



Michigan Child Welfare Improvement Task Force

APRIL 23, 2021

Child Welfare Improvement Task Force

Purpose: Time-limited task force to provide legislative, policy, and practice recommendations to MDHHS on the following:

Redesigning a front-end response to allegations of abuse and neglect that is free from bias and distinguishes between crisis and a need for family services and support.

Reducing racial disparities in foster care outcomes through:

- Increased use of supported, safe kinship care
- Improved access to community based mental health services
- Elimination of improper placements in residential settings





Youth, Families, and Staff |

Staff

 Chantel Rogers

 Havilah Johns

 Michelle Powell

 Heidi MacNichol

 Angelique Dutcher



Staff Recommendations

1. Consistency
2. Staffing
3. Community Support
4. Out of Home Placement



Consistency

1. Expectation Among Counties

- a) Policy looks different in different counties (ex: substantiated cases, petition, removal of children from home)
- b) Identify and differentiating between abuse/neglect and poverty

2. Training for Supervisors and Specialists

- a) Policy vs. best practice (the effect it has on children & families)
- b) Effective training (revamping CWTI, continued DEI training, revamping hiring process)



Staffing

1. Quality vs. Quantity

- a) The Department is pushing for prevention/proactive/front-end work, yet caseload sizes and administrative duties remain the same.

2. Investigators

- a) Disproportionate caseloads (12 cases, foster care: 12 kids, Ongoing: 17 cases)

3. Time study or re-evaluate what tasks are “weighted”

- a) Courtesies, guardianships, ICWA, sexual abuse cases, having a caseload of all denials vs. openers, In-Home jurisdiction cases, intensive risk/possible court cases, drive time, phone calls, etc.



Staffing Continued

4. Support Staff (an actual job position)

- a) Should be consistently allocated across the state to every county to help with administrative duties, LEINS, criminal background checks, history/trends, worker specified for home studies, courtesies, guardianships, etc.

5. Centralized intake

- a) Use centralized intake to complete some initial background checks, forward results to assigned workers, or 2nd shift to complete after-hours work so workers don't have to adjust their time as often as it can cause burn-out.
- b) Allow for abbreviated investigations



“If an organization sees its objective as changing the perspectives of the community, the organization has to be more engaged and involved in that community.”

- Al Condeluci, CEO of Community Living & Support Services (“CLASS”), Pittsburgh, PA



On adverse childhood experiences (ACEs):

“

The single most important thing we need today is the courage to look this problem in the face and say: 'This is real. This is all of us.'

Dr. Nadine Burke Harris
Center for Youth Wellness

Community Support

1. "Parent Partners"

- a) Support from peers
- b) Cultural inclusion
- c) Parents feel less authority

2. Community Meeting

- a) Once/year
- b) Give them a voice (ex. Sheriff Swanson)
- c) Childcare provided by local services

3. CPS Rebranding

- a) Title revision- "Family Preservation Unit(?)" (more humanistic)
- b) Advertising campaign: "DHHS-Dedicated to the safe, fair & equitable treatment of all MI's children & families, while maintaining child safety at all times."
- c) Ad content including real life stories from children, parents & workers



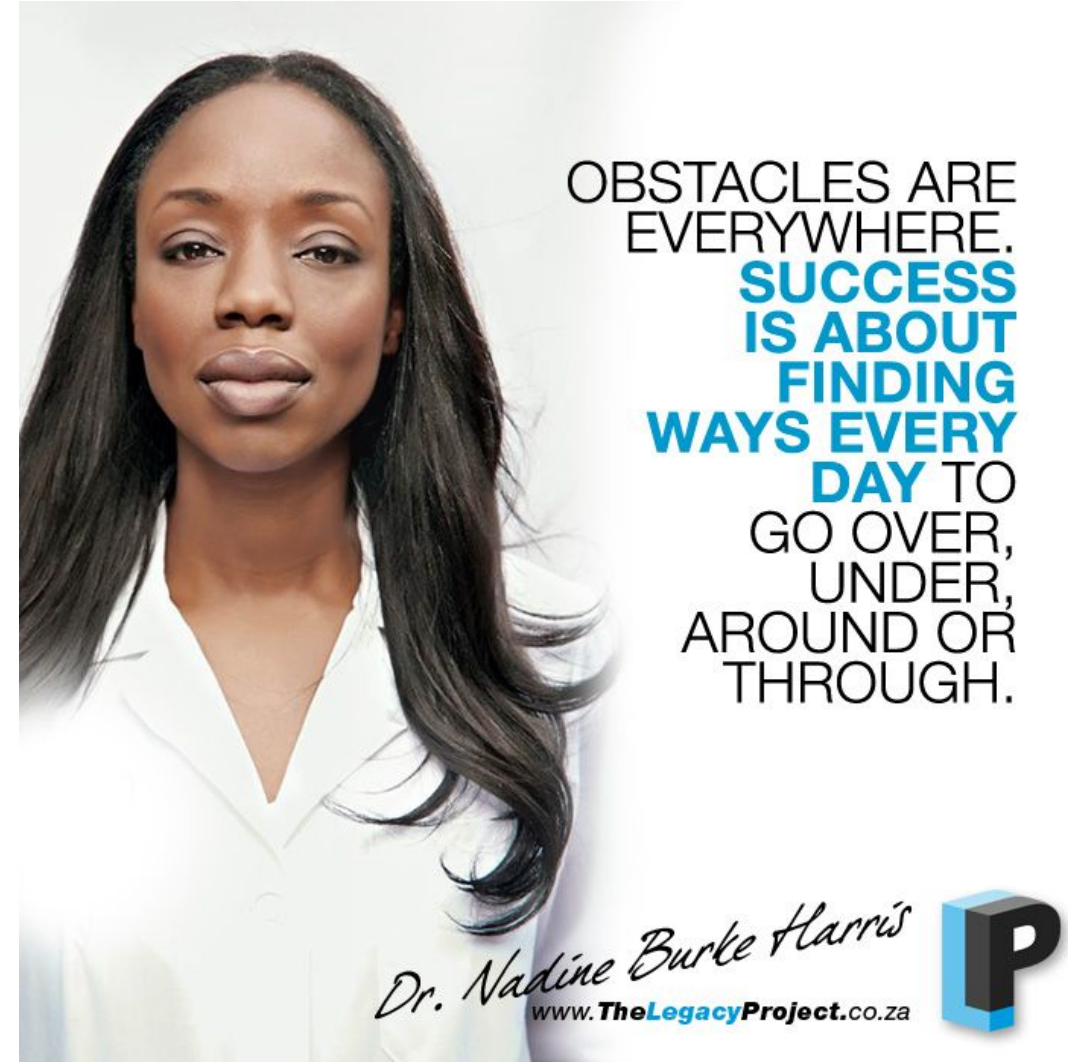
Community Support Cont.

4. Collaborative Prevention

- a) Partner/teaming with local services
- b) Education & cultural awareness for service partners (DHHS 101)
- c) Education on resiliency methods

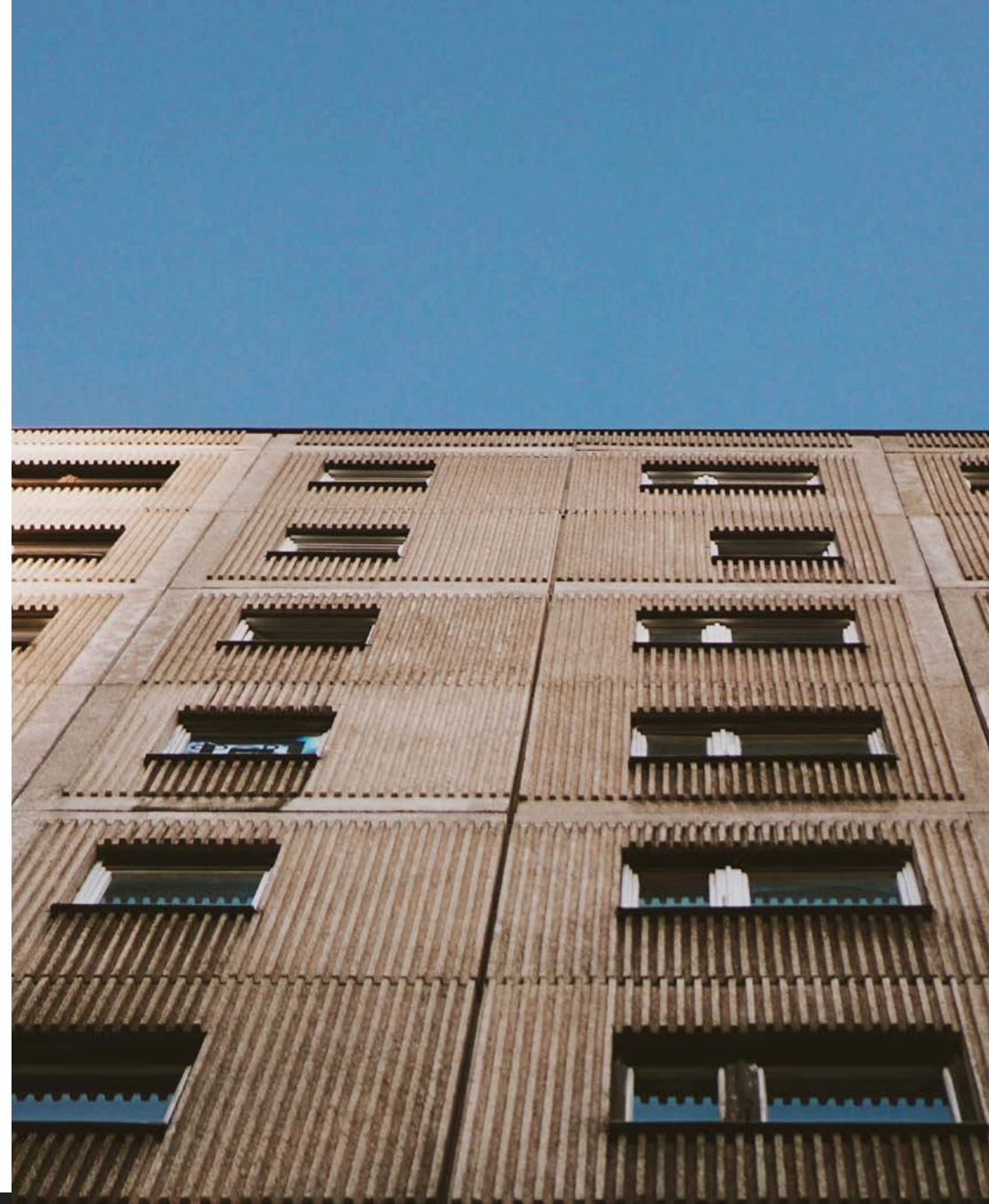
5. Improving Resources

- a) Improve timeliness of DHHS requests
- b) Secure community donations through outreach
- c) "SUCCESS"
 - S- Services
 - U- United to
 - C- Communicate for
 - C- Children through
 - E- Education for
 - S- Support &
 - S- Safety



