




GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
LANSING

ROBERT GORDON  
DIRECTOR

**M E M O R A N D U M**

**DATE:** 2/27/20  
**TO:** Tribal Leaders  
**FROM:** JooYeun Chang, Senior Deputy Director, Children's Services Agency   
**SUBJECT:** **Public Notice – MDHHS Redaction Unit – Tribal Protocol**

The Michigan Department of Health and Human Services (MDHHS) is requesting tribal consultation regarding updating tribal specific protocol for the MDHHS Redaction Unit in the release of Children's Protective Services (CPS) information to tribal representatives.

A consultation session will be held on **April 13, 2020 from 2:30pm-3:30pm** to discuss a new MDHHS Redaction Unit tribal protocol chart and updated MDHHS-5598 form (See attached). Participants should use the following conference call numbers:

Conference Line: 1 (248) 509-0316  
Conference ID/Passcode: 656923448#

Your feedback and/or requests for tribal consultation pertaining to the MDHHS Redaction Unit tribal protocol chart and updated MDHHS-5598 is appreciated, and may be sent to Stacey Tadgerson at [TadgersonS@michigan.gov](mailto:TadgersonS@michigan.gov) at any time.

## Tribal Redaction Chart (DRAFT)

For the Department to provide a tribe with the most accurate information in a timely manner, the Redaction Unit must be informed as to which statutory exception the tribal request is under. A tribe is the sole determiner of which statutory exception it is requesting a record under. The Department does not determine whether a tribe meets an exception.

| Exception   | Statute   | Information to Redact  |
|---|---|--|
| Investigating <sup>i</sup>  | <p>MCL 722.627(2)(a)<br/>                     A legally mandated public or private child protective agency<sup>ii</sup> investigating a report of known or suspected child abuse or child neglect or a legally mandated public or private child protective agency or foster care agency prosecuting a disciplinary action against its own employee involving child protective services or foster records.</p> | <ul style="list-style-type: none"> <li>• Criminal history obtained solely from LEIN. MCL 28.214(5).</li> <li>• Federally assisted substance abuse treatment program information. 42 CFR Part 2. (Unless there is written consent by the individual authorizing re-release by the Department to the tribe or a court order).                             <ul style="list-style-type: none"> <li>○ Alcohol and substance abuse information obtained from other sources that are not federally assisted alcohol or substance abuse treatment providers may be released. For example: Verified alcohol or substance abuse-related criminal history; results of a newborn’s drug screen obtained from a hospital maternity ward or laboratory; self-reported substance abuse or treatment; observed information; or drug screens completed by MDHHS.</li> </ul> </li> <li>• Social Security numbers.</li> </ul>   |
| Placing <sup>iii</sup>  | <p>MCL 722.627(2)(d)<br/>                     A person legally authorized to place a child in protective custody when the person is confronted with a child whom the person reasonably suspects may be abused or neglected and the confidential record is necessary to determine whether to place the child in protective custody.</p>  | <ul style="list-style-type: none"> <li>• Any information that would identify the reporting person. MCL 722.625.</li> <li>• Federally assisted substance abuse treatment program information. 42 CFR Part 2. (Unless there is written consent by the individual authorizing re-release by the Department to the tribe or a court order).                             <ul style="list-style-type: none"> <li>○ Alcohol and substance abuse information obtained from other sources that are not federally assisted alcohol or substance abuse treatment providers may be released. For example: Verified alcohol or substance abuse-related criminal history; results of a newborn’s drug screen obtained from a hospital maternity ward or laboratory; self-reported substance abuse or treatment; observed information; or drug screens completed by MDHHS.</li> </ul> </li> <li>• Criminal history obtained solely from LEIN. MCL 28.214(5).</li> <li>• Law enforcement records for an ongoing law enforcement case. (The tribe may contact the law enforcement agency directly for this information).</li> <li>• Social Security numbers.</li> </ul> |
| Verified Open Case <sup>iv</sup> /Verified Closed Case <sup>v</sup> /Services <sup>vi</sup> | <p>MCL 722.627(2)(e)<br/>                     A person, agency, or organization, including a multidisciplinary case consultation team, authorized to diagnose, care for, treat, or supervise a child or family who is the subject of a [CPS] report or</p>  | <ul style="list-style-type: none"> <li>• Any information that would identify the reporting person. MCL 722.625.</li> <li>• Federally assisted substance abuse treatment program information. 42 CFR Part 2. (Unless there is written consent by the individual authorizing re-release by the Department to the tribe or a court order).                             <ul style="list-style-type: none"> <li>○ Alcohol and substance abuse information obtained from other sources that are not federally assisted alcohol or substance abuse treatment providers may be released. For example: Verified alcohol or substance abuse-related criminal history; results of a newborn’s drug screen obtained from a hospital</li> </ul> </li> </ul>   |

