

State/Territory: Michigan

Date Submitted: May 29, 2026

Date Resubmitted:

Date Approved:

PIP Effective Date:

End of PIP Implementation Period:

Reporting Schedule and Format: Monthly Reporting

Introduction

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

MDHHS CSA plans, directs and coordinates child welfare programs delivered by department staff and contractors statewide. MDHHS CSA groups Michigan's 83 counties into five Business Service Centers (BSC), with one BSC director in each service area to provide oversight of operations in their respective areas. The BSCs are regionally defined except for BSC 5 which is comprised of four of the most populated counties in Michigan: Wayne, Genesee, Oakland, and Macomb. The largest urban area, Wayne County, accounts for approximately 34% of the foster care cases in Michigan. While BSC 1 covers the greatest land area and includes 40 of Michigan's 83 counties, only about 8% of children in foster care reside in this area.

MDHHS CSA partners with private child placing agencies for case management services for foster care and adoption. Private child-placing agencies, also known as placement agency, foster care (PAFC), collectively have responsibility for approximately 54% of children in foster care at any given time and 100% of adoptions. PAFC and service provider presence is clustered in more populated areas of the state.

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

Michigan's Current Performance

Michigan, in consultation with the Children's Bureau, elected to complete state-led review for its fourth round. Michigan submitted the Statewide Assessment on February 3, 2025. The CFSR Round 4 Onsite Review occurred April 1, 2025, through September 30, 2025, reviewing a statewide sample of 65 cases: 40 foster care, 25 In-Home Services cases open for at least 45 days, with representation from Wayne County, the state's most urban community.

Michigan was in substantial conformity with 1 of the 7 outcomes, Well-Being Outcome 2: Children receive appropriate services to meet their educational needs. While not in substantial conformity with the other 6 outcomes, there was significant improvement on every item within each outcome. Michigan attributes improvements to ongoing focus in engagement, service delivery and quality assessments, quality legal representation and workforce development.

Additionally, Michigan was in substantial conformity with 4 of the 7 systemic factors: Statewide Information System, Quality Assurance System, Staff and Provider Training, and Agency Responsiveness to the Community. Michigan was not in substantial conformity with three systemic factors: Case Review System, Service Array and Resource Development, and Foster and Adoptive Parent Licensing, Recruitment, and Retention.

Michigan's Root Cause Analysis

Following the completion of the on-site review, a root cause analysis was performed on anticipated systemic factors and outcome measures that would not be in substantial conformity with a variety of volunteers meeting monthly from October 2025 through January 2026. A session with all volunteers to review the themes and problem statements was held on February 24, 2026.

Gaps identified in Michigan included placement and support services for children with behavioral challenges as those in post-adoption services, integrated data collection amongst the agency and court to accurately calculate hearing related data statewide, and reliable tracking of service referrals and systematic evaluation of service effectiveness. In addition, maltreatment in care rates have fluctuated with events taking place during reunification efforts or while placed with kin, and permanency rates declined as family's complex needs outpace child welfare timelines, court capacity and service systems to support meaningful lasting change.

The issuance of Technical Bulletin #14 outlining the initiative *A Home for Every Child* on December 14, 2025, came at a pivotable time in the root cause process. Michigan opted to participate in the pilot on March 17, 2026. Remaining gaps identified in the root cause analysis will continue to be addressed through updates to the current Child and Family Services Plan in each Annual Progress and Services Plan.

CFSR Root Cause Analysis and Ongoing Efforts for Improvement to Child and Family Service Plan Participants

