

Michigan Citizen Review Panels 2010 Annual Report



Federal legislation established the requirement for and parameters of the Citizen Review Panels.

Legal Requirement

Sections 106 (b)(2)(A)(x) and (c) of the Child Abuse Prevention and Treatment Act (CAPTA), as amended (42 U.S.C. 5101 et seq.) requires the establishment of Citizen Review Panels in all states receiving CAPTA funding.

Purpose

The purpose of the Citizen Review Panels is to provide new opportunities for citizens to play an integral role in ensuring that States are meeting their goals of protecting children from abuse and neglect.

Expected Outcome

It is expected that Citizen Review Panels will increase community awareness and ownership of child abuse and neglect issues, the strengths, weaknesses and challenges facing the child welfare service delivery system, and will promote creative problem solving.

Number of Panels Required

Michigan was required to establish three panels by June 30, 1999.

Panel Membership

The panels must be composed of volunteer members who are broadly representative of the State, if they are state panels and of the community, if they are community panels. These panels should include members with expertise in the prevention and treatment of child abuse and neglect.

Federal guidelines recommend that panel membership include a balance among children's attorneys, child advocates, CASA volunteers, parent/consumer representatives and health/mental health professionals who are familiar with the intricacies of the children's protective services (CPS) system. The majority of the membership must include volunteer members from outside the public child welfare system.

Panel Requirements

Each Citizen Review Panel must perform all of the following functions:

1. Evaluate the extent to which the State agency is effectively fulfilling its child protection responsibilities in accordance with the CAPTA State Plan, as well as other criteria that the panel considers important to ensure the protection of children. The review must incorporate examining the policies and procedures of State and local agencies and how the CPS system is coordinated with different portions of foster care and adoption programs.
2. Review the extent to which the State CPS system is coordinated with the foster care and adoption programs.
3. Review of child fatalities and near fatalities.

Federal law and regulation do not prescribe the depth or breadth of review of the above issues, which the panels must conduct. Therefore, one panel may choose to conduct in depth reviews of one of the prescribed functions and less extensive reviews of the other issues. Panels may also add issues.

Effective with the June 2003 amendments to the CAPTA legislation, panels were given additional responsibilities:

1. Examine the practices as well as the policies and procedures of the State and local agencies to evaluate the extent to which the agencies are effectively discharging their child protection responsibilities.
2. Provide for public outreach and comment in order to assess the impact of current procedures and practices upon children and families in the community.
3. Make recommendations to the State and public on improving the child protection services system at the State and local levels. The State Agency is required to respond in writing no later than six months after the panel recommendations are submitted.

The State must assure that the three panels' combined review and input provide a holistic picture of the State's CPS system.

Frequency of Meetings

Each panel must meet at least every three months.

Panel Access to Case-Specific Information

The State must provide each Citizen Review Panel with access to information on cases that the panel determines is necessary to carry out its functions under CAPTA.

Staff Assistance

The State must provide staff assistance to the panels for the performance of their duties upon request of the Panel.

Reports

The panels must develop annual reports and make them available to the public. These reports are due March 31 of each year. The contents of the reports include the following:

1. A summary of the panel's activities.
2. Findings and recommendations.

Confidentiality

Citizen Review Panel members are bound by the confidentiality restrictions of CAPTA. Specifically, members and staff of a panel may not disclose identifying information about any specific child protection case (CPS and Foster Care cases) to any person or government official, and may not make public other information unless authorized by state statute to do so.

CAPTA requires states to establish civil sanctions for violations of these confidentiality restrictions.

Michigan

Michigan established three panels in 1999 along with an Executive Steering Committee to coordinate the work of the three panels. In addition, there is an annual meeting of all panels. The primary purpose of the annual meeting is to review the work of each panel, identify areas of mutual concern, and develop approaches to integrate review of those areas.

The panels were established with membership from three existing citizen advisory committees: the Children's Trust Fund, the Governor's Task Force on Child Abuse and Neglect, and the State Child Death Review Team.

The panels are:

Citizen Review Panel for Prevention,
Citizen Review Panel for Children's Protective Services, Foster Care and Adoption, and
Citizen Review Panel for Child Fatalities.

This document summarizes the work of these panels for 2010.

Michigan Citizen Review Panel for Prevention (Children's Trust Fund) 2010 Annual Report



Purpose

The United States Congress mandates that states receiving federal Child Abuse Prevention and Treatment Act (CAPTA) funding develop and utilize a minimum of three Citizen Review Panels to assess and develop recommendations for the improvement of a state's child protection system. In Michigan, three panels were established to look at issues related to *prevention, children receiving care in the system, and child fatalities.*

The Children's Trust Fund (CTF) serves as Michigan's only source of permanent funding for the statewide prevention of child abuse and neglect. Established in 1982 by the Michigan Legislature as a public nonprofit organization, the Children's Trust Fund works to promote the health, safety, and well-being of Michigan's children and families by funding local child abuse prevention programs. In 1999, the Children's Trust Fund Board of Directors agreed to oversee the Citizen Review Panel (CRP) for Prevention. The purpose of the CRP is to positively impact the development and improvement of prevention and protective services within the Michigan Department of Human Services.

2010 Members

Tamara Vander Ark Potter, Chair & CTF Board Member, United Food & Commercial Workers
Luanne Beaudry, Prevention Network
Stephanie Dorey, Eaton County DHS
Mary Drew, MSU School of Criminal Justice, Office of Victims' Rights
Elizabeth Facey, Parent Representative
Michael Foley, Children's Trust Fund
Yalonda Freeman, Parent Representative
Teresa Marvin, DHS Early On Parent Representative
Jessica Riley, Eaton County DHS
Seth Persky, Office of Family Advocate
Karen VanEpps, Shiawassee County Family Court
Jane Zehnder-Merrell, Michigan League for Human Services

CTF staff to CRP: Sarah Davis

2010 Meeting Dates

February 8, 2010

March 17, 2010

June 14, 2010

September 13, 2010

December 13, 2010

2010 Activities

In 2010, the four main goals of the CRP were to:

- identify a strengths-based training framework for child welfare workers;
- learn about the Strengthening Families/Protective Factors (SF/PF) framework and its core tenets;
- explore how SF/PF is being used by child welfare departments in other states as well as local communities in Michigan; and
- identify ways that SF/PF might be incorporated into the Michigan Department of Human Services (DHS) to improve child welfare practices and outcomes for children and families.

