 <p><b>Children's Services Agency</b></p> <p><b>Communication Issuance</b></p> <p><b>20-072</b></p>	Subject/Title	SAFE Pilot Phase 3 Announcement
	Type	<input checked="" type="checkbox"/> Informational Memorandum <input type="checkbox"/> Program Instruction <input type="checkbox"/> Policy Guide
	Issuance Date	05/08/20
	Obsolete Date	09/30/20
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Due Date	N/A	
Due to	N/A	
Distribution	<input checked="" type="checkbox"/> CSA Central Office Managers/Staff <input checked="" type="checkbox"/> MDHHS BSC and County Directors <input checked="" type="checkbox"/> MDHHS Juvenile Justice Managers/Staff <input checked="" type="checkbox"/> MDHHS Child Welfare Managers/Staff <input checked="" type="checkbox"/> Native American Tribes <input checked="" type="checkbox"/> Office of Workforce Development and Training <input checked="" type="checkbox"/> Private Agency Child Welfare Managers/Staff <input type="checkbox"/> Private Residential Abuse/Neglect Managers/Staff <input type="checkbox"/> Private Residential Juvenile Justice Managers/Staff <input type="checkbox"/> Other:	

Michigan Department of Health and Human Services (MDHHS) prioritizes the safety of children under our care and supervision. Data analysis, completed in partnership with the University of Michigan, reveals that majority of maltreatment of children under court jurisdiction is caused by their parents, either during visitation or after reunification. Data also indicates that children placed with relatives may be particularly vulnerable to maltreatment.

On December 16, 2019, the Children's Services Agency (CSA) implemented a Safety and Facilitation Expert (SAFE) pilot in Ingham, Kalamazoo, Genesee, Macomb, and Wayne (North) counties. SAFE Pilot family team meetings (FTMs) differ from other FTMs in that they are held for very specific decisions about children entering, leaving or moving while in care, and they utilize an objective, non-case carrying facilitator. SAFE FTMs adhere to the MiTEAM case practice model and are intended to improve decision-making and better outcomes for children and families. SAFE FTMs focus on the development of plans for family time and reunification that are effective and include strategies to address child safety and family support.

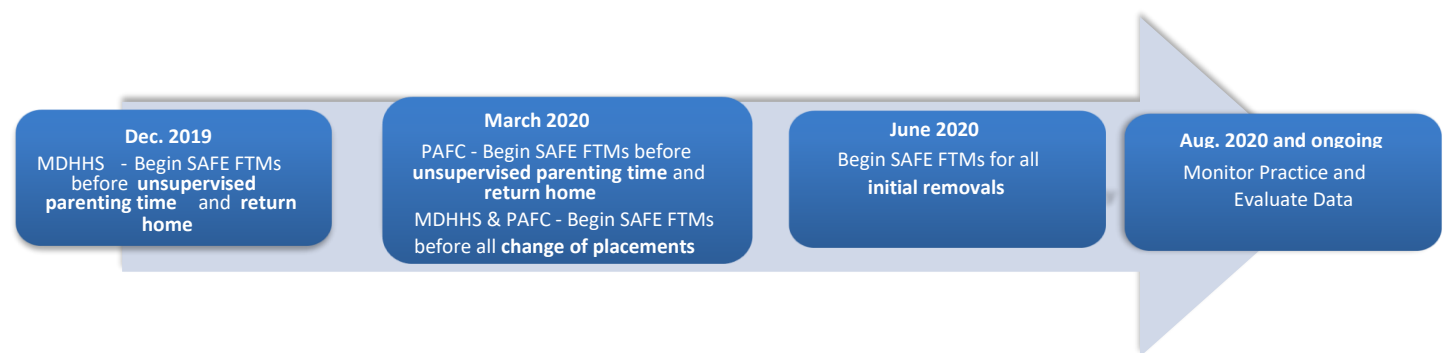
SAFE FTMs follow the MiTEAM practice model and are based on Team Decision Making (TDM), a national evidence-informed approach. Research indicates that high-quality TDM meetings lead to:

- Increased initial placements in family home settings (kin and foster).
- Decreased repeat maltreatment.
- Decreased proportion of children who re-enter the system.
- Increased likelihood children will reunify with parents within a year.
- Increased likelihood children will be permanently placed with kin within a year.

