

Michigan Child Welfare Improvement Task Force

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

MPHI®

MDHHS
Michigan Department of Health & Human Services

AGENDA

Welcome and Introductions –Judge Karen Braxton

- New & Old task force members

Purpose of meeting- Judge Karen Braxton

- New charge statement

Review of new charge- Judge Karen Braxton

MDHHS Update- Director Demetrius Starling

Old Business: Review of data tool from workgroup co-chairs: Patricia Neitman & Sandra Lindsey

New Business: Charge new 2-gen workgroup: Janet Snyder Reynolds & Judge Karen Braxton

- Ideas & New Goals

Next Steps – Judge Karen Braxton

Welcome & Introductions







FY26 Current Member List

Successive Term Task Force Members



- **Judge Karen Braxton (Chair)** -Circuit Court Judge Third Judicial Circuit of Michigan
- **Demetrius Starling**-Senior Deputy Director Children's Service Administration, MDHHS
- **Lara Bouse**-Executive Director, Families Forward Michigan
- **Kayla Morgan**-Youth Representative
- **Sandra M. Lindsey-**CEO, Saginaw County CMH Authority
- **Patricia Neitman-** Bureau Director, Bureau of Children's Coordinated Health, Policy, and Supports, MDHHS
- **Debra Pinals, M.D.**-Medical Director of Behavioral Heath and Forensic Programs, MDHHS
- **Lillie Pinder**-Parent Representative
- **Leticia Pittman**-Child Welfare Director, Catholic Charities West Michigan
- **Janet Reynolds-Snyder**-President/CEO Michigan Federation for Children and Families







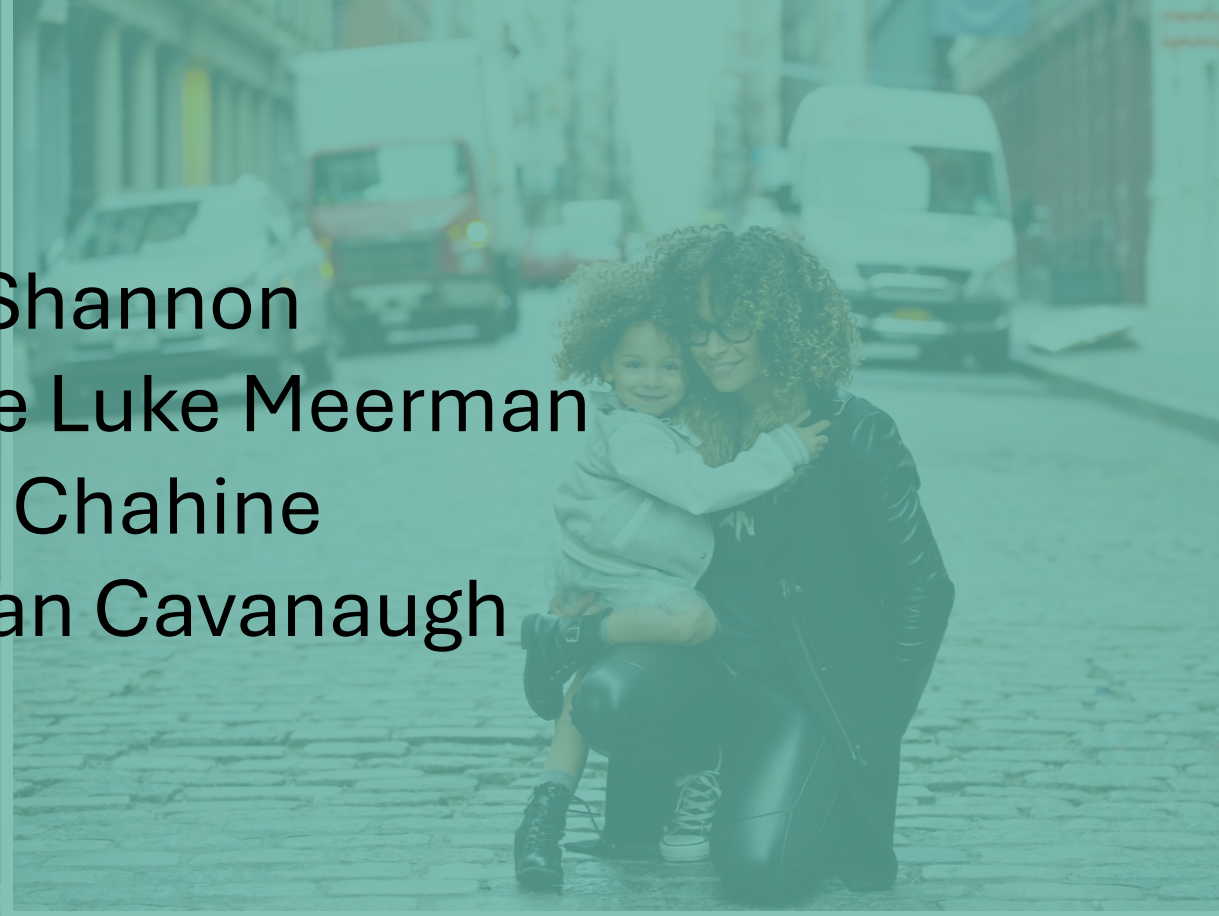


Cont'd

- **Representative Stephanie Young**- State Rep for Detroit 16th House District
- **Regina Branch**-Special Advisor to the Children's Services Senior Deputy Director, MDHHS
- **Kimberly Reese-** Director, Office of Culture, Community, Education Leadership, MDHHS
- **Selene Wadhawan Weiss**-Child Welfare Supervisor Kent County, MDHHS
- **Kelly Sesti**-Bureau Director Children's Services Agency, MDHHS

Former Task Force Members



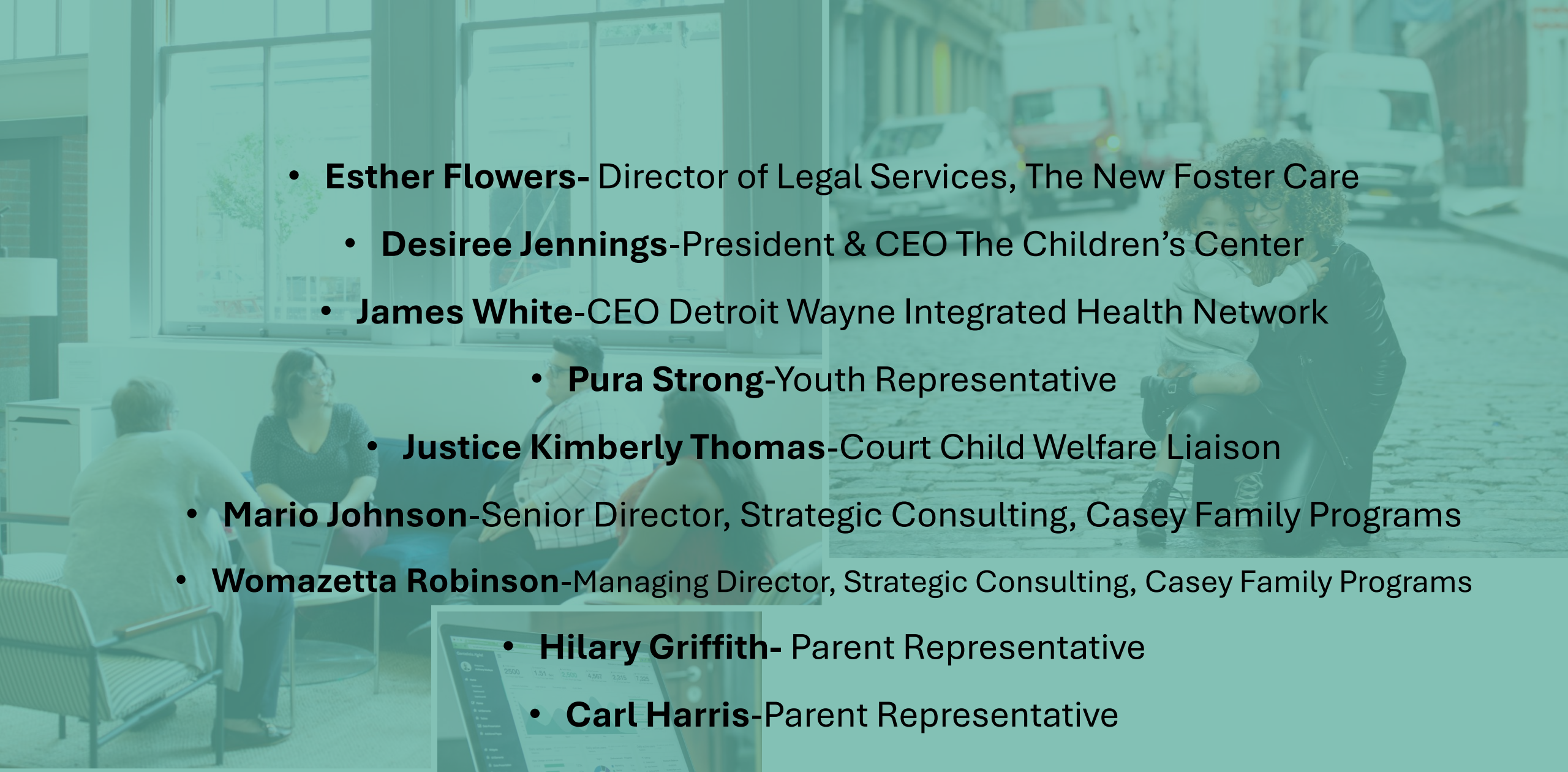




- Anita Shannon
- Representative Luke Meerman
- Zeinab Chahine
- Justice Megan Cavanaugh