The CRP conducted a number of activities to support these goals. First, the Citizen Review Panel (CRP) for Prevention explored training options to support child welfare staff and their work with children and families. This activity was an extension of its work in 2009. In particular, a CRP recommendation in 2009 was to “incorporate a prevention training module into the children’s protective services (CPS) 9-week pre-service training and the FIP 4-week training, or add as a stand-alone workshop.” In its response to this recommendation, DHS “agreed in part” but noted that prevention is still formally (i.e., in policy) carried out by Family Independence Program (FIP) workers (although a number of prevention initiatives are being implemented on the CPS side of services). The CRP was receptive to this feedback, and thus explored training options that would be relevant to child welfare workers regardless of whether formal “prevention” programs or staff are present in a given county.

The CRP identified the Strengthening Families/Protective Factors (SF/PF) framework as a research-based approach to working with children and families. Notably, SF/PF is being used *across* systems and *across* the continuum of child abuse and neglect services—from prevention to intervention and treatment. Over 25 states are implementing the Strengthening Families initiative, and it is being utilized within child welfare departments in at least eight states. For example, under the leadership of Director Erwin McEwen, the Illinois Department of Children and Family Services (DCFS) has embedded SF/PF throughout its child welfare system and has resolved to “keep the focus on protecting children by strengthening families.”

Second, the CRP had an in-depth discussion with Donna Lackie, the Oakland County Great Start Coordinator and Early Childhood Consultant for Oakland County Schools. In December 2009, Donna facilitated two half-day SF/PF trainings for 140 CPS and foster care workers. The training provided an overview of SF/PF as well as family support resources in Oakland County. This latter piece proved to be very important, especially for new DHS workers. To coordinate the training and ensure it met requirements for DHS training hours, Donna worked with the local

DHS training coordinator. The response from DHS workers was very positive, with good evaluations. In September 2010, an additional cross-systems, full-day training was held for service providers who work with children and families (including DHS workers). Oakland is also exploring ways to help DHS and other agencies integrate the protective factors into their service delivery structures and philosophy.

Third, on behalf of the CRP, in September 2010 Children's Trust Fund (CTF) staff met with staff from the DHS Child Welfare Training Institute (CWTI) to discuss potential SF/PF training options and ways that other states are using SF/PF in their child welfare trainings. Information from this meeting was shared with CRP members at the September 2010 CRP meeting (discussed in the "Key Findings" section, below).

In addition, in 2010 the CRP conducted the following activities to enrich our work:

- Reviewed and discussed the 2009 DHS responses to the CRP report.
- Sought additional information from CWTI on the family engagement component of the pre-service training.
- Obtained the *Strengthening Families Guidebook* to provide comprehensive information about SF/PF and the national Strengthening Families initiative.
- Reviewed the 2010 report *Allied for Better Outcomes: Child Welfare and Early Education* by the Center for the Study of Social Policy.
- A new parent representative joined the CRP in 2010. This parent (as well as the parent representative who joined in 2009) learned about the CRP after participating in the "Parents Partnering for Change" leadership training. The training is an interagency initiative between the Departments of Human Services, Community Health, Education, and CTF. CTF allocated dollars in its FY2011 budget to support travel to CRP meetings for both parent representatives.

2010 Key Findings

In these times of scarce resources, it is critical that all family-serving organizations consider how their work connects to and can align with other community services, including prevention. As the Child Welfare Improvement Task Force noted in its 2009 report *Improving Michigan's Child Welfare System: Our Children. Our Future. Our Responsibility*, "Investment in prevention and early-intervention services can reduce the need for removal, minimize expenditures on costlier services that require out-of-home placement, and significantly reduce trauma associated with removal from parents and familiar surroundings," (p. 13). As noted in last year's CRP report, DHS has invested the majority of its funding in preservation rather than prevention activities due largely to funding restraints (e.g., insufficient levels of funding to support non-mandatory programs). Given the primary goal of child and family safety, the CRP recognizes and affirms the need for intervention, treatment, and tertiary prevention services. However, the CRP also believes it is critical to examine current practices and policies to ensure that resources are being deployed as efficiently and effectively as possible, including prevention.

One approach that the CRP believes will enable Michigan's child welfare system to perform more effectively is Strengthening Families/Protective Factors (SF/PF). Across the country, this innovative framework for working with families and preventing child maltreatment is being embraced by programs, communities, and state systems. SF/PF is grounded in six research-based protective factors for building stronger families:

- Parental Resilience
- Social Connections
- Knowledge of Parenting and Child Development
- Concrete Support in Times of Need
- Nurturing and Attachment
- Children’s Social and Emotional Competence

The approach was developed through years of extensive research by the Center for the Study of Social Policy (CSSP) with funding from the Doris Duke Charitable Foundation. It is also endorsed by the federal Administration for Children and Families. The SF/PF framework is being implemented in a number of settings, including childcare centers, prevention programs, child welfare systems, schools, and even businesses. Of particular relevance to this report, it is being used by child welfare agencies in Illinois, Missouri, Alaska, Minnesota, New Hampshire, South Carolina, New Jersey and Tennessee. These agencies are implementing SF/PF in various ways, including pre-service trainings, in-service trainings, and changes to policy and case practice. Three counties in Michigan are also comprehensively implementing Strengthening Families, and it is starting to take hold in many others. In addition, a number of conferences around the state have had workshops and/or keynote presentations on Strengthening Families.

An SF/PF framework provides a unique opportunity for child welfare in Michigan. It builds on the strengths-based approach to working with families that DHS has been cultivating for a number of years. Yet it does *not* ignore risk factors, family needs, or child safety. As *Allied for Better Outcomes* notes, “Such an approach emphasizes attention to the presence and promotion of protective factors—as well as the reduction of risk factors—to guide caseworkers and their partners in child welfare in ensuring the healthy development of young children,” (p. 2). The CRP believes that the SF/PF framework can also help DHS meet the following “Well-being” outcome as identified in the Child and Family Services Review (CFSR): “Families have enhanced capacity to provide for their children’s needs.”

In addition, as Local Child Abuse and Neglect Prevention Councils, Great Start Collaboratives, and other community partners begin to utilize the protective factors, it creates a “common language” that can be spoken across systems. Notably, although Strengthening Families began in early childhood, the protective factors framework is not just a “prevention” or “early childhood” initiative. As *Allied for Better Outcomes* explains,

... some in the child welfare system began to link their concern for the increasing numbers of young children in their caseloads to the burgeoning body of research about both early brain development and the impact of trauma on childhood development. They postulated that an improved focus on child development and family strengthening within child welfare, together with strengthened alliances with early childhood systems, held potential to improve outcomes for their youngest children who had already experienced toxic stress or trauma. (p. 8)

Indeed, knowledge about protective factors can enrich the work of child welfare workers whether they are working with a family at the investigation or treatment stage—or at any point in between. The SF/PF approach can truly help transform and improve the way our child welfare system serves children and families.

