



Michigan Child Welfare Improvement Task Force

Improving the safe, fair, and equitable treatment of all Michigan's children and families.





Welcome



Child Welfare Improvement Task Force

Charge Statement

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

- 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 child welfare outcomes by:
 - Increased use of supported, safe kinship care
 - Improved access to community mental health services
 - Elimination of improper placements in residential settings

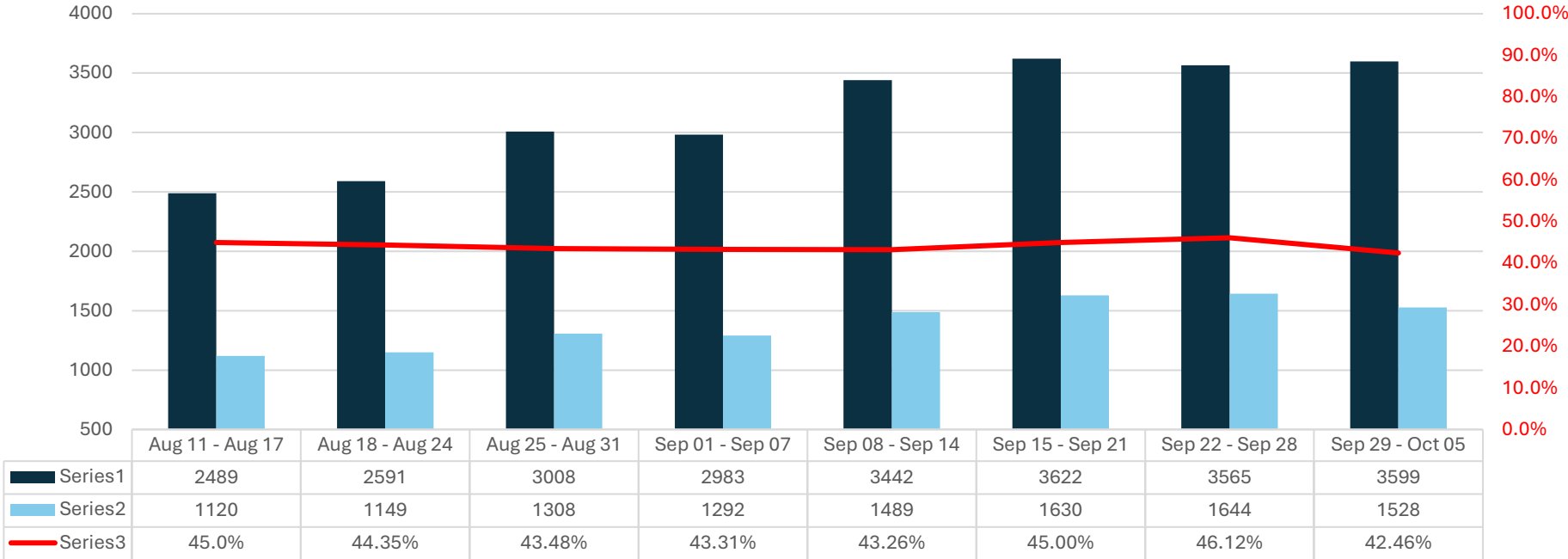


MDHHS Updates

Director Demetrius Starling

Data Updates: CPS Intakes/Assignments

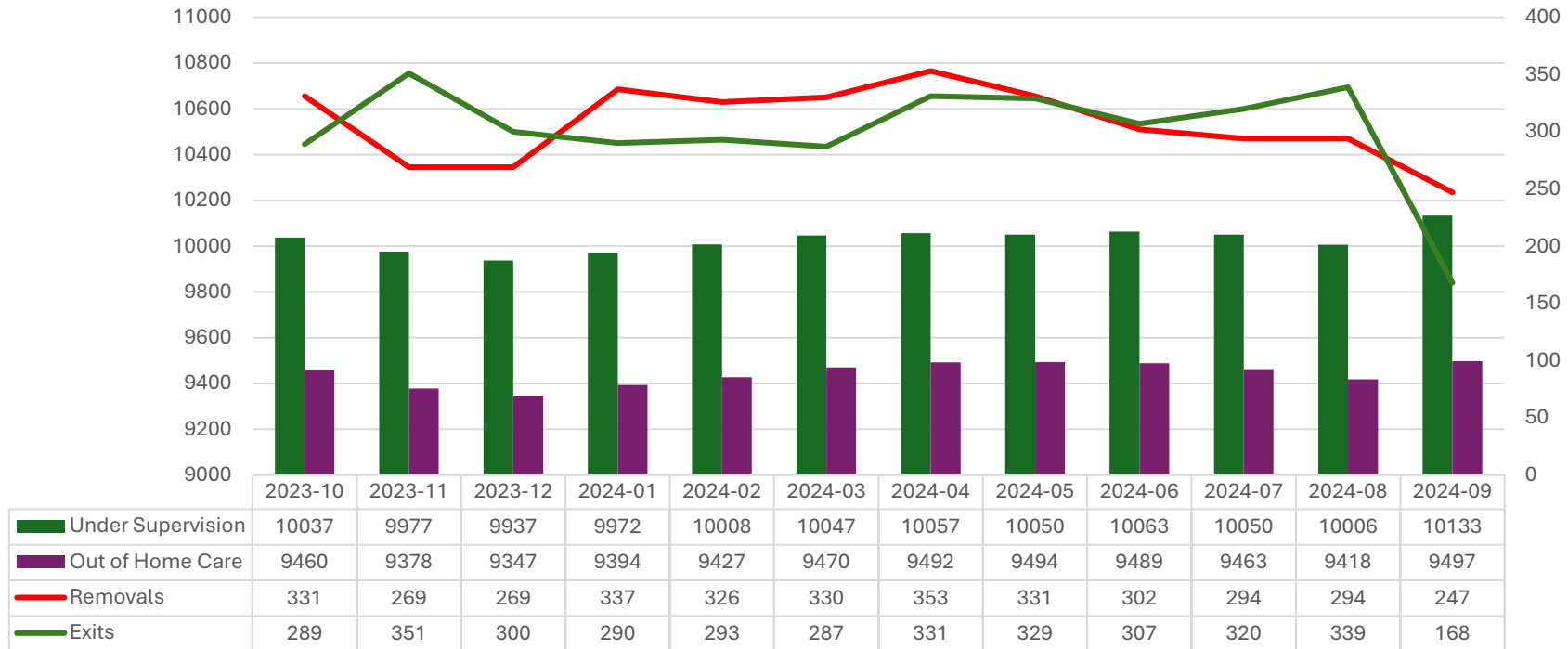
Percent of CPS Intakes Assigned
Weekly Summary (Aug 11, 2024 - Oct 5, 2024)



10/08/2024

Data Updates: Foster Care Trends

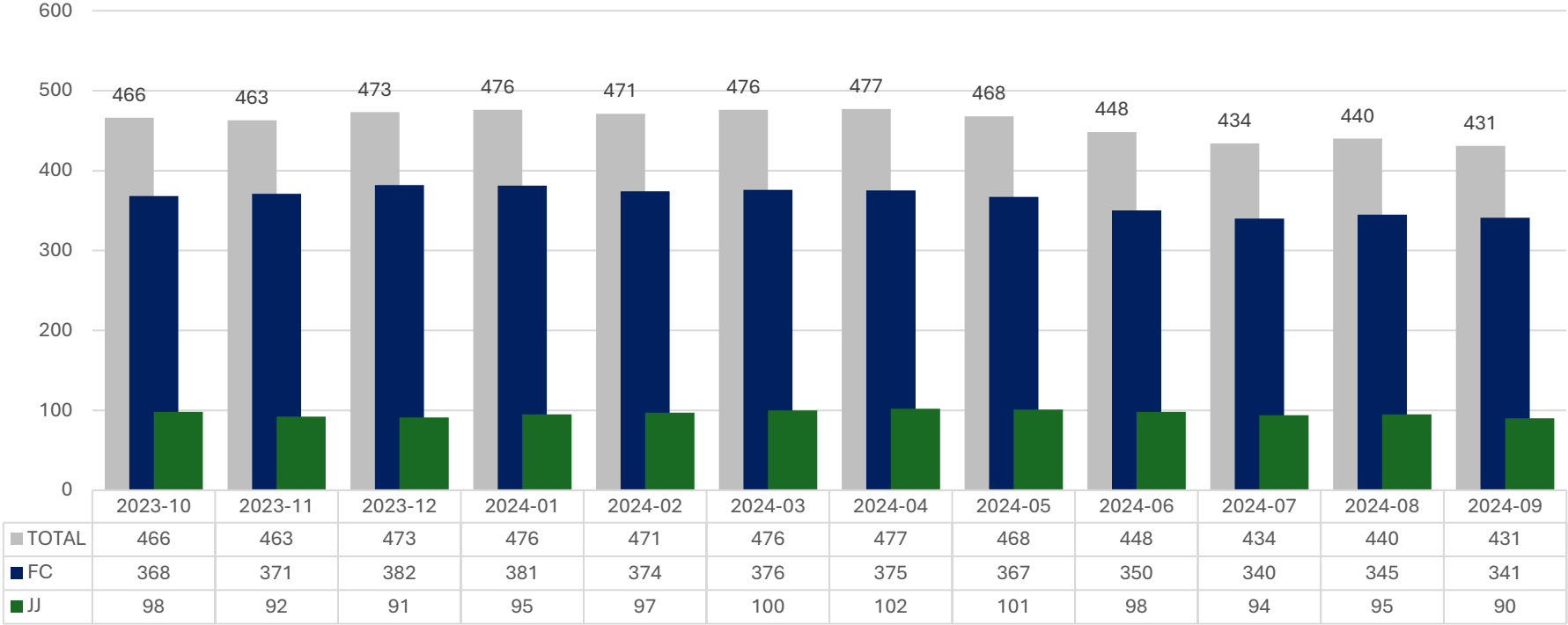
Children Under Supervision, Out of Home Care, Removals and Exits
End of Month (October 2023 - September 2024)



