



ADVOCACY

POLICY PRIORITIES 2016

Membership-driven / Solution-focused



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Advocating on behalf of vulnerable children and families since 1969

Michigan Federation for Children and Families' member involvement directs the establishment of this organization's advocacy priorities—both new initiatives and continued focus on areas critical to serving the needs of Michigan's vulnerable children and families.

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Partnership

FACT: The spirit of collaboration among the State of Michigan, private agency community, and all child welfare stakeholders is critical to promote and ensure all children impacted by the child welfare system receive the highest level of care. Children who cannot safely live at home deserve the best care while awaiting permanency. As a community, we must work together to strengthen supports and services so all children are safe and able to thrive.

- Continue partnering with DHHS on contract reform, including: how contracts are awarded, implemented, and monitored, how changes in policy affect contracts, and the role of accreditation in contract monitoring.
- Private agencies and DHHS local offices work together to ensure robust options for foster home and adoptive placements and case management services in order to best meet the needs of children and families. Collaboration helps to ensure the best possible outcomes for the children served.

Programming

FACT: Until every child has a safe and loving family, we must ensure effective services for this particularly vulnerable population. Private agencies provide the range of services from prevention to permanency while supporting children and families in their communities.

- Continue development of a Performance Based Child Welfare System in Michigan, incorporating outcome measures that will hold service providers accountable for service provided, incentivize successful performance, and develop efficiencies to allow for reinvestment and innovation in services.
- In partnership with DHHS, implement a case referral system in all counties that is fair and equitable for all stakeholders managing child welfare cases.
- Restructure the currently centralized CWTI training model that would allow agencies to bring staff on board quickly enough to maintain caseload compliance, such as training being delivered via the web, through e-learning, or through agency-provided or inter-agency coordinated training.
- Expand on the success of family preservation programs such as Family Reunification, Wraparound, and Families First that demonstrate high rates of success in keeping families unified and reduce the need for out-of-home-care.

Rates & Funding Mechanisms

FACT: Increased contract requirements over the past several years for which agencies are not reimbursed have added an average of 20% to agencies' cost of providing services.

FACT: The Federation and several key child welfare stakeholders are deeply invested in developing a Performance Based Funding model in Michigan. Development of this new model is scheduled to take a few years at a minimum, making it critical that provider per diem rates be addressed before implementation of a new model.

- Implement an actuarial rate study process to assess the actual cost of providing all necessary services to children and families as required by contract, in accordance with the MSA, and in meeting federal requirements. This actuarial rate study should be updated annually, and address the increased provision of services and consequent costs associated with meeting contract requirements.
- Continue pursuit of a single payer child welfare payments system whereby DHHS is the single and first payer, where chargeback and invoicing for county child care fund contributions occur administratively between the state office of DHHS and respective counties.
- Seek greater equity in the resources/reimbursement made available to DHHS direct service staff and private agencies to ensure all families in the system have equal access to resources.

Data & Payment Systems

FACT: A robust, reliable, and comprehensive data system will equip agencies with the tools to measure baseline data, monitor program effectiveness through outcomes data, and guide the direction of financial resources to best serve vulnerable children and families.

- Increase private agency access to data through MiSACWIS. The system has capabilities that should be utilized statewide to export data, allow organizations to upload into their own data systems, and produce the reports and analyses necessary to monitor and improve outcomes.
- Collaborate closely with DHHS to ensure integrity and accuracy of the data reported from MiSACWIS.
- Implement use of the MiSACWIS talk-to-text features, allowing workers in the field to enter case notes on mobile devices, allowing for concurrent documentation.
- Report data related to out-of-home care on a consistent—at least monthly—basis, reflecting the caseloads held by DHHS and private agencies, by county, and by agency.