An initial step to introduce the SF/PF framework into Michigan’s child welfare is via training to DHS CPS and foster care workers. Through an SF/PF training, service providers will learn

about protective factors and ways to build them in families—and ultimately help families identify the resources and supports they need to stay strong, even under stress. In our meeting with CWTI, it was discussed that this training could be created (or adopted) by DHS and provided via two main options: as part of the pre-service, 9-week training and/or as an in-service training (for ongoing training needs). Since CWTI is currently working to incorporate a significant number of mandatory training components into the pre-service training, the CRP recognizes that an in-service SF/PF training may be a more reasonable fit at this point in time. The CRP is willing to assist with (or lead) the effort to develop an SF/PF training.

Additional CRP findings included the following:

1. As noted in the 2008 and 2009 CRP reports, there is not a consistent “definition” of prevention. That is, the term “prevention” is often used interchangeably to apply to primary, secondary, and tertiary services. However, many DHS criteria and funding streams revolve around tertiary prevention or preservation activities. This highlights the importance of adopting a standard definition to facilitate understanding of the prevention continuum. In addition, the lack of a standard definition impacts policy discussions regarding deployment of resources across the full continuum of prevention services.
2. A comprehensive approach to the prevention continuum will help DHS meet its goals and have better outcomes for children and families. Indeed, the Child Welfare Improvement Task identified Change Priority #1 as follows: “Create a seamless array of services that meets the full needs of children and families in a respectful way, with emphasis on prevention and early intervention” (p. 37). Notably, the department has taken steps to support and fund tertiary (and some secondary) prevention services through the Zero to Three program as well as the Prevention Pilots. The CRP recognizes this effort and believes we must continue to challenge ourselves to create systems, policies, and mindsets that work better for children and families.
3. Basic knowledge among foster care, CPS, and FIS workers regarding available services in a given county varies between counties and among workers. Ongoing training and up-to-date information is needed to make workers aware of services in a community. In the future, county-based SF/PF trainings (such as the training offered in Oakland County) could help child welfare workers stay informed about services that are available in their community.

Ultimately, the SF/PF framework will help us understand and better support what makes families “work” and how—at the systems level—we can begin to utilize and build protective factors to achieve safety and permanency for children and families. As *Allied for Better Outcomes* notes, “Child welfare systems are uniquely positioned to seize this opportunity in their work with children and families. Doing so, however, requires them to reassess their everyday practice with children and families and to build partnerships with community systems and agencies that focus on the intentional promotion of optimal child development and strengthening families.” (p. 5)

And as Michigan’s 2010-2014 Child and Family Services Plan states, “First and foremost, the intention is to create networks of supportive, preventive and early intervention services at the community level, allowing families to resolve problems without disrupting relationships unless absolutely necessary to protect the safety of the child,” (p. 16). While movement toward an SF/PF approach must continue to recognize child welfare’s responsibility to identify and respond to risk factors and child safety, we believe moving toward a strengths-based approach is ultimately in the best interest of Michigan’s children and families—as well as child welfare

workers. Training on the protective factors would provide a concrete yet manageable step to introduce SF/PF concepts to DHS workers.

2010 Recommendations

The CRP formally submits the following recommendations:

1. Identify which prevention definition has been adopted by DHS (e.g., the federal Children's Bureau definition provided last year by the CRP, DHS's own definition, etc.) and how the prevention definition has been incorporated into DHS policy.

Please note: In last year's responses, DHS agreed with the CRP recommendation to adopt a prevention definition. DHS noted that discussions were taking place to determine which office within DHS (i.e., Bureau of Child Welfare or Field Operations Administration) should house prevention programming and therefore adopt the new definition. Although formal prevention policy resides on the FIP side of services, prevention activities appear to be occurring more within CPS (e.g., 0-3 Prevention Initiative, referrals to community-based services, etc.). Therefore, the CRP recommends that a prevention definition be adopted across the department, not just within one office. Although many DHS programs focus on intervention and treatment, it is important for all DHS staff to have a common understanding and language to use when discussing prevention initiatives.

2. Create (or adopt) an SF/PF training for CPS and foster care workers. The CRP would be available to work with DHS and CWTI to explore ideas for implementation and to help create the training(s). The CRP would support one (or preferably both) of the following training options:
 - a. A pre-service training for new CPS and foster care workers. This could be done via a separate 60- or 90-minute module or by building information about the protective factors into an existing module (e.g., on family engagement). A related assignment or web-based exercise could also be incorporated for field week.
 - b. An in-service training for current CPS and foster care workers. This training could be created as an in-person training or as a web-based training for increased accessibility (i.e., to remove time and travel burdens). In the future, a standardized SF/PF training may be available at the local level via local child abuse prevention councils. If that occurs within the next year, the CRP would encourage CWTI to endorse this training as a pre-approved DHS training.

Please note: As indicated in last year's report, the CRP is willing to serve as the lead in exploring and developing this training module(s), if desired, in conjunction with other necessary stakeholders. If DHS is interested in providing SF/PF training to Family Independent Specialist (FIS) workers, the CRP would encourage and support that decision as well. Given the role of the CRP and the makeup of the panel, our primary focus has been on the Bureau of Child Welfare. However, the CRP would be happy to work with Field Operations Administration and the Office of Training and Staff Development (which trains FIS workers) if so desired. In addition, as noted earlier in this report, the CRP recognizes the current priorities and challenges facing CWTI and supports integration of an SF/PF training via a number of modalities.

Possible 2011 CRP Activities

1. Identify necessary components to be included in an SF/PF training for child welfare workers.
2. Work with the DHS Child Welfare Training Institute, the Children's Trust Fund, and other stakeholders to develop an SF/PF training to be utilized during pre-service and/or in-service trainings (per Recommendation #2).
3. Engage in discussions, as desired, with DHS regarding the 2010 recommendations listed above.
4. Contact and hold discussions with other states' child welfare and/or Strengthening Families initiatives to learn how they are implementing protective factors into their work.