Out of Home Placement

1. What is Fictive Kin placement
2. Availability of placement
3. Systematic trauma & normalcy



MDHHS Presentation on Congregate Care Reform





IMPROVING SAFETY AND CARE IN MICHIGAN'S CHILD CARING INSTITUTIONS

A Summary of Michigan's Residential Transformation Efforts

Stacie Bladen, Interim Executive Director
MDHHS Children's Services Agency

LEAD UP TO CCI REFORM

Death of Cornelius
Fredrick at Lakeside

The Department
secured an
independent
assessment of the
CCIs in Michigan

NATIONAL EXPERT RECOMMENDATIONS FOR IMPROVED SAFETY AND OVERSIGHT OF CHILD CARING INSTITUTIONS

Safety and Coercive Interventions	Update coercive intervention policy and practice using national best practice guidance.
Engagement of Youth and Families	Authentically engage youth and families to advise on and co-design ongoing improvements and alternatives.
Oversight and Quality Improvement	Improve licensing, contracting, oversight and quality improvement.
Data Reporting and Management	Enhance data reporting and management.
Organizational and Finance Structures	Strengthen organizational and finance structures.
Communication, Casework and Quality of Care Concerns	Update casework policy and practice to address communication and quality of care concerns.

PRINCIPLES OF CCI REFORM

- ❑ Children should live in **family-based settings** whenever possible;
- ❑ Residential services should be reserved for youth with high-level needs as a **short-term intervention**, along with a continuum of care;
- ❑ More needs to be done to **ensure safety** and **quality intervention** in congregate care;
- ❑ Efforts to **eliminate disparate treatment** and **better coordinate services between systems** should be implemented.



SOLUTIONS

Administrative Rules

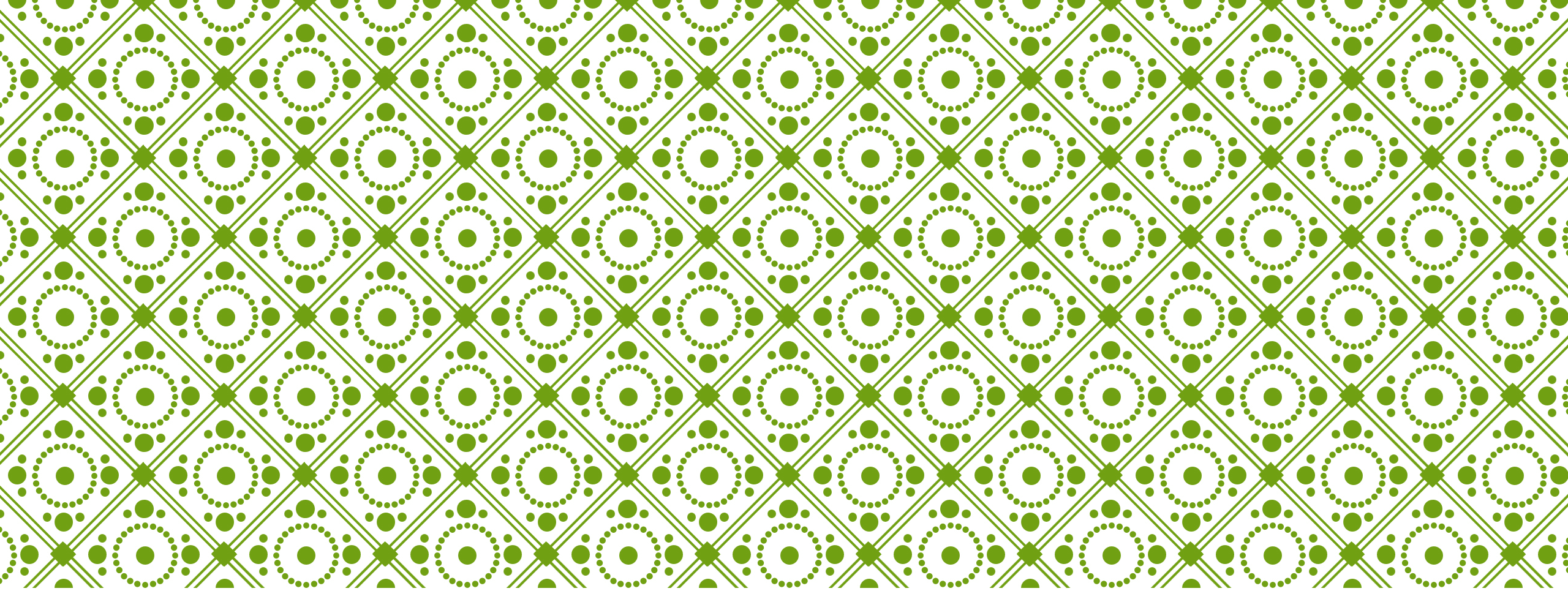
Six Core Strategies Training & Technical Assistance

Steering Committee: Improving Safety & Care in Michigan CCLs

Qualified Residential Treatment Programs

Relative & Caregiver Supports





STATEWIDE CCI PLACEMENT TRENDS



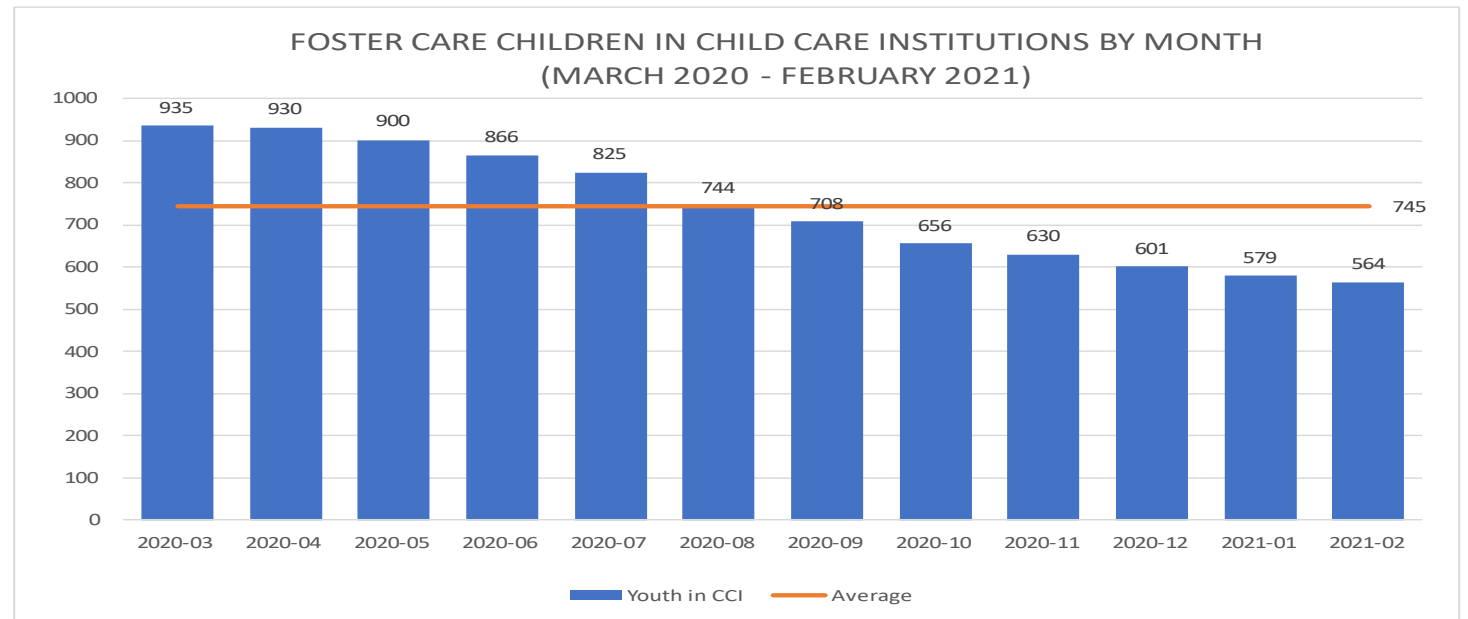
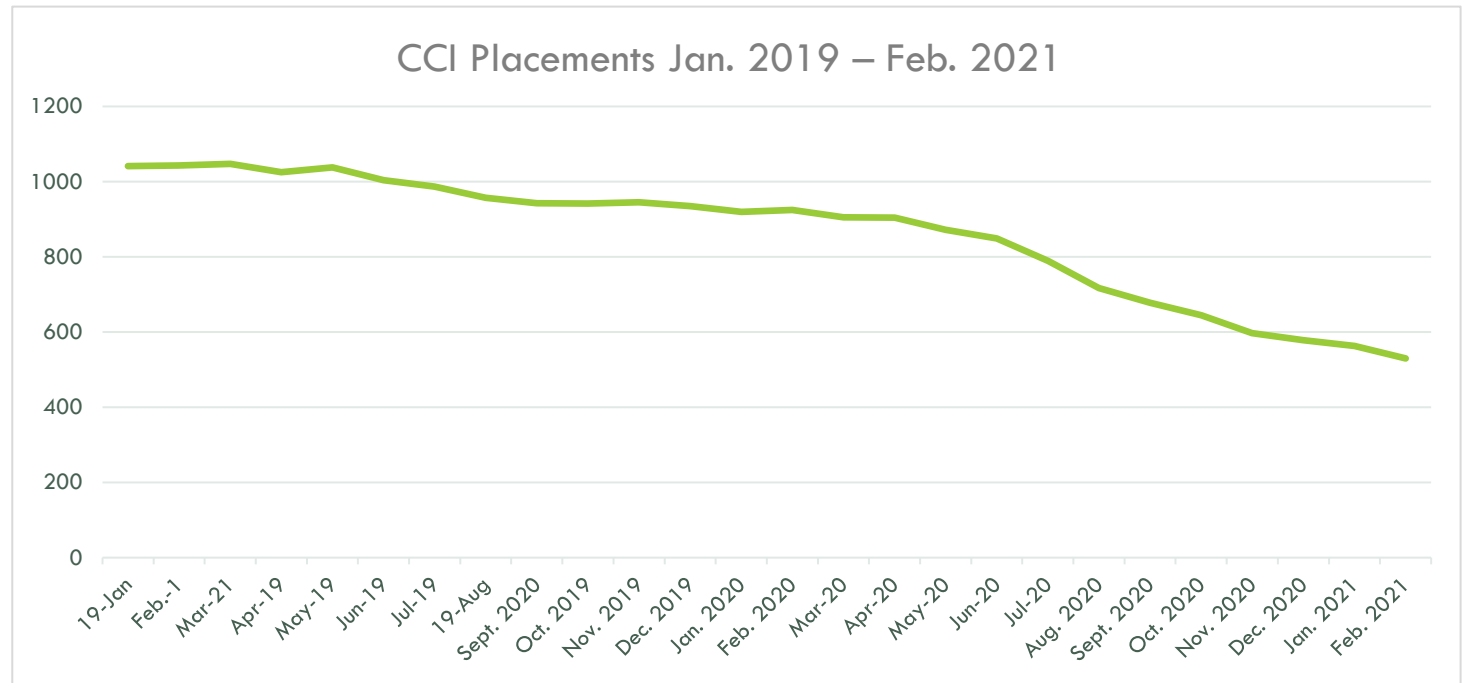
LICENSED & CONTRACTED CHILD CARING INSTITUTIONS