FY26 Current Member List

New Task
Task Force Members



- **Esther Flowers-** Director of Legal Services, The New Foster Care
- **Desiree Jennings**-President & CEO The Children's Center
- **James White**-CEO Detroit Wayne Integrated Health Network
- **Pura Strong**-Youth Representative
- **Justice Kimberly Thomas**-Court Child Welfare Liaison
- **Mario Johnson**-Senior Director, Strategic Consulting, Casey Family Programs
- **Womazetta Robinson-**Managing Director, Strategic Consulting, Casey Family Programs
- **Hilary Griffith-** Parent Representative
- **Carl Harris**-Parent Representative

Purpose of Meeting

Judge Karen Braxton

FY26 Child Welfare Improvement Task Force

Charge Statement

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

To redesign the front-end response of the Michigan Department of Health and Human Services (MDHHS) to reports of abuse and neglect. We're dedicated to ensuring this response is unbiased and effectively distinguishes between crisis situations and those where families simply need services and support.

By leveraging data, we aim to achieve fair outcomes while promoting safe kinship care, enhancing access to community mental health services, and eliminating inappropriate placements in residential facilities.

We're adopting the Two-Generation approach, addressing the needs of both children and adults to improve the overall well-being of our families.



MDHHS Updates

Director Demetrius Starling

Child Welfare Improvement Task Force Meeting

Okemos, MI
October 31, 2025

MDHHS
Michigan Department of Health & Human Services

Keep Kids Safe Action Agenda Pillars

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Michigan Department of Health & Human Services

Prevention

- Upstream focus to **prevent abuse** before it occurs.
- Access to **community-based interventions.**
- **Connect families to resources and supports** to promote safety and well-being.
- **Focused support** for family thriving.

Intervention

- Unyielding **child safety focus.**
- **Unbiased assessments** and engagement.
- Sensitive to **avoid conflation of poverty with neglect.**
- **Strength-based** interventions.
- **Family focused, family-driven.**

Stability

- **Engage broad array of stakeholders** to support children and families.
- Value **consistent and reliable resources** for families.
- **Leverage creativity** to address family specific challenges.

Wellness

- **Trauma-informed, family focused.**
- **Person-centered planning** to meet unique needs.
- Access to quality **physical and behavioral health supports.**
- Achieve **educational outcomes.**
- Access to **safe and stable housing.**

Workforce

- **Entrusted to take action** to ensure safety and support for families.
- **Value for professionalism and expertise.**
- Encourage **innovation.**
- **Avoid deficit thinking.**
- Value **public/ private partnerships.**
- Support **wellness and a positive work-life balance.**

Children's Services Administration Priorities



Children, Parents and Families Served in Michigan each year by MDHHS:

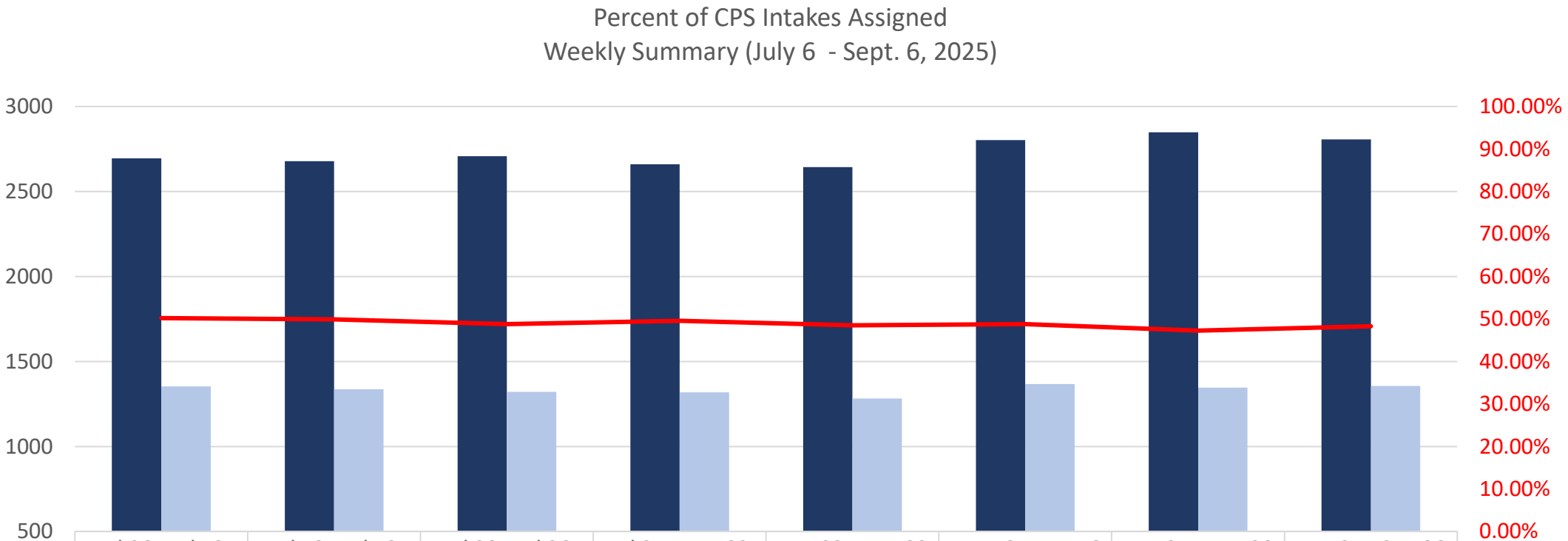
- Foster Care:
  - There are 10,108 children in foster care.
  - In the last year, 4,137 children entered foster care.
  - In the last year, 4,087 children exited foster care.
- Adoption:
  - In the last year, 1,110 adoptions were finalized.
- Foster/Adoption Parents:
  - There are currently 3,636 licensed foster/adoptive parents.
  - In the last year, 776 foster homes were licensed.

The Reality: Disparities in Child Welfare

Children of Color in Michigan's Child Welfare System

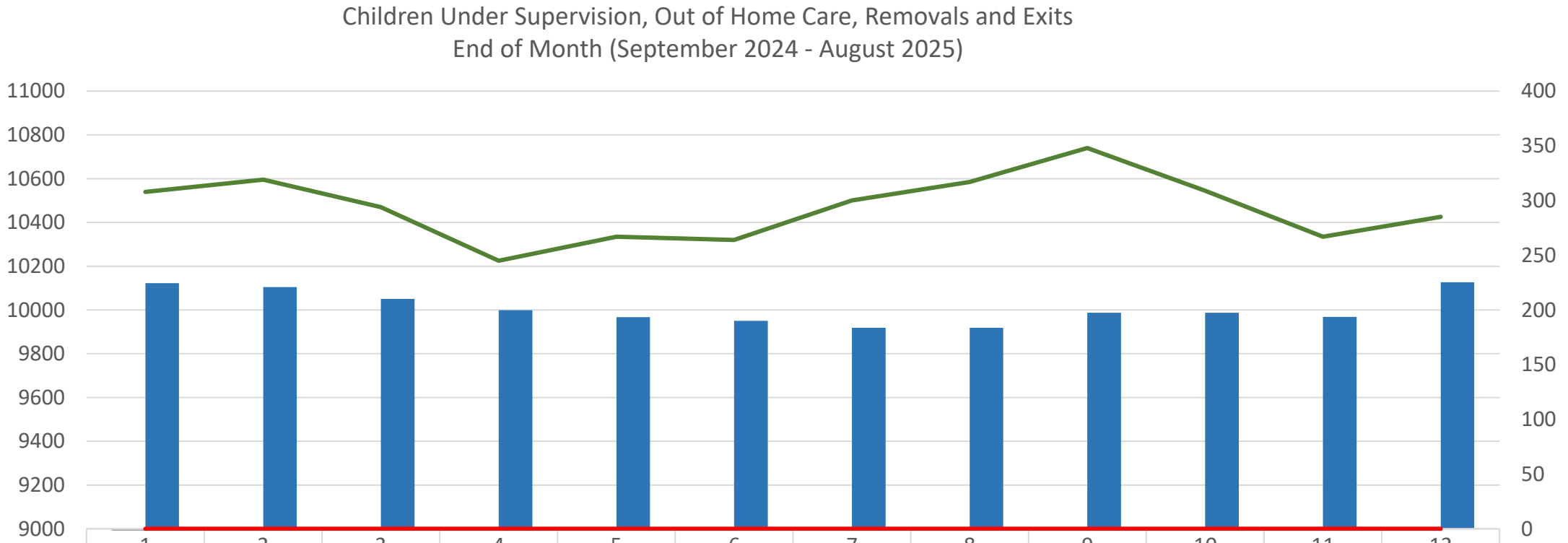
- Children of color represent ~31% of Michigan's child population, but ~51% of the foster care population.
- Black children represent ~16% of the child population, but nearly **29% of those in care**.
- Disparities persist in removal rates, length of stay, and congregate care placements.