Name	Role	Affiliation
Heather Ergang, Christopher Glasser, Stacy Levitt-Ruby, Jennifer Dockery, Darcy Hoffman, Amberlynn Noorman, Melanie Davis, Kortney Aishe, Amanda Bott, Allison Hames, David Knox, Dawan Adams, Phill Batt-Capps, Sarah Desmarais, Brandy Salters, Afton Steele, Jennifer Oehrli, Kristine Lake, Starlecia King, Amanda Hart, Stephanie Litrun, Glenda Starr, Heather Hoffman, Lindsey Couling, Mary Bukosky, Andrea Balliet, Brian Lunn, Jenna Schaller, John Tongusi, Jeffry Boyce, Dylan Stowell, Alexandra Knochel, Courtney Hewitt, Ashlee Cook	Child Welfare Case Managers, Resource Managers, Supervisors, Program Managers, Directors	MDHHS County Office
Whitney Ostrom, Hope Hammack, Lauren Cooper, Jennifer Fitch, Krista Ploski, Miranda Bigger	Child Welfare Case Managers and Supervisors	Private Agency Foster Care and/or Adoption
Kelly Wagner, Lucy Viramontes, Lynette Durnell, Evelyn Calogero, Elizabeth Weisenbach, Benjamin Hall, Beverly Whelihan, Thomas Evans, Troy Tipton, ToieLynn Smith, Judge Cheryl Hill, Liisa Speaker, Nyse Holloman, Judge Jeffrey Nellis, Ameel Trabilisy, Judge Nancy Thane, Richard Smart, Vivek Sankaren, Annette Ellison, Rick Barinbaum, Judge TJ Ackert, Stacy Combs	Legal Representative, Legal Experts, and Jurists	Court Improvement Program
Glenn Wing, Brenda Boyd, Jerry Webb, Dr. Lisa Wyatt-Knowlton	Foster Care Review Board	State Court Administrative Office

Name	Role	Affiliation
Brina Williams, Faith Keen, Tanqueray Hurst, Malaiah Miller, Gracie Doederlein, Ashley Farr	Youth and Parent Experts	Youth and Parents with Lived Experiences
Matt Wescott, Melissa Peters, DeAnna Sierakowski, Angela Hilliard, Tiffany Miller, Joe Benedict, Kate Travis	Caregivers and Adoptive Parents	Relative, Licensed, Adoptive Parent Experts
Lynn Hendges, Abby Schonfeld, Kathleen Hoehne, Patricia Neitman, Alicia Cosgrove	Service Provider Partners	Community Service Providers, Contracted and Non-Contracted, Michigan Department of Education, Michigan Community Mental Health, MDHHS Housing Services, MDHHS Bureau of Children's Coordinated Health Policy and Supports
Kelly Sesti, Jennifer Wrayno, Luther Lovell, Ivanna Maplanka, Tiffany McDougale, Emersond Jean-Baptist, Timothy Click, Heather Williams, Rachel Willis, Shay Newel, Lynette Wright	MDHHS Children's Services and Regional Office Bureau Directors	MDHHS Central and Regional Directors, Deputy Director
Jordan Carter, Heather Paschal, Amy Bailey, Kim Chapin, Nancy Rostoni, Greg, Pordon, Michelle Smith, Sequetta Brand, Angela Hull, Ashleigh Brotherson/LaPointe, Jessica Sweet, Cathe Hoover, Yvonne Spry, Kristin Horattas, Sarah Goad,	MDHHS Program and Policy Staff, Family Preservation, Native American Affairs, Child Welfare Licensing	MDHHS Program and Policy Experts
Cindy Eberhard, Nancy Berger, Alicia Knudsen, Natalie Quintal, Kathy Sholty, Sophia Davis, Ellen Watts, Chrystal MacDonald, Theresa Keyes, Jennifer Gransell, Derek Heath, Kelsey Chaudoin, Kelsey Swartz, Julie Jackson, Belinda Blanchard, Johanna O'Grady-Ward, Christen Satchwell, Emily Taylor, Erin Dryer, Brooke Westergard, Edna Nunn, CaTrena Schied, Marye Morse, Stephanie Rose, Maya Meheidli, Lakisha Goodman, Colin Parks, Brooke Mleko, Natasha Senyk, Stephanie Yarnell, Fueschie Jone, Denise Burris, Kelley Cooper, Heather Samkowiak, Heather McBride	MDHHS Quality Assurance, Compliance, Preservation, Families First Prevention Services, MiSACWIS, Child Welfare Funding and Federal Reporting staff, Business Service Center Contract, MDHHS/Juvenile Justice Interstate Compact	MDHHS Central and Regional Offices

