



MiTEAM

Michigan's Child Welfare Case

Practice Model

3rd Edition

MiTEAM: Michigan's Child Welfare Practice Model

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¹ National Child Welfare Resource Center for Organizational Improvement: An Introduction to the Practice Model Framework.

² The Child Protection Best Practice Bulletin (2007), <http://www.hunter.cuny.edu/socwork/nrcfcpp/fewpt/definitions.htm>

Introduction

MiTEAM Child Welfare Case Practice Model (MiTEAM Model) is Michigan's guide for how staff, children, families, stakeholders, and community partner's work together to achieve outcomes that focus on safety, permanency, and well-being of children and their families.¹ **MiTEAM Model** aligns with the agency's mission, values, and principles and incorporates the following key competences: Teaming, Engagement, Assessment, and Mentoring.

Michigan's Department of Human Services Child Welfare Vision, Mission and Guiding Principles

Child Welfare Vision:

DHS will lead Michigan in supporting our children, youth and families to reach their full potential.

Mission:

Child welfare professionals will demonstrate an unwavering commitment to engage and partner with families we serve to ensure safety, permanency, and well-being.

Guiding Principles:

The vision and mission are achieved through the following guiding principles:

- Safety is the first priority of the child welfare system.
- Families, children, youth and caregivers will be treated with dignity and respect while having a voice in decisions that affect them.
- The ideal place for children is with their families; therefore, we will ensure children remain in their own homes whenever safely possible.
- When placement away from the family is necessary, children will be placed in the most family-like setting and be placed with siblings whenever possible.
- Permanent connections with siblings and caring and supportive adults will be preserved and encouraged.
- Children will be reunited with their families and siblings as soon as safely possible.
- Community stakeholders and tribes will be actively engaged to protect children and support families.
- Services will be tailored to families and children to meet their unique needs.

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- Child welfare professionals will be supported through ongoing development and mentoring to promote success and retention.
- Leadership will be demonstrated within all levels of the child welfare system.
- Decision making will be outcome-based, research-driven and continuously evaluated for improvement.

Child welfare professionals will implement these guiding principles by modeling teaming, engagement, assessment and mentoring skills.

Why MiTEAM?

For Families, Children, Youth and Caregivers: When families, children, youth and caregivers are engaged and involved in case planning, they understand their roles and are more empowered and motivated to make long lasting changes to protect the children in their care.

Ultimately, it is expected that implementation of the MiTEAM Model will improve Michigan’s Child Welfare Services overall, demonstrated by improved outcomes that are directly linked to safety, permanency and well-being of children in addition to the following areas:

- } Parent, child, youth, and caregiver involvement in case planning.
- } Adequately assessing and addressing the service needs of children, youth, parents and caregivers.
- } Timeliness to permanency.
- } Child safety at home or in foster care.
- } Placement stability.
- } Improved lifelong connections for children and youth. Improved quality and focus of visits. By utilizing family engagement and increased visits, the family and caseworker forge a partnership that strengthens the assessment process, leads to more appropriate services, and visits that allow for strengthening the parent/child bond.

For Child Welfare Staff: The MiTEAM Model will serve to improve engagement practices and establish a unified approach for child welfare staff by:

- } A model of practice that is consistently applied through all levels of the agency.
- } Clarifying roles and expectations for staff.
- } Staff will have practice skills that are reinforced through supportive supervisors.
- } Informing policy, training and quality assurance.

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- } Explaining how child welfare intervention and services are delivered to children and families.
- } Focusing reform efforts on utilizing accepted principles of good Social Work practice.
- } Encouraging family driven solutions.
- } Enhance job satisfaction and stability.
- } Enhanced fit between family needs and service. When child welfare staff works collaboratively with families, they are more able to identify their unique needs and develop pertinent and culturally appropriate services plans that address their needs, build on strengths and utilize community supports. Collaboration leads to utilizing limited resources more effectively.
- } Expanded options to maintain family connections. When child welfare staff includes family members (including non-custodial parents and extended relatives) early in a case, there are more opportunities to use relatives as support and or placement/permanency options for children.²

Michigan's Core Outcomes:

Michigan is committed to engage and partner with all families in the child welfare system in developing plans for the safety, permanency, and well-being of children. This begins at the first contact the family and child(ren) have with the Department of Human Services (DHS) and continues to the final resolution of the case.

The core outcomes are the primary drivers of the MiTEAM Model efforts, which are defined below:

Safety: The Department of Human Services (DHS) recognizes that the parent(s)/legal guardian(s) have primary responsibility for keeping their own children safe. However, when safety cannot be maintained in the home, DHS and private agency providers have been entrusted with the authority to intervene on behalf of the child. Our desired outcome is that children are safe from abuse and neglect.