CPS Intakes/Assignments



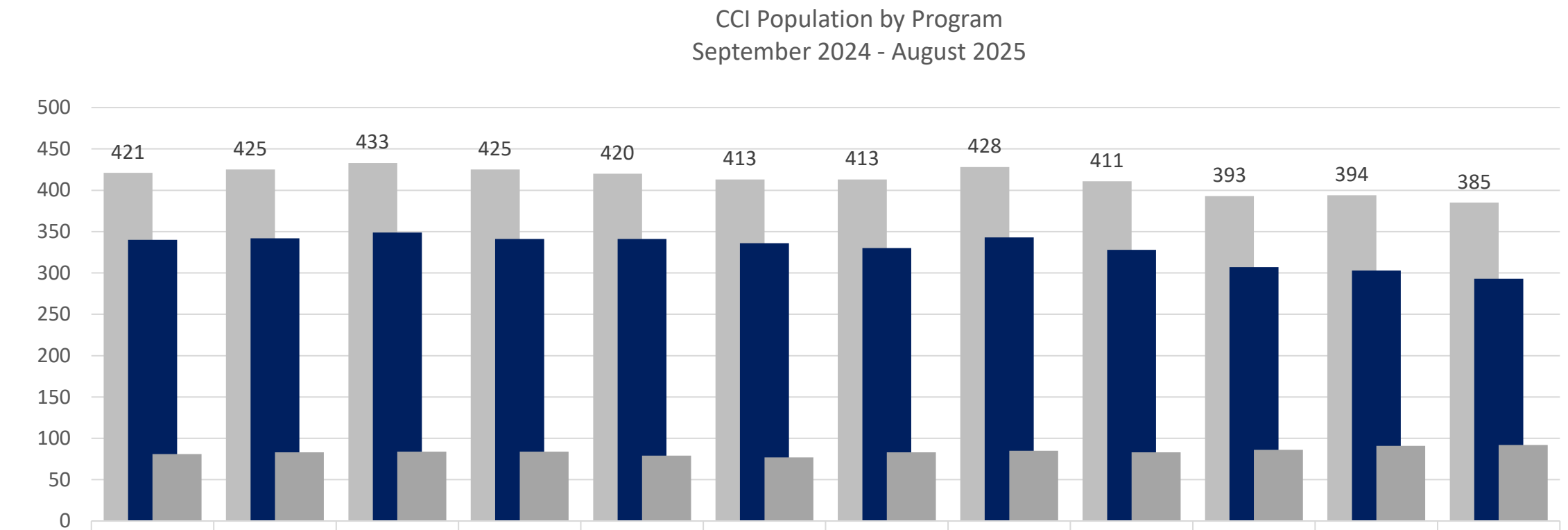
	Jul 06 - Jul 12	Jul 13 - Jul 19	Jul 20 - Jul 26	Jul 27 - Aug 02	Aug 03 - Aug 09	Aug 10 - Aug 16	Aug 24 - Aug 30	Aug 31 - Sep 06
RECEIVED	2695	2678	2707	2660	2644	2802	2848	2807
ASSIGNED	1353	1337	1321	1318	1282	1367	1346	1356
PERCENT	50.20%	49.93%	48.80%	49.55%	48.49%	48.79%	47.26%	48.31%

Foster Care Trends



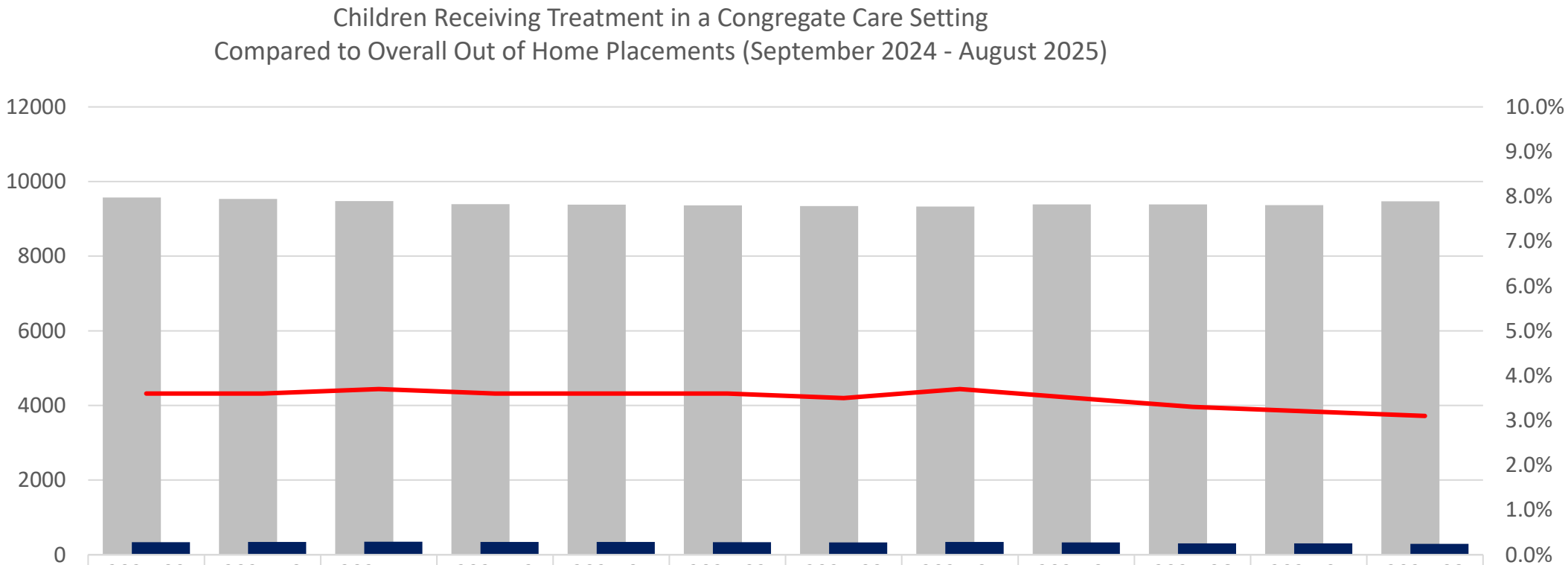
	1	2	3	4	5	6	7	8	9	10	11	12
EXITS_FROM_OUTOFHOME	263	356	350	326	282	280	320	332	289	310	287	182
IN_CARE	10122	10105	10051	9999	9967	9950	9919	9919	9987	9987	9968	10127
REP_MONTH	0	0	0	0	0	0	0	0	0	0	0	0
REMOVALS	308	319	294	245	267	264	300	317	348	309	267	285

CCI Population by Program



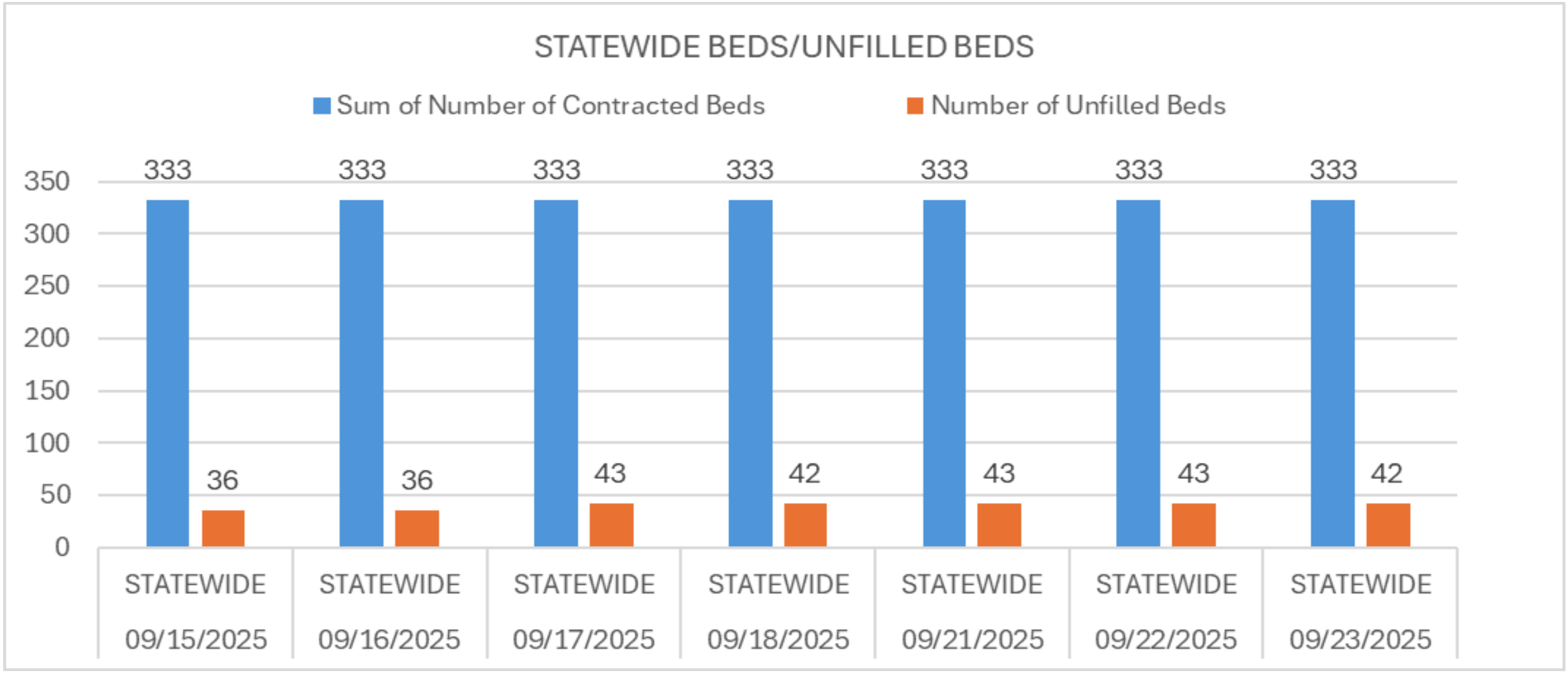
	2024-09	2024-10	2024-11	2024-12	2025-01	2025-02	2025-03	2025-04	2025-05	2025-06	2025-07	2025-08
TOTAL	421	425	433	425	420	413	413	428	411	393	394	385
FC	340	342	349	341	341	336	330	343	328	307	303	293
JJ	81	83	84	84	79	77	83	85	83	86	91	92