10/08/2024

Data Updates: CCI Population by Program

CCI Population by Program
October 2023 - September 2024

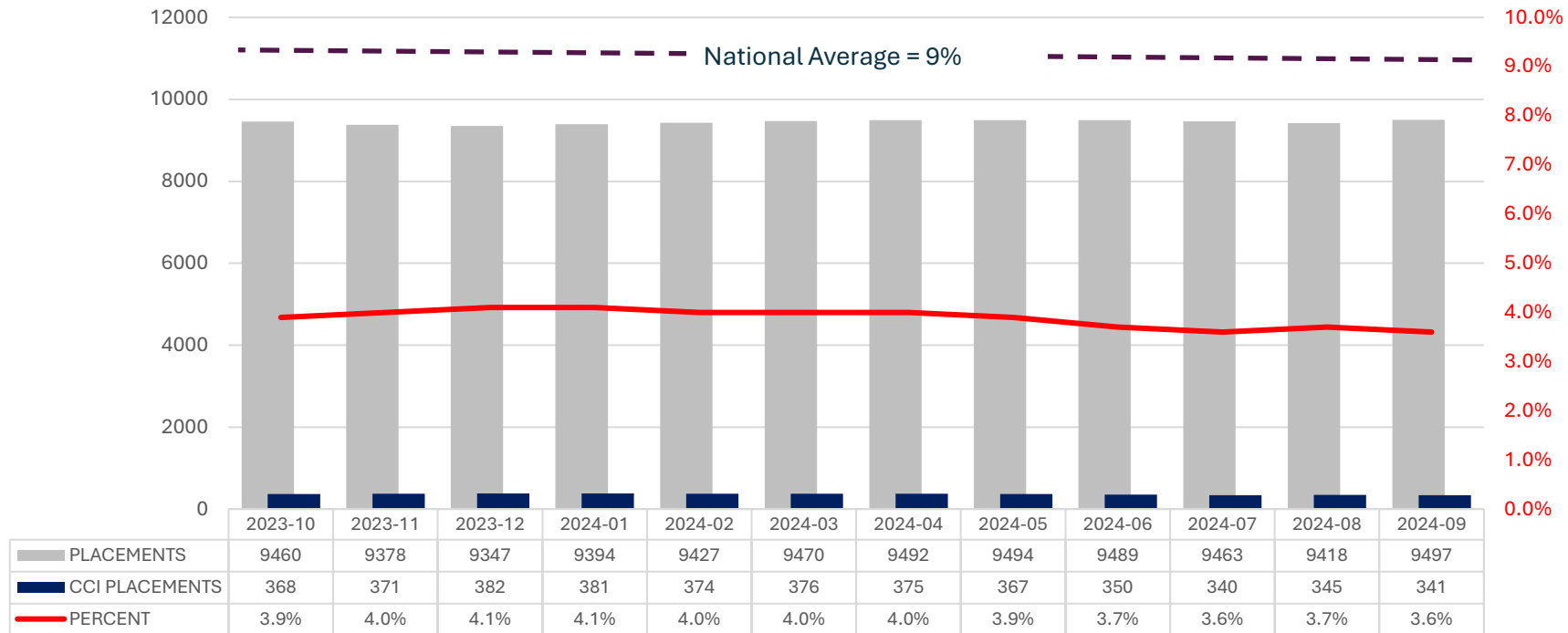


10/08/2024

Data Updates: Children Receiving Treatment in a Congregate Care Setting

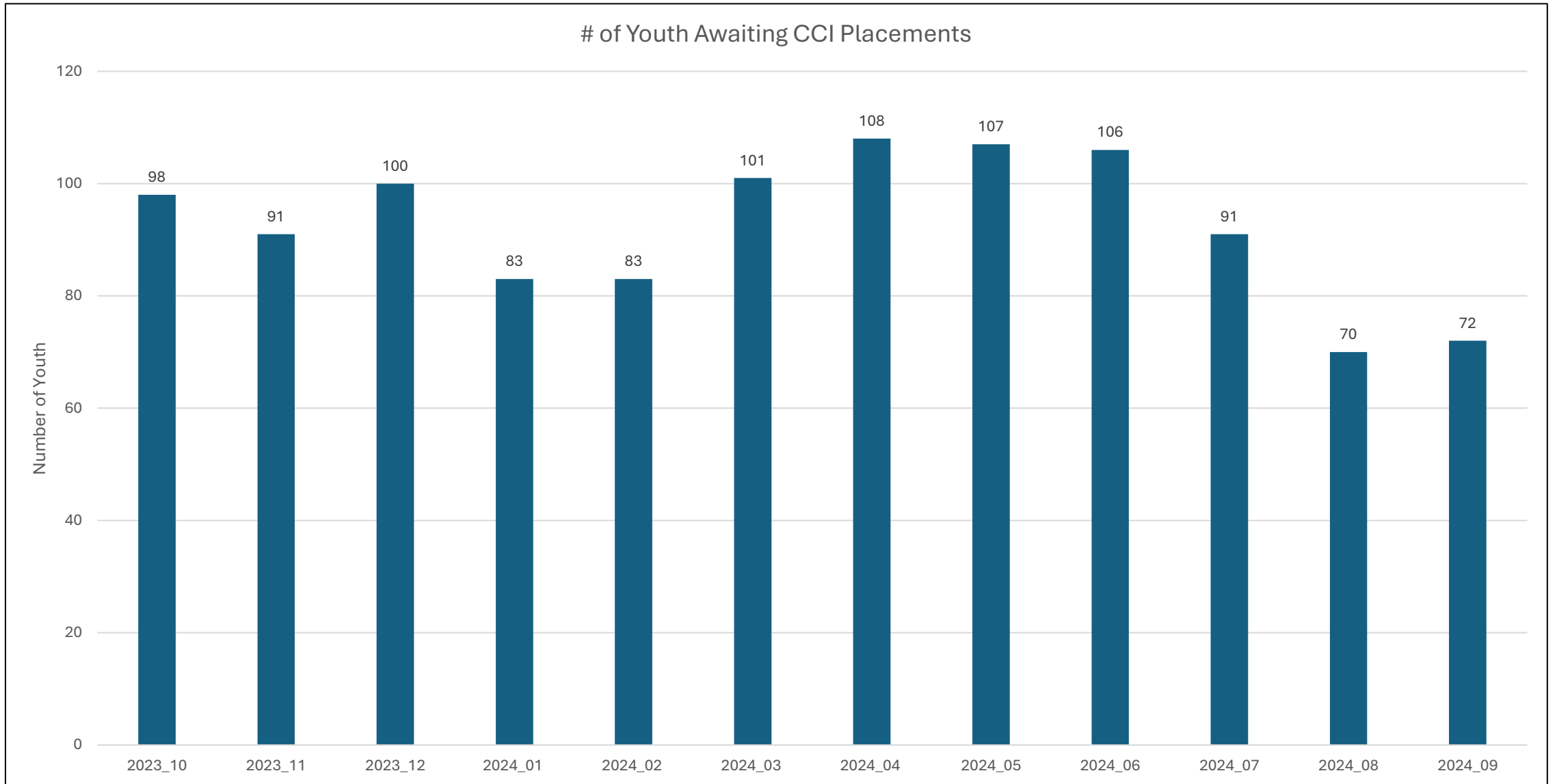
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Children Receiving Treatment in a Congregate Care Setting
Compared to Overall Out of Home Placements (October 2023 - September 2024)



10/08/2024

Youth Awaiting CCI Placement





Children's Services Administrations Responses to Social Determinants of Health

Demetrius Starling, Senior Deputy Director –
MDHHS – Children's Services Administration



Historical Trauma



Historical Trauma

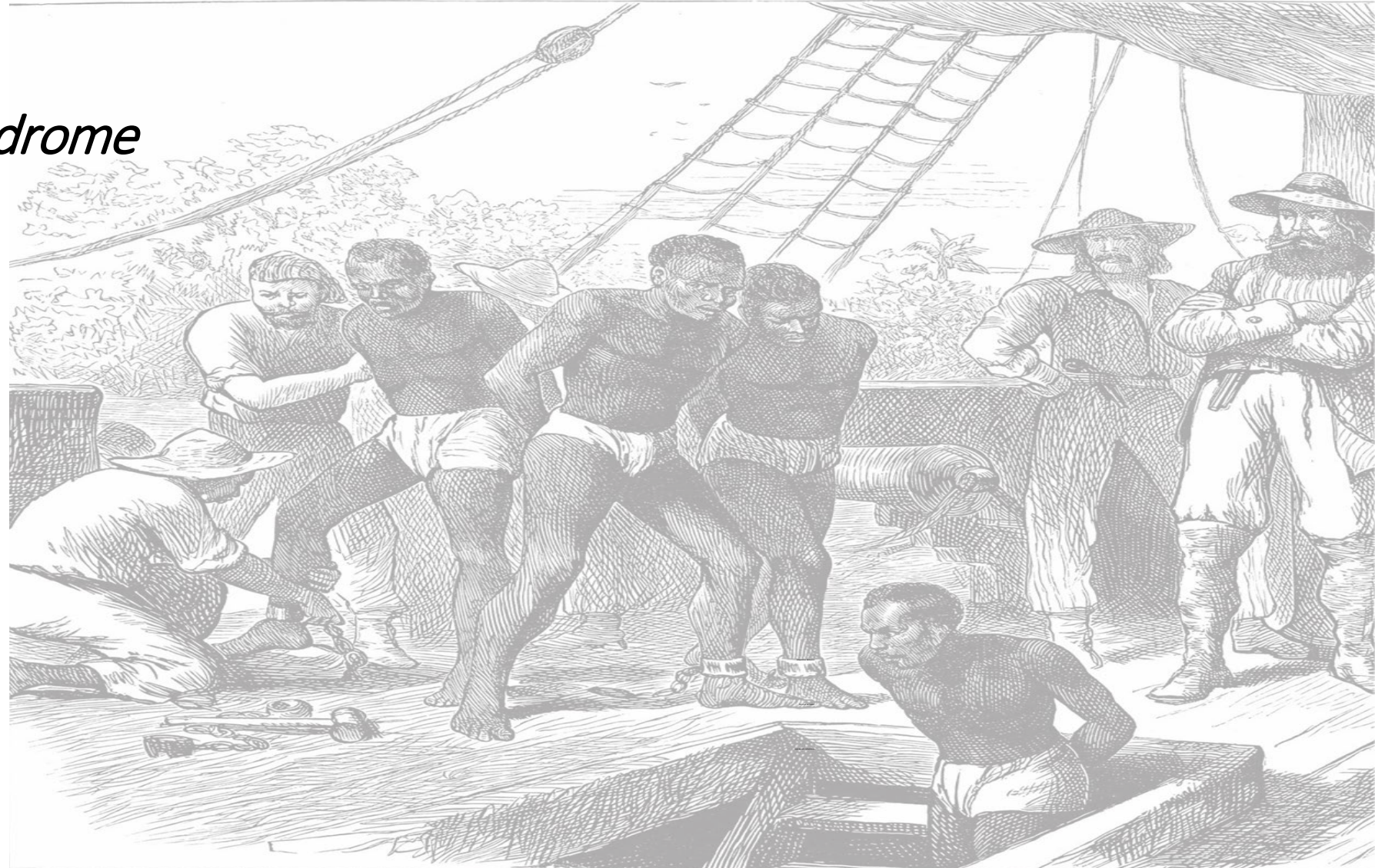
Historical trauma is multigenerational trauma experienced by a specific cultural, racial or ethnic group. It is related to major events that oppressed a particular group of people because of their status as oppressed, such as slavery, the Holocaust, forced migration, and the violent colonization of Native Americans.

