

1. Implementation. Describe how the project has been implemented by your organization. Please include progress toward the stated objectives of the project.

The goal of this project is to improve outcomes for children in foster care by increasing access to mental health treatment and providing additional supports to families at the outset of a placement. A new position was created entitled "Placement Support Specialist," whose purpose it is to work with each child and family to ensure that they receive the support and access to services that they need for successful placement, preventing multiple moves that further traumatize children. Barriers to mental health care will be identified, and increased use of teletherapy, phone consultations, and online resources will be utilized to increase mental health care in this population.

This project could not have come at a more critical time in the history of our agency. As we all know, the pandemic had us learning new ways to implement our services, and our foster parents needed more support than ever before, with childcare centers and schools closed indefinitely. When this project began one year ago in June, our foster parents had already experienced several months of children being home full time, loss of in-person support, and were helping children overcome the additional trauma of perhaps not seeing their birth families other than through Zoom for several months. In June, the beginnings of some in-person services were resumed, along with in-person visits with their families.

In July of 2020, CFS internally hired Andrea Domres, a three-year CFS veteran, for the Placement Support Specialist position. Andrea completed the online Registered Behavior Technician training in September 2020. Six of our Family Support Workers that supervise parental visitation also participated in this training. It was important to CFS that this position have frequent and accessible interactions with foster families, while balancing good communication skills with the case managers. Ms. Domres is maintaining a great balance, consulting with our foster families and workers sometimes virtually (due to Covid-19 precautions) but is also meeting in-person when needed. Ms. Domres begins with each family by providing them with a pre-survey to see how much involvement the family desires and what additional training they are interested in. Post-surveys were recently sent out to families that have received services in this past year. Several were returned and we anticipate hearing back from more soon. Results have been positive overall. Ms. Domres is there to talk to families as emergencies emerge, help tackle issues as they come up, and create a team plan for success. Ms. Domres can attest to several placements in this short time that were in danger of being disrupted. With her extra support and education, the families ending up keeping their placements intact.

2. Timeline. Describe your current progress against the established timeline for the project. If any factors have affected the projected timeline of your activities, please indicate the reason(s) below.

1. **Hire and train Placement Support Specialist (PSS).** Completed July 2020.
2. **PSS to provide weekly in-home consultation for foster parents with new placements for up to two months.** Ms. Domres has kept in close contact with all foster families that need extra support, whether they are new or seasoned foster parents. It has not always been in-person due to distance and Covid restrictions. One foster parent noted on their survey that in-person would

be more helpful so efforts will take place moving forward to ensure that if foster parents need in-person support, it will be provided. Feedback otherwise has been overwhelming positive and it appears that this extra support has maintained placements that otherwise would have been disrupted.

3. **PSS to assist foster parents in setting up and utilizing FosterCare.TEAM.** This is still on pause as it has not been approved yet for use with the Michigan Department of Health and Human Services (MDHHS). It is currently in the approval process to ensure HIPAA compliance standards. CFS was using FosterCare.Team with our families before the request to pause from MDHHS. It was found to be a great tool in the foster homes that enjoy more constant communication. We are hopeful to be able to use this again soon.
4. **On-going trauma and other identified trainings provided to foster parents.** A two-day trauma informed parenting training was held on March 6 and March 20, 2021 from 9am-5pm. There were 17 people registered for this training that covered the following topics: How parents can care for a child while being sensitive to his or her past traumatic experiences; Understand how a child's past experiences impact his or her behavior; Complex trauma; Understand how to encourage a child to develop strength and resilience; Describe the seven aftereffects of complex trauma; Understand how to adapt parenting style to a child's needs; Aftereffects Parenting practices. This training was presented via Zoom by NCTSN trained presenter Allison Wilson MS, LPC Behavioral Health Therapist/ Trauma Assessment Clinician; Emma Smith, MA in Clinical Counseling, Foster Care Compliance and Training Specialist; and Amanda Rhine, an experienced foster parent.

There were two sessions of suicide prevention training provided in December, which five foster families participated in.

Much of the trauma training occurs with the case manager and PSS educating and consulting with parents during check-ins and day to day communications. Many of our foster parents report that they have changed their viewpoints on a child's behaviors after receiving more education about their foster child's specific needs and trauma. A unique and personalized plan for each child is created during these consultations and these are very effective.

5. **Create technology library for parents to utilize for teletherapy. Set up online capabilities for sessions.** We have had a lower need for assistance with technology than we originally anticipated. We have purchased some hot spots and phone cards for several of our clients but there have not been any further requests for technology needs for teletherapy to date. We have HIPAA compliant Zoom licenses that were purchased with another MHEF grant.
6. **Create a pre/post survey for foster parents to measure outcomes.** The surveys have been created and are included in the attachments. We have received some post surveys but need to do more to reach out to families that have received services.