Permanency: The primary goal for the children and families involved with DHS and private agency provider is permanency - a safe, stable home in which to live and grow including a life-long relationship with a nurturing caregiver. When the home is not safe and stable option, the goal is to move children from the uncertainty of foster care to the security of a permanent family. Our desired outcome is to reach permanency by reunification, adoption, legal guardianship, permanent placement with a fit and willing relative or another planned permanent living arrangement.

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Child Well-being: Implementing interventions that provide protective and positive outcomes to ensure that children thrive in safe permanent homes with access to necessary resources for long-term stability. Our desired outcome includes maintaining a child or youth's connectedness to family, supportive relationships, and the community as well as, effectively meeting the physical, mental health and educational needs of a child, youth or young adult.

Defining the MiTEAM Practice

To achieve the desired outcomes of MiTEAM Model, staff at all levels of the child welfare system will be trained in four key competencies that will support improved child welfare practice with children, youth, parents and caregivers as well as with DHS' community partners.

All administrators, management staff and case managers will utilize effective teaming, engagement, assessment, and mentoring skills when working with families, children, youth, tribal governments, courts and community stakeholders throughout the child welfare continuum.

To strengthen case practice and ensure safety, permanency, and well-being of children, DHS is enhancing the family engagement practice utilizing the following four key competences:

Teaming is the collective effort that necessitates a team approach. It is the ability to assemble, become a participant of, or lead a group or groups that provide needed support, services and resources to children or families and that help resolve critical child and family welfare related issues.

Engagement is a series of intentional interventions that work together in an integrated way to promote safety, stability, well-being and permanency for children, youth and families.² The goal is for the family to actively participate in strengths-based and solution focused planning that is needs-driven.

It is the ability to successfully establish a relationship with children, parents, and individuals, to work together to help meet the needs of the child or family and resolve child welfare related issues. Interactions are open, transparent, and non-judgmental and relationships are viewed as partnerships.²

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Assessment is the process that includes information gathering, analysis, and collaborative decision-making that incorporate the family, child, and caregivers in the plan development. Thorough initial and ongoing assessments have a direct effect on better outcomes for children.

It is the ability to utilize engagement skills is to acquire information about significant events and underlying causes that trigger a child and family's need for child welfare related services. Strength-based assessment offers a strategy for empowering children and their families by building on the personal strengths and resources that are frequently overlooked or given minimal attention in more problem oriented approaches to assessment.

Mentoring is a developmental partnership through which one person shares knowledge, skills, information and perspective to foster and empower the personal and professional growth of someone else.

The power of mentoring creates a one-of-a-kind opportunity for collaboration, goal achievement and problem-solving. Mentoring is the ability to guide and empower others, it is vital to demonstrate and reinforce desired skills to promote positive outcomes for children, families and practice.

Family Team Meeting

Permanency Planning Conferences will be transitioned to Family Team Meetings and will be offered to families as a critical aspect of case planning. Birth parents, legal guardians, and adoptive parents will be involved in all aspects of case planning and interventions as it relates to them and their children. Child welfare staff will engage parents and empower the family and their team to actively participate in case planning. Family Team Meetings focus on underlying needs of the family rather than behavioral symptoms.

Parents will be advised of their right to invite their attorney as a support person to all Family Team Meetings. Family participation in the Family Team Meeting is voluntary. A family's lack of participation will not be viewed as non-compliance. The case manager must continue to engage the family in the Family Team Meeting process throughout the life of the case.

Components of the Family Team Meeting

Pre-discussion Meeting: The Case Manager will discuss with the family the purpose and process of the Family Team Meeting. It is important that family understands the purpose of the meeting and what will be accomplished.

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- } The Case Manager engages the family in the preparation process to determine the purpose of the meeting, defining the long-term goals, identifying their short-term goals toward reaching the long-term goal, identify non-negotiable(s) and identifying team members. The family and the case manager will select the time, location, agenda, ground rules, persons to invite as part of their “team”, and core issues they want to discuss at the meeting.

Family Team Meeting: Are utilized to engage families in safety planning, case planning, service identification and assessing progress. The Case Manager will promote an atmosphere of safety and transparency, so that all concerns can be addressed and evaluate realistic, measurable and obtainable solutions. The team highlights the family strengths and cohesiveness and utilizes them in supporting the family in making the necessary changes to increase child safety, permanency, and well-being.