Children Receiving Treatment in a Congregate Care Setting

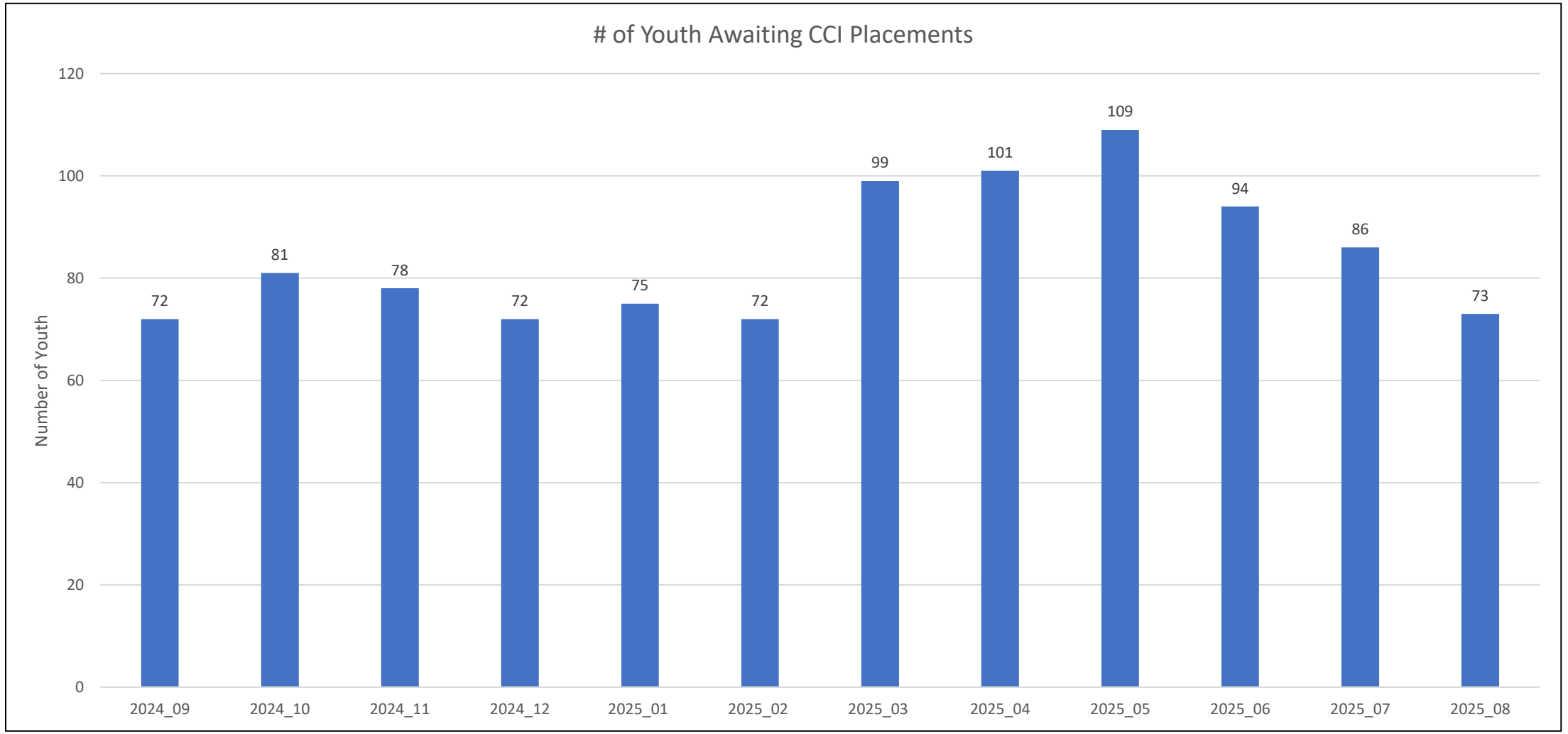


	2024-09	2024-10	2024-11	2024-12	2025-01	2025-02	2025-03	2025-04	2025-05	2025-06	2025-07	2025-08
PLACEMENTS	9570	9533	9477	9396	9381	9365	9345	9330	9389	9388	9368	9471
CCI PLACEMENTS	340	342	349	341	341	336	330	343	328	307	303	293
PERCENT	3.6%	3.6%	3.7%	3.6%	3.6%	3.6%	3.5%	3.7%	3.5%	3.3%	3.2%	3.1%