A Home for Every Child Program Improvement Plan Pilot

A *Home for Every Child* initiative is consistent with Michigan's Keep Kids Safe Action Agenda; an intentional strategy implemented to improve the safety and well-being of Michigan children through best practices informed by research and data over time. The agenda focuses on prevention, intervention, stability, wellness, and workforce. To further support this action agenda, Michigan is implementing a CSA Teaming Model to improve how staff work together as a team to best support families. The model focuses on the development of a pod structure, eliminating isolated workflows to reduce staff burnout and improve service coordination for families served across the child welfare continuum.

The CSA Teaming Model is a structural redesign to improve how employees work together to support families. Key changes include team-based case assignment, proactive prevention and wrap-around service support, structured collaboration and accountability, and continuity of care across placement.

Michigan's prevention efforts are foundational to advancing the goals of *A Home for Every Child*, reflecting the state's commitment to reducing system involvement by strengthening supports across the prevention continuum. Building on its IV-E Prevention Plan and the Keep Kids Safe Action Agenda, Michigan continues to expand access to evidence-based services such as home visiting, substance use and mental health interventions, and in-home parenting programs to stabilize families before concerns escalate to CPS involvement. Through collaborative partnerships with community providers, enhanced data-informed decision making, and the integration of culturally responsive and trauma-informed practices, Michigan is intentionally creating more accessible pathways to help families thrive. These prevention strategies support reduced entries into foster care, stronger family engagement, and greater continuity of care, reinforcing the state's shift toward a prevention focused family well-being system.

Michigan is engaged with Foster Insights based at the University of Chicago with intention of improving foster home recruitment and retention using Adverse Placement Score (APS). Using the APS helps Michigan identify the type and location of foster homes where specific recruitment efforts are most needed to reduce adverse placements that negatively impact outcomes for children in foster care including well-being and rates in which permanency is achieved. Michigan continues to focus on improving continuous kin-finding activities, placing siblings together, and prioritizing close-to-home placement with siblings.

Michigan has reduced the number of children in out-of-home foster care from a high point of 17,000 in 2008 to 9,370 in 2026.

Since 2019, Michigan has significantly increased relative/kin placement adopting a new definition of relative to include kin in March 2024. At this same time, Michigan implemented a relative/kin approval path instead of traditional licensure that eliminates barriers associated with traditional foster parent licensing. There is acknowledgement that continued efforts are needed to improve the rate of maltreatment youth experience while placed in out of home foster care.

Michigan has conducted extensive analysis of maltreatment-in-care and recurrence rates to better understand the underlying causes of these events. Children in foster care are most often victimized due to exposure to domestic violence, caregiver substance use, or the use of physical discipline. Recurrence of maltreatment similarly tends to involve domestic violence and/or parental substance use. Improvements in repeat maltreatment outcomes occur when risks are clearly identified and safety plans include concrete, actionable steps to mitigate those risks. Ongoing review of maltreatment incidents through ChildStat, along with analysis of visitation practices during Performance Partnership Meetings, continues to inform and strengthen safety practices statewide.

In 2024, Michigan dedicated resources to six communities to focus on improving the rate of permanency within 12 months. Strategies were implemented with a specific cohort of children comparing those outcomes to those children who were not included in the cohort. Six communities were identified as low performing and additional support included financial resources, staffing, and partnership with jurists and the legal community leading to permanency. All six communities improved their rates because of targeted strategies and resourced support. Key strategies included, but were not limited to, earlier scheduling of team decision making and/or family team meetings after removal, and dedicated staff to complete full review of case file history and support the case manager with engagement and coordination of the support team, thereby ensuring that the entire team understood their role and had a shared understanding of the case goal. The court and legal team members were also involved in ensuring case plans were reviewed, permanency goals were established, and services were authorized. No child from the cohort re-entered foster care. However, resource support ended in 2025 in these six counties resulting once again in a decline in the permanency rate within 12 months warranting exploration on what is needed to sustain the higher rate of achievement using existing

staff and community resources. In 2026, a similar approach is being replicated on a new set of counties with the goal to impact the rate of permanency. Information from both experiences will shape structural support for all 83 communities to improve and sustain the rate at which permanency is achieved.