Child Care Organizations Act 116 of 1973: "...a child care facility which is organized for the purpose of receiving minor children for care, maintenance, and supervision, usually on a 24-hour basis, in buildings maintained by the institution for that purpose, and operates throughout the year."

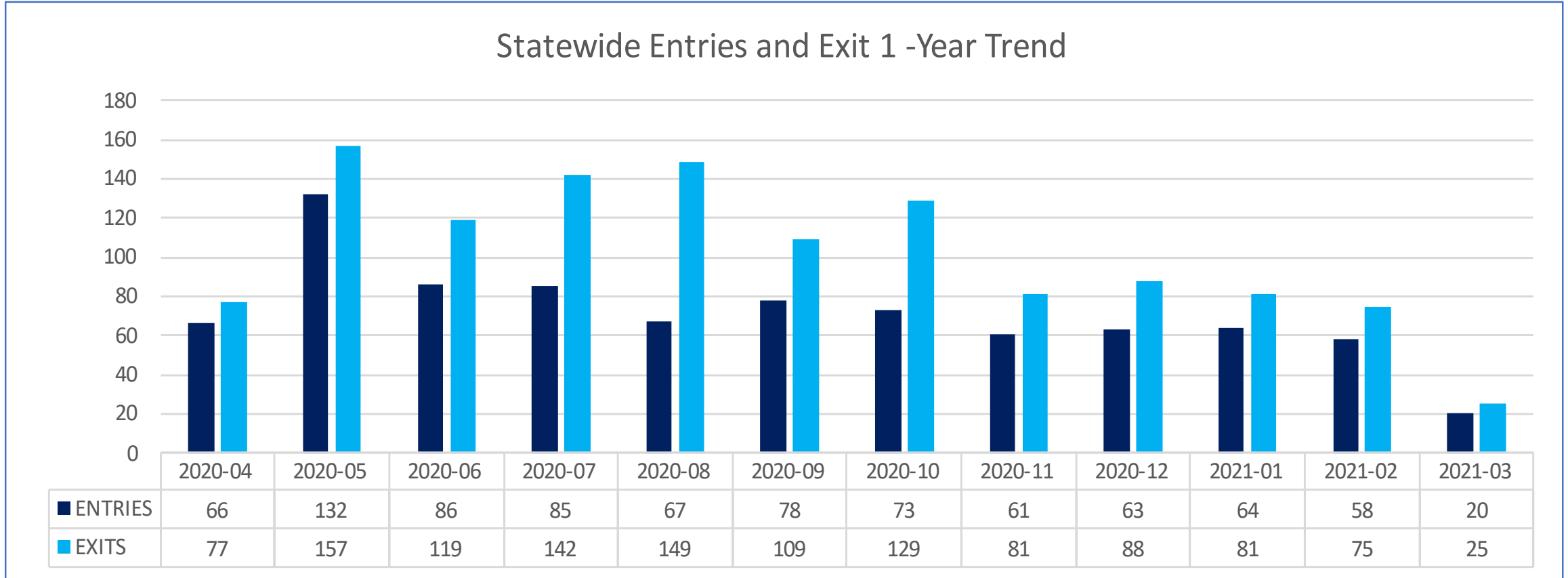
Type of Facility	Number across Michigan
Child Caring Institution, government, non-MDHHS	12
Child Caring Institution, private	113 total; 77 contracted
Child Caring Institution, MDHHS	2
Therapeutic Group Home	6
Court Operated Residential Care Facility	16

CCI PLACEMENT TREND

CCI placements have declined nearly 50% in the past 2 years.



STATEWIDE TRENDING CCI EXITS AND ENTRIES

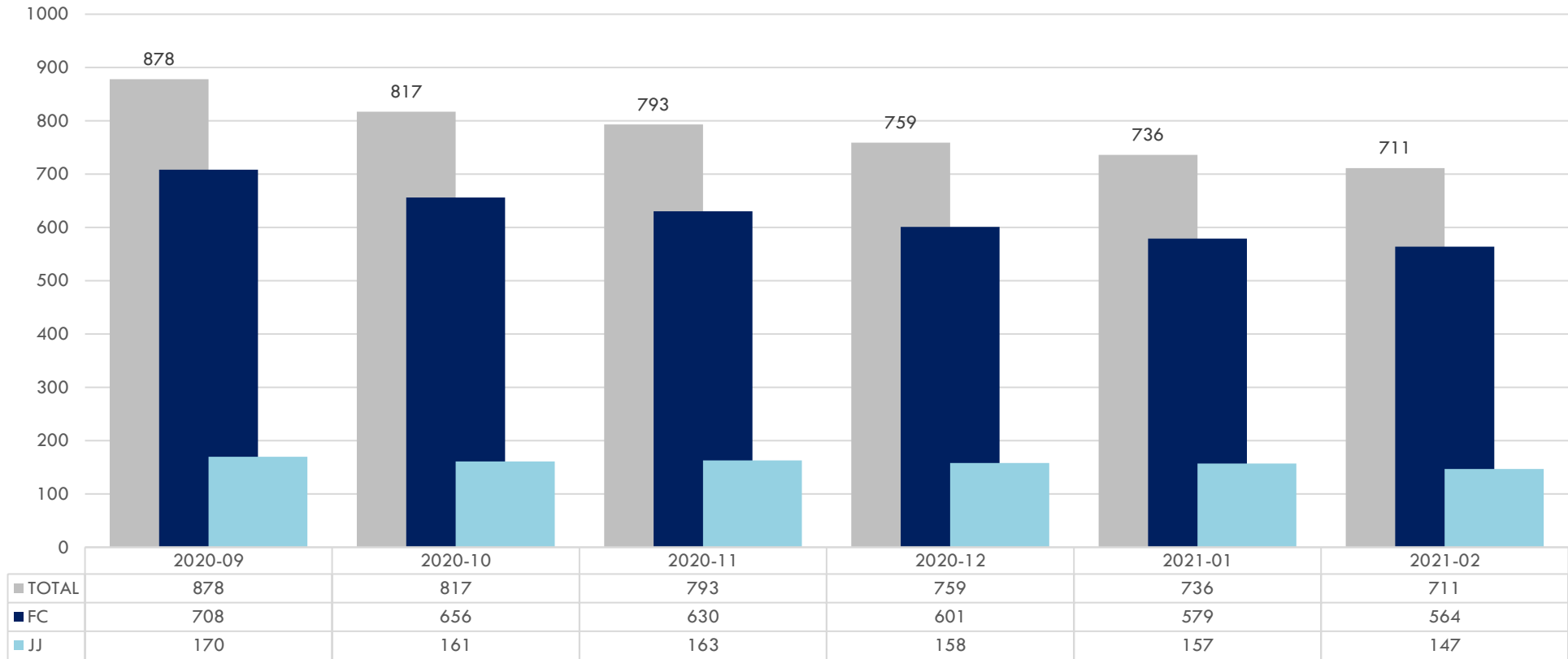


CCI exit rates remain consistently higher than CCI entry rates across the state over the past year.