Historical Trauma – African Americans

Post Traumatic Slave Syndrome

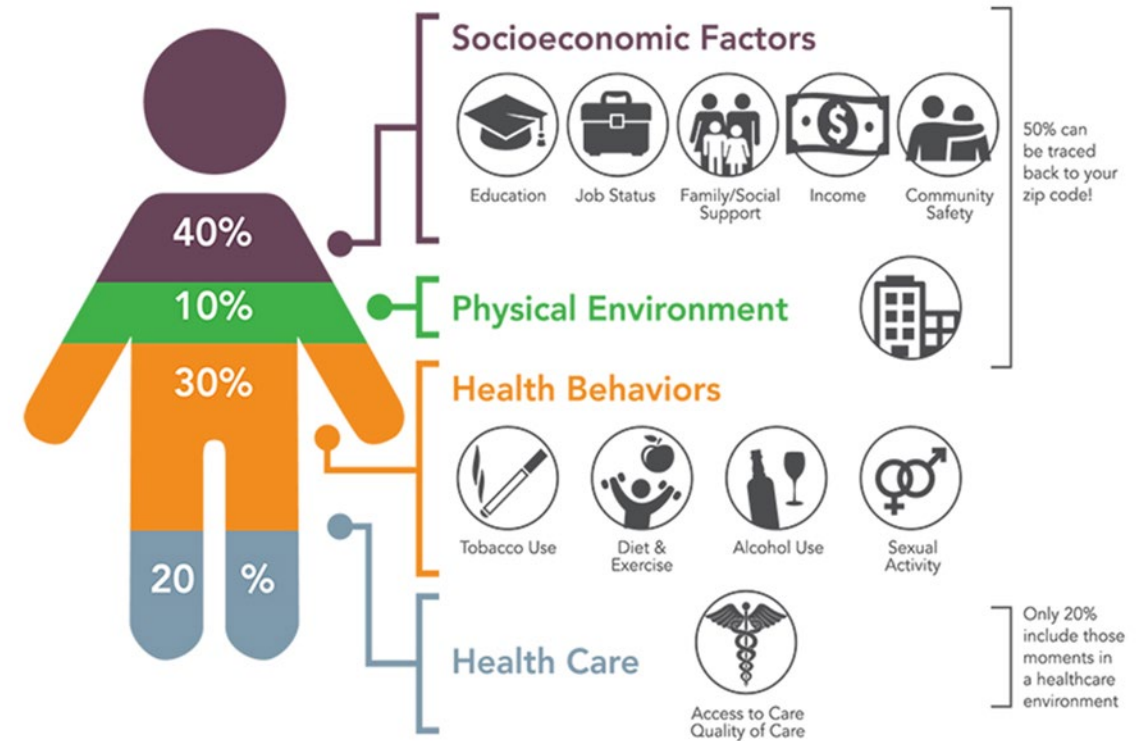
Adaptive Behaviors

Survival Behaviors



Social Determinants of Health

Social Determinants of Health



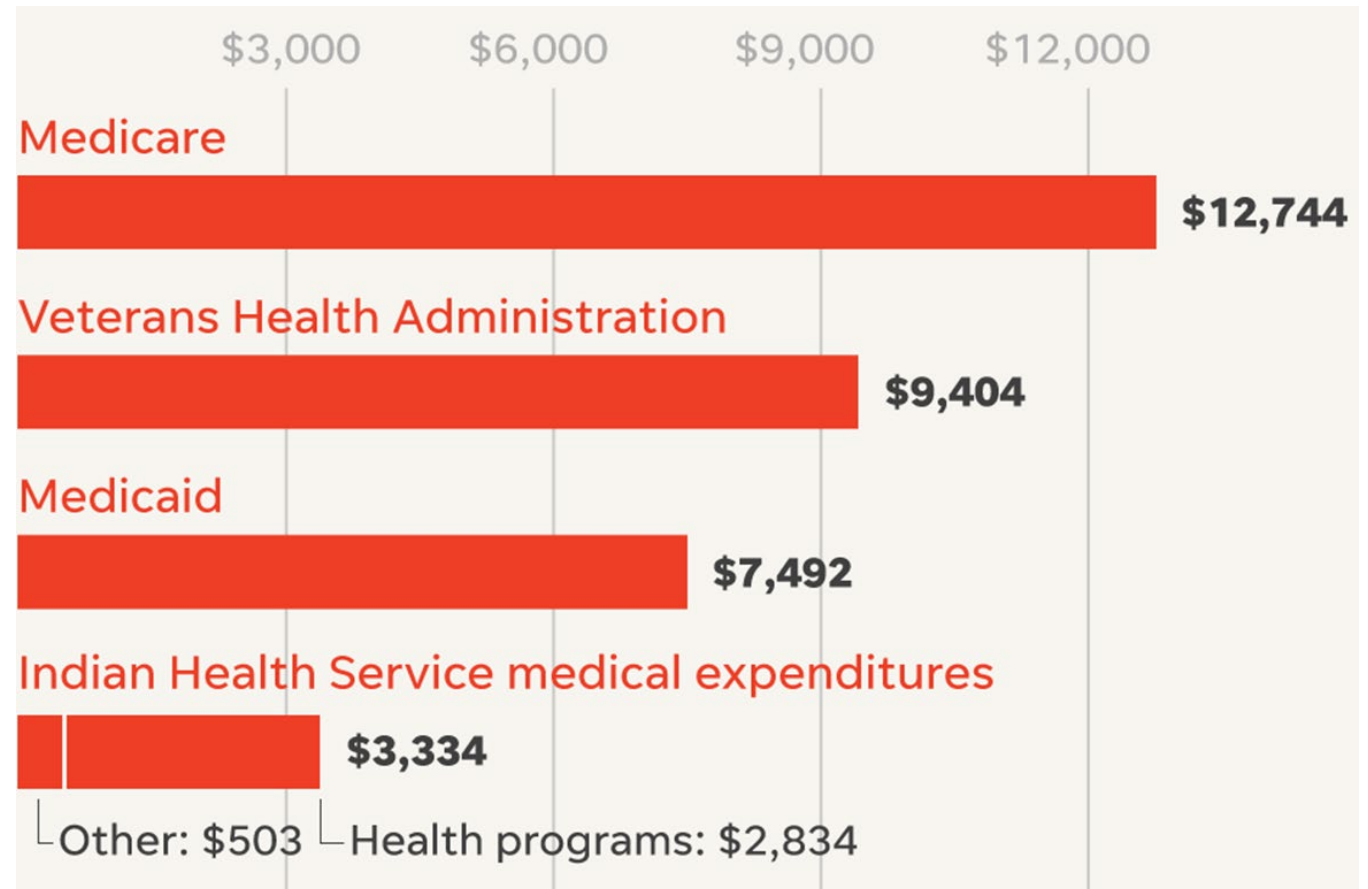
Native American Health Disparities

Adults

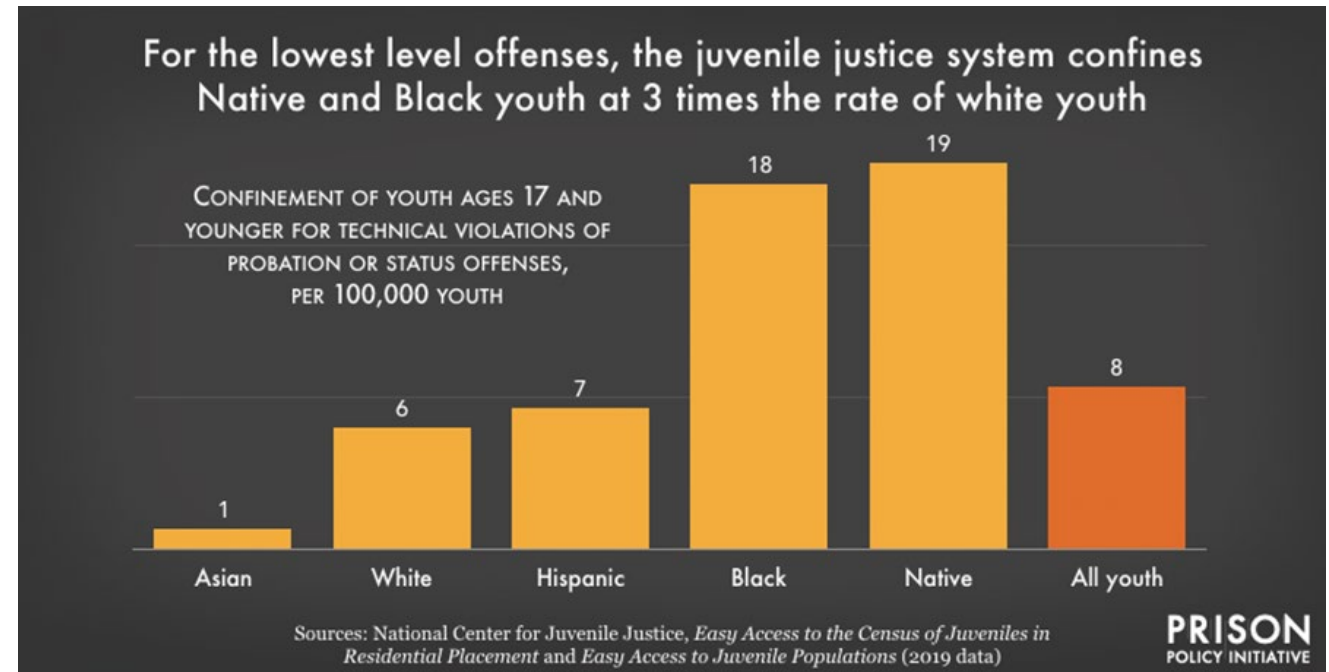
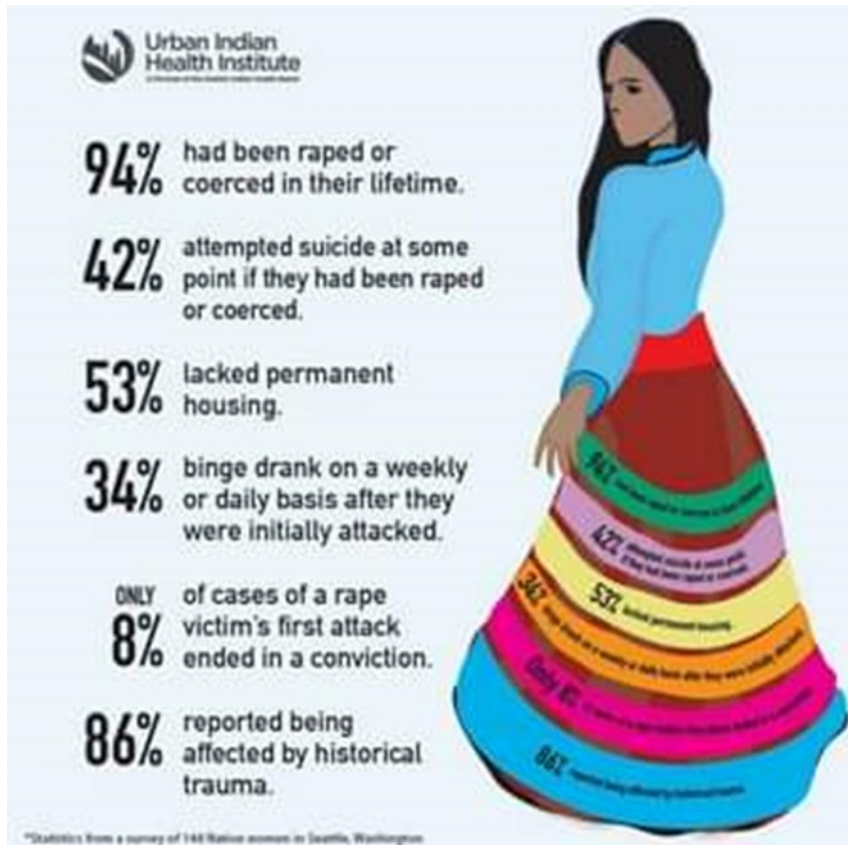
- Nine time more likely to have tuberculosis
- 64% more likely to die from liver cancer
- 40% more likely to have heart disease
- 33% more likely to be obese
- Two times more likely to be diabetic

Children

- 55% more likely to die as an infant
- Two times as likely to die of sudden unexpected infant death (SUID)
- Two times as likely to attempt suicide