| Exception               | Statute   | Information to Redact   |
|-------------------------|---|---|
|                         | record, or who is responsible for the child’s health or welfare.  | <p>maternity ward or laboratory; self-reported substance abuse or treatment; observed information; or drug screens completed by MDHHS.</p> <ul style="list-style-type: none"> <li>• Criminal history obtained solely from LEIN. MCL 28.214(5).</li> <li>• Law enforcement records for an ongoing law enforcement case. (The tribe may contact the law enforcement agency directly for this information).</li> <li>• Social Security numbers.</li> <li>• CPS records or other <i>confidential</i> information for: <ul style="list-style-type: none"> <li>○ A non-Indian child who is not in the household and not an alleged victim.</li> <li>○ Indian or non-Indian parent or other adult who is not in the household and not an alleged perpetrator.</li> </ul> </li> </ul>   |
| Verified <sup>vii</sup> | <p>MCL 722.627(2)(x)<br/> A tribal representative, agency, or organization, including a multidisciplinary team, authorized by the Indian child’s tribe, to care for, diagnose, treat, review, evaluate, or monitor active efforts regarding an Indian child, parent, or Indian custodian. As used in this subdivision, “active efforts”, “Indian child”, “Indian child’s tribe”, “Indian custodian”, and “parent” mean those terms as defined [in MIFPA].</p> | <ul style="list-style-type: none"> <li>• Any information that would identify the reporting person. MCL 722.625.</li> <li>• Federally assisted substance abuse treatment program information. 42 CFR Part 2. (Unless there is written consent by the individual authorizing re-release by the Department to the tribe or a court order). <ul style="list-style-type: none"> <li>○ Alcohol and substance abuse information obtained from other sources that are not federally assisted alcohol or substance abuse treatment providers may be released. For example: Verified alcohol or substance abuse-related criminal history; results of a newborn’s drug screen obtained from a hospital maternity ward or laboratory; self-reported substance abuse or treatment; observed information; or drug screens completed by MDHHS.</li> </ul> </li> <li>• Criminal history obtained solely from LEIN. MCL 28.214(5).</li> <li>• Law enforcement records for an ongoing law enforcement case. (The tribe may contact the law enforcement agency directly for this information).</li> <li>• Social Security numbers.</li> <li>• CPS records or other confidential information for anyone other than the Indian child,<sup>viii</sup> the child’s parent (if alleged perpetrator), or Indian custodian (if alleged perpetrator).</li> </ul> |

**Definitions:**

**Indian child:** An unmarried person who is under the age of 18 and is either a member of an Indian tribe or eligible for membership in an Indian tribe as determined by that Indian tribe. MCL 712B.3(k).

<sup>i</sup> **Investigating:** The tribal person/agency is a child protective agency (tribally determined) and is investigating allegations of child abuse and/or neglect.

<sup>ii</sup> **Child Protective Agency:** Child protective agency is not statutorily defined. A tribe is the sole determiner for whether they are a “child protective agency.”