3. Accomplishments. Describe a key accomplishment (or two) of the project so far. What are you proud of and / or what have you learned that you're excited about?

Child Welfare Director, Aprille Sutton, and Placement Support Specialist, Andrea Domres, state that first and foremost they are proud of the increased communication and support provided to our foster parents. This is support that was needed desperately and to have the capacity to provide such support to our foster parents is life-changing.

For example, Ethan,* a young man aged 17, who has struggled with significant mental health needs and trauma, has been in foster care since he was 10. He has lived in several foster homes and then was sent for treatment to Pine Rest in Grand Rapids. His first foster placement out of Pine Rest was with one of our foster families receiving the extra support from Ms. Domres. Despite many initial behavior concerns, the foster parents have stuck with him, and he is in his longest-lasting placement. They have also agreed to continue to be a regular part of his life after his 18th birthday. So many of our youth just need one adult to commit to being there for them. We are so happy that Ethan found his.

*name has been changed to protect confidentiality.

Another example is the family of Yana and Mike Powers. This family was featured in our 2020 annual report, which is included in the attachments. They recently celebrated the adoption of two children, one with significant needs. In March 2018, this family took emergency placement of an 18-month-old girl, Rachel, and a 3-month-old baby boy, James, due to medical neglect. James was born with a cleft lip and palate and had been admitted to the hospital after concerns of dehydration and malnutrition. James had a tough medical battle ahead, as it was suspected that he suffered from a brain injury sometime after birth. He was eventually diagnosed with spastic quadriplegia cerebral palsy just after his first birthday. Yana and Mike committed to caring for him and his sister, despite many sleepless nights. Their adoption was recently finalized, and one benefit of having court hearings through Zoom is that many workers can participate in the hearings that may not have had the time to attend in person. We have a short video of Yana and Mike's comments during the adoption, and they attributed their ability to care for these children to Ms. Domres and the support they were able to receive through CFS. This video is also uploaded in the attachments, and this personal testimony from these parents will leave anyone that watches in tears and in awe of those who care and work in the foster care field.

4. Challenges. Have there been any challenges with your project thus far? If so, please describe the challenge(s) and how you've sought to overcome them.

Although we wish it were not so, Covid continues to be an issue in our delivery of services. Mandates are changing every day, and we have a commitment to ensuring that we keep our staff and our families healthy. Our office has been closed to the public for the past year and is reopening on July 21, 2021. Our lobby was closed and staff were ordered to work from home if possible. With our office reopening, we will have more staff on hand to help meet the needs of people walking through our doors and be more readily accessible. Although we tried our best to communicate with our families throughout the pandemic, it created yet one more obstacle in an already complex system.

The approval of FosterCare.Teams is still being sought by its developers and we hope to hear a decision soon. The delay is unfortunate as our experience was positive with this program that allowed everyone

involved in one foster care case to communicate seamlessly through this program. We hope that the state will approve its use soon.

5. Outputs. What data can you report on project outputs, including those identified in your project evaluation approach? A reminder: outputs are things you count – goods or services delivered, or people served. Please include specific information related to the number of people served, number of trainings held, number of sites implemented, etc.

In our original grant application, we looked at the numbers of our youth in foster care and their replacement rates. In FY2019, At CFS, of the 167 children placed in FY 2019, 53 had placement changes, or 32% of youth had placement changes. Primary reasons included: Behavioral problems/caregiver requested move: 22 or 42%, Placement with relative: 17 youth or 32%, Reunite siblings: 2 youth or 4%, Temporary/emergency placement: 9 youth or 17%, Other: 3 youth or 5%. As indicated, the most frequent reason was due to the foster parent requesting that the child(ren) be moved, often because the family was unable or no longer willing to handle the behaviors of the child.

Taking a look at FY2020, which includes June 1, 2020 to September 30, 2020 of this grant's project period, we had 146 youth in foster care. There were only 19 placement changes during this time (13% of placements). This is a significant drop from the previous years' 53 placement changes. Of these 19 changes, 12 caregivers requested the move (63%), 4 were placed with relatives (21%), 1 reunited with siblings (5%), 1 relative was not appropriate (5%), 1 was classified "other" (AWOL) (5%).

Taking a look at FY2021 to date, which is October 1, 2020 through May 31, 2021, we have had 102 children in care. There have been 24 placement changes (23%). Eight were due to the caregiver requesting the move/behavioral problems (33.3%), 8 were placed with relatives (33.3%), and 8 were in an emergency/temporary placement (33.3%).