Native American Social & Community Context

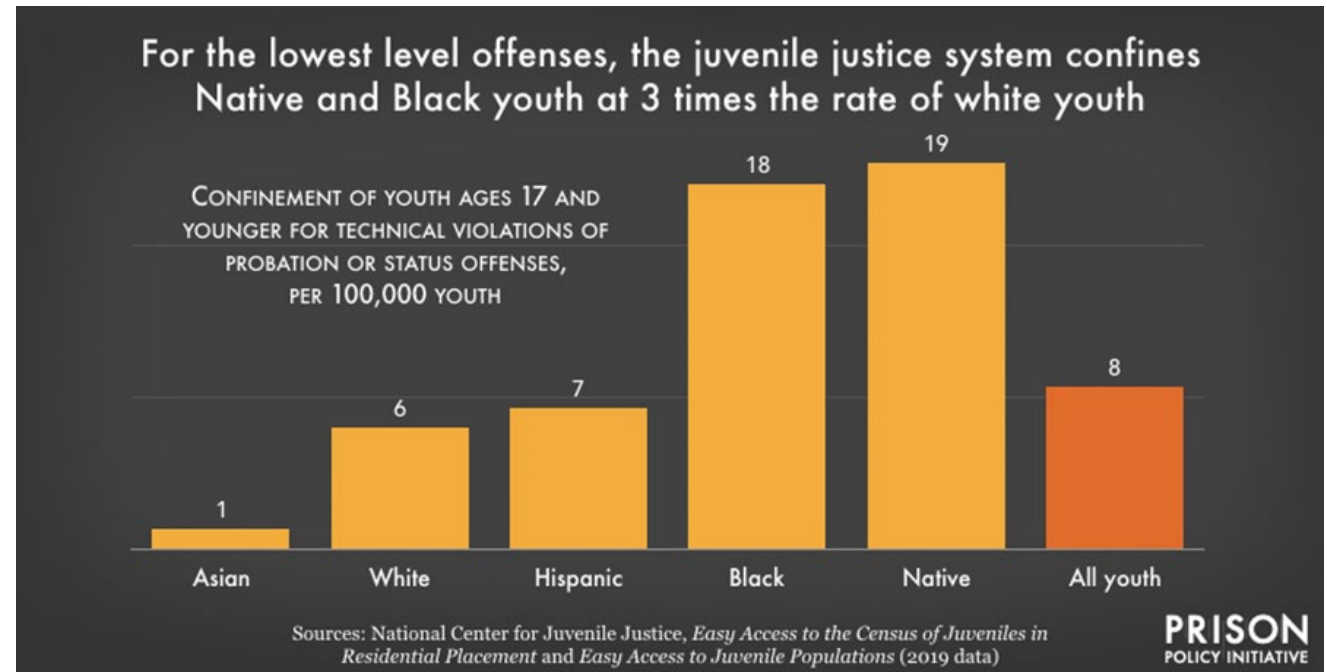
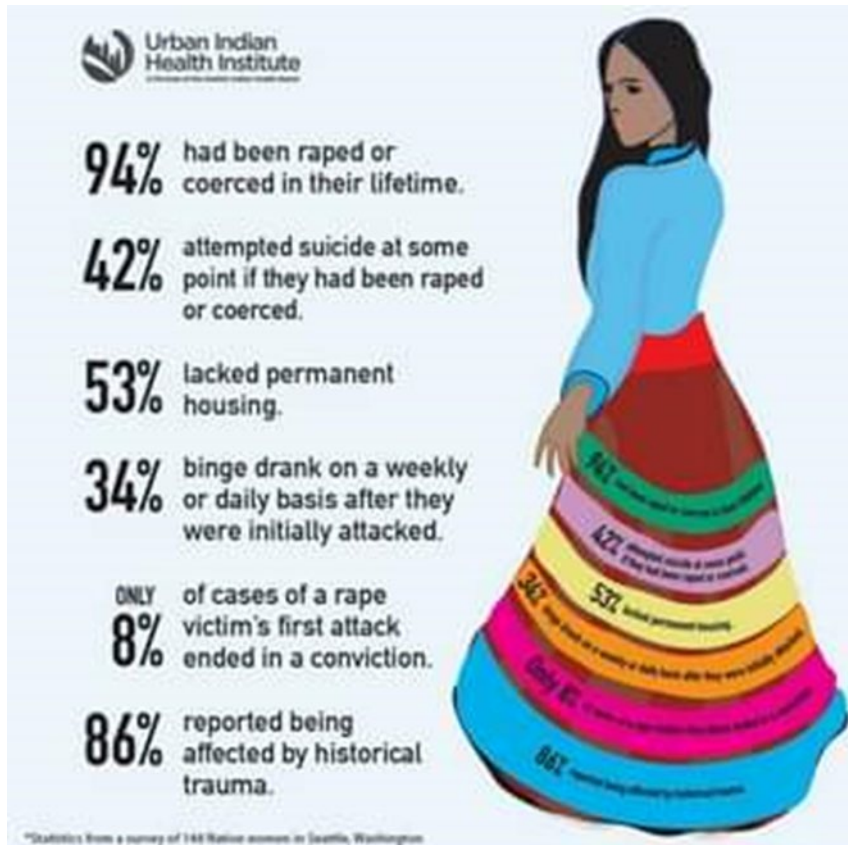




African American Social & Community Context



Native American Social & Community Context



Economic Stability

- Employment
- Income
- Expenses
- Debt
- Medical Bills



In Home Services

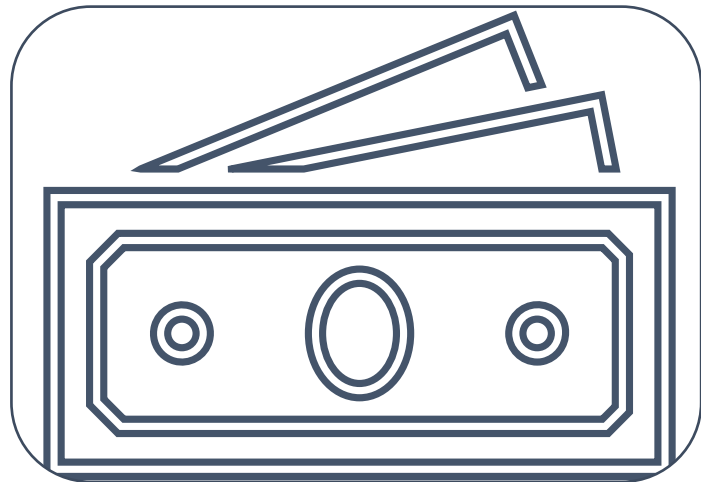


Family Impact Teams

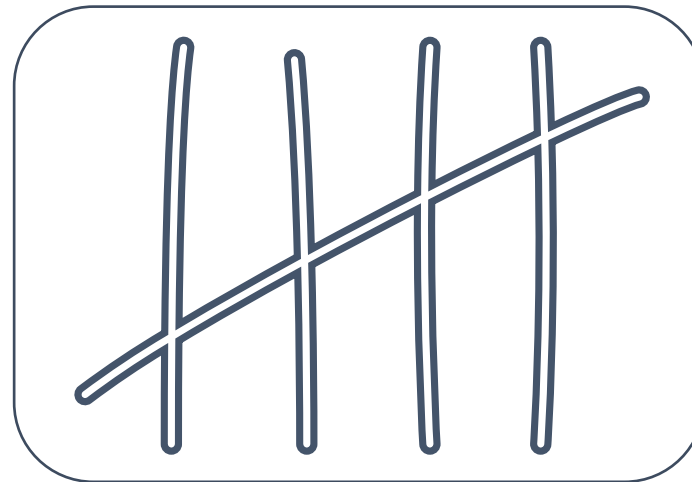
Innovative approach to support child welfare-involved families.