<sup>iii</sup> **Placing:** The tribal person/agency is a child placing agency and is requesting records to determine whether to place a child in protective custody.

<sup>iv</sup> **Verified Open Case:** The tribe is requesting CPS records for an “Indian child” or the Indian child’s family where there is an open MDHHS CPS or foster care case for the “Indian child.”

<sup>v</sup> **Verified Closed Case:** The tribe is requesting CPS records for an “Indian child” or the Indian child’s family where there is a closed MDHHS CPS or foster care case for the “Indian child.”

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<sup>vi</sup> Services: The tribe is requesting CPS records for a child or family that it is authorized to diagnose, care for, treat, or supervise.

<sup>vii</sup> Verified: The tribe is requesting CPS records of an “Indian child” or the CPS records of the Indian child’s parent or Indian custodian.

<sup>viii</sup> Indian child: An unmarried person who is under the age of 18 and is either a member of an Indian tribe or eligible for membership in an Indian tribe as determined by that Indian tribe. MCL 712B.3(k).

# AMERICAN INDIAN/ALASKA NATIVE (AI/AN) CHILD TRIBAL ENROLLMENT/ELIGIBILITY VERIFICATION

Michigan Department of Health and Human Services

Please utilize this form to verify Indian ancestry in appropriate cases. If a court case has been initiated, please also utilize the DHS-120 and attach this form. Pursuant to the Indian Child Welfare Act (ICWA) 25 USC 1901 et seq., Michigan Indian Family Preservation Act (MIFPA) MCL 712B. 1 – 41 and Bureau of Indian Affairs (BIA) ICWA Final Rule 25 CFR 23, please be advised that the Michigan Department of Health and Human Services (MDHHS) is seeking **enrollment/eligibility verification**.

ATTN: Indian Child Welfare Matter/ICWA Tribal Agent

insert name of agent

Insert Address Of Agent

Insert City/State/Zip Of Agent

Specific Tribe, if known.

If multiple tribes identified, this verification request must be sent to the identified tribe's ICWA Tribal Agent cited in the Federal Register ICWA Designated Tribal Agent Listing; the ICWA Designated Tribal Agent for the tribe(s) in the county where the child is located; and the Bureau of Indian Affairs (BIA) Midwest Regional Office and/or the Regional BIA office(s) for tribe(s) outside of IL, IN, MI, MN, OH and WI.

Fold mark

BIA – Midwest Regional Office Director  
Branch of Human Services  
Norman Pointe III  
500 West American Blvd, Suite 500  
Bloomington, MN 55437

Other BIA Regional Office  
insert address  
insert city/state/zip of agent

|   |                                    |
|---|------------------------------------|
| Name of Tribe/Representative  |                                    |
| Tribal Representative Email   | Tribal Representative Phone Number |
| <p>Representative/Tribe/Agency is (Check all that apply)</p> <p><input type="checkbox"/> Investigating a family [MCL 722.627(2)(a)]</p> <p><input type="checkbox"/> Placing a child [MCL 722.627(2)(d)]</p> <p><input type="checkbox"/> Active Efforts [MCL 722.627(2)(e)]</p> <p><input type="checkbox"/> Providing services to a child/family [MCL 722.627(2)(e)]</p> <p><b>and</b></p> <p>Tribal representative requests copies of the following Children's Protective Services (CPS) record information:</p> <p><input type="checkbox"/> Complaint Intake</p> <p><input type="checkbox"/> Initial Service Plan (ISP), DHS-154, more commonly referred to as the CPS Investigation Report</p> <p><input type="checkbox"/> Updated Service Plan (USP), DHS-152</p> <p><input type="checkbox"/> Children's Protective Services Service Agreement, DHS-151</p> <p><input type="checkbox"/> Family Team Meeting Report, DHS-1105</p> <p><input type="checkbox"/> Risk Assessment</p> <p><input type="checkbox"/> Safety Assessment</p> <p><input type="checkbox"/> Risk Re-assessment</p> <p><input type="checkbox"/> Safety Re-assessment</p> <p><input type="checkbox"/> Closing USP</p> |                                    |