Michigan Citizen Review Panel for Children's Protective Services, Foster Care and Adoption (Governor's Task Force on Child Abuse and Neglect) 2010 Annual Report



Purpose

The United States Congress mandated that states receiving federal Child Abuse Prevention and Treatment Act funding establish a minimum of three Citizen Review Panels to assess and develop recommendations for the improvement of a state's child protection system. Members from the Governor's Task Force on Child Abuse and Neglect (Task Force) serve on the Citizen's Review Panel for Children's Protective Services, Foster Care and Adoption (Panel).

Members

Gloria Gillespie, Chair
Daniel Adams
Shauna Dunnings
Frederick Johansen
Kathleen Kovalchik-Lacko
Judith Labovitz

JoAnn Monaghan
Honorable Gregory Pittman
Lawrence Richardson
Patricia Sorenson
Patricia Wagner
Honorable Tracey Yokich

Department of Human Services (DHS) Staff to the Panel: Suzanne Stiles Burke and Erika Engel.

2010 Activities

Panel members met in part or in entirety five times (dates listed below). The Panel focused on six issues during 2010 (see pages 12 – 20 for more detail):

1. Michigan's Child and Family Services Review, Child and Family Services Plan and the Annual Progress and Services Report.
2. Statewide centralized intake process of child abuse and neglect complaints.
3. Child abuse and neglect in DHS child caring institutions.

4. Youth Bill of Rights.
5. Education for mandated reporters of child abuse and neglect.
6. “Munchausen Syndrome By Proxy – A Collaborative Approach to Investigation, Assessment and Treatment” guide.

2010 Meeting Dates

Friday, January 15, 2010

Friday, April 16, 2010

Friday, July 9, 2010

Friday, August 27, 2010

Thursday, October 14, 2010

2010 Projects, Key Findings and Recommendations

1. In early 2008, the Panel was asked by the DHS to function as Michigan’s stakeholder group for the Child and Family Services Review (CFSR) and the Child and Family Services Plan (CFSP). The DHS must complete a five-year plan, the CFSP, and an annual report regarding the progress of the plan, the Annual Progress and Services Report (APSR). The DHS must report to the Federal government on numerous topics, including:
 - Collaboration across the child welfare spectrum in Michigan.
 - Collaboration between DHS and the courts.
 - Child welfare services program support.
 - Tribal consultation.
 - Prevention of child abuse and neglect.
 - Foster care.
 - Adoption promotion and support.

The Panel met with Mary Mehren, DHS Director of the Federal Compliance Division, in January to discuss the CFSP and APSR, as well as DHS’s Program Improvement Plan (PIP). The Panel once again agreed to serve as Michigan’s stakeholder group for the coming year, and offered to review and provide input regarding these reports. Carol Kraklan, DHS Child and Family Services Review Manager, met with the Panel in April to outline APSR areas in which she hoped the Panel would provide input. The Panel agreed to review the 23-page section of the APSR pertaining to the Children’s Protective Services (CPS) program and provide feedback to DHS. Although there was a short time frame in which to respond, several Panel members provided feedback.

Key Findings

Outside review of the CFSP and APSR is a critical component to maintaining quality programming and funding for vital child welfare services. This review is an important venue not only for public input and collaboration, but also for creating community support. Insufficient notice is given to Panel members to respond fully to the CFSP and APSR. In addition, the manner in which the review is facilitated by DHS (e-mail) does not lend itself to an informed review process. Finally, the CRP is concerned that there is insufficient opportunity for additional public review and comment as required by federal legislation. The Panel is committed to partnering

with DHS, ensuring that DHS allows comprehensive, timely and appropriate access and review during this process.

Recommendations

The Panel makes the following recommendations to the DHS on this issue:

1. Continue to utilize the Panel to provide input and feedback relating to the Child and Family Services Review (CFSR), the Child and Family Services Plan (CFSP), and the Annual Progress and Services Report (APSR).
2. Initiate a timely procedure for public and Panel notice for review of the CFSR, CFSP and APSR which includes, but is not limited to:
 - The opportunity to review working drafts of documents.
 - The opportunity to meet with DHS staff to make informed inquiries in order to better analyze the document.
 - Sufficient notice prior to a deadline that truly allows for informed public review and input. Specifically, meeting dates could be scheduled three to four months in advance to allow for more comprehensive review.

The Panel is amenable to being a part of the process, as it develops, rather than merely reviewing a final draft of these documents.

3. Provide information to the Panel on how DHS complies with the requirement to consult with external partners and stakeholders (independent of Panel consultation) in accordance with Child Abuse Prevention and Treatment Act (CAPTA) legislation.
2. The second issue upon which the Panel focused was the progress of a centralized intake (CI) process for complaints of child abuse and neglect to the DHS. The Panel learned in early 2009 that DHS would move from a county-based intake system of child abuse and neglect complaints to a statewide CI system, and the Panel expressed interest at that time in becoming involved in the development and support of the new process. Panel members were included in some initial meetings in 2009 with Elreta Dodds, DHS's Statewide CPS Centralized Intake Lead. Panel Chair, Gloria Gillespie, attended one CI meeting in early 2010. Ms. Dodds gave a presentation to the Panel during their January meeting explaining the history and current status of the CI workgroup committee. At that meeting, Ms. Dodds asked the Panel to fund the cost of sending her committee members to other states currently utilizing CI systems. Ms. Gillespie explained that the Panel wished to discuss the request before responding. Ms. Gillespie asked CPS Program Office Manager Zoe Lyons for a list of CI workgroup subcommittee members, which was provided by Ms. Lyons on April 19, 2010. The Panel was not contacted to participate in any further meetings.

Key Findings

With a change in staffing to the CI project, there was a communication problem which appears to have foreclosed the Panel's opportunity to participate in further work with the CI workgroup and/or subcommittees. The Panel acknowledges that

moving to a centralized process will be an enormous change for DHS, and remains willing to be of service and to function as a stakeholder group for this endeavor.

Recommendations

The panel makes the following recommendations to the DHS on this issue:

1. Provide the Panel with a status update of the project and reengage Panel members in the CI workgroup meetings.
 2. Collect data to evaluate the outcomes of the CI process, and engage the Panel in plans for data evaluation.
 3. Include the Panel in any discussions regarding how differential response may be implemented in the CI process, as the Panel understands that recently reauthorized CAPTA legislation requires that DHS, at a minimum, discuss differential response in their CFSR report.
3. The third issue upon which the Panel focused involved occurrences of child abuse and neglect within child caring institutions (CCIs). This issue was brought to the attention of the Panel during their April meeting by Ms. Gillespie after she read a newspaper article referencing abuse within Michigan's CCIs. The article specifically discussed sexual abuse of foster children within those facilities. The data referenced in the article was self-reported by adults formerly placed in CCIs. Ms. Kraklan, who was present during the April meeting, indicated that out of the 15,000 children in care in Michigan in 2009, 200 substantiated cases of child abuse and/or neglect occurred, equaling approximately 1.3 percent of the children in care. Ms. Kraklan went on to explain that DHS has a new workgroup emerging on this subject, with workgroup structure currently under development. In 2010, DHS completed plans to create and operationalize the Maltreatment in Care (MIC) unit.