**March data only represents half of the month.*

ABUSE/NEGLECT & JJ RESIDENTIAL SERVICES

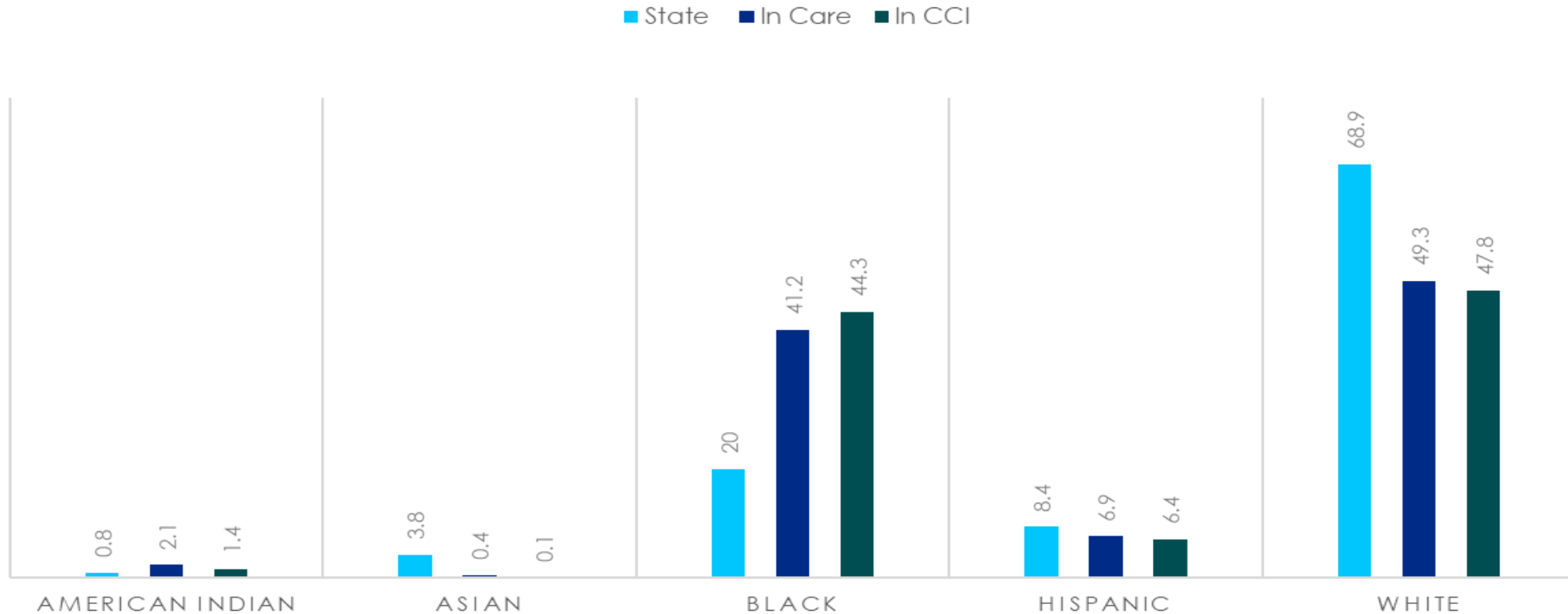
MDHHS Supervised children receiving residential services
End of Month (September 2020 - February 2021)



03/15/2021

CHILDREN OF COLOR ARE DISPROPORTIONALLY REPRESENTED IN FOSTER CARE AND CCIS

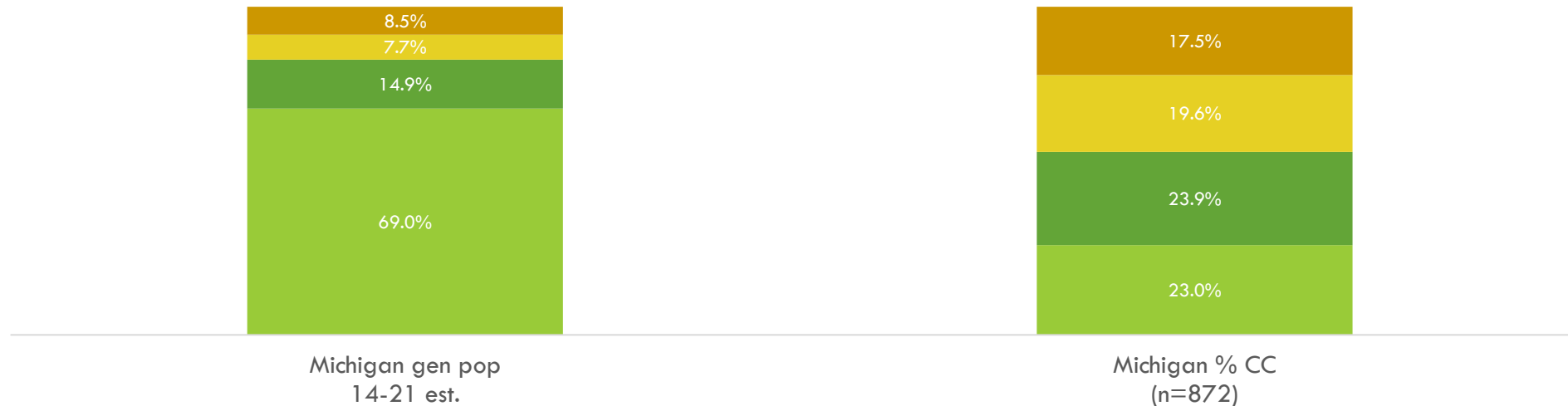
COMPARISON OF CHILD POPULATION IN MICHIGAN WITH IN CARE AND IN CCI COUNTS



CONSISTENT WITH NATIONAL TRENDS, YOUTH OF COLOR IN MICHIGAN ARE DISPROPORTIONATELY PLACED IN GROUP CARE

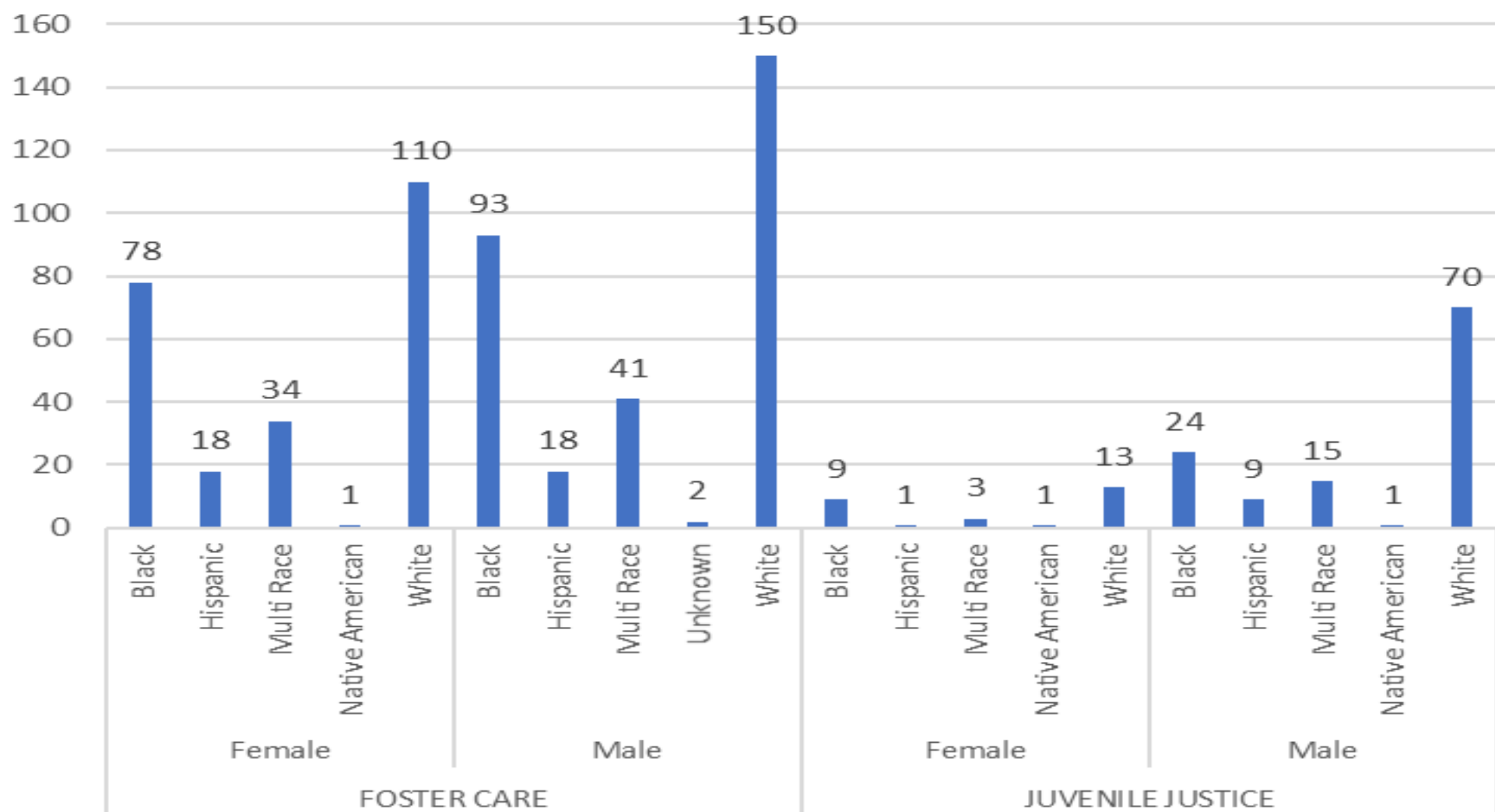
Comparison of Michigan CC to General Population