Economic Predictors of Child Welfare Involvement



Income Loss



Cumulative
Material Hardship



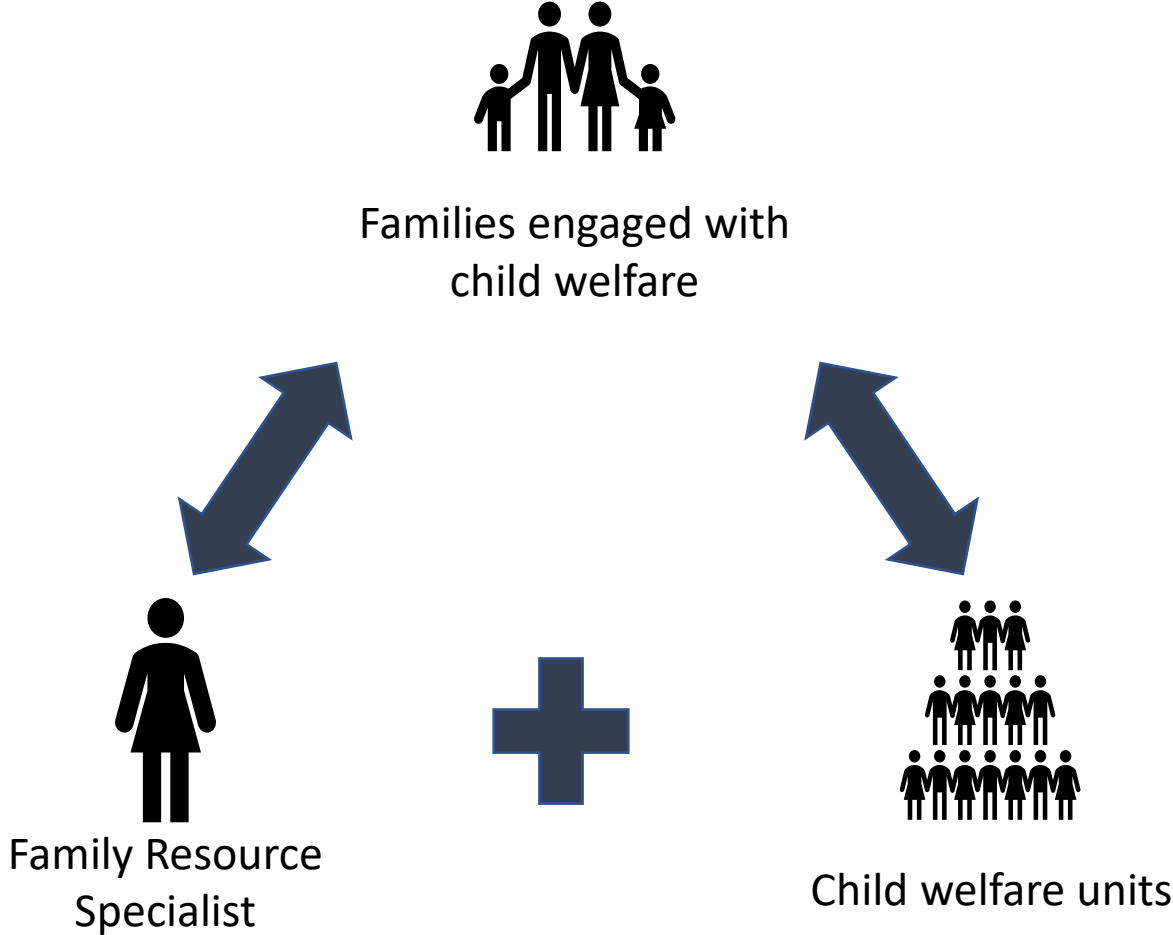
Housing Hardship



Approaches to accomplish this mission



Impactful Solution-Oriented Collaboration



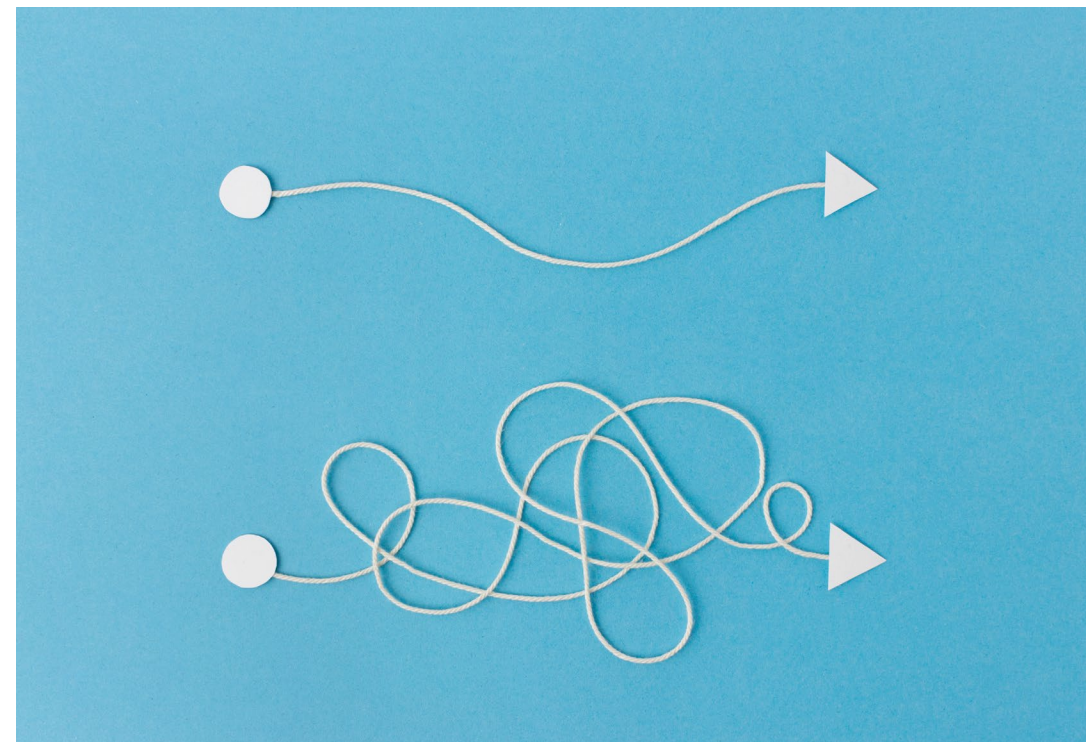


Family Resource Specialists
BENEFIT
Child Welfare Specialists

Navigating the Child Support System

Navigating government systems can often feel like the string on the bottom, a tangled mess. You start to make progress only to loop back to almost where you started.

With the help of an FRS, the process is streamlined.



Overcoming Multiple Challenges



Many families experience one challenge after another. When one is resolved, another one pops up. This can be overwhelming and frustrating for the family.

Working with an FRS, families have support and resources to overcome these challenges and improve their family's well-being.

Going the Extra Mile

Navigating the system to find affordable housing is a challenge for many families. It requires a lot of effort to find appropriate housing providers and complete the application paperwork.

FRS can walk alongside families to lessen their burden.