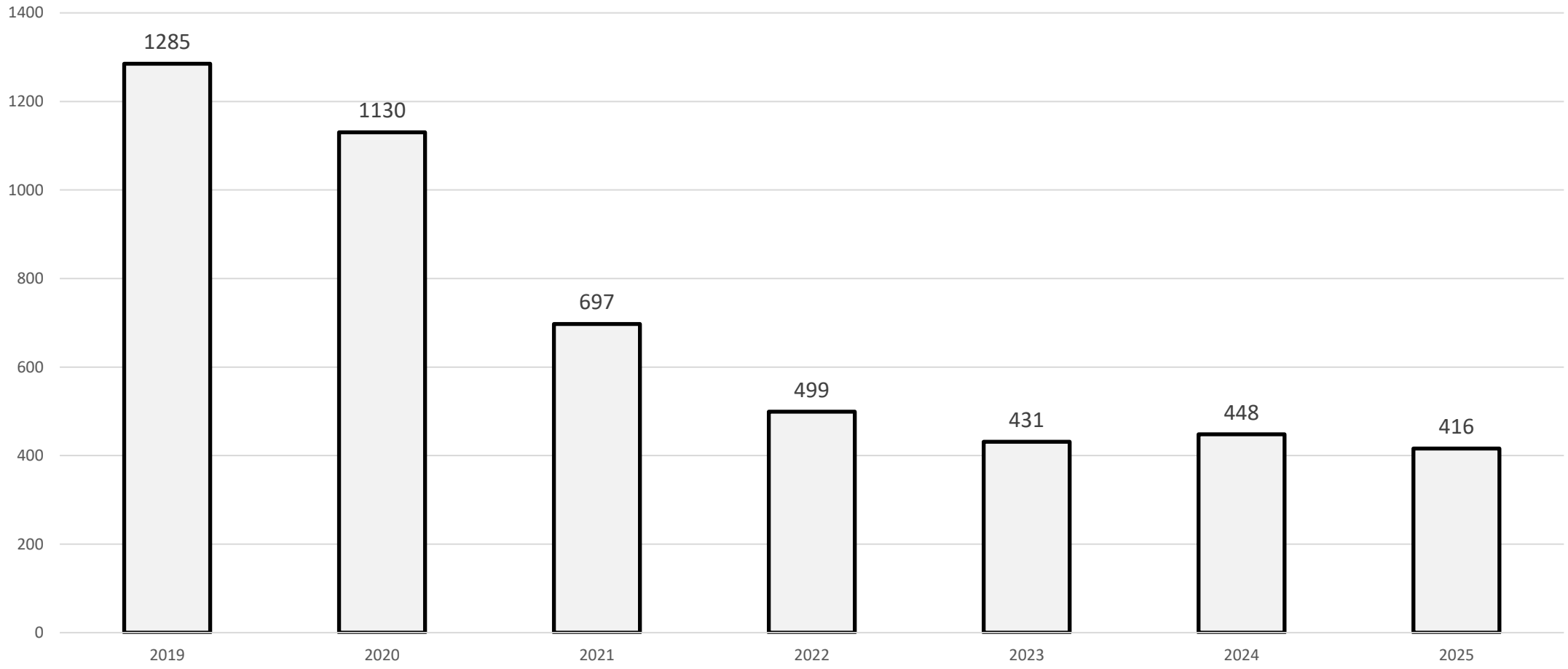
CCI utilization



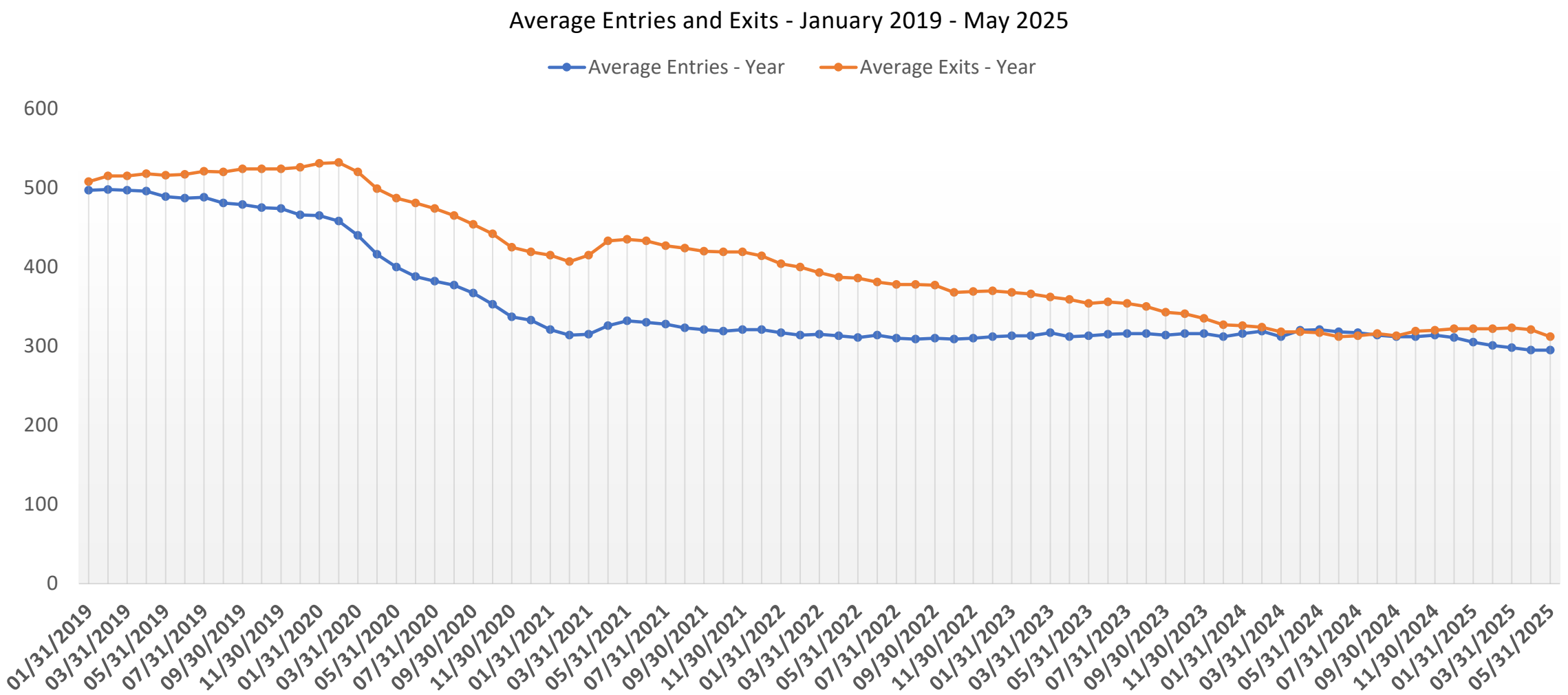
Youth Awaiting CCI Placement



State of Michigan
Children in CCIs 2019 through May 2025



State of Michigan
Average Entries and Exits by Month



Key Statistics – Residential Treatment

- As of August 2025:
  - 3.1% of youth in out of home foster care are placed in a CCI. This amounts to 293 children. There were also 382 total children in the MDHHS JJ system, with 200 of those children being dual wards.
  - There were a total of 334 abuse and neglect contracted treatment beds. Approximately 10% empty beds since the contracts were implemented in October 2024.
  - There were a total of 87 JJ program contracted beds. This program operated with about 15% of the beds empty at any given time.
- Both the abuse and neglect and JJ programs are working to bring further beds online over the next few months to increase capacity and eliminate waitlists.

Michigan's commitment to kin-first practices, new policies, and dedicated supports for relative caregivers has directly driven the steady increase in relative placements over the past six years.

Michigan Kinship Data-Out of Home Placement (Foster Care)

Year	Chldren in Out of Home Placement	Children in Relative Care	% of Children Placed with Relatives
2021-June	8,469	4,526	53%
2022-June	8,008	4,284	53%
2023-June	7,763	4,616	59%
2024-June	7,828	4,844	62%
2025-June	7,659	4,820	63%

Note: *Children in Out of Home Placement* excludes "In Own Home" and Independent Lving Placement Types

Kinship Continued

- Michigan places over 60 percent of children in foster care with kinship caregivers.

- Kinship care is best for children and families. Placing children with kin allows for maintained family connections, cultural continuity, familiarity and comfort, and reduced trauma.

Financial and Statutory Support:

- In 2019, equal foster care payments for unlicensed relative providers.

- Administrative payments to private agency partners for unlicensed kin cases

- Statutory update to include fictive kin as relatives.

Michigan's Commitment to Equity & Service

Statewide Efforts to Support Youth & Families

- **Racial Equity Task Force** – focused on addressing systemic bias and ensuring equitable decision-making.
- **Kinship Care Expansion** – now over **50% of children** placed with relatives, helping preserve cultural and family connections.
- **MiFamily Together** – one consistent worker per family to reduce system trauma and provide holistic supports.
- **Keep Kids Safe Action Agenda** – more than 20 new policies to improve safety, well-being, and family supports.

Looking Ahead: Strengthening Outcomes

Building a More Equitable Child Welfare System

- Expand **community partnerships** with organizations serving communities of color.
- Continue reducing reliance on congregate care; invest in **family- and community-based supports**.
- Ongoing **workforce training & teaming model** to reduce bias, improve family engagement, and support staff.
- Commitment to **transparency & accountability** as Michigan progresses toward exiting federal oversight.

Thank you.

“Every child deserves more than placement — they deserve belonging.”

— CSA Commitment to Family, Community, and Connection

MDHHS
Michigan Department of Health & Human Services

Old Business:

Patrcia Neitman

&

Sandra Lindsey

Topic Points

- **Charge Recap:** Patricia Neitman & Sandra Lindsey
- **Proposals into Programs:** Transitions of Care & Peppy-Patricia Neitman
- **CCI Dashboard Walk Through**: Patricia Neitman & Sandra Lindsey

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.

Goals

Reduce the number of children of color in CCIs.

Reduce length of stay in CCIs.

Develop alternative interventions that prioritize least restrictive placements.

Supporting Actions

- Establish baseline data
- Develop CCI dashboard
- Effective and Early Discharge Planning
- Peer/Guardian Support
- Cross Systems Learning (Child Welfare and CMH)
- Implementation of MichiCANS

Monitoring Indicators

- Annual quality service reviews
- Gather and receive feedback from youth, families, & CCI providers
- Data dashboard and reporting

Desired Outcomes

Decrease number of children of color placed in CCIs.

Decrease length of stay in CCIs.