- Family Assessment of Needs and Strengths (FANS), DHS-259
- Child Assessment of Needs and Strengths (CANS)
- Trauma Screening Checklist

|   |                        |                               |
|---|------------------------|-------------------------------|
| Child's Name  |                        | Date of Birth                 |
| Child's Tribal Affiliation  |                        |                               |
| <p><b>Indian Child Enrollment/Eligibility Verification Request</b></p> <p>Please return verification response to child's caseworker regarding child's enrollment or eligibility status for enrollment in the Tribe. Child's Biological Family History is attached to assist with determination of membership or eligibility for membership status (see page 3-4).</p> |                        |                               |
| Caseworker's Name   | Caseworker's Signature | Date                          |
| Caseworker's Email Address  |                        | Caseworker's Telephone Number |
| Supervisor's Name   | Supervisor's Signature | Date                          |
| Supervisor's Email Address  |                        |                               |
| MDHHS County  |                        |                               |
| MDHHS County Office Mailing Address   | City                   | Zip Code                      |

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.

CHILD'S BIOLOGICAL FAMILY HISTORY (Please complete as thoroughly as possible.)

|   |                |   |                |
|---|----------------|---|----------------|
| <b>Child's Name</b>   |                | Date of Birth   | Place of Birth |
| Native American?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Absent Parent/Unknown |                | Tribe/Enrollment Number   |                |
| <b>Child's Father's Name</b>  |                | Date of Birth   | Place of Birth |
| Date of Death   | Place of Death | Native American?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Absent Parent/Unknown |                |
| Tribe/Enrollment Number   |                | Former Address  |                |
| <b>Child's Mother's Name</b>  |                | Date of Birth   | Place of Birth |
| Date of Death   | Place of Death | Native American?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Absent Parent/Unknown |                |
| Tribe/Enrollment Number   |                | Former Address  |                |
| <b>Paternal Grandfather's Name</b>  |                | Date of Birth   | Place of Birth |
| Date of Death   | Place of Death | Native American?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Absent Parent/Unknown |                |
| Tribe/Enrollment Number   |                | Address   |                |
| <b>Paternal Grandmother's Name</b>  |                | Date of Birth   | Place of Birth |
| Date of Death   | Place of Death | Native American?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Absent Parent/Unknown |                |
| Tribe/Enrollment Number   |                | Address   |                |
| <b>Maternal Grandfather's Name</b>  |                | Date of Birth   | Place of Birth |
| Date of Death   | Place of Death | Native American?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Absent Parent/Unknown |                |
| Tribe/Enrollment Number   |                | Address   |                |
| <b>Maternal Grandmother's Name</b>  |                | Date of Birth   | Place of Birth |
| Date of Death   | Place of Death | Native American?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Absent Parent/Unknown |                |
| Tribe/Enrollment Number   |                | Address   |                |