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FTM Type (Event)	Timeframe To Have Meeting
FAMILY PRESERVATION (CPS)	
CPS Case Opening (ISP)	Within 30 calendar days before OR 14 calendar days after CPS case opening.
CPS Case Open/Close	Prior to case disposition
Case Service Plan Reassessment (USP)	For ongoing CPS cases, anytime within 30 calendar days prior to USP due date.
Court Intervention – In-home Placement	Within 7 business days from the date of the preliminary hearing.
Court Intervention – Out-of-home Placement	No later than 7 business days from the date of the preliminary hearing.
CPS Case Closure	Within 30 calendar days before case closure OR one business day after unplanned court ordered dismissal.
FOSTER CARE (FC):	
Case Services Plan Development (ISP)	14 business days prior to Initial Case Plan due date
Case Services Plan Reassessment (USP/PWSP)	Within 30 business days prior to Case Service Plan due date.
Child in care for 6 months - Permanency Goal Review	By the 30 th day from the date the youth has been in care for 6 months.
Change in Permanency Goal	Within 30 days before the goal change
Placement Preservation/Disruption	
Caseworker request, Foster Parent request and Residential request	Within 3 business days from request of movement.
Mental Health Hospitalization	Within 3 business days prior to discharge from hospital OR within 3 business days after unplanned discharge.
AWOLP	Within 3 business days of the youth's return to placement.
Reunification	Within 14 calendar days after order of reunification.
Case Closure	Within 30 calendar days prior to case closure OR 1 business day after unplanned court ordered dismissal.
SEMI-ANNUAL TRANSITION MEETING	
Once a youth turns age 16. DHS-901 must be completed and goals discussed.	Once youth turns 16 and every 6 months thereafter. Within 30 calendar days for youth who are 16 or older when they enter care.
90 DAY DISCHARGE	
For any youth 16 or older regarding discharge of ward ship.	Within 90 calendar days before discharge OR within 30 calendar days after an unplanned court dismissal. Within 3 business days of discovery that YAVFC eligibility requirements are not being met.
REQUESTS BY FAMILY	
Request by family	At the discretion of the family/ worker, but within 2 weeks of request being made

After the Family Team Meeting is held, the event must occur within 45 calendar days or a new Family Team Meeting is necessary to assess action steps/safety plans.

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Concurrent Permanency Planning

Concurrent Permanency Planning (CPP) holds equal promise for expediting family reunification or another permanency goal because it is structured, focused and respectful of involvement of parents, family, and team members early on in the planning process

Concurrent Permanency Planning (CPP) activities must occur for all children in out-of-home care with a permanency planning goal of reunification. The components of Concurrent Permanency Planning (family/child assessment, front loading services, relative search/engagement, absent parent search, full disclosure, increased parent/child contact based on the needs of the child, and Family Team Meeting) will be implemented within 30 days of the child's initial removal.

A specific concurrent permanency goal must be identified as early as possible, but no later than 120 days following the child's initial out of home placement. All Concurrent Permanency Planning activities must be documented in the Initial Service Plan and all subsequent Updated Service Plans.

In cases involving children who are members of or eligible for membership in a federally recognized tribe, tribal government will be involved in all aspects of case planning, placement, and interventions. In these situations, sequential planning rather than concurrent planning may be the process of choice. However, as soon as affiliation in an Indian tribe is identified, the tribe must be included in every aspect of the process. Urban Indian Affairs (counties where applicable) and/or tribal representation from federally recognized tribes must be invited to all Family Team Meetings where a family has or declares tribal membership or Native American heritage.

In regards to families who have or declare tribal membership or Native American heritage, all recommendations will be made in consultation with the tribe. Family members may not become involved at the onset of the case in order to not appear as interfering. If they later want to be considered, the worker must assess the family that comes forward. Agency staff will understand that culturally, it was not a lack of interest but rather respect for the family. Indian culture values lifelong connections to their tribe over any attachments that may be developed in placement. Placement in an Indian home supersedes any connections or attachments developed in a foster placement (including Concurrent Permanency Planning). Identification of a concurrent goal at 120 days must be flexible for Indian cases to allow tribal involvement and to respect cultural differences.

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Organizational Structure

The following Organizational Structure has been put into place to support MiTEAM implementation and ongoing practice improvement efforts:

- ✎ **MiTEAM Departmental Manager:** Monitors all elements of the MiTEAM Model; Teaming, Engagement, Assessment, and Mentoring along with the Concurrent Permanency Planning practices statewide. Provides direct supervision for the four MiTEAM Consultants. The MiTEAM Departmental Manager will plan, organize and oversee implementation; and update the Foster Care Program Office on progress and concerns.

- ✎ **MiTEAM Consultants:** MiTEAM Consultants are practice model experts who train all Peer Coaches and management staff on the MiTEAM Model and identified supplemental topics/resources. The MiTEAM Consultants are assigned a region of the state to assist with bridging the gaps between field, policy, training, legal, fiscal, and/or other areas that have an impact on practice.

- ✎ **Peer Coaches (Managers, Supervisors, Facilitators):** Are practice skill experts who train and are responsible for reinforcing the MiTEAM Model philosophy. Peer Coaches are a resource in the form of coaching, modeling, mentoring, shadowing and providing feedback for successful implementation.

- ✎ **MiTEAM Steering Committee:** A team of individuals from Central Office, DHS/Private Agency field staff, SCAO, Child Welfare Training Institute and Native American Affairs who meet regularly to brainstorm critical issues identified in the field that impact practice change.

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