Key Finding

The Panel concurs with DHS that the exploration into allegations of child abuse and neglect of children in DHS care and custody continues to be a priority.

Recommendations

The Panel makes the following recommendations to the DHS on this issue:

1. Provide the Panel with periodic updates as to the scope of this problem and what steps are being taken to reduce the incidents of harm to children while in DHS care. Specifically, the Panel would like to be provided with data regarding the number of complaints and findings of child abuse and neglect in foster homes, relative homes and CCIs, including data regarding concurrent Bureau of Child and Adult Licensing investigations. This data should encompass substantiated investigations (including category) as well as unsubstantiated investigations.

2. The Panel recommends that the MIC unit provide an annual report to the Panel, similar in nature to the DHS annual report prepared regarding child deaths in Michigan.

4. The fourth issue upon which the Panel focused encompassed the creation of a Youth Bill of Rights. In July, the Panel reviewed a draft of a Foster Youth Bill of Rights co-created by Chris Durocher, DHS Child Welfare Training Institute Foster Care Manager, and long-time foster youth advocate. The Panel supported the concept and agreed to explore options for formal inclusion into DHS policy and legislation. The Panel also agreed to explore mechanisms for consistent enforcement, education and distribution of the document to foster children. In August, the Panel created a new draft of the document, researching similar documents in other states. The Panel continued their work with the Youth Bill of Rights, making improvements in subsequent drafts. Late in 2010 and early into 2011, the Panel finalized a draft of the Youth Bill of Rights and considered ways in which the document could and should be best used, as well as how to institutionalize the concept within DHS.

Key Finding

Statewide uniformity of the understanding of the rights of children in foster care by children, foster care workers, lawyer-guardians ad litem, court appointed special advocates, foster parents, and court personnel is critical to the health and wellbeing of our children.

Recommendations

The Panel makes the following recommendations to the DHS on this issue:

1. Adopt the Panel's Youth Bill of Rights (ATTACHMENT A) and work with the Panel to incorporate it into DHS policy and training.

2. Create a pamphlet for foster youth explaining the Youth Bill of Rights, to be given to the youth, at a maximum, 30 days after initial placement.

5. The fifth issue upon which the Panel focused in 2010 involved education for mandated reporters of child abuse and neglect. The Panel has concentrated on this issue for years, considering it a vital component to keeping Michigan's children safe from harm. In May, the Panel learned that Arkansas enacted legislation regarding compulsory training for mandated reporters of child abuse and neglect. The Panel began work to compose similar language for legislative consideration in Michigan. Research into the Arkansas statute was completed in July, and a resolution was submitted for adoption by the Panel in October. The resolution states:

"The Citizen's Review Panel recommends to the Governor's Task Force on Child Abuse and Neglect that, with the assistance of the Department of Human Services, we pursue amending Michigan's Child Protection Law, MCL 722.621et. seq. to require every institution of higher learning in the State of Michigan, which offers a degree program that is a prerequisite for licensure or certification in any of the occupations listed in MCL722.623, to provide standardized training in recognizing the signs and symptoms of

child abuse and neglect; the legal requirements and the duties of mandated reporters of under the Michigan Child Protection Law, and methods for managing disclosures from child victims. Further, that compliance with these requirements shall be monitored by the appropriate state agency or agencies.”

This resolution was submitted to the Governor’s Task Force on Child Abuse and Neglect at their January 2011 meeting, with the Task Force voting unanimously to support this endeavor. Should DHS favor the idea, Panel members plan to work with DHS to garner support for legislative consideration. A possible second step to this initiative would be to create a standardized mandated reporting training program.

Key findings

It is imperative that mandated reporters are well educated about and uniformly trained in their responsibilities under the law to report suspected cases of child abuse and neglect. Michigan currently has limited training for mandated reporters which is not uniform across the state.

Recommendations

The Panel makes the following recommendations to the DHS on this issue:

1. Support the Panel’s proposed amendments to the Michigan Child Protection Law and work cooperatively with the Panel to pass legislation implementing the attached language (ATTACHMENT B).
2. Provide the Panel with a status update of DHS’s work on the recommendations regarding mandated reporting made by the Panel in 2009 (listed below in italicized font):
 1. *Create and launch a marketing campaign designed to make all mandated reporters aware of their responsibilities as mandated reporters.*
 2. *Create a standardized training curriculum for all mandated reporters, whether it is on-line, classroom based, some other effective training method or a combination of effective training methods.*
 3. *Ensure that all mandated reporters receive training using the DHS standardized training curriculum. Suggestions for ensuring that mandated reporters receive training include:*
 - *Amending the Child Protection Law to include a mandate for training,*
 - *Sending information directly to licensed reporters about their duty to report and available training resources as part of their licensure/license renewal, and*
 - *Sending information directly to non-licensed reporters about their duty to report and available training resources.*
6. The final issue upon which the Panel focused in 2010 involved the Governor’s Task Force on Child Abuse and Neglect’s “Munchausen By Proxy – A Collaborative

Approach to Investigation, Assessment and Treatment” publication. In July, the Panel received a request from Ms. Lyons asking that the Munchausen publication be updated. Ms. Lyon’s request was made on behalf of members of DHS’s Children’s Protective Services Medical Advisory Committee, a group composed of physicians with specific interest in pediatrics and child abuse and neglect. This issue was discussed by the Panel during their July meeting at which time it was determined that this particular project fell outside the purview of the Panel. Because the Munchausen publication was a product of the Governor’s Task Force on Child Abuse and Neglect and not the Panel, Ms. Gillespie referred the matter to the Task Force. Ms. Gillespie, who is a member of the Task Force serving on their Executive Committee, volunteered to chair a new Task Force committee formed for the sole purpose of updating the Munchausen document.

Key finding

The Panel agrees with DHS that the current Munchausen publication is in need of updates and revisions.

Recommendation

The Panel recommends that the DHS continue their good work in concert with the Governor’s Task Force on Child Abuse and Neglect in updating this important publication.