Innovative Solutioning

Pots and pans
to prepare
meals

Bikes for active
Children

Connecting
with CMH

Scholarship for
sports program

Beds and
Bedding

Connection to
Weatherization
Services

Vehicle
Purchase and
Repairs

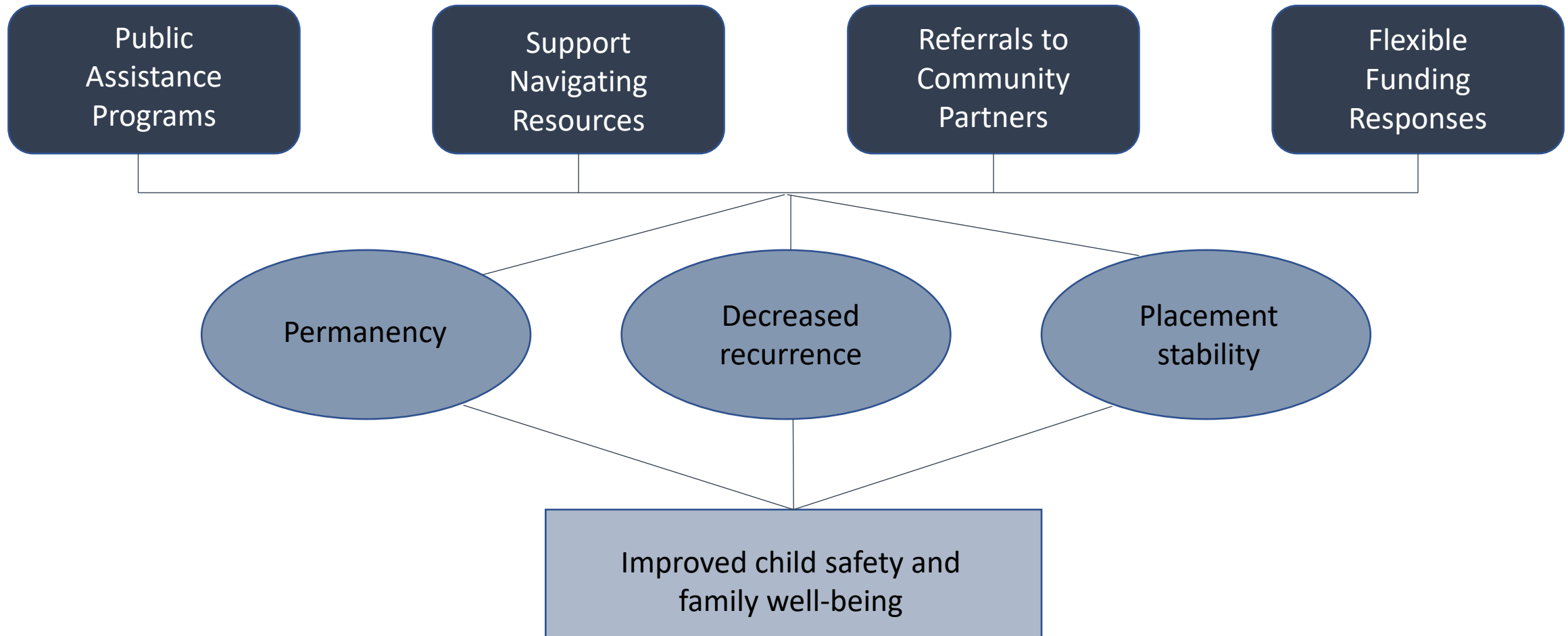
Child Day Care

Home Repairs
and clean up

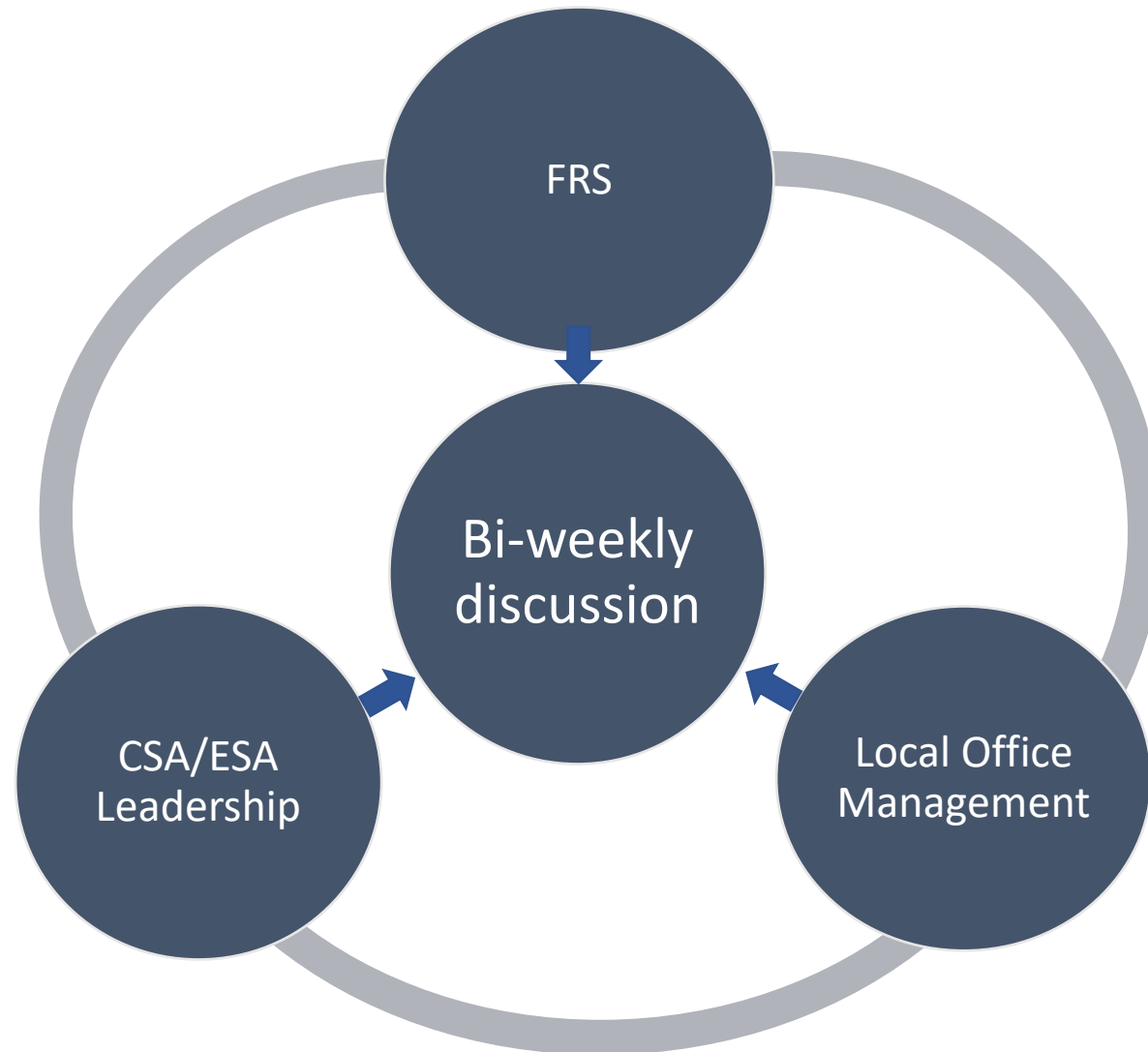
Eviction
Prevention

School
Enrollment

Expected Outcomes



Learning Together



Phase 1

Chippewa/Luce/Mackinac

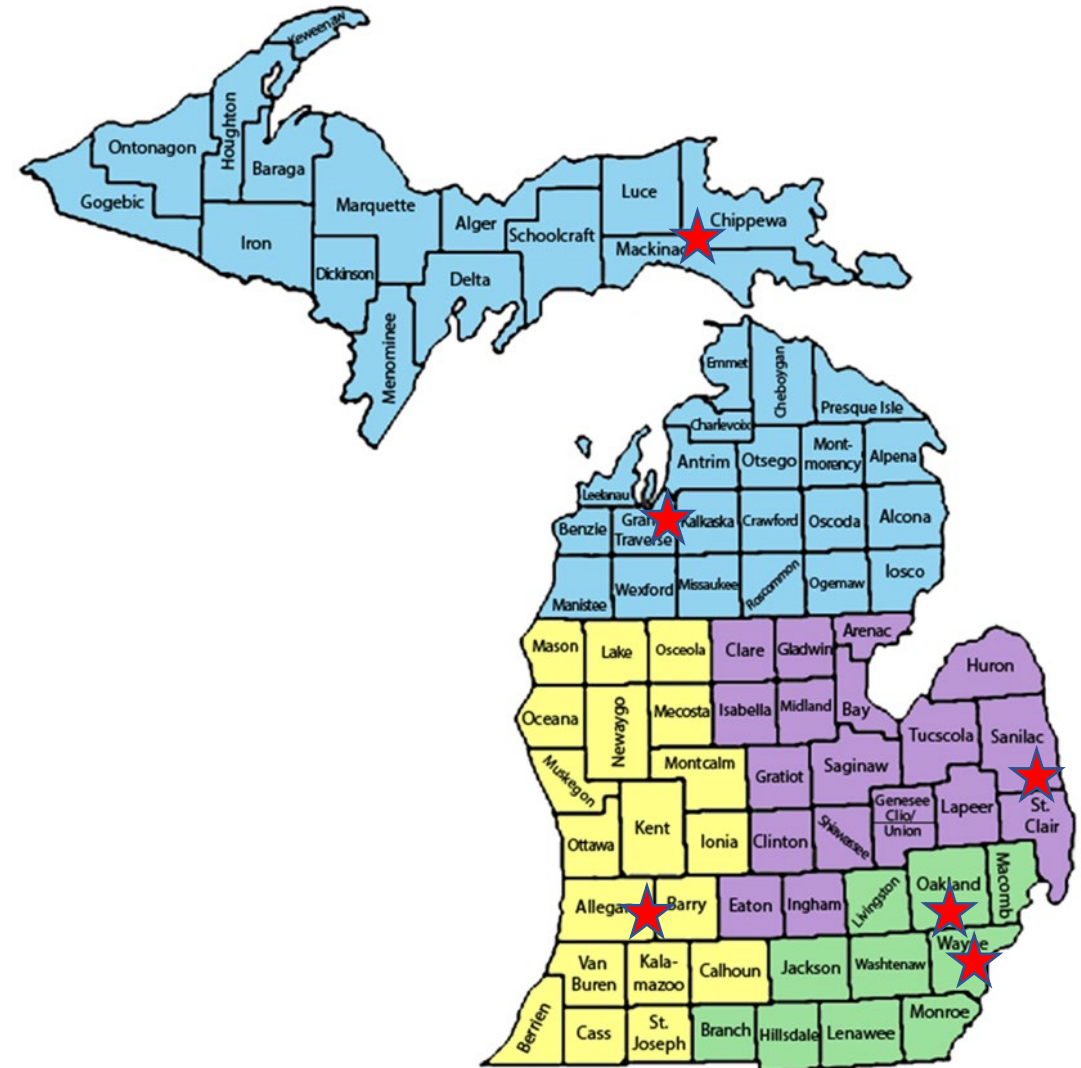
Grand Traverse/Leelanau/Kalkaska

Sanilac/St. Clair

Allegan/Barry

Oakland - Pontiac

Wayne – Western Wayne CSA and Greystone



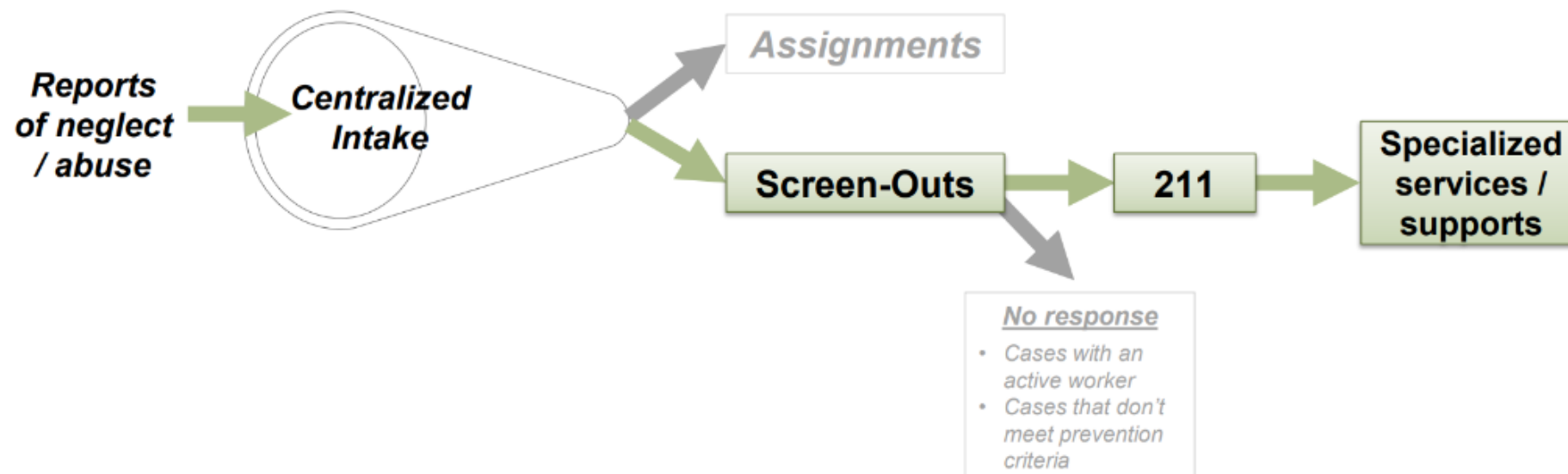
211 Prevention Pilot

Preventing Child Abuse and Neglect at Intake



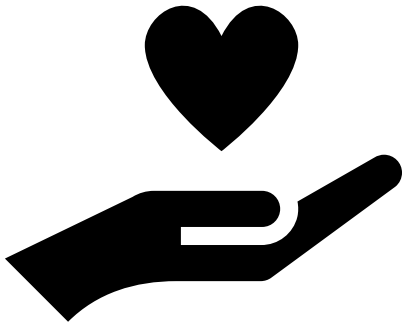
Designing a new prevention referral pathway from Centralized Intake to improve supports for families and reduce future maltreatment.

Why this matters: In Michigan, almost one in three families screened-out at Centralized Intake screen-in for investigation within one year. A large proportion of these families may have underlying service needs that contribute to the likelihood of a future screened-in report if unaddressed. By proactively connecting these families with supportive services and resources, CSA can help strengthen families and reduce the likelihood of subsequent child welfare interactions, particularly among Black or multi-racial families who are nearly twice as likely to be involved in a screened-in report as their white peers.



211 Pilot- How it Works

- When a call comes into CI, they assess the allegations to determine if it meets criteria for CPS involvement.
 - If there is enough information to support an investigation the intake is sent to the local office for formal child welfare involvement.
 - If the referral does not meet criteria for CPS involvement, contains a prevention identifier, and is in Calhoun, Kalamazoo or Kent counties, the referral is screened out and sent along a prevention pathway.



211 Pilot-Identifiers



- Families who get referred to these pathways have a prevention identifier flagged at CI based on the allegations reported by the referral source. The prevention identifiers are:
 - Child aged 0-3.
 - Caregiver <26 formerly a foster child.
 - Pregnant person in family.
 - DV in the household.
 - Child mental/behavioral health concerns.
 - Adult mental health concerns.
 - Substance use disorder with a child or adult.
 - Child medical needs.
 - Denied investigation within the last 12 months.
 - Guardianship/power of attorney needed.
 - Home conditions.
 - Clothing.
 - Food.
 - Utility or housing.
 - In-utero substance use

Out of Home Services



- Homeless Management Information System (HMIS) data suggests 3,573 youth between 18-24 experienced literal homelessness in 2022.
- Michigan Department of Education (MDE) data reports almost 3,800 youth in K-12 schools were experiencing homelessness without a parent or guardian.



MDHHS Housing and Homeless Services - Direct Impact



Expansion of Homeless Youth Runaway (HYR) funds

- \$3.2 million to expand into unrepresented/underrepresented areas
- \$1.6 million to assist with staffing expansion
- \$1.6 million to assist with infrastructure and technology

MDHHS Housing & Homeless Services - Partnerships



McKinney-Vento

Serving Students In Transition

MDHHS is currently in partnership with Michigan Department of Education (MDE) through McKinney-Vento for referrals during difficult situations for children experiencing homelessness.

Partnership Contd. - Food Assistance



- A workgroup was established with Children Services Administration (CSA) and Economic Stability Administration (ESA) to explore opportunities to better outreach to youth applying for food assistance.
- Staff were assigned at the MDHHS Special Processing Unit at Central Office to assist youth with their application for food assistance.
- MDHHS previously utilized Benefits Education Trust (BDT) to youth who have open foster care cases, are age 17 and up, and in Independent Living Placement (about 600 youth). Outreach texts all being sent to youth who have recently left foster care and are age 18 and up. In the process of exploring new vendors for similar services.
- Both CSA and ESA released a statewide memo about roles and responsibilities of foster care staff, eligibility staff, and special processing office staff.
- The Semi-Annual Transition meeting form was updated to include more specific information about food assistance. Semi-Annual Transition meetings occur with youth starting at age 14.

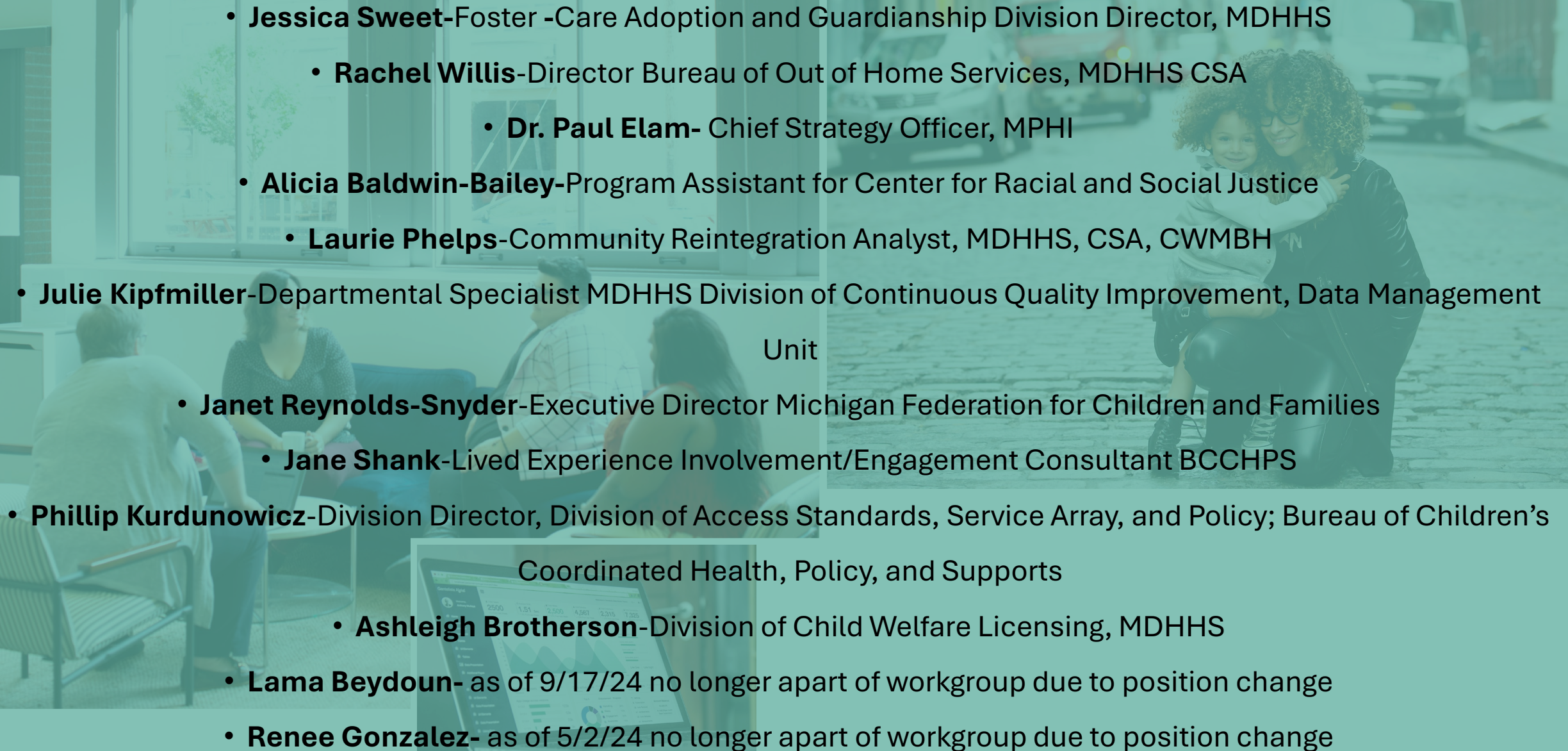
THANK YOU!