Looking at these numbers it appears that the reason for a child being moved due to behavior problems is in fact, decreasing. Ranging from 22 youth or 42% of all replacements in FY2019 to 12 youth or 63% in FY2020 and in our current fiscal year, just 8 moves due to behaviors (33%).

Our Behavioral Health department saw our foster children for a total of 292 sessions during this project period. About half, or 118 of these sessions were through telehealth. There were 20 no-show sessions (7% of all no-shows) for foster children, which is down from 38% in FY2019. 87 sessions were held with biological parents and 10 sessions with foster parents. 29 foster children received counseling services through our Behavioral Health department and 11 biological families participated in counseling. Although foster parents did not attend all sessions with youth, it is reported that they are all actively involved in the treatment plan for the youth and in communication with the therapists.

Outcomes. What data can you report so far toward your project's intended short- and long-term outcomes? A reminder: outcomes are specific improvements that occur as a result of your organization's work, such as improved knowledge from a training. Feel free to share here and provide additional data and / or stories in an attached document, if appropriate.

What better way to report on our outcomes than to share what our foster parents have told us over the past months:

“We are better able to better help all children placed in our care. Whether for a day, night, weeks, months or forever our love for all the special children that are welcomed into our home and hearts, our love is unmeasurable, and I know with the agencies help that we make the transition a smoother one for the children. FAMILY. We may not have it all together, but together we have it all. This is for all children welcomed into our home. The agency has helped us in tremendous ways in making the transitions for all our placements and other family’s placements an easier transition for the children we work with in their times of need. We are forever blessed to have Child and Family Services here to help. Thank you all from the bottom of our hearts, we continue to care for children in our care with open arms and love in our hearts to share. Thank you for being there!”

“I would just like to say thank you to all of you!! Covid has not made this past year easy at all, but several workers there have lent their ears and help problem solve issues in our home and we made it through!! Praying 2021 is a much better year!”

We recently surveyed our foster parents, and asked this question, “As a result of Child & Family Services programs, I/we are better able to...” and these were some responses:

“Work together to form a healthy bond.”

“Be more trauma informed.”

“Continue our fostering journey.”

“Knowing what to expect and prepare for.”

“Help children in need and help our biological children as well.”

“Know that I can handle almost anything. If I can survive Foster Parenting, I can do anything.”

“Provide trauma-based parenting. Focus on positive reinforcement.”

“Access other support services, such as Early On or WIC.”

“Care for our adopted child”

“Feel like I can reach out and get the help we may need and am able to better provide a home for kids.”

In addition, our foster care workers also appreciate the support of this new position:

“The families that I have worked with that have received support from Andrea have all been very grateful. Particularly a foster mother who has experienced significant medical needs during this last year. She felt very supported and cared for. This service provided her with emotional support as well as meals for her family during her time of need. As caseworkers we don’t always have the availability to be there for our foster families in the ways we want to and to have someone so caring take the time to reach out to them has been very beneficial.” -Nikki Rousseau, CFS Foster Care Specialist

With these positive comments, and our reduction in foster home replacements, we feel that we are making significant progress toward the goals outlined through this grant proposal. We look forward to seeing what the second year of this project will bring!

7. Budget. Are current project expenditures in line with the proposed budget? If not, please provide detail to describe the variance(s) and what measures were taken to address the variance.

We are very close to budget on most of our items. There is an excess in the “technology library” item due to not being able to utilize the FosterCare.Teams software, which is \$6000 per year. “Parenting interventions” is currently over budget as we had many needs related to this line item. Through this fund we were able to provide equine therapy at Peace Ranch for our youth, as well as help our foster parents during critical times to prevent burnout or replacement of foster children. We request that the additional funds (\$8500) from the technology library be moved to the parenting intervention line items since we were not able to fully utilize that category.

Salary and fringe for PSS: \$33.20 remaining of \$18,034

Technology library (materials and supplies): \$8500 remaining of \$10,000. \$6000 of this fund was to go to the FosterCare.Teams software license, which we have not been able to utilize. Items such as hot spots and phone cards were purchased, but there was not a need beyond this for technology for our families. We request that the remainder of this fund be moved to Parenting Interventions, as that need was greater.

Evaluation: \$0 remaining of \$1348.

Marketing and Communications: \$100 remaining of \$500.

Behavior Technician Training: \$0 remaining of \$1000.00.

Parenting Interventions: \$-5,931.69 from budget of \$4500. Spent to date on this category is \$10,431.69.

Mental Health Access Barrier Reduction: \$2001.58 of remaining of \$6,500.