2011 Work Plan

The Panel has developed its 2011 Work Plan as follows:

1. The Panel plans to continue functioning as Michigan’s stakeholder group for the Child and Family Services Review (CFSR) and the Child and Family Services Plan (CFSP). The Panel anticipates having an expanded role in the process in 2011 and in future years.
2. The Panel plans to become reengaged in and continue to function as a stakeholder group for the centralized intake effort at DHS, participating in the continued development, planning, evaluation and support of the process.
3. The Panel plans to continue ongoing work to formalize a Youth Bill of Rights in partnership with DHS.
4. The Panel plans to continue ongoing work with a mandated reporter effort, working in concert with DHS to sponsor legislation regarding compulsory training of mandated reporters of child abuse and neglect.
5. The Panel plans to conduct detailed reviews of cases involving suspected child abuse and/or neglect of children under DHS care, including children living in their own homes, foster care, relative care, residential settings, institutional settings and court wards placed in their own homes.

Rights & Reasonable Expectations for Children & Youth in Foster Care

In all cases, you have a right to and/or reasonable expectation of care and supervision, food, clothing, shelter; goods, services, safety, and security. Many of these rights are required by the law, Foster Care (FC) policy, and FC licensing rules and regulations, as appropriate per your age, stage of development, and individual life situation. You also have the right to expect that all the people involved in your case and life will work very hard to help you be with a “forever” family.

As A Youth In Foster Care, I Have A Right To:

1. Be treated as a human being, and with respect and dignity;
2. Assistance with understanding what’s going on with my family and why I’m in Foster Care (FC);
3. Receive and send mail and/or be present (when mail is opened), if there is clear and convincing evidence that your mail must be opened by someone else;
4. Have and/or have secured my personal possessions;
5. Have the allowance portion of the FC payment that is provided to my caregiver. This is the best way for me to learn money management skills;
6. Be placed with my relatives, kin, or siblings and/or have a plan of contact;
7. Have a discipline and/or behavior management plan specific to my needs and stage of development;
8. Be enrolled in school or a school program that supports my educational and developmental needs; and have access to extracurricular programs like band, sports, etc.;
9. Medical, dental, vision and mental health care that meets my individual needs;
10. Be in a placement that is safe, secure, and that best meets my specific needs and individual permanency plan; I have the right to pre-placement information (such as phone contact with foster parents, pictures of the home, etc.);
11. Be in a home that is aware of my religious history and allows me to practice my religion;
12. Privacy and (case) confidentiality;
13. Have a treatment plan & service agreement that was developed with my family/kin, caregivers, and me. If I’m 14 years old or older, I have a right to an independent living or adulthood preparation plan that I assisted in developing and have approved (via my signature on the plan);
14. Contact with my parents, kin and siblings (unless the court says otherwise or there is a documented safety issue);
15. Be cared for by people who have been screened, trained, are knowledgeable in child rearing and development practices, and are able to best meet my needs;
16. Be treated according to the requirements of the Indian Child Welfare Act (ICWA) and FC policy, and my family and tribe, if I’m a North American Indian child/youth;
17. Be informed of a change to my assigned foster care worker;

ATTACHMENT A

18. Be represented by, meet with, and have access to a Lawyer Guardian Ad Litem (LGAL), and be informed of a change to my assigned LGAL;
19. Attend court hearings and speak to the judge or referee (especially when I feel a need to);
20. Have age appropriate clothing, school supplies, personal care products, and all other goods/items provided for in the FC payment to my caregiver;
21. Have access to all goods and services available through funding and programs intended to meet the needs of children and youth in FC.
22. Have help in overcoming some of the struggles I have that may have happened since being in Foster Care;
23. Have friends;
24. Review my case record, unless it would cause harm to me or others;
25. Have information and help understanding why I need therapy or medications;
26. Have a social life just like other children and youth my age;
27. Fair treatment, whatever my race, gender/gender identity or sexual orientation, ethnicity, religion, national origin, disability, medical issues, or anything else that makes me who I am, even if I'm not sure or clear about it yet.

As a child or youth in Foster Care, (you) the adults in my life, have an obligation to honor, provide for, and work to assure that my right to proper care, goods and services is foremost in your efforts and while working on my and if appropriate, my family's behalf. That is my right.

SIGNATURES:

DATE:

Foster Youth

Foster Care Worker

Lawyer Guardian Ad Litem

Foster Parent/Caregiver

Foster Parent/Caregiver

**Citizen Review Panel for Children’s Protective Services, Foster Care and Adoption
Proposed Amendments to the Michigan Child Protection Law**

The Citizen Review Panel for Children’s Protective Services, Foster Care and Adoption proposes that the Governor’s Task Force on Child Abuse and Neglect, with the assistance of the Department of Human Services, pursue amending Michigan’s Child Protection Law, MCL 722.621et. seq. to require every institution of higher learning in the State of Michigan, which offers a degree program that is a prerequisite for licensure or certification in any of the occupations listed in MCL722.623, to provide standardized training in recognizing the signs and symptoms of child abuse and neglect; the legal requirements and the duties of mandated reporters of under the Michigan Child Protection Law, and methods for managing disclosures from child victims. Further, that compliance with these requirements shall be monitored by the appropriate state agency or agencies.

Michigan Citizen Review Panel for Child Fatalities (Child Death State Advisory Team) Annual Report 2010



Purpose

The United States Congress mandated that states receiving federal Child Abuse Prevention and Treatment Act (CAPTA) funding establish a minimum of three Citizen Review Panels (CRP) to assess and develop recommendations for the improvement of a state's child protection system. The Michigan Child Death State Advisory Team serves as the CRP for Child Fatalities. The State Advisory Team has formed a sub-committee that looks at these cases more closely and reports back to the entire State Team. The Child Death State Advisory Team and the CRP sub-committee are managed through a Department of Human Services (DHS) contract with the Michigan Public Health Institute (MPHI). MPHI houses the Michigan Child Death Review Program which provides the necessary expertise to fulfill this need.

The CRP on Child Fatalities is charged with examining cases of child fatalities where the family had previous interaction with the child protection system. The panel is made up of experts representing law enforcement, DHS, medical examiners' offices, hospitals, the courts, education and other children's advocates. The goal is to use the information found through the panel's work to improve the child protection system and prevent future child fatalities.

It should be noted that the Project Coordinator of the National Citizen Review Panels has recognized this team as the model for other states' CRPs. Our process of reviewing specific cases with a multidisciplinary team of experts is known as the ideal way to gain insight into the child protection system and to make meaningful and data-driven recommendations.