■ White, not Hispanic ■ Black, not Hispanic ■ Hispanic ■ Other

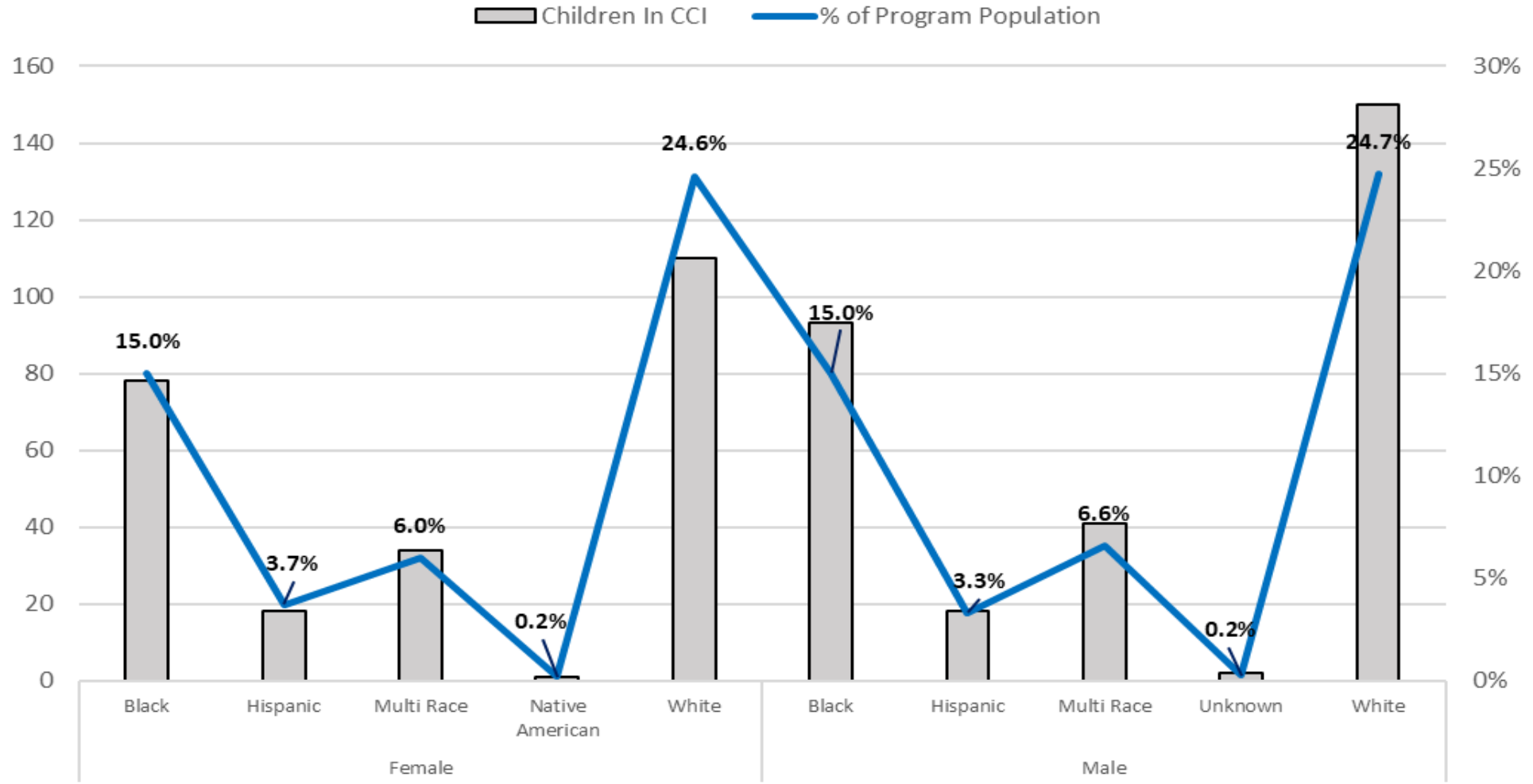


In comparison to Michigan's general population of youth 14-21 years of age, racial disparities exist for all racial categories except White, not Hispanic, youth.

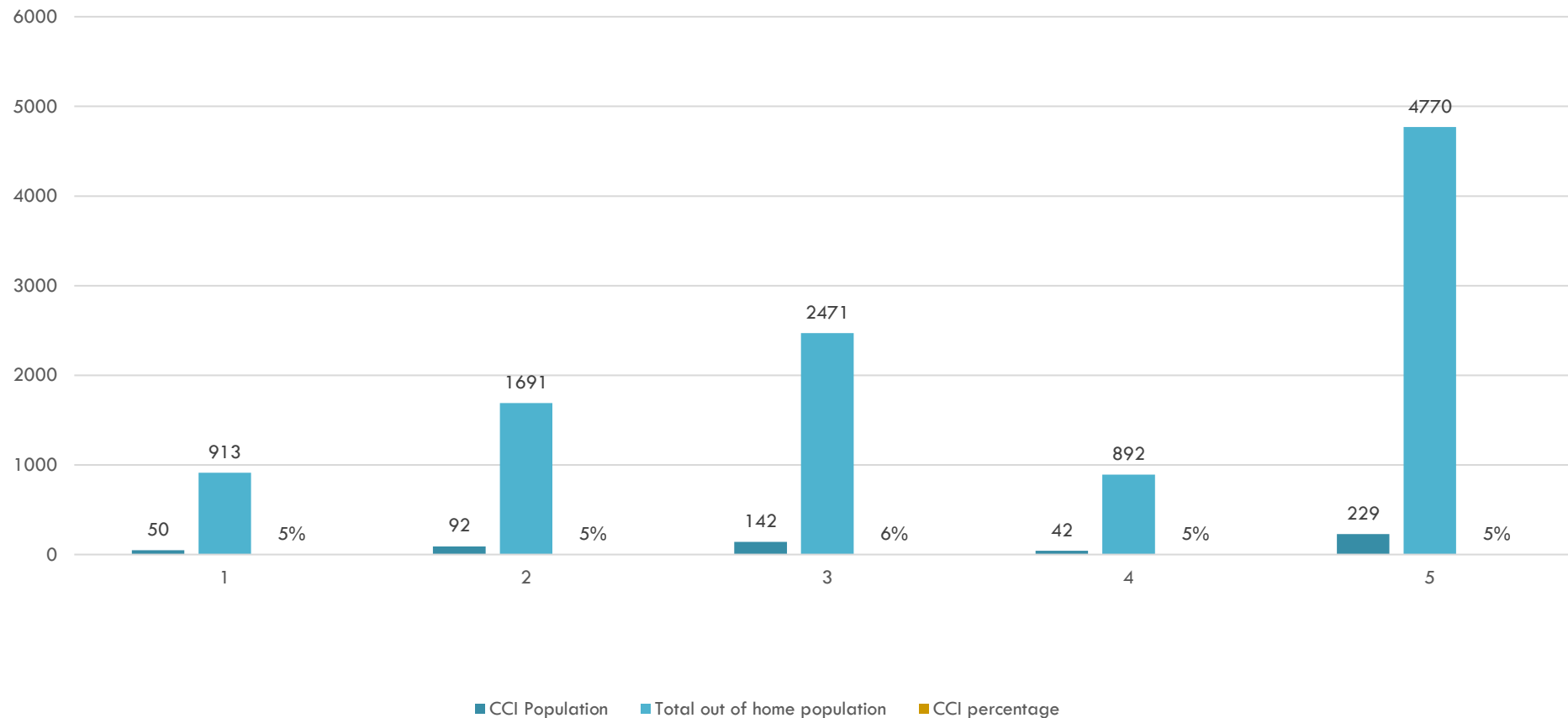
MDHHS Supervised Children Receiving Residential Services April 2021



MDHHS Supervised Children in Foster Care Receiving Residential Services April 2021



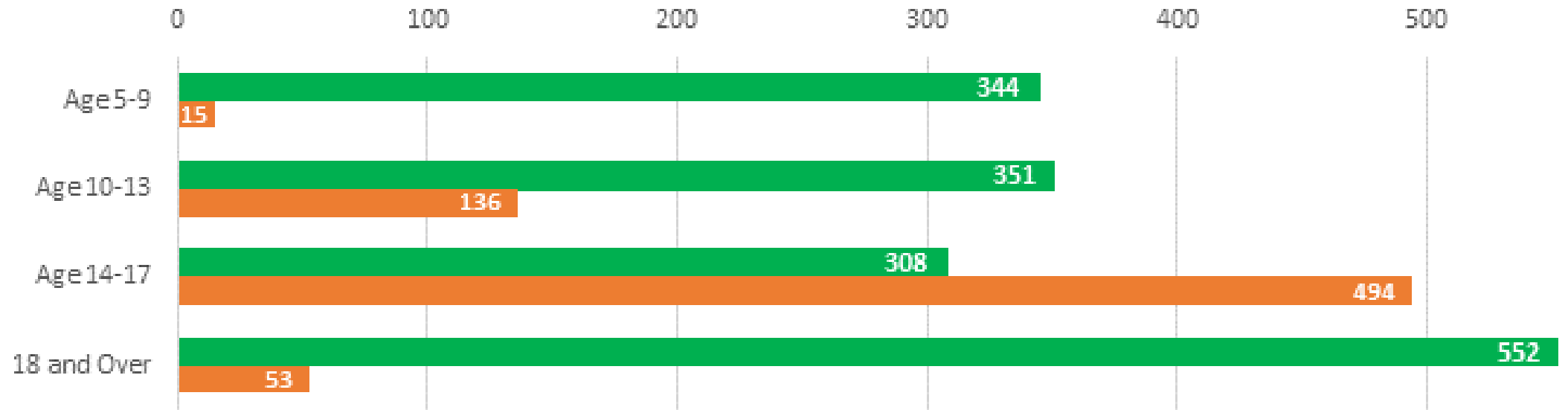
CCI PLACEMENT & GENERAL POPULATION BY BSC



The percentage of CCI placements across BSCs is consistent based on general population.

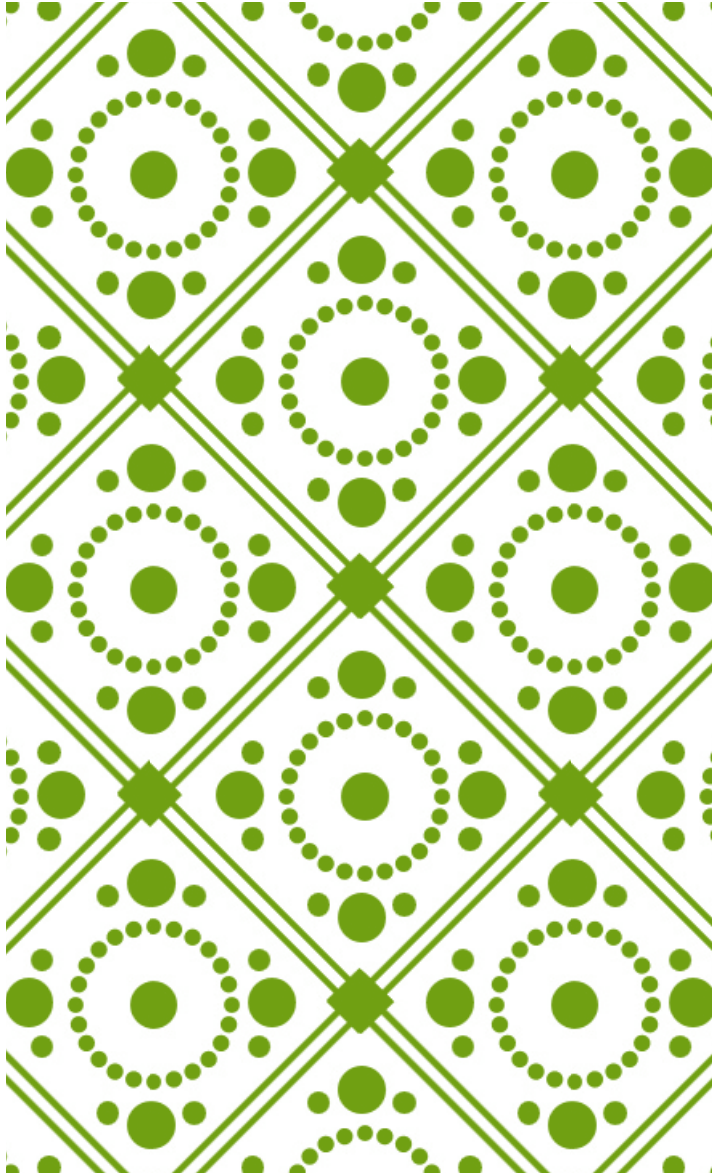
Average Length of Stay (Days) in Current CCI by Age Group