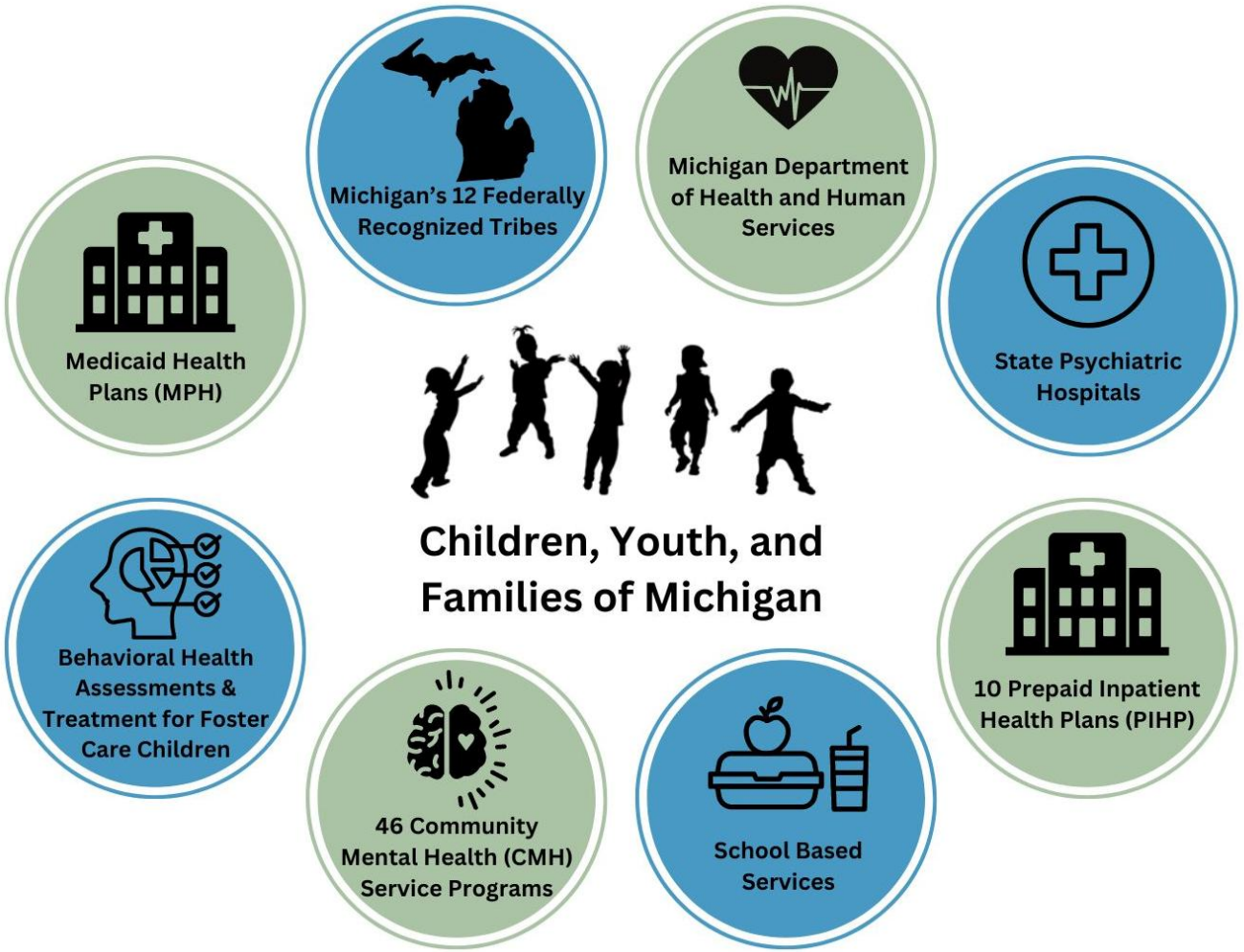
Decrease multiple placements after being released from CCIs.

Transitions of Care, Clinical Support & Service Navigation, Peer Expansion Project for Parents & Youth

Child Welfare Improvement Task Force
Patty Neitman, Bureau Director
Bureau of Children's Coordinated Health Policy & Supports
October 2025

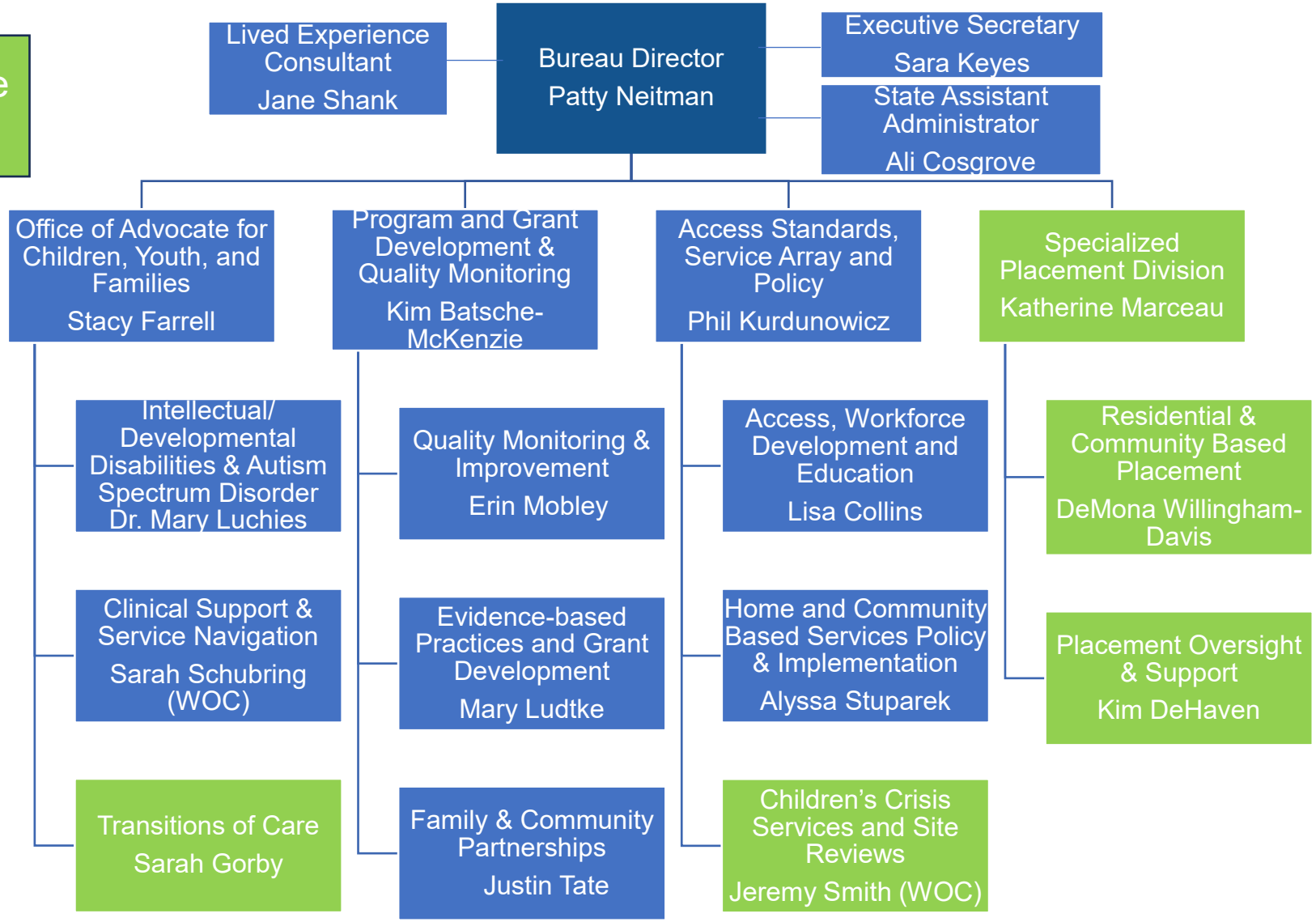
MDHHS
Michigan Department of Health & Human Services

Current System Overview



Bureau of Children's Coordinated Health, Policy, and Supports (BCCHPS)

New section since October 2024



Clinical Support and Service Navigation

MDHHS
Michigan Department of Health & Human Services

Clinical Support and Service Navigation (CSSN) Section

Program Statement:

Provides assistance to children/youth, families, child serving system providers, and behavioral health providers.

A request for a clinical review can be submitted through the submission of a MDHHS-6027 to the following email: MDHHS-BCCHPS-BHHELP-INQUIRIES@michigan.gov.

The CSSN team offers support in the following areas:

Clinical Consultation and Technical Assistance: Provided to CMHSP and PIHP partners. May include situation specific consultation to support successful completion of treatment goals, problem solve barriers to treatment and provide clarification on policy application and service delivery.

Clinical Review: Provided in situations when child is involved in child serving systems, including child welfare and juvenile justice. Includes review of comprehensive information and engaging identified team in solution-focused activities to resolve barriers, identify needed assessments, services, and supports, and follow identified action steps to achieve optimal outcomes.

Inquiry Review: Review and response to questions or concerns received at state MDHHS level from parents/caregivers, advocates, legislators, etc. Review includes engagement with MDHHS behavioral health contracts management and customer service sections and determined action needed.