|  |                |   |                |
|--|----------------|---|----------------|
| <b>Paternal Great Grandfather's Name</b>       |                | Date of Birth   | Place of Birth |
| Date of Death                                  | Place of Death | Native American?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Absent Parent/Unknown |                |
| Tribe/Enrollment Number                        |                |   |                |
| <b>Paternal Great Grandmother's Name</b>       |                | Date of Birth   | Place of Birth |
| Date of Death                                  | Place of Death | Native American?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Absent Parent/Unknown |                |
| Tribe/Enrollment Number                        |                |   |                |
| <b>Maternal Great Grandfather's Name</b>       |                | Date of Birth   | Place of Birth |
| Date of Death                                  | Place of Death | Native American?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Absent Parent/Unknown |                |
| Tribe/Enrollment Number                        |                |   |                |
| <b>Maternal Great Grandmother's Name</b>       |                | Date of Birth   | Place of Birth |
| Date of Death                                  | Place of Death | Native American?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Absent Parent/Unknown |                |
| Tribe/Enrollment Number                        |                |   |                |
| <b>Paternal Great-Great Grandfather's Name</b> |                | Date of Birth   | Place of Birth |
| Date of Death                                  | Place of Death | Native American?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Absent Parent/Unknown |                |
| Tribe/Enrollment Number                        |                |   |                |
| <b>Paternal Great-Great Grandmother's Name</b> |                | Date of Birth   | Place of Birth |
| Date of Death                                  | Place of Death | Native American?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Absent Parent/Unknown |                |
| Tribe/Enrollment Number                        |                |   |                |
| <b>Maternal Great-Great Grandfather's Name</b> |                | Date of Birth   | Place of Birth |
| Date of Death                                  | Place of Death | Native American?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Absent Parent/Unknown |                |
| Tribe/Enrollment Number                        |                |   |                |
| <b>Maternal Great-Great Grandmother's Name</b> |                | Date of Birth   | Place of Birth |
| Date of Death                                  | Place of Death | Native American?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Absent Parent/Unknown |                |
| Tribe/Enrollment Number                        |                |   |                |



## INSTRUCTIONS

### Form Completion/Mailing Guidance:

1. All client and caseworkers identifying/contact information must be completed.
2. Family History: Fill in as many boxes as possible.
3. Workers should engage with the tribe as soon as possible if reason to know child is an Indian child is disclosed; this includes phoning or emailing prior to/in conjunction with mailing the MDHHS-5598.
4. Caseworkers should try to complete up to great-grandparent boxes on the MDHHS-5598 form. Some tribal enrollment offices require more than biological mother and father listed on the form; many tribes require great-grandparents. Caseworkers may also add other relatives beyond those identified in the boxes on page four to assist tribal enrollment offices with identifying the child's family and/or familial connections (Ex: Aunt, Uncle, Cousin, Niece, Nephew, etc.).
5. Caseworkers must only check Absent Parent/Unknown in the applicable biological family boxes for those individuals identified as possibly having Tribal membership/eligibility when the relative/family member identified with tribal affiliation is not available to provide information to the caseworker due to whereabouts unknown.
6. If an MDHHS-5598 is returned with the checkboxes for a tribal youth's Children's Protective Services information, see Redaction Unit Tribal Protocol and Checklist form for completing this request.
7. Caseworkers may fax, email or send the MDHHS-5598 regular mail to the child's tribe's ICWA Designated Tribal Agent at Federal Register (<https://www.federalregister.gov/documents/2019/05/09/2019-09611/indian-child-welfare-act-designated-tribal-agents-for-service-of-notice>).
8. MDHHS-5598 must be sent for each new child welfare episode; even if the tribal enrollment/eligibility was verified or denied previously.
9. When clients identify their specific tribe (example: Bay Mills Indian Community), the caseworker must send the MDHHS-5598 to the ICWA Designated Tribal Agent for the tribe per ICWA/MIFPA.
10. When clients can only identify a tribal affiliation (example: Chippewa Indians), the caseworker must send the MDHHS-5598 to the Midwest Regional BIA Office (see address label page 1); all Chippewa tribes as defined by MCL712B.3(o); all Chippewa tribes found in Michigan; and the tribe(s) in the county where the child is located.
11. When a client does not know tribe or tribal affiliation (example: client indicates that they have reason to believe they have tribal membership/eligibility), the caseworker must send the MDHHS-5598 to the tribe(s) found in the county where the child is located, and the BIA Regional Director/Secretary (Midwest Region includes the State of IL, IN, MI, MN, OH, & WI).
12. When a client does not know tribe or tribal affiliation, (example: client indicates that they have reason to believe they have tribal membership/eligibility) for a tribe in a state outside the Midwest BIA Office Region (IL, IN, MI, MN, OH, & WI), the caseworker must send the MDHHS-5598 to the tribe(s) located in the county the child is located, the Midwest BIA Regional Office, and the Regional BIA Office where the tribe is found. Utilize the following link to look up the Regional BIA Office address: [www.bia.gov/regional-office](http://www.bia.gov/regional-office).