Data as of March 27, 2021



	18 and Over	Age 14-17	Age 10-13	Age 5-9
■ Avg. Length of Stay - Days	552	308	351	344
■ Count of Children in Age Group	53	494	136	15

LENGTH OF STAY IN CCIs



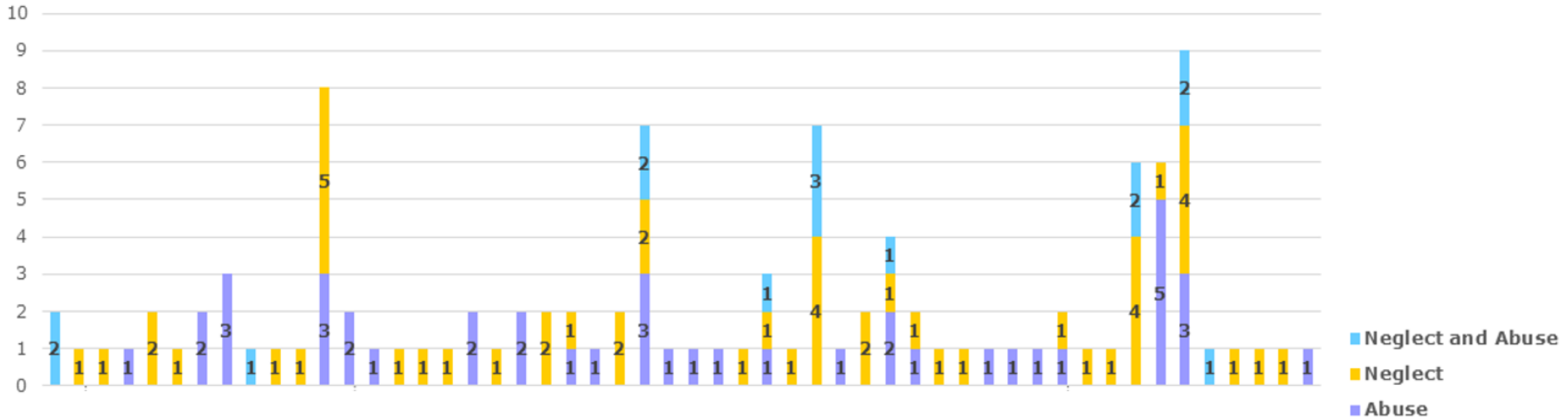
SAFETY AND OVERSIGHT

DCWL SAFETY RELATED VIOLATIONS

Top 10 Facilities With Safety Violations Over 24 Months (December 2018 - December 2020)

Violation	Facility A	Facility B	Facility C	Facility D	Facility E	Facility F	Facility G	Facility H	Facility I	Facility J
R 400.4109	5	9	4	5	0	4	2	1	6	6
R 400.4112	5	7	9	1	4	4	8	3	6	1
R 400.4126	11	1	3	3	2	3	4	4	2	1
R 400.4127	2	3	5	0	2	2	0	5	0	2
R 400.4128	0	0	1	0	1	1	1	1	0	0
R 400.4142	1	2	0	1	3	2	0	0	0	1
R 400.4150	0	0	0	1	0	1	1	0	1	0
R 400.4157	4	6	0	2	0	0	0	2	1	4
R 400.4158	3	3	2	3	3	1	0	1	1	1
R 400.4159	7	2	7	8	6	1	2	0	0	0
Total	38	33	31	24	21	19	18	17	17	16
# of SIs Initiated Over 2 Years	53	60	56	38	25	21	27	26	18	29

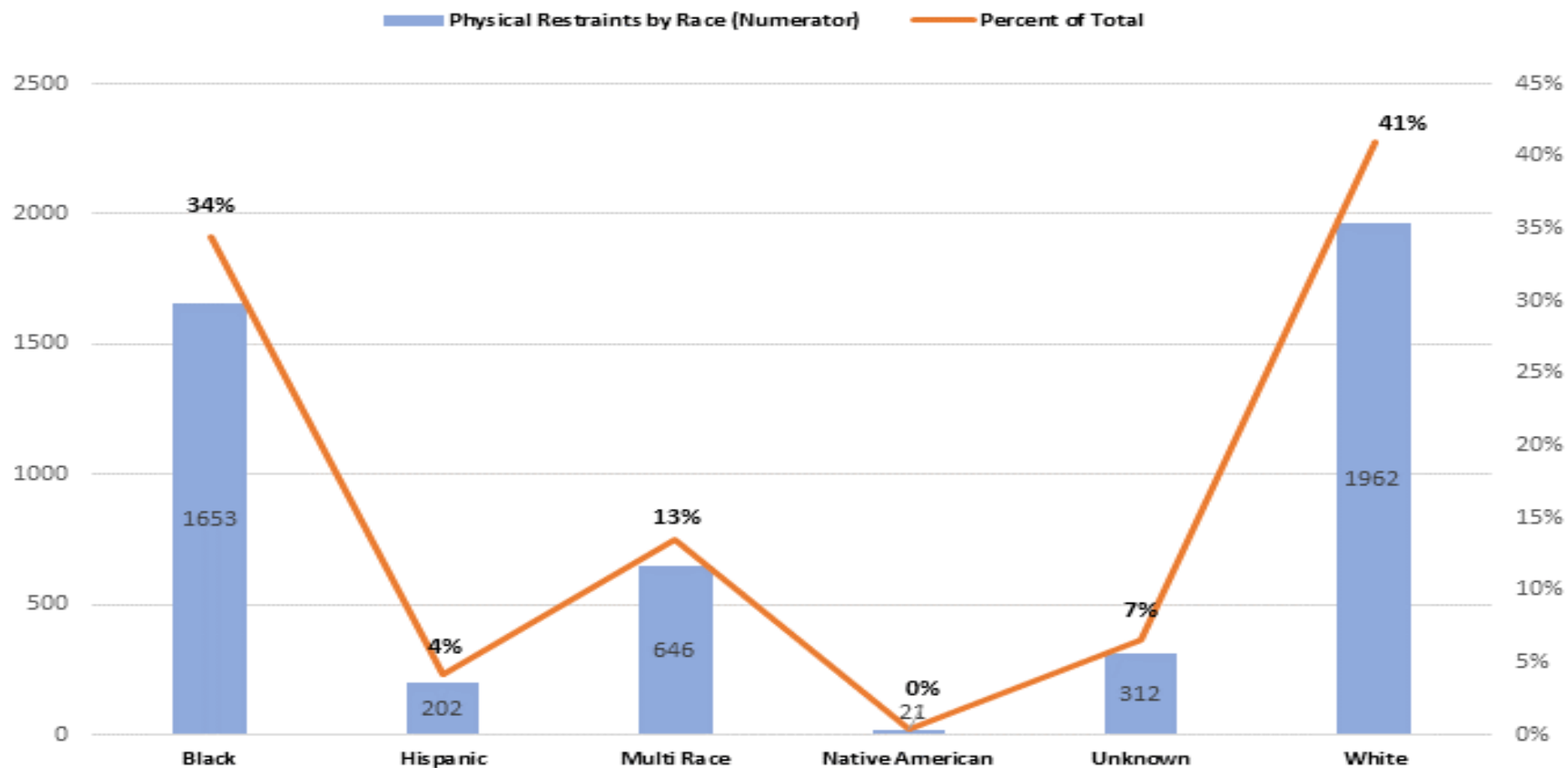
Confirmed Cases of Abuse and Neglect by Staff in Child Caring Institutions May 1, 2018 - Present