Clinical Support & Service Navigation Data

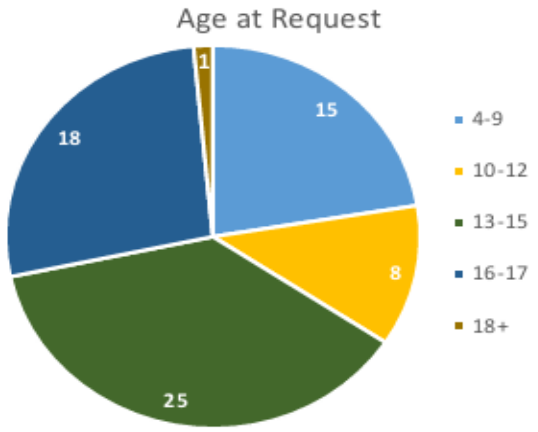
Clinical Reviews

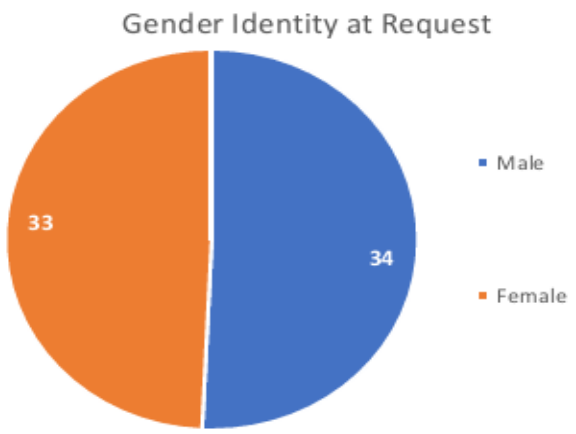
September 2025

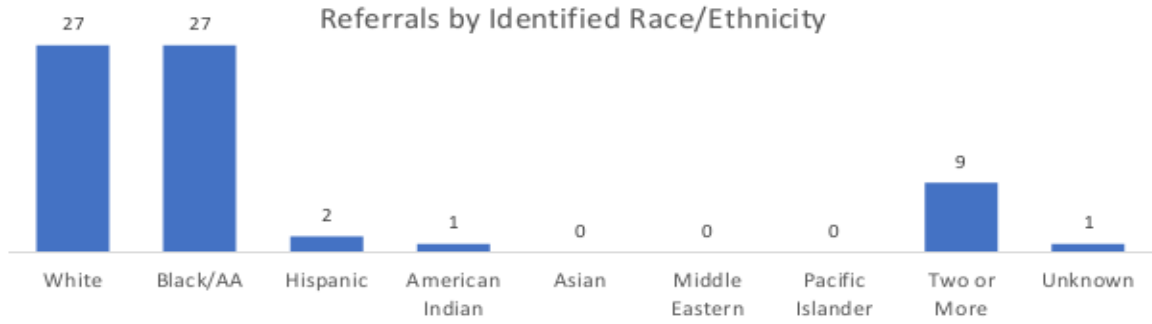
Report Date: 10/10/2025

Requests Received Last Month:	New Requests Received This Month:
72	**67***
Reviews Closed This Month:	**Total Requests Received 2025:**
56	**575***

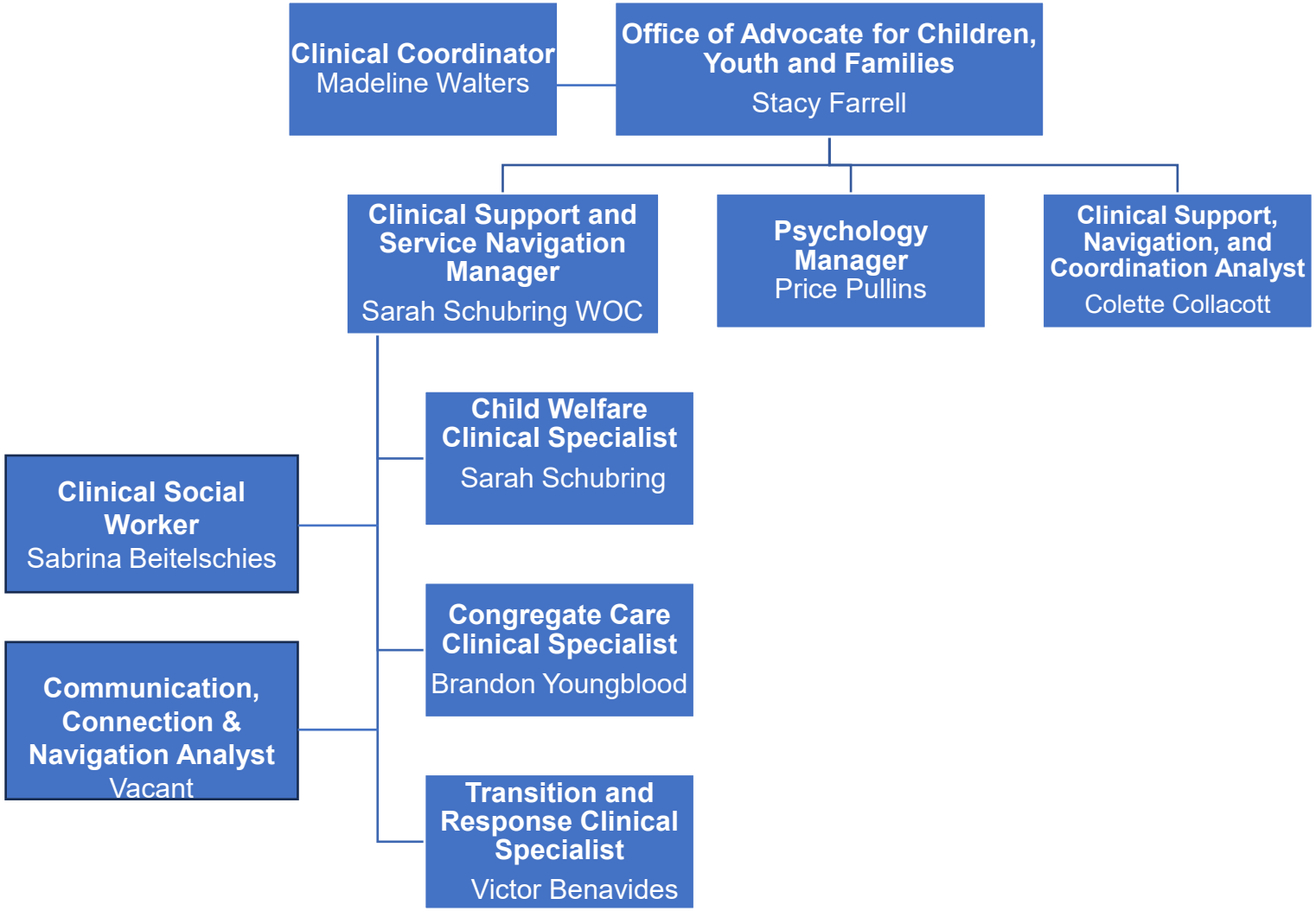
*23 requests for youth with prior referrals







CSSN Organizational Chart



Transitions of Care (TOC) Program

MDHHS
Michigan Department of Health & Human Services

TOC Program

Problem Statement

Children and youth who are in congregate care settings - including those who are in hospital settings and those transitioning from children's to adult services - frequently encounter barriers to successful transitions to least restrictive settings with needed services and supports.

Program Goal

Develop and implement a TOC program that focuses on a collaborative approach to support transitions for youth with complex behavioral health needs.

Program Metrics

The TOC program gathers data to support programmatic decision making, including:

- Number of days in current congregate placement
- Number of days in current congregate placement post discharge-ready determination.
- Number of continuous days in the community following discharge, up to program closure.
- Recurrence rates if community placement is not sustainable.
- Program satisfaction survey to be completed by youth, family, and other team members.

Program Components & Functions

The TOC team utilizes strategies to support youth transitions to less restrictive settings, including:

- Review of historical and current information and assessments for referred youth.
- Gather information directly from youth.
- Assembling multi-system teams to support discharge/transition planning.
- Identify and implement a timely transition/ discharge plan collaboratively with the team supporting the youth and family.
- Identifying community-based services and supports and assistance in engaging with service providers when needed.
- Providing training and technical assistance to support effective discharge and transition planning.
- Collecting and analyzing data regarding transition outcomes; recommend program changes as needed to support findings.

Example Referrals

Referrals are limited to the following MDHHS Divisions currently:

- Bureau of Specialty Behavioral Health Services-State Hospital Administration
- Bureau of Children's Coordinated Health, Policy, and Supports
- Local Offices for transition age youth

- Youth is residing in a Psychiatric Residential Treatment Facility and has been determined to be ready for discharge.
- TOC can support the team through:
  - gathering a multi-disciplinary group to identify needed community services and supports that need to be in place prior to discharge.
  - supporting the family in preparing for the youth's return to the community.

- Youth is residing in State Hospital and has been determined to be ready for a lower level of care.
- TOC can support the team through:
  - working with the local team, youth, and family to identify and celebrate youth's successes in treatment.
  - identifying treatment goals and skills to continue working toward in the lower level of care to support successful discharge.

- Youth is transition age (16+) and support is needed regarding adult services, supportive living arrangements, etc.
- TOC can support the team through:
  - ensuring proper supports and services are in place, including, guardianship, Social Security/ Disability, and Medicaid.
  - identifying an appropriate next placement, such as Adult Foster Care.