**Child Welfare
Improvement
Task Force:
Congregate Care
Workgroup
Updates**

Sandra Lindsey
&
Patricia Neitman

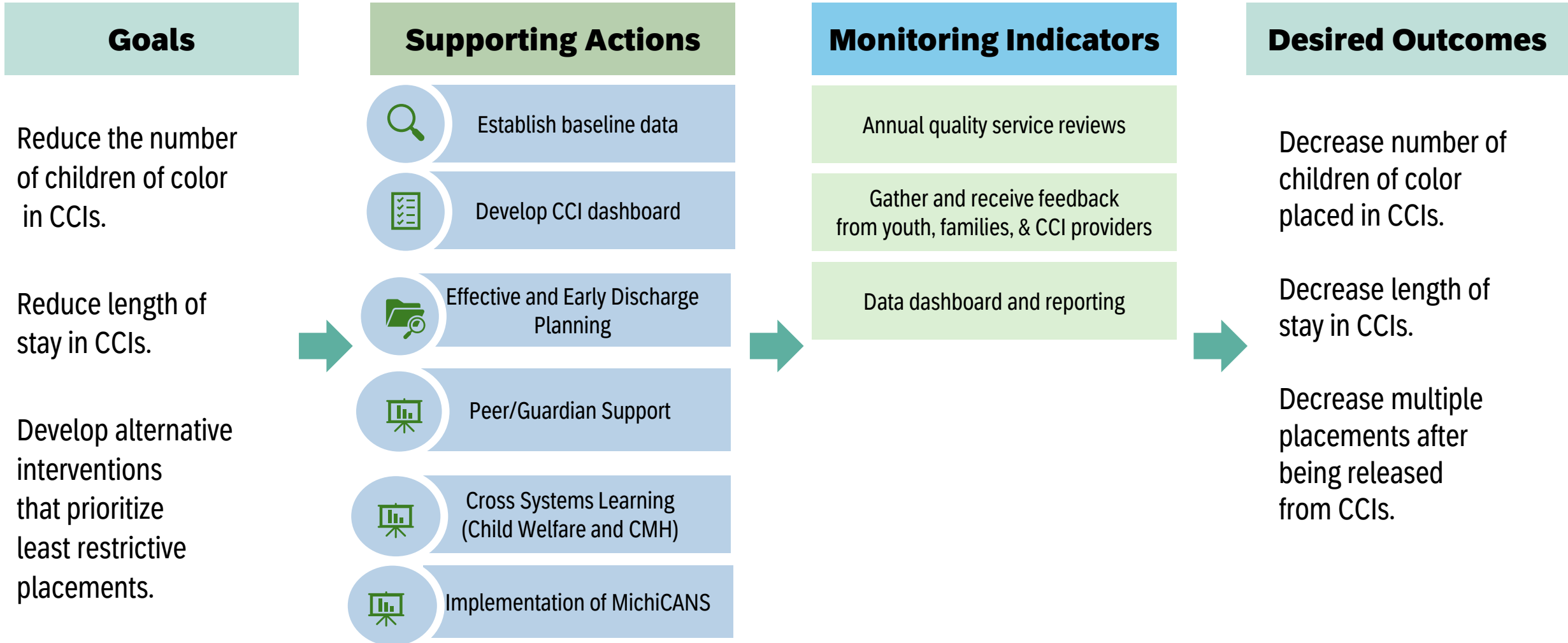
- **Judge Karen Braxton (Chair)** -Circuit Court Judge Third Judicial Circuit of Michigan
 - **Sandra M. Lindsey (Co-Chair)**-CEO, Saginaw County CMH Authority
- **Patricia Neitman (Co-Chair)**- Bureau Director, Bureau of Children’s Coordinated Health, Policy, and Supports
 - **Chris Andrews**-Communications Specialist Contracted with MPHI
 - **Lara Bouse**-Executive Director, Fostering Forward Michigan
- **Connie Conklin**-Executive Director Livingston County Community Mental Health
- **Alicia Cosgrove**-State Assistant Administrator, MDHHS Bureau of Children’s Coordinated Health Policy and Supports
 - **Cheri Duncan**-Services Program Manager 14 Macomb Co, Foster Care
 - **Katherine Marceau**-Regional Placement Unit Director, MDHHS
- **Natalie Quintal**-Child Welfare Analyst, MDHHS/Business Service Center 2
 - **Ellen Satterlee**-Program Assistant for Chief Strategy Office, MPHI
- **Jennifer Sczykutowicz**- Jackson County MDHHS Foster Care Program Manager
 - **Leslie Slater**, MSW-Foster Care Supervisor, Muskegon County DHHS

- 
- **Jessica Sweet-Foster** -Care Adoption and Guardianship Division Director, MDHHS
 - **Rachel Willis**-Director Bureau of Out of Home Services, MDHHS CSA
 - **Dr. Paul Elam**- Chief Strategy Officer, MPHI
 - **Alicia Baldwin-Bailey**-Program Assistant for Center for Racial and Social Justice
 - **Laurie Phelps**-Community Reintegration Analyst, MDHHS, CSA, CWMBH
 - **Julie Kipfmiller**-Departmental Specialist MDHHS Division of Continuous Quality Improvement, Data Management Unit
 - **Janet Reynolds-Snyder**-Executive Director Michigan Federation for Children and Families
 - **Jane Shank**-Lived Experience Involvement/Engagement Consultant BCCHPS
 - **Phillip Kurdunowicz**-Division Director, Division of Access Standards, Service Array, and Policy; Bureau of Children's Coordinated Health, Policy, and Supports
 - **Ashleigh Brotherson**-Division of Child Welfare Licensing, MDHHS
 - **Lama Beydoun**- as of 9/17/24 no longer apart of workgroup due to position change
 - **Renee Gonzalez**- as of 5/2/24 no longer apart of workgroup due to position change

DRAFT: CCI Action Plan

Problem Statement: Children of color are disproportionately placed in CCIs and have longer lengths of stay.

Recommendation: Implement appropriate services to reduce CCI placements and length of stay.



**Formal
Recommendations
to address
Congregate Care
Placement**

Sandra Lindsey
&
Patricia Neitman

Proposals for Change

Fiscal Year 2026

Bureau of Children's Coordinated Health, Policy, and Supports



Transitions of Care Program

Overall Goal: Improve transitions of care for youth with complex behavioral health needs.

Proposed Solution/Components of Proposal:

Develop and Implement Community Transitions Support Team housed in BCCHPS to

- Assess and identify needs and barriers to timely discharge from congregate care settings.
- Assemble the needed multi-system teams to support transition.
- Lead discharge planning teams to support and drive effective discharge planning.
- Ensure needed community-based services and supports are in engaged and in place to support transition.
- Work across child serving systems and MDHHS departments to improve access and transition planning.
- Collect and analyze data regarding outcomes; recommend program changes as indicated.
- Provide training and technical assistance to support effective transition planning.

Department Priorities Addressed:

- ✓ Keeping Kids Safe.
- ✓ Improving Access to Behavioral Health Services/Supports.
- ✓ Improving the Way We do Business.
- ✓ Streamlining Transitions of Care (Director's Initiative).

Identified Challenges:

- Timely transition of youth from congregate care to community.
- Transition out of Emergency Departments to appropriate setting with necessary services/supports.
- Transition from child to adult services.

Peer Expansion Project for Parents and Youth (PEPPY)

Overall Goal: Expand Parent Support Partners & Youth Peer Supports Programming

Proposed Solution/Components of Proposal:

Expand contract with Association for Children's Mental Health (ACMH) and obtain staffing resources to:

- Expand Parent Support Partner programming across the state.
- Expand Youth Peer Support programming across the state.
- Obtain dedicated staffing resources to support these MICAS services.

Department Priorities Addressed:

- ✓ Keeping Kids Safe.
- ✓ Addressing Behavioral Health Challenges.
- ✓ Administer Programs to Improve Health, Safety & Prosperity of Michigan Residents (MDHHS Mission).

Identified Challenges:

- Need for expansion of parent supports.
- Need for expansion of youth supports.
- Need to Address litigation commitments.