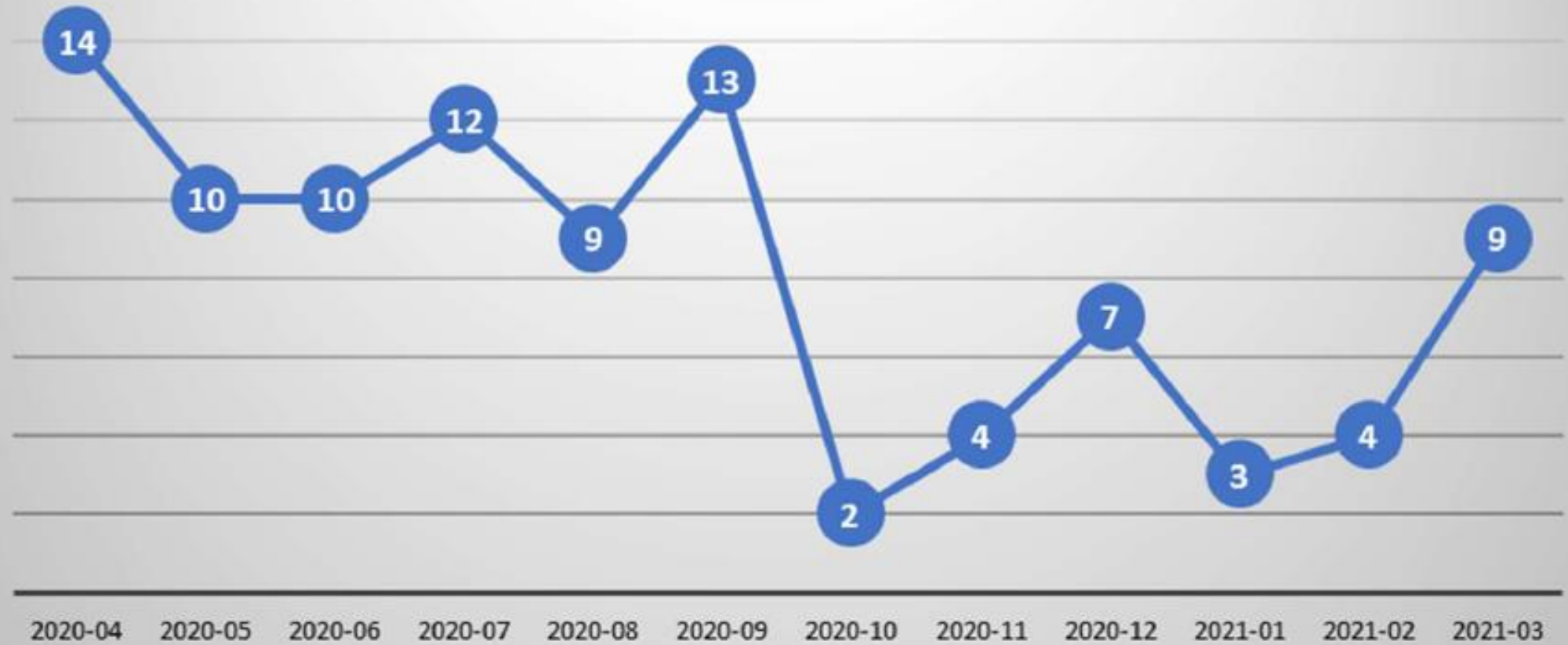
Physical Restraints Trends



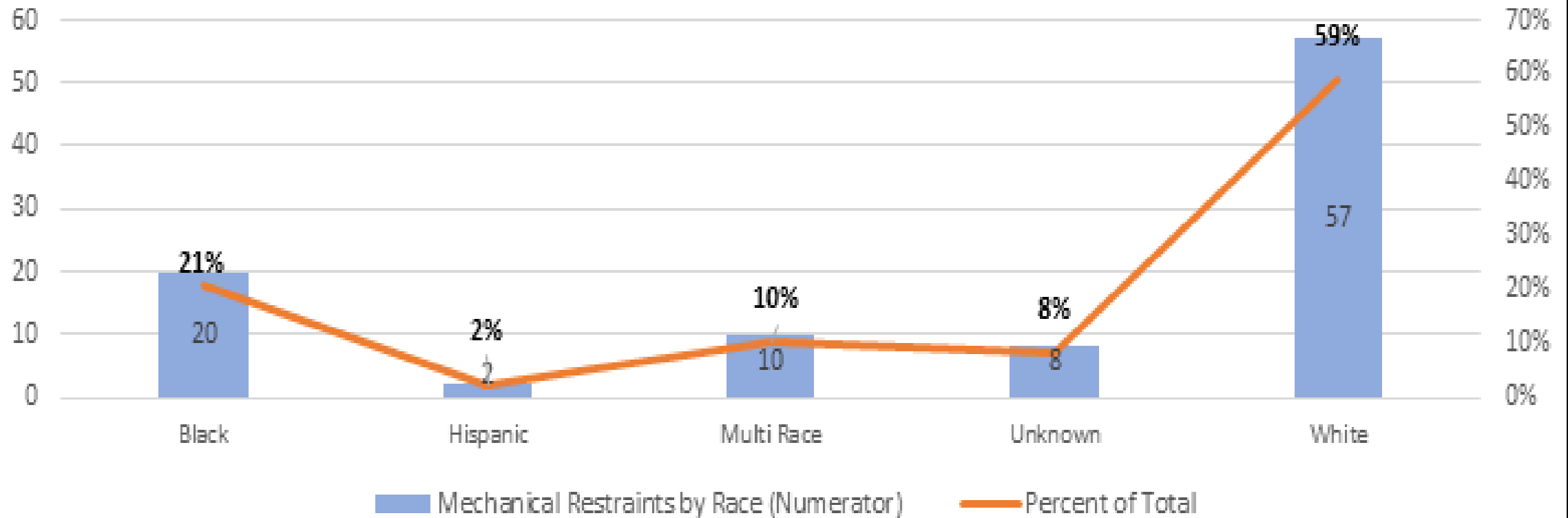
Physical Restraints by Race and Percent of Total
Data as of March 27, 2021



Mechanical Restraints Trends

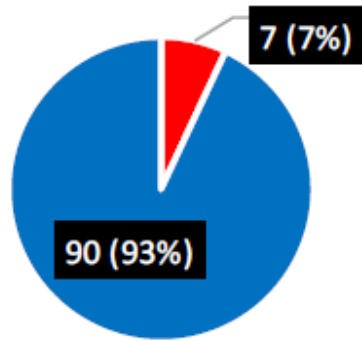


Mechanical Restraints by Race and Percent of Total Data as of March 27, 2021



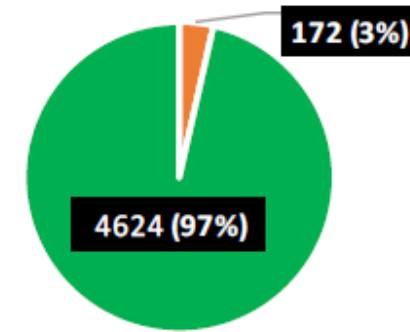
Physical and Mechanical Restraints March 28, 2020 – March 27, 2021

Total Mechanical Restraints
as of March 27, 2021



■ Mechanical Restraint with Injury ■ Mechanical Restraint without Injury

Total Physical Restraints
as of March 27, 2021



■ Physical Restraint with Injury ■ Physical Restraint without Injury

ADMINISTRATIVE RULES FOR CCIS



July 16, 2020 – Emergency Administrative Rules

Set forth requirements for Child Caring Institutions to safeguard children in their care

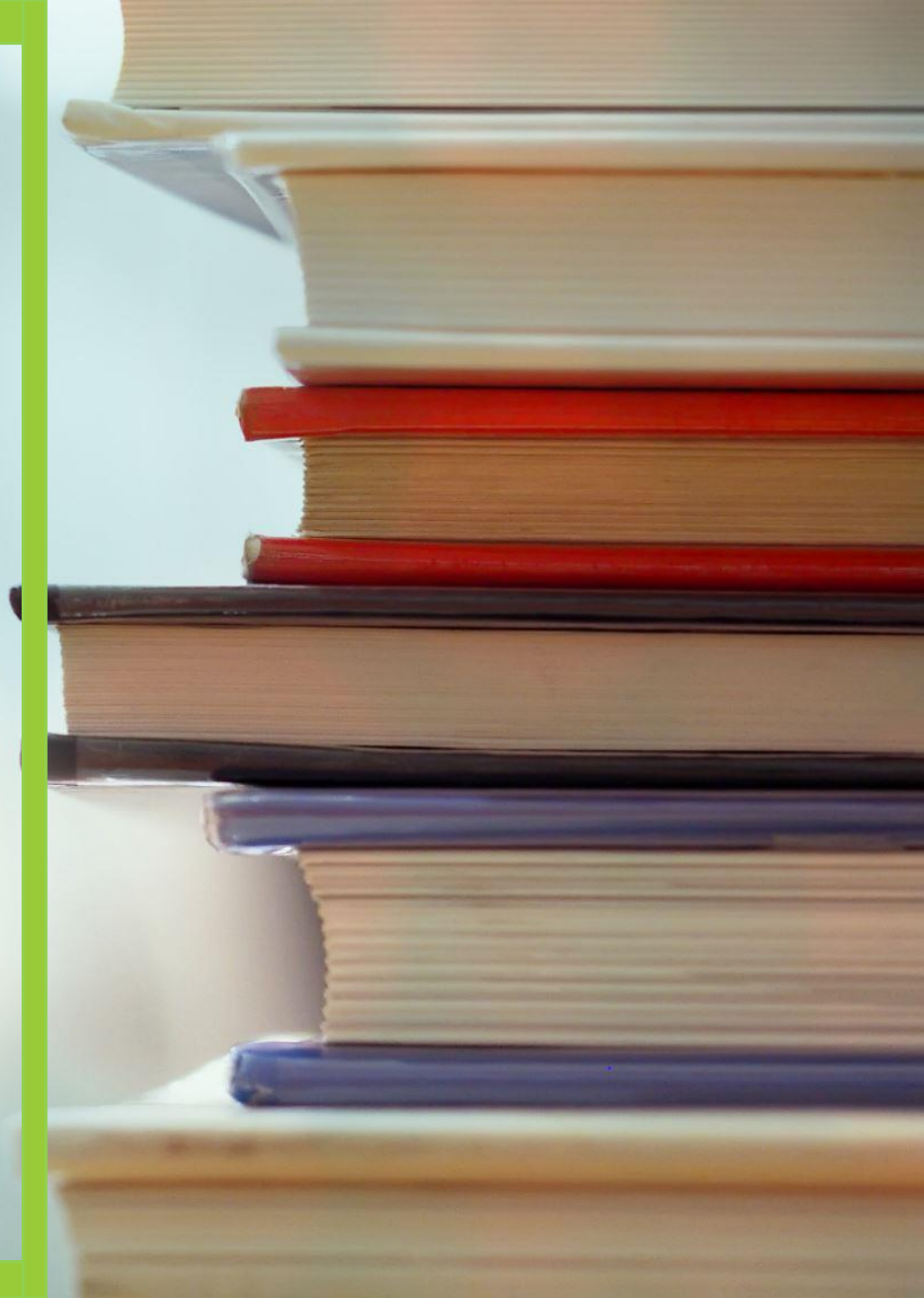
- Prohibit certain types of restraints
- Limit when and how restraints can be used
- Require detailed incident reporting
- Require policy and procedure development and attestation
- Elimination of restraints and seclusions by May 1, 2022.