Michigan has a robust data reporting team capable of replicating monthly outcome measures that help the state anticipate the lag measures provided in the Statewide Data Indicators. This reporting capability helps inform emerging trends so that action can be taken.

Michigan is committed to keeping children safe from abuse and neglect, and ensuring families have the services and support they need to thrive while providing least intrusive services for timely reunification and permanency. The following approach to advance *A Home for Every Child* is intended to build upon current momentum in reducing the number of children entering into out-of-home foster care, increasing the rate at which permanency is achieved, reducing the number of maltreatment events, and having stable foster/relative/kin homes in the communities where children reside.

Michigan's Measurement Plan

As of May 5, 2026, Michigan's count of foster homes and children in out-of-home foster care is as follows:

- **Number of foster homes is 8,476.**
 - **Includes licensed, unlicensed, approved relative and non-relative caregivers.**
- **Number of children in out-of-home foster care 9,336.**

Strategy	Implementation	Lead Measurement
Use of Adverse Placement Score (APS).	Use of geographic visualization to identify where kinship or local placements are under-utilized to guide targeted recruitment of foster families and/or kinship caregivers, so children are placed in a home that meets their interests, keeps them close to siblings, community, and are family-like.	Decrease in the APS.
Apply CSA Teaming Model to increase the number of children achieving permanency.	Increase the number of CSA teaming pods statewide.	Reduction in the number of staff assigned to a family/child during the life of the case.
Strengthen primary, secondary, and tertiary prevention efforts to reduce the number of families entering the child welfare system.	Strengthen community and child welfare staff awareness of available secondary and tertiary prevention services. Expand utilization of family resource specialists to increase families access to economic and concrete support.	Increase utilization of contracted secondary (Home Visiting, SafeCare, and Family Spirit) and tertiary prevention services. Decrease the number of children entering out-of-home care. Increase percentage of families that receive an economic assessment. Increase percentage of families that had an identified need met.

Chaser Measures	Measurement
Maintaining Family Connections.	Percent of children in care at the end of the month who are placed with relatives or kin.
Congregate Care.	Percent of days children are placed in group homes/settings instead of living with a family at the end of the month.
Recent Maltreatment History.	Percent of children harmed after child welfare has already confirmed abuse or neglect at the end of the month.
Home Disruption.	Percent of homes where foster placement ends unexpectedly, and children must move at the end of the month.

Michigan's Plan for Continued Improvement

In addition to engaging in activities to advance *A Home for Every Child*, Michigan will continue to explore and implement improvement strategies identified during the root cause analysis with the ongoing support of invested professional partners, experts with lived experiences, tribal governments and partners through the current Child and Family Services Plan. These ongoing systemic improvement efforts will be supervised by the Quality Improvement Council (QIC), Bureau and Business Service Center directors; identified leaders charged with implementing the work associated with the systemic factors and outcome measures, safety and permanency, meet on a set cadence by the group to continue exploring options for improvement and/or implement new or existing strategies aimed at addressing the gaps outlined during the CFSR Round 4 root cause analysis. On a regular rotation, the systemic factor or outcome group presents their efforts to QIC. QIC oversees implementation of the strategies to improve Michigan's commitments outlined in the CFSP. Monthly case review data using both the On-Site Review Instrument and Quality Service Review protocol will provide qualitative context to share the experiences of youth and families interacting with the state child welfare system. Michigan, proudly engaged with a variety of invested partners to identify where improvements can be made within the state child welfare system. MDHHS CSA's Keep Children Safe Action Agenda aligns with the *A Home for Every Child* initiative, prioritizing in earnest meaningful change using proven strategies focused on prevention, intervention, stability, wellness, and workforce for the benefit of children and families.