Members

John Bechinski, MD, Wayne County Medical Examiner's Office*
Stacie Bladen, Department of Human Services, Office of Family Advocate
David Blocker, Office of Children's Ombudsman*
Rosemary Fournier, Michigan Fetal Infant Mortality Review Program
Shirley Mann Gray, Children's Hospital of Michigan

Kelly Howard, State Court Administrative Office
Brian Hunter, MD, Genesee County Medical Examiner
Lt. Clay Jansson, Oakland County Sheriff's Office, Chair of Fatality CRP
Sgt. Greg Jones, Michigan State Police *
Kim Kovalchick, Michigan Department of Education
Zoe Lyons, Michigan Department of Human Services, Chair of State Advisory Team
N. Debra Simms, MD, Helen DeVos Children's Hospital
Frank Vandervort, University of Michigan Law School
Michael Woodyard, Wayne County Prosecutor's Office

*Participation ended in 2010

MPHI provided staff support through Lindsay Gross, Heidi Hilliard, and Shannon Stotenbur-Wing.

2010 Activities

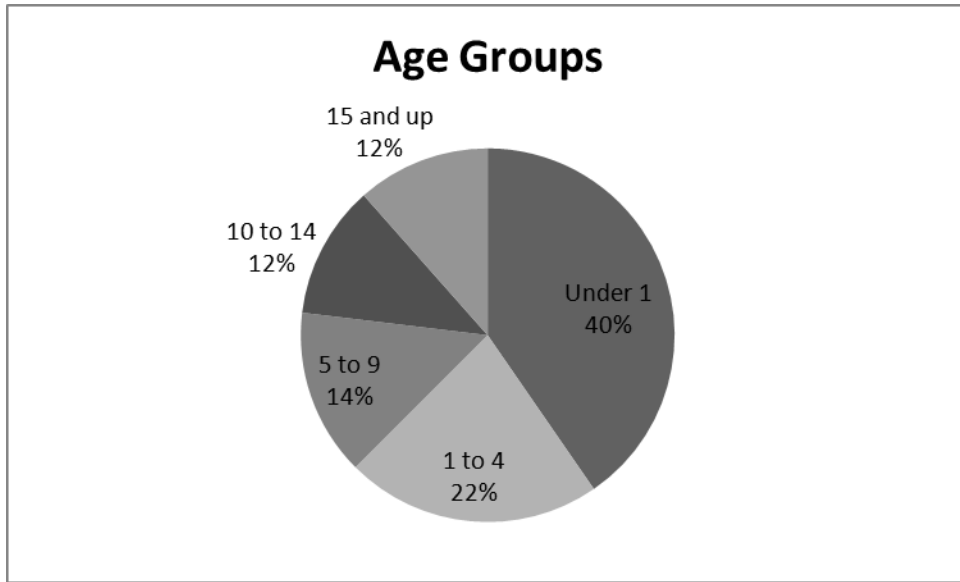
The CRP on Child Fatalities met five times in 2010. The full advisory team met on March 25th, June 17th, September 16th, and the workgroup met on October 1st and December 2nd to review case files. The committee reviewed cases of child fatalities to children from the 2009 calendar year. The panel reviews retrospective cases in order to ensure that the most complete information is available.

A total of 104 cases were reviewed by MPHI staff. Full DHS case files were requested for those 104 cases. Eleven of those cases were identified as needing to undergo full case reviews by the committee. The cases identified for review by the full panel were those in which a child died in foster care, when there was an open Child Protective Services (CPS) case at the time of death, or where an extensive CPS or foster care history existed prior to the death. Additional information was gathered for those cases, including autopsies, law enforcement investigation reports, court records, information from the prosecuting attorney and any applicable medical records. This information was reviewed in its entirety by the panel members. It should be noted that this takes a great deal of time. Each panel member receives the case files prior to the meeting and reviews them in order to be prepared to discuss them at length at the workgroup meeting. Each case can take anywhere from 2 to 4 hours on average to review. The panel members' participation is voluntary and many review them on their personal time in order to be able to provide their expertise at the meeting. Their service on this panel is greatly appreciated.

Findings and recommendations were made on each case. The review of specific cases are conducted not to respond to any one specific case, but rather to develop recommendations based on patterns or trends identified as common to the cases reviewed.

Key Findings

Of the 104 cases reviewed, 60 were male and 44 were female. The chart below displays the different age groups.



This means that 62% of the cases were children under the age of five.

Of the 104 cases, 21 (approximately 20%) were found to be child maltreatment deaths, 5 child abuse and 16 neglect. This means that of the cases found to be child maltreatment, 76% were neglect. This continues to be an important finding to note each year. It illustrates the importance of accurately identifying and preventing child neglect cases.

The cause and manner of death for the 104 cases are displayed in the tables below.

Cause of Death	#
Natural/Medical Causes	27
Suffocation/SIDS	16
Fire Related	9
Sudden Unexpected Infant Death	8
Drowning	8
Asphyxia	6
Hanging	6
Undetermined	4
Gun Shot Wound	4
Blunt Force Trauma	4
Motor Vehicle Crash	3
Other	9

Manner	#
Accident	43
Natural	27
Undetermined	15

Homicide	11
Suicide	6
Unknown	2

As stated previously, 11 cases underwent a full case review by the panel. A list of specific case findings and recommendations were made as a result of these reviews. A total of 16 findings were made during the case reviews, many of them occurring in multiple cases. The most significant findings are noted below.

1. Department of Human Services child welfare supervisory oversight was not met according to policy.
2. A medical evaluation of the children was not requested by CPS when indicated.
3. Infants placed in foster care were not placed in the approved safe sleep environment according to licensing guidelines.
4. Family patterns and trends were not recognized and addressed during CPS investigation.
5. CPS workers failed to elevate their interventions despite continued referrals for similar issues.

The full list of findings is attached (Attachment A).

Recommendations

There were many recommendations that were made as a result of the Fatality CRP reviews. The top recommendations are highlighted below. These are the recommendations that address the most significant findings that the panel felt DHS should make a priority. A rationale is included in order to better explain why the panel chose these specific recommendations for special focus. The entire list of recommendations is attached (Attachment B).

Recommendations for the Michigan Department of Human Services:

1. Several recommendations were made to improve the investigation of referrals to CPS involving medical issues. First, fractures occurring in children under the age of one should always be referred to the Medical Resource System for review. Additionally, the Department should recommend amending Child Protection Law to clarify CPS access to medical records. Thirdly, training on asthma as well as other chronic diseases and understanding medical management of such diseases should be mandatory for CPS workers. Finally, referrals made regarding uncontrolled or unmanaged diabetes and asthma should be assigned for investigation.