Updated Rules filed with LARA Feb. 22, 2021.

Public hearings estimated Spring 2021; Rule finalization estimated Fall 2021.

SIX CORE STRATEGIES TRAINING & TECHNICAL ASSISTANCE

- Contract with Building Bridges Initiative to offer five full sessions of Six Core Strategies training to all contracted and non-contracted providers between October 2020 and March 2021. One full session of training consists of five, 3-hour trainings.
- Goal to provide residential leadership teams and child welfare stakeholders with framework for preventing, reducing, and eventually eliminating use of restraint and seclusion, and promoting cultures of care that are family-driven, youth-guided, trauma-informed and responsive, and culturally and linguistically competent.



LICENSING & CONTRACT OVERSIGHT

A Special Investigation is initiated when DCWL receives allegations that a child caring organization is noncompliant and/or in violation of the Child Caring Organizations Act (Act No. 116 of the Public Acts of 1973), licensing rules, Emergency Rules-2020-208, MISEP, policy and/or contracts.

Special Investigation Type	Key Components
High Risk/Priority 1	<ul style="list-style-type: none">• Initiated by DCWL Field Consultant within 24 hours• Conducted unannounced• Coordinated with CPS/MIC and LE if applicable• Onsite inspection initiated within 2 business days• Required interviews conducted jointly with alleged victims, alleged perps, witnesses, supervisors, other collateral contacts• Completed within 60 days
Medium Risk/Priority 2	<ul style="list-style-type: none">• Initiated by DCWL Field Consultant within 24 hours• Conducted unannounced• Onsite inspection initiated within 5 business days of assignment• Required interviews conducted jointly with alleged victims, alleged perps, witnesses, supervisors, collateral contacts
Abbreviated (non-safety related)	<ul style="list-style-type: none">• Initiated by DCWL Field Consultant within 24 hours• Conducted unannounced• Case closure within 30 days• Reviewed by area manager and DCWL director or their designee

LICENSING & CONTRACT OVERSIGHT UPDATES

- A 24-month (Dec 2018- Dec 2020) review of all licensing investigations was completed in January 2021
- Updating internal policy and procedure manual to update process for expediting investigations based on risk.
- Hiring one additional Child Welfare Licensing Field Manager and five Field Consultants
- Categorizing consultants by specialty (CPA vs. CCI) to allow for focus on facilities
- Corrective Action Plans (CAPs) follow-up enhancements
 - DCWL launched comprehensive review of CAPs- consultants are required to enter status updates/review of CAPs at least twice during monitoring period.



Special Investigations completed in 30 days if there is a safety concern



In February 2021, DCWL launched a new process for tracking Corrective Action Plans (CAPs)



CAPs from previous 6 months are tracked by DCWL field consultants; compliance with CAP action steps is assessed during unannounced visits

CCI DASHBOARD

CCI DASHBOARD

CCI PROVIDER OVERVIEW

DCWL OVERVIEW



BEGIN DATE: 2/24/2020 END DATE: 2/23/2021

2/23/2021

End date must be entered twice.

BUSINESS SERVICE CENT...
All

COUNTY
All

PROVIDER
All

FACILITY TYPE
All

FACILITY STATUS
All

LICENSE STATUS
All

5059
CCI LICENSED CAPACITY

895
MDHHS YOUTH IN CCIs

17.7%
MDHHS-BED UTILIZATION

10
ENROLLED CCI PROVIDERS

504
AVG DAYS CCIs ENROLLED

157
ACTIVE CCI PROVIDERS

6558
AVG DAYS CCIs LICENSED

22
CLOSED CCI PROVIDERS

DCWL OVERVIEW: This view displays cumulative measures associated with Division of Child Welfare Licensing Provider. This report rolls up all records reviews five years of data. All records that meet the criteria for the displayed metrics are included.

NOTE In the dashboard, as date ranges and filters are selected by the user, there are times when the key performance indicator (KPI) measures will display BLANK and graphs will no longer display. This means there is no data for the selection criteria and is not an error in the dashboard.

The information provided in this dashboard is intended to be a general summary of information to the public.

INCIDENT TYPES BY PROVIDER CAPACITY



CLOSURE REASON BY PROVIDER



RESTRAINTS/SECLUSIONS BY PROVIDER CAPACITY



UNDER CONSTRUCTION!

3/15/2021 10:02:09 AM
Refreshed Date

QUALIFIED RESIDENTIAL TREATMENT PROGRAMS



- ❑ Provision of federal Family First Prevention Services Act.
- ❑ Disallows use of title IV-E funds for residential care unless certain criteria are met:
 - Trauma-informed treatment model
 - Registered or licensed nursing staff and other licensed clinical staff on-site and available 24/7
 - Family outreach and participation as part of treatment program/planning, when in child's best interest
 - Discharge planning and family-based aftercare supports for at least 6 months following discharge
- ❑ Independent Assessment contract with Maximus began February 1, 2021.
- ❑ Full implementation began April 1, 2021.

RELATIVE & CAREGIVER SUPPORTS

Enhanced Foster Care
Pilot

Family Finding

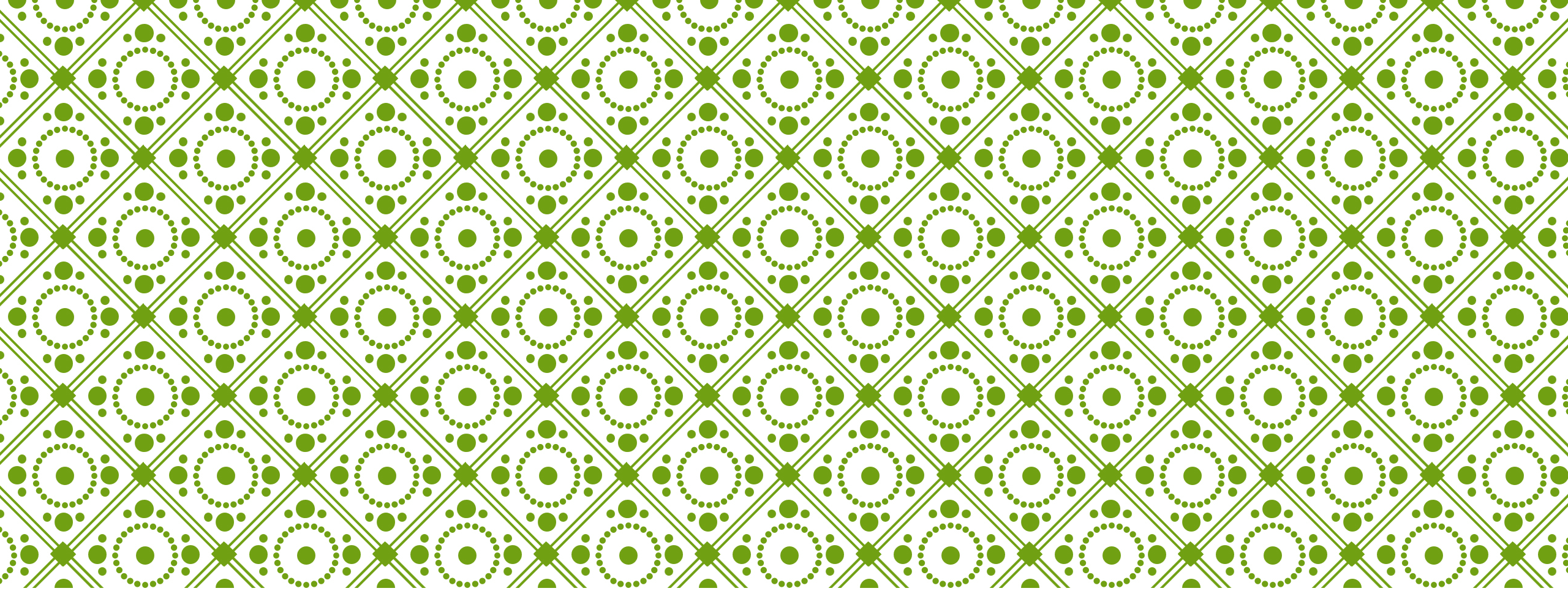
Rapid Relative Licensing
Pilot

Caregiver Support &
Resource Plan

Increased Access to
Behavioral Health
Services

K.B. v. Lyon and Snyder

- In 2018, a class action lawsuit was brought against the State of Michigan and MDHHS alleging that Medicaid eligible children are not receiving medically necessary behavioral health services that they are required to receive pursuant to the ESPDT (Early, screening, periodic, diagnostic and treatment) Medicaid regulations.
- In August 2020, MDHHS reached an interim settlement agreement that requires implementation of a plan to :
 - Increase the array of services to MA eligible children w/behavioral and mental health needs
 - Improve the way services are delivered and accessed
 - Monitor the services for quality and performance
 - Undergo an extensive education and outreach effort to ensure child serving agencies, families, youth are aware of these services and how to get them.



QUESTIONS

Stacie Bladen

Interim Executive Director

MDHHS Children's Services Agency

BladenS@michigan.gov

Workgroup Report Out



Upcoming Tentative Meeting Schedule

Task Force Meetings

April 23, 11:00-1:00PM

May 28, 11:00-1:00PM

June 25, 11:00-1:00PM

July 23, 11:00-1:00PM

August 27, 11:00-1:00PM

September 24, 11:00-1:00PM

Data Workgroup

TBD

Chair: Joe Ryan

MPHI Staff: Monica Trevino mtrevino@mphi.org

Practice Workgroup

April 19, 2-3pm

May 5, 1-2pm, May 17, 2-3pm

Co-Chairs: Lara Bouse, Lillie Pinder

MPHI Staff: Katie Mauter kmauter@mphi.org

Legislative/Budget Workgroup

TBD

Co-Chairs: Tommy Stallworth, David Sanders

MPHI Staff: Alison Benoit abenoit@mphi.org

Prior Reports Workgroup

*Ongoing meetings bi-weekly,
Mondays from 1:00-2:00*

Co-Chairs:

Michael Williams, Savator Selden-Johnson

MPHI Staff: Dondre Young dyoung@mphi.org

**Additional dates to be added if needed*