BCCHPS Proposal Overview

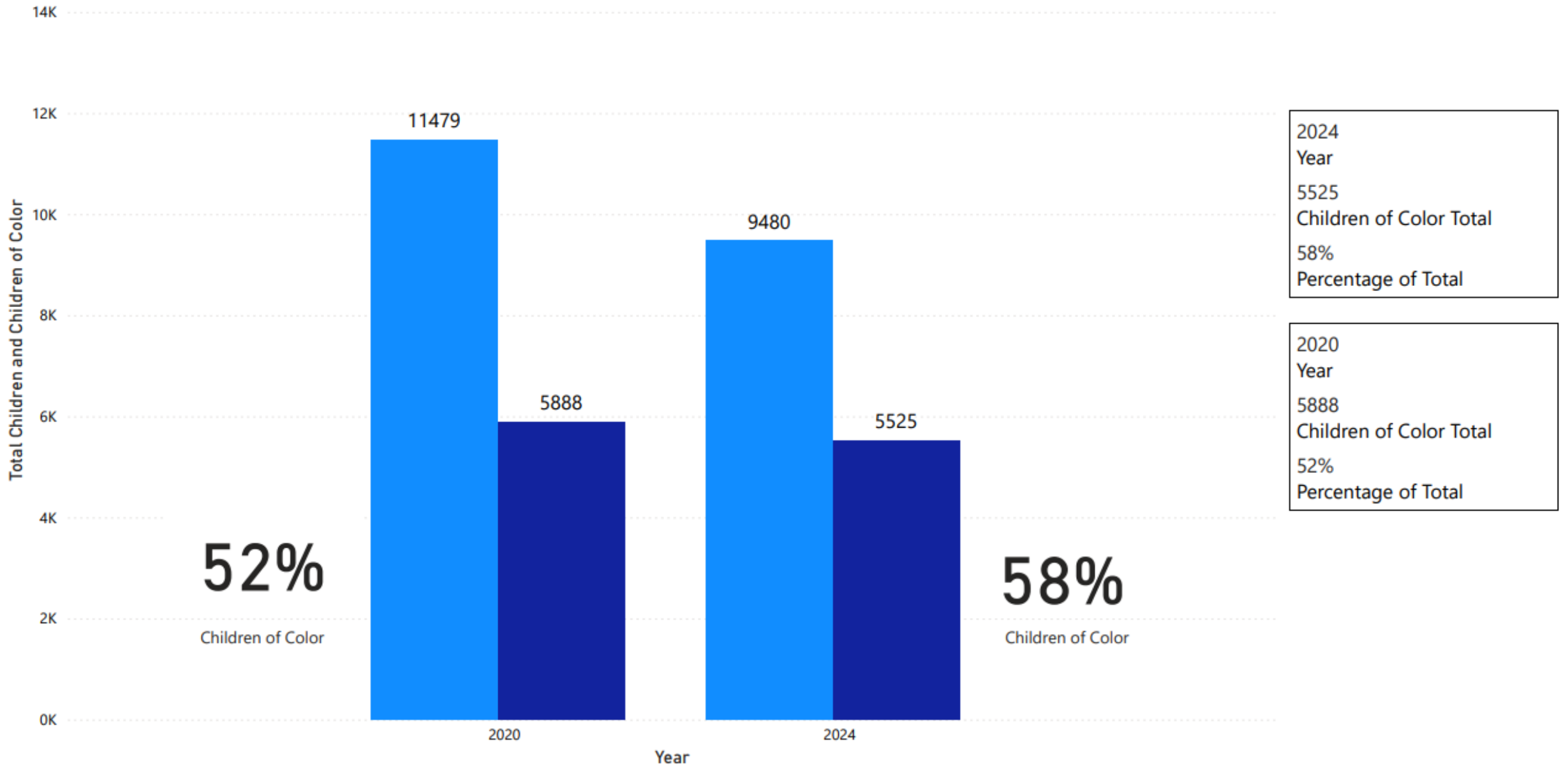
Ranking	Proposal	FTEs	General Fund	Medicaid Match	Total GF Needed
1	Transitions of Care	13	\$2,098,000	N/A	\$2,098,000
2	Peer Expansion Project for Parents & Youth	2	\$564,500	50% for one FTE	\$486,000
TOTAL		15 (1 contracted)	\$2,662,500	\$78,500	\$2,584,000

**Michigan
Congregate Care
Placements by
Race & Ethnicity**

Dr. Paul Elam

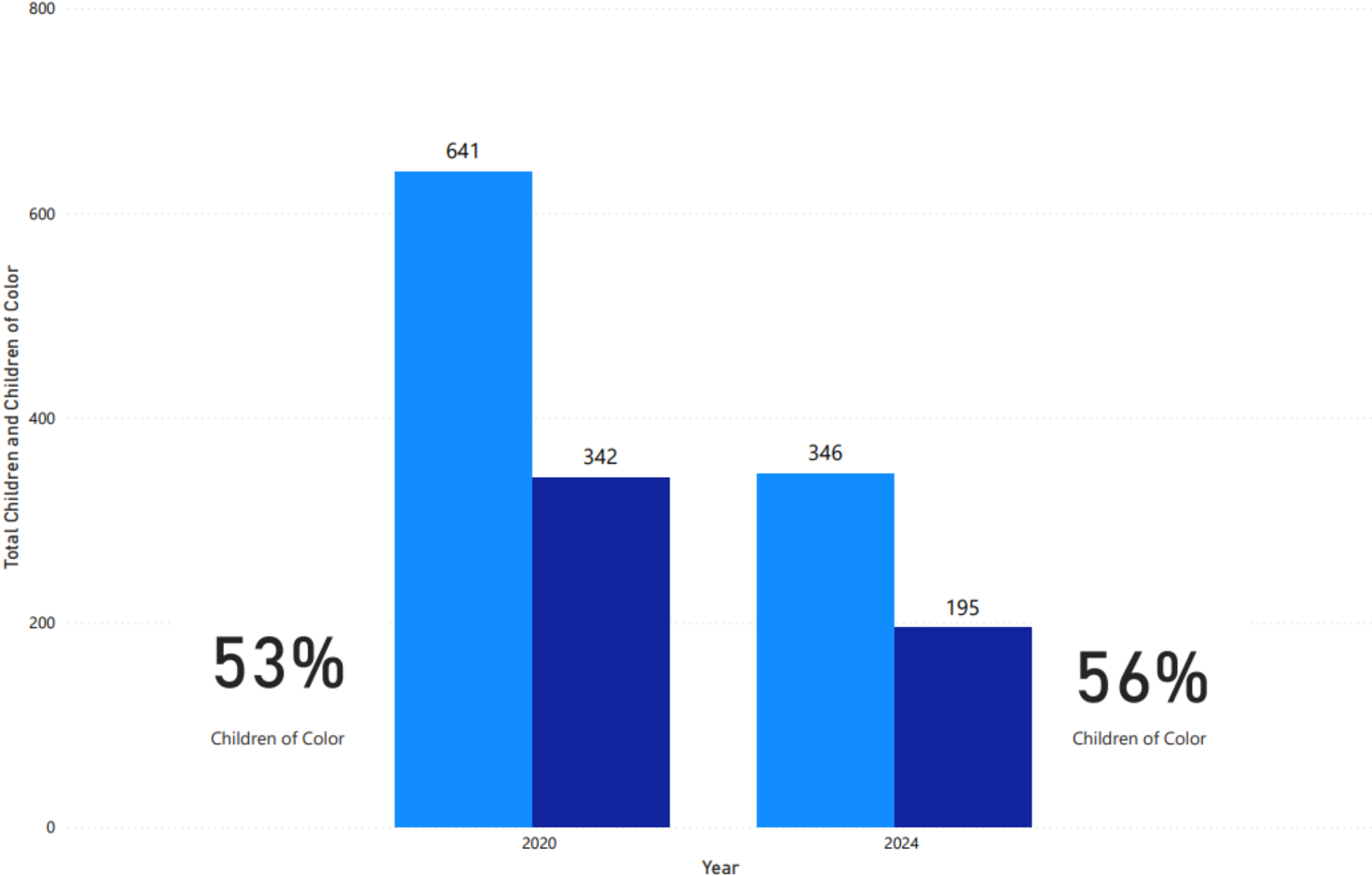
Children of Color in Care

● Total Children ● Children of Color



Children of Color in Congregate Care

● Total Children ● Children of Color

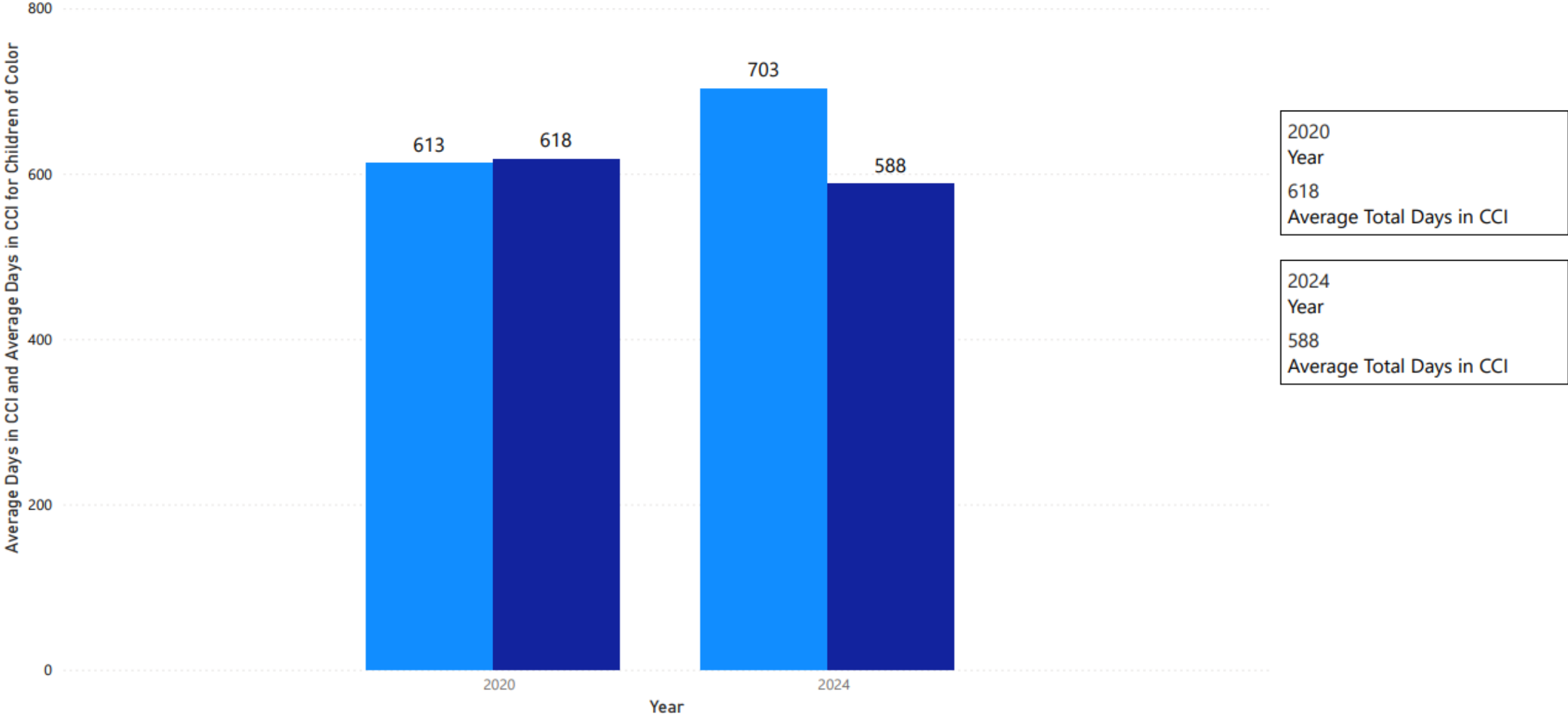


2024
Year
195
Children of Color Total
56%
Percentage of Total

2020
Year
342
Children of Color Total
53%
Percentage of Total

Average Days in CCI

● Average Days in CCI ● Average Days in CCI for Children of Color



2020
Year
618
Average Total Days in CCI

2024
Year
588
Average Total Days in CCI

What to Expect
for 2024.....

Congregate Care Workgroup Meeting Date and Times

February 29th 10:00am-11:30am

March 25th 12:30pm-2:00pm

April 22nd 8:30am-10:00am

May 23rd 10:30am-12noon

June 26th 1:00pm-2:30pm

July 31st 10:00am-11:30am

August-Summer Break Meeting Cancelled

September 18th 1:30pm-3:00pm

October 30th 9:00am-10:30am

November 18th 12:30pm-2:00pm

December-Holiday Break Meeting Cancelled

**Closing
Remarks & 6
Month Virtual
Meeting TBD**

Judge Karen Braxton