**Tribal Agent Listing for Mailing ICWA Notices to Michigan Tribes**  
Michigan Department of Health and Human Services

Midwest Regional Director, 5600 West American Blvd., Suite 500, Norman Pointe II Building, Bloomington, MN 55437; Telephone: 612-713-4400; Fax: 612-713-4453

Bay Mills Indian Community, Phyllis Kinney, Tribal Court Administrator, 12140 W. Lakeshore Dr., Brimley, MI 49715; Phone: 906-248-3241, 906-8811; Fax: 906-248-5817; Email: phyllisk@baymills.org

Grand Traverse Band of Ottawa and Chippewa Indians, Helen Cook, Anishinaabek Family Services Supervisor, 2605 N. West Bayshore Drive, Peshawbestown, MI 49682-9275; Telephone: 231-534-7681; Fax: 231-534-7706; Email: helen.cook@gtbindians.com

Hannahville Indian Community of Michigan, Wendy Lanaville, ICWA Worker, N15019 Hannahville B1 Road, Wilson, MI 49896; Telephone: 906-723-2512; Fax: 906-466-7397; Email: wendy.lanaville@hichealth.org

Keweenaw Bay Indian Community, Caitlin Bowers, Director Social Service, 16429 Beartown Road, Baraga, MI 49908; Telephone: 906-353-4201; Fax: 906-353-8171; Email: cbowers@kbic-nsn.gov

Lac Vieux Desert, Dee Dee McGeshick, Social Services Director, P.O. Box 249, Watersmeet, MI 49969; Telephone: 906-358-4940; Fax: 906-358-4900; Email: dee.mcgeshick@lvdtribal.com

Little River Band of Ottawa Indians, Shayne Machen, Tribal Prosecutor, 3031 Domres Road, Manistee, MI 49660; Telephone: 231-398-2242; Fax: 231-398-3387; Email: shayne\_machen@lrboi-nsn.gov

Little Traverse Bay Bands, Human Services Director, 7500 Odawa Circle, Harbor Springs, MI 49740; Telephone: 231-242-1620; Fax: 231-242-1635

Match-E-Be-Nash-She-Wish Band of Potawatomi Indians of Michigan (Gun Lake Tribe), Dominique Ambriz, 2880 Mission Drive, Shelbyville, MI 49344; Telephone: 269-397-1760; Fax: 269-397-1761; Email: dominique.ambriz@hhs.glt-nsn.gov

Nottawaseppi Huron Band of the Potawatomi, Meg Fairchild, Social Services Manager, 1485 Mno Bmadzewan Way, Fulton, MI 49052; Telephone: 269-729-5151; Fax: 269-729-5920; Email: mfairchild@nhbp.org

Pokagon Band of Potawatomi Indians, Mark Pompey, Social Services Director, 58620 Sink Road, Dowagiac, MI 49047; Telephone: 269-782-8998; Fax: 269-782-4295; Email: mark.pompey@pokagonband-nsn.gov

Saginaw Chippewa Indians of MI, Attn: ICWA Director, 7070 East Broadway, Mt. Pleasant, MI 48858; Telephone: 989-775-4909; Fax: 989-775-4912

Sault Ste. Marie Tribe of Chippewa Indians, Melissa VanLuven, ICWA Program Director, 2218 Shunk Rd, Sault Ste. Marie, MI 49783; Telephone: 906-632-5250; Fax: 906-632-5266; Email: ICWA-MIFPA-Contacts@saulttribe.net

Find a designated tribal agent for service notices for all tribes online at:  
<https://www.federalregister.gov/documents/2019/05/09/2019-09611/indian-child-welfare-act-designated-tribal-agents-for-service-of-notice>