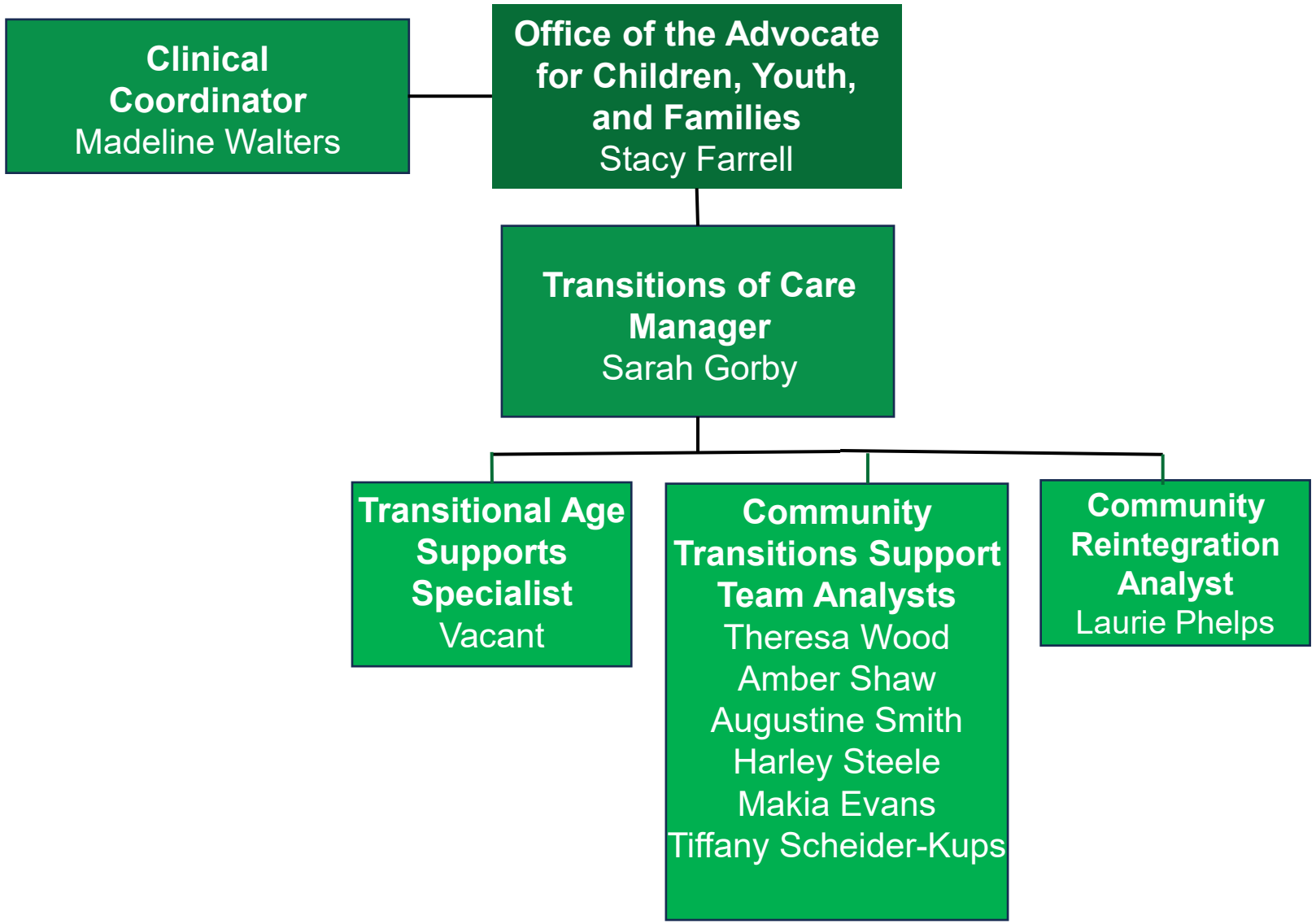
September 2025

All Current Open Referrals

Total Open Referrals: 78	Youth Currently in State Hospital: 24
Youth Currently in PRTF: 13	Youth Currently in Abuse/Neglect or JJ CCI Placement: 21
Youth Currently in Other Placements: 20	Average Length of Time in Foster Care (months): 36
Median Length of Time in Foster Care (months): 25	

- PRTF – Psychiatric Residential Treatment Facility
- JJ – Juvenile Justice
- CCI – Child Caring Institution

TOC Organizational Structure



Peer Expansion Project for Parents & Youth

MDHHS
Michigan Department of Health & Human Services

Youth Peer Support (YPS)

What is it?

- Medicaid state plan service for youth and young adults between 11 and 26 years old with Serious Emotional Disturbance (SED) or Serious Mental Illness (SMI).
- Provided by young adults with experience receiving mental health services as a youth.
- Written into the individual plan of service.
- Goals and activities are mutually identified in active collaboration with the youth receiving services.
- Service provided in the home or community.

Who can receive it?

- Youth with SED and Young Adults with SMI in the Community Mental Health Services Programs (CMHSP) system.
- Intended for youth and young adults, who are 11 to 26 years of age based on the individual's developmental and life stage needs.
- Youth and young adults may be involved in other systems outside of Community Mental Health (such as child welfare, juvenile justice, etc.).

Who can provide it?

- Young adult, ages 18 - 28, with lived experience with mental health challenges as a youth and who received mental health support as a youth or young adult.
- Willing and able to self-identify as a person who received/is receiving behavioral health services and prepared to use that experience in helping others.
- Experience receiving services in a variety of systems (child welfare, education, justice system, vocation, housing, etc.) as a youth or young adult is preferred.
- Employed by PIHP/CMHSP and/or its contract providers.
- Trained in the MDHHS-approved curriculum and ongoing certification and recertification model.

Parent Support Partner (PSP)

MDHHS Michigan Department of Health & Human Services

What is it?

- Provide peer-delivered support to parents/caregivers of youth with SED and/or I/DD, including autism, involved in the public mental health system.
- Educates and empowers parents to access services and promote acquisition of skills, abilities, and knowledge to strengthen voice and be empowered to partner with service providers to have child & family needs met.
- A PSP is a member of the treatment team and is included in service planning, implementation, and transition process.
- A PSP is an identified service, intervention or a strategy in the individual/family plan of service to provide support, information, skill development, and systems navigation to families to accomplish the treatment goals.
- Meets with parents/primary caregivers within the home and/or community.

Who can receive it?

- Parents/primary caregivers who have a youth with a SED and/or I/DD, including autism, involved in the public mental health system.
- PSP service must be attached to a goal, strategy and/or intervention within the child's individual plan of service (IPOS).

Who can provide it?

- Young adult, ages 18 through 28, with lived experience with mental health challenges as a youth and who received mental health support as a youth or young adult.
- Willing and able to self-identify as a person who has received or is receiving behavioral health services and is prepared to use that experience in helping others.
- Experience receiving services in a variety of systems (such as child welfare, education, the justice system, vocation, housing, etc.) as a youth or young adult is preferred.
- Employed by PIHP/CMHSP and/or its contract providers.
- Trained in the MDHHS-approved curriculum and ongoing certification and recertification model.

Opportunity for Growth

- Desire, based on positive outcomes, to expand PSP and YPS statewide.
- MDHHS supported expansion of dedicated staff at BCCHPS and ACMH to support outreach for recruitment and retention for both services.
- Previous dedicated state level support for PSP and YPS was only a small portion of a manager role.
- Staffing Expansion:
  - Peer Services Outreach and Expansion Analyst: Jewel Cannon, MDHHS (MPHI)
  - Peer Professional Expansion Coordinator: Monique Zantop, MDHHS (MPHI)
  - PSP Lead Trainer: Angie Engler, ACMH
  - Training and Outreach Specialist: Shawna Kassuba, ACMH

Outreach & Planning

Outreach Conducted

- Feedback from conferences, supervisor roundtables, regional/site meetings and through Joint Advisory Council Council helped update policy, training and certification process.
- Met with Community Mental Health Association of Michigan (CMHAM) to determine critical elements for strategic expansion.
- Met with Region 1 PIHP and CMH supervisors to understand barriers from their perspective and consider impact they have on recruitment and retention.
- Partnership with sites to be effective and supportive in understanding individual barriers, strengths, challenges and questions.
- Intentional recruitment for advisory committee to include different regions, have a more well-rounded perspective and give voice to communities.

Future Outreach Planned

- Continued outreach to different PIHP regions and CMH's to understand local barriers.
- Ongoing outreach will continue past the initial phase to make sure we are aware of barriers and of successes.
- Building tools to share based on feedback from regions and sites with longstanding programs. These will include recruitment and retention strategies and promotional ideas.

PEPPY Planning Group

- Includes BCCHPS data team, Michigan State University (MSU) staff, ACMH and MDHHS.
- Sets long and short-term goals for outreach and expansion efforts based on data.
- Will engage other partners on an ongoing basis.
- Meets quarterly (last met Sept. 29th).

Questions?

Patty Neitman, NeitmanP@michigan.gov

MDHHS
Michigan Department of Health & Human Services


Review Dashboard

New Business: Charge new 2-gen workgroup

Janet Reynolds-Snyder

&

Judge Karen Braxton

Next Steps

Judge Karen Braxton

What to Expect for 2026.....

*** 2-Gen Workgroup Meeting Dates and Times will be added to calendars (Monthly 1.5-hour meetings)**

*** 2 Taskforce Meetings will be added to calendars for 2026**

FY26 Staff List

Task Force Staff







MPHI STAFF

- Dr. Paul Elam
- Alicia Baldwin-Bailey
- Ellen Satterlee
- Chris Andrews







Thank You for Joining Us Today!!