Rationale: In multiple cases the panel reviewed CPS had not made the appropriate referrals for medical evaluations on children when indicated. Additionally, the Medical Resource System was not utilized when indicated. In some cases, the panel noted that gaining access to medical records appeared to be an issue for CPS workers. Thus, amending the CPL to specifically state that access should be granted would greatly reduce this barrier to investigation. The investigation of referrals regarding chronic conditions such as asthma appeared to be lacking due to possible lack of

knowledge of the disease and its implications indicating the need for additional training. Finally, due to the seriousness of chronic medical conditions for children of a young age it is believed that referrals of this nature should always be assigned for investigation.

2. The Department should conduct an assessment on Safe Sleep Education given to foster parents in order to identify areas for improvement.

Rationale: In 4 cases where a child was placed in foster care the child was not placed in a safe sleep environment resulting in the child's death.

3. CPS workers should be trained on the identification and treatment of the intangible needs of the family such as mental health needs. CPS workers also failed to elevate their interventions after continued referrals for issues that remained unresolved.

Rationale: The panel noted that in multiple cases CPS workers failed to appropriately identify family trends and patterns. The panel noted that in many cases CPS workers seemed to more adequately identify and address tangible needs of the family such as housing or employment. However, intangible needs such as mental health and substance abuse appeared to go untreated.

Below are recommendations that the panel made for other departments. Although the CAPTA legislation only requires that recommendations are made to DHS, the panel feels that multidisciplinary change is required to protect children. Thus, we have highlighted recommendations below for other state departments. Please see attachment B for a complete list of recommendations for each discipline.

Recommendations for Law Enforcement:

1. Law enforcement narcotics units should make an automatic referral to CPS if they find drugs in the home where children reside.

Rationale: The panel noted that law enforcement did not make referrals to CPS after finding children in the home where drugs were located.

Recommendations for Medical Professionals:

1. Medical professionals require training on the signs of abuse and neglect.

Rationale: Ongoing training on the signs and symptoms of abuse or neglect as well as the duties of a mandated reporter are necessary to increase more consistent and accurate reporting of child maltreatment by medical professionals.

Recommendations for Policy Makers:

1. Amend Child Protection Law to clarify CPS access to medical records.

Rationale: As noted above CPS workers appear to have difficulty obtaining the necessary medical records to complete their investigation. Thus, amending the CPL to specifically state that access should be granted would greatly reduce this barrier to investigation.

2. Amend Child Protection Law to allow access to medical records to the Citizen Review Panels.

Rationale: In many instances, the panel was unable to obtain medical records to complete the cases for panel review. In order to obtain a full picture of each case, the panel requires access to all records related to the child. It is the review of cases in their entirety that allows for valid findings and recommendations by the panel.

Recommendations for County Prosecutors:

1. Prosecutors should prosecute mandated reporters for failure to report.

Rationale: In many cases that the panel reviewed this year and in prior years, mandated reporters have failed to make appropriate referrals to CPS. Without consequences for these actions, mandated reporters may continue to fail to complete their duty.

Planned 2011 Activities

In the upcoming year the panel plans to review deaths of children in the 2010 calendar year.

Conclusion

The recommendations presented in this report are the product of multidisciplinary expert opinions based on case review findings. The panel believes this greatly strengthens the recommendations made and is hopeful that their implementation will be seriously considered in the upcoming year. Over the years, many similar recommendations have been made, indicating their importance and the continued need for improvement. Panel members are willing to work with DHS administration in the implementation of the recommendations. Continued collaboration between the Fatality CRP and DHS is anticipated. The panel looks forward to the department's feedback and response to this report.

SUMMARY OF CASE FINDINGS 2010

* Please note the number beside each finding only indicates the number of cases in which it was found. These findings may have been present multiple times within a specific case.

Identification and Reporting of Suspected Child Abuse and Neglect

	Case Finding	#
1.	Failure by mandated reporters (medical professionals, law enforcement, social workers, teachers, etc.) to make necessary referrals to Child Protective Services (CPS).	1

Investigation and Assessment of Potential Child Abuse and Neglect

	Case Finding	#
2.	CPS designated wrong category assignment to disposition.	2
3.	Lack of thorough investigation by CPS.	1
4.	No medical evaluation requested by CPS when indicated.	4
5.	No supervisory oversight or documentation of such in DHS reports.	4
6.	Lack of collateral contacts made by CPS.	3
7.	Family patterns/trends not recognized and addressed during CPS investigation.	3
8.	Medical Resource System not used in completing an investigation.	1
9.	Lack of elevated intervention with continued referrals to CPS.	3
10.	Lack of collaborative investigation between law enforcement and CPS.	1
11.	Family Assessment of Needs and Strengths/Child Assessment of Needs and Strengths completed incorrectly.	2
12.	Mental health assessment not completed when indicated.	2
13.	Improper case closure when risk of abuse and neglect is still apparent and issues have not been adequately resolved.	2
14.	Reports not signed until 1 year after death	1

Provision of Services to Children and Families

	Case Finding	#
15.	CPS/FC Treatment Plan/services/referrals inadequate to address entire needs of the family (ex. mental health, substance abuse, and domestic violence).	1
16.	Infants in foster care were not placed in an approved safe sleep environment according to licensing guidelines.	4

SUMMARY OF RECOMMENDATIONS 2010

Training/Professional Development

1.	Training for medical professionals on the signs of child abuse and neglect. Perhaps mandating continuing education in this area for all medical professional licensing.
2.	Training for CPS workers on asthma and other chronic diseases in order to gain an understanding of the appropriate medical management of such diseases.
3.	CPS workers should be trained on the identification and treatment of the intangible needs of the family such as mental health needs.

CPS Investigation and Assessment

4.	Category assignments should be used according to policy. If a preponderance of evidence is found, a compliant should be substantiated.
5.	Referrals made regarding uncontrolled or unmanaged diabetes and asthma should be assigned for investigation.
6.	Amend Child Protection Law to clarify CPS access to medical records.
7.	Fractures occurring in children under the age of one should always be referred to the Medical Resource System for review.

Other

8.	Amend Child Protection Law to allow access to medical records by the Citizen Review Panels.
9.	Law enforcement narcotics units should make an automatic referral to CPS if they find drugs in the home where children reside.
10.	Prosecutors should prosecute mandated reporters for failure to report.
11.	The Department should conduct an assessment on Safe Sleep education given to foster parents in order to identify areas for improvement.