MDHHS: FY22 Budget Executive Recommendation Children's Services Agency

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CSA Priorities and Strategies

Foster Care Placements that are Rare, Safe, and Temporary

Priorities



Keep Children Safe with their Families

Keep Children Safe While in Care





Timely Reunification & Permanency

Strategies



Data Informed Decision Making



Evidence Based Early Interventions



Empowered, Trained, and Supported Workforce



Simpler and More Efficient Systems





Children's Services Agency

State-administered child welfare system

- 83 counties.
- 5 Business Service Center (BSC) regions.
- Employs approximately 3,710 field and central office staff.
- Administers contracts to provide family preservation, foster care, licensing, and adoption services with approximately **48** agencies.

Children's Protective Services

- Complaints received: 156,134
- Complaints investigated: 70,242
- Confirmed complaints: 17,004

*CPS data is from FY19 due to the impact of COVID-19 on CPS referrals and investigations.

Foster Care

- 11,609 children in foster care.
- 10,918 children in out-of-home care.
- Children entered foster care: 4,405
- Children exited foster care: 5459

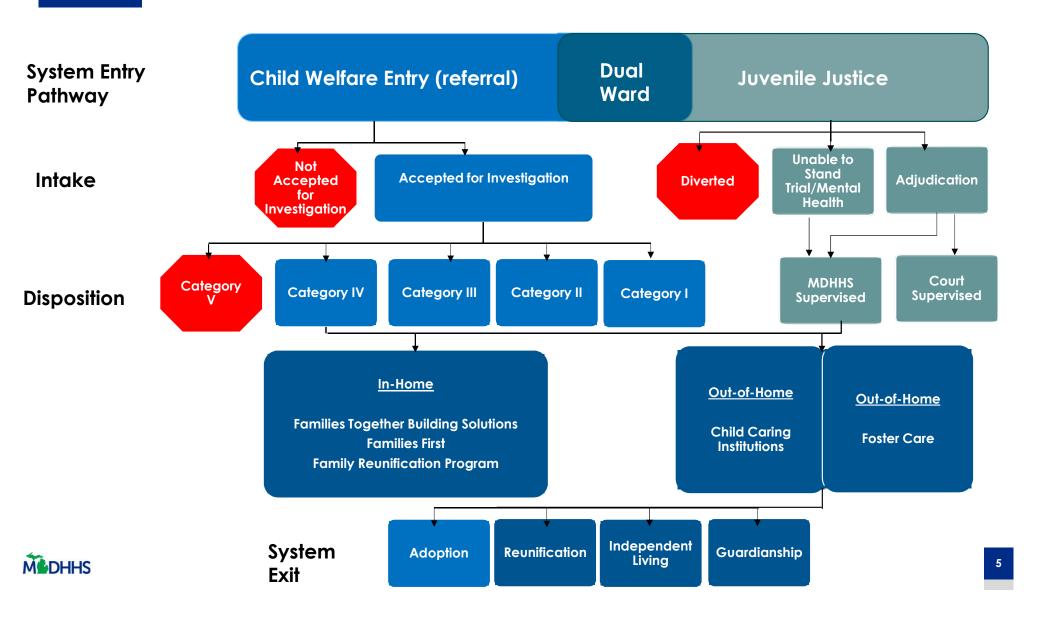
Adoption

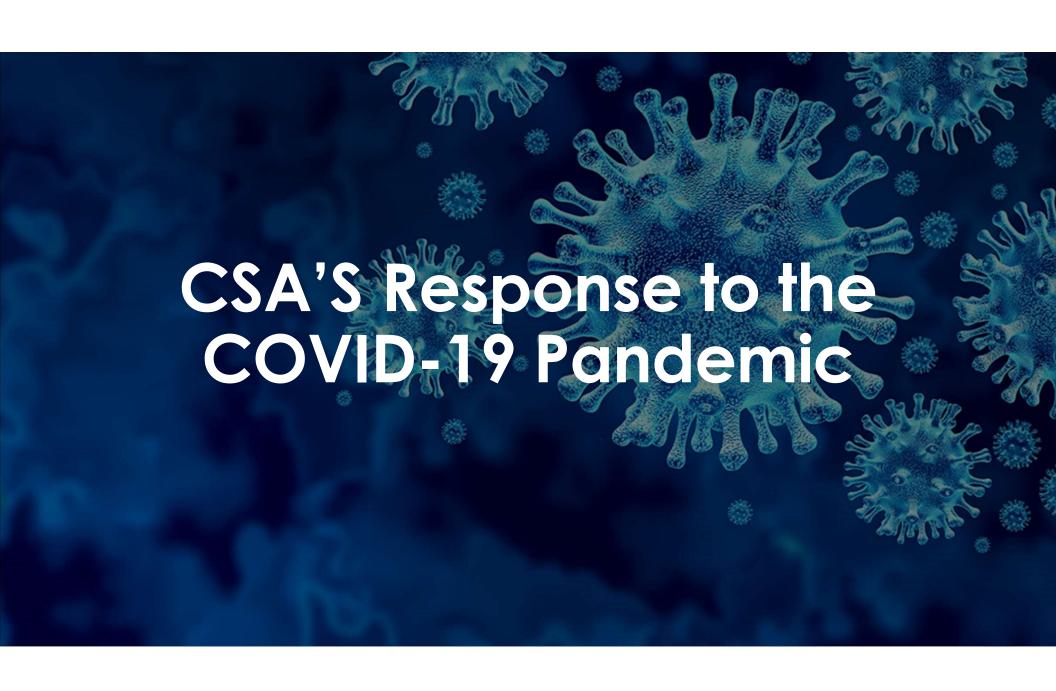
- 1,872 completed adoptions.
- 97% of children adopted received adoption subsidy, medical subsidy or both.
- *Adoption data for FY 2020 will be finalized at the end of February.