Through a phased approach to implementation (12/16/19 – 3/2/20), MDHHS and private agencies began convening SAFE FTMs prior to moving to unsupervised parenting time, returning home, and all changes of placement in the pilot counties. On June 1, 2020, MDHHS will begin conducting SAFE FTMs prior to initial removals in the pilot counties.

Mandatory SAFE FTM training will be provided for Children's Protective Services (CPS) workers and supervisors, Families First and Families Together Building Solutions staff in May 2020. Workers and supervisors from the pilot counties will be required to attend one, 3-hour web session, offered on multiple dates. Detailed communications regarding training registration, dates, times and web directions have been sent to the applicable counties and agencies.

### **SAFE Pilot Modified Implementation Timeline:**



The following chart identifies the key decision points at which SAFE FTMs will occur, the identified activities for the FTM, and the anticipated outcomes.

SAFE FTM Type	Activities	Anticipated Outcomes
Initial: <ul style="list-style-type: none"> <li><b>Considered Removals</b> Before (separation and/or filing of a petition).</li> <li><b>Emergency Removals</b> Prior to the preliminary hearing or at the latest, the next business day after the removal.</li> </ul>	<ul style="list-style-type: none"> <li>Children may only be separated from their parents when separation is the only possible option that will ensure safety.</li> <li>Utilize safety and risk assessment information in decision making.</li> <li>Identify and consider all available services and supports that could be used to build on parental strengths and prevent separation.</li> <li>Establish safety plans that are realistic, achievable and understood by the parent.</li> <li>Use a DHHS-5433 if the parent initiates a temporary voluntary arrangement.</li> <li>Make trauma-informed removal plans when removal is necessary.</li> <li>Maintain connections.</li> <li>Utilize family/community supports and providers to strengthen plans.</li> </ul>	<ul style="list-style-type: none"> <li>Children remain safe in the least intrusive way possible.</li> <li>Reduce the number of children who are in care unnecessarily.</li> <li>Reduce use of short term or shelter placements as first placement in out of home care.</li> <li>Increase the number of children safely maintained in their own home.</li> <li>Increase number of children placed safely with relatives.</li> </ul>

<p>Placement Stability:</p> <p><b>(Change of Placement)<sup>1</sup></b></p> <ul style="list-style-type: none"> <li>• Before the child moves to a new placement, or the next business day if an emergency.</li> </ul>	<ul style="list-style-type: none"> <li>• Maintain placement and provide stability if in the best interest of the child.</li> <li>• If a placement move is necessary, decide as a team on the least restrictive placement option.</li> <li>• Ensure realistic and achievable safety, behavioral and transition plans are in place.</li> <li>• Utilize completed DHHS-5770, Relative Home Study, for planning.</li> <li>• Maintain connections.</li> <li>• Utilize family/community supports and providers to strengthen plans.</li> <li>• Make trauma-informed change of placement plans when a move is necessary.</li> </ul>	<ul style="list-style-type: none"> <li>• Children experience moves in care only when necessary to ensure their safety or progress toward permanency.</li> <li>• Reduce congregate care placements.</li> <li>• Reduce placement moves (stability).</li> <li>• Placement recommendations tailored to the specific needs of the child(ren).</li> <li>• Improve match of child and placement.</li> <li>• Additional support provided to caregivers to maintain placements.</li> <li>• Improve long term outcomes for children in foster care.</li> </ul>
<p>Reunification:</p> <ul style="list-style-type: none"> <li>• Before <b>Unsupervised Parenting Time</b> and Before <b>Reunification<sup>2</sup></b> (2 meetings).</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure realistic and achievable safety, parenting time, and transition plans are in place.</li> <li>• Utilize progress documented on the completed DHS-0147, Reunification Assessment, during planning.</li> <li>• Develop progressive parenting time plans that incorporate parental protective capacity.</li> <li>• Utilize family/community supports and providers to strengthen plans.</li> <li>• Provide families with adequate support for reunification.</li> </ul>	<ul style="list-style-type: none"> <li>• Children return safely home as soon as possible.</li> <li>• Improve long term outcomes for children in foster care.</li> <li>• Reduce maltreatment in care.</li> <li>• Increase safety in care.</li> <li>• Reduce re-entry into foster care.</li> </ul>

<sup>1</sup> Reunification and Change of Placement FTMs are known as "Placement Preservation/Disruption" FTMs in MISACWIS.

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