Indirect/Admin expenses: \$719.44 remaining of \$6,522.

Total grant funds used: \$44,486.41

Total grant funds remaining: \$5,153.59

8. Sustainability. Summarize your sustainability efforts to date, and any steps you plan to take in the next year towards sustainability.

The main goals of this project are to improve outcomes for our youth, support foster families in maintaining current placements, and increase efficiency and decrease costs. When we accomplish these goals in tandem, we have the answer to sustainability for the PSS position in the long term.

Several factors were identified in our project summary that describe the difficulties the child welfare system faces in providing positive outcomes for youth in care. When time is spent hiring new social workers due to burnout, continually licensing new homes while experienced homes close their licenses, and trying to stabilize children experiencing devastating loss from multiple moves, those are dollars spent towards maintaining a poor status quo. It is our goal with this project to turn those lost dollars into ongoing funding for services that work positively to help our most vulnerable. With every professional employee turnover, the cost to our organization is six months of income for that position, a cost that ranges from \$15,000 to \$25,000. Unfortunately, this past year saw an even higher amount of staff turnover due to an already difficult job becoming even more so with Covid. It has also been hard to hire new staff as our wages are not competitive. Many lower-skilled jobs pay more per hour than our starting salaries, so it is an ongoing effort to recruit caring individuals to take on this work. It is our hope in the coming year to reduce our staff turnover significantly.

The increased expense of transportation and case coordination when a child is moved from their community is significant. By placing resources towards measures to preserve that placement, we are becoming more fiscally responsible. It was documented that in one month, 270 hours were spent solely on drive time. With paid salaries plus vehicle expenses, that amounts to an average of \$5000 per month, or \$60,000 per year. If we were to reduce that by a third by offering tele-counseling and preserving placements in a child's community by offering support to families, we could save \$19,800 annually. In the past year we have written grants specifically for marketing for new families in three different counties, Emmet, Charlevoix, and Benzie. There are requests outgoing for Wexford and Manistee counties as well. It is our hope to recruit more homes in each community to reduce transportation costs as well as ensure children can remain in their communities.

In the Behavioral Health department, the additional reimbursements gained from reduced no-show appointments would cover the cost of the technology to provide remote counseling options. Our development and administration teams are continuously advocating at the state and federal levels for increased reimbursements for services. We have seen some improvements in rates in recent years, but we still have a long way to go to adequately fund the work we do with vulnerable people. We continue to build relationships with insurance providers, hoping to educate them on the qualitative and quantitative benefits of providing mental health assessment and treatment, with the goal of facilitating reimbursements that cover the cost of services. This is an unfortunate reality of nonprofit work, and it is relatively slow, unfortunately. In the short term, if we do our best to become more efficient and decrease our costs as outlined above, we will have created a sustainable model that will serve children and their families well.

Finally, there is a bill in the State of Michigan Legislature, currently at committee, HB 4399, that is advocating for a daily rate increase for foster care services. This additional \$9 per day increase the foster care administrative rate would raise the current rate from \$46.20 per diem to \$55.20 per diem. We are advocating at the state and local levels for support for this bill, as it would create a significant impact on the services we can provide, the wage we can offer to workers, and the sustainability of our program.

9. Assistance. Beyond direct funding support, what assistance can the Health Fund provide over the next year to contribute to your project's success and sustainability?

Support from the Michigan Health Endowment Fund and its partners would be greatly appreciated towards HB 4399 for a \$9/day increase in the foster care administrative rate, which would raise it from \$46.20 per diem to \$55.20 per diem.

The last time there was an increase in the per diem for organizations like ours to do this difficult and important work (especially in the current challenging workforce/labor environment) was by \$1/day, in 2018. The latest proposed increase in the House bill does not keep up with inflation, and is not included in the companion Senate bill, SB 79. (FOR SENATORS, add “We urge you to support adding the foster care per diem increase language to the Senate bill.”)

Currently the budgets have been passed through each of the chambers, and in early June the conferees were named— in the Senate, Senators Rick Outman, Jim Stamas, and Curtis Hertel; in the House Reps. Mary Whiteford, Phil Green and Abdullah Hammoud.

Now that the bills were sent to conference committee, any points of difference between the two budget versions will need to reach resolution among the conferees. They will introduce a single version that will be voted on by both chambers then before it goes to the Governor. It is a great time to be contacting your Representatives and Senators to let them know your priority points so they can lend support to the conferees on these areas, and vote affirmatively when the budgets come before each chamber.

We have added sample letters in our attachments that can be sent to legislators and committee members. Above all, we appreciate your continued support of foster children and their mental health needs in Michigan. Thank You!