Juvenile Justice

 639 youth supervised by MDHHS.







COVID-19 Pandemic Response Efforts

- Prevention Outreach Project
 - Staff spoke with over 14,000 families.
 - Eighty percent received a text message, email, or mailed packet of information on available resources.
- Rapid Reunification Project
 - Partnership between MDHHS and State Court Administrative Office (SCAO).
 - o Of the 432 cases identified 69% achieved reunification.
- Young Adult Voluntary Foster Care (YAVFC) Enrollment Outreach
 - One hundred and thirty-two youth were enrolled through outreach efforts and received services and a stipend through September 30, 2020.
- Prevention and Reunification Funding Expansion
 - Michigan Department of Health and Human Services (MDHHS), private agency foster care (PAFC), family preservation providers and Post Adoption Resource Centers (PARCs) were able to assist over 1400 families.





CPS Redesign

What we found:

- Biased/non-existent assessment tools to track or mitigate disparity.
- Racial bias and discrimination exhibited by decision makers (e.g., caseworkers, mandated reporters).
- Disproportionate and disparate experiences of children and families of color, driven by higher rates of poverty, intersecting with racism.

What we are doing:

- CSA partnered with Evident Change and ideas42 to develop a Structured
 Decision Making (SDM) tool for Centralized Intake to achieve more equitable and consistent decision-making.
- Expected Outcomes keep children with their families whenever possible, ensure families are treated fairly, reduce repeat system involvement, reduce racial disproportionality, and reduce the trauma experienced by families who do not require system involvement.



Qualified Residential Treatment Program (QRTP)

Family First Prevention Service Act (FFPSA) Funding

Background

- Received \$3.4 million in funding for independent assessment.
- Received \$7.1 million in funding for a CCI rate increase.

Progress

- Independent assessment contract executed with Maximus for \$2,827,800 for three years.
- Contracts with QRTP requirements are planned for execution April 2021.
- Increased CCI rates for QRTP certified contractors will be implemented beginning 4/1/2021.



Congregate Care Pilot

Family First Prevention Service Act (FFPSA) Funding

Background

 \$501,500 all GF/GP for a congregate care pilot using an evidence-based program to maintain children in family like settings.

Progress

- Program proposals drafted and undergoing review.
- Focus on support to families when child is at risk of congregate care.



Child Welfare IT Modernization

Background

- Received \$4.4M Gross (\$2.6M GF/GP).
- CSA will transition from MiSACWIS to a Comprehensive Child Welfare Information System (CCWIS).
- Completed in phases, with full CCWIS compliance achieved by 2024.

Progress

- Deloitte was selected as the vendor for the first CCWIS module, the Child Welfare Licensing Module.
- It is anticipated that the department will onboard Deloitte in March 2021 and immediately begin preparations for module design, development, and implementation.





Prevention of Foster Placements

Context

- Preventive investments keep families intact safely and save money.
- The Family First Prevention Services Act provides federal match.
- Michigan is striving to implement its FFPSA Prevention Plan by Fall 2021

Response

 Implement evidence-based services for families at risk of child removal.

Expected impact

- Increased safety and family wellbeing.
- Reduced maltreatment recurrence.
- Reduced entry into foster care and congregate care facilities.
- Improved child & family outcomes



Child Welfare IT Modernization

Context

- Aging and failing IT system, MiSACWIS.
- "Persistent and significant defects."
- Caseworkers routinely describe MiSACWIS as a critical obstacle to serving kids and families.

Response

 Completion of three additional modules to the new Comprehensive Child Welfare Information System: intake, investigation, and case management.

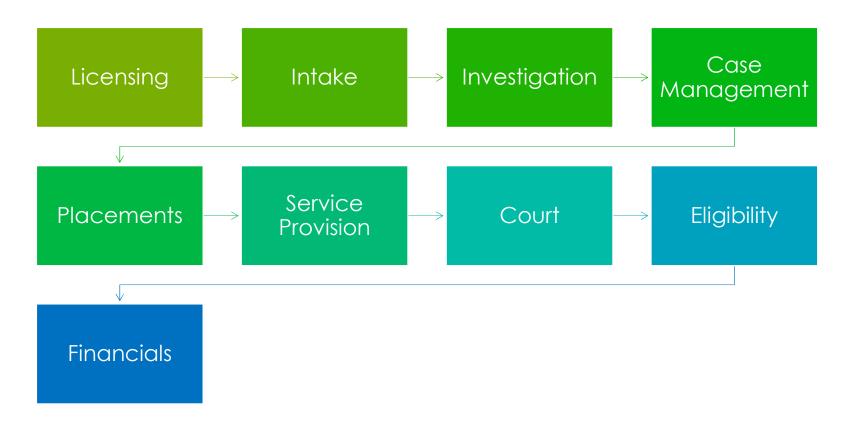
Expected impact

- Improved outcomes for kids and families.
- Increased caseworker satisfaction and retention.



CCWIS Modules

Tentative Roll-out Schedule





Infant Home Visiting

Context

- Approximately 5,607 infants were born with prenatal substance exposure in Michigan in 2018, and only 85 percent had an Infant Plan of Safe Care.
- Less than 58% had a referral to appropriate services.

Response

- Support 1,000 additional home visiting slots for support to infants born with substance exposure.
- Provide support to hospitals and clinics to hire or retain home visiting navigators to refer families to appropriate services and programs.

Expected impact

Improved family access to evidencedbased home visiting programs and better engagement with participants to address this key risk factor among infants.



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