

MIFAMILY STRONGER TOGETHER NEWS

ARE YOU A PREVENTION WORKER?

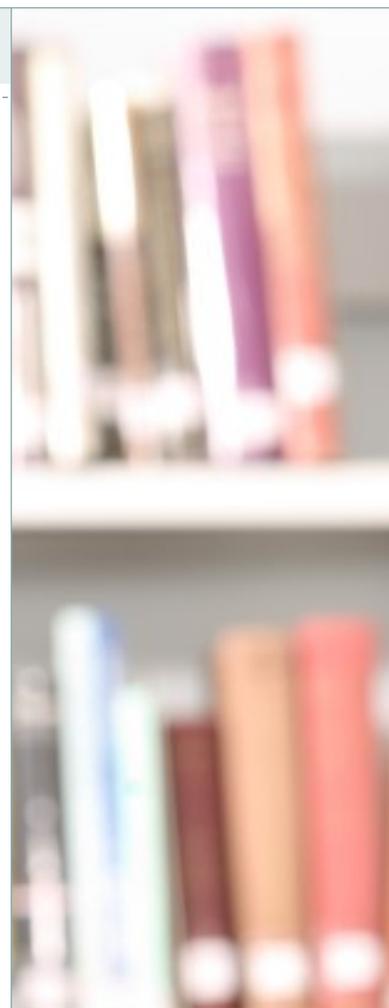
Written By: Elizabeth Carey - Ingham County and Alissa Curtis - Calhoun County

Prevention is a set of methods or activities that seek to reduce or deter specific problems, protect the current state of well-being, and/or promote desired outcomes or behaviors. These prevention activities occur along three levels including Primary, Secondary, and Tertiary creating a prevention continuum. An example of primary level resources would be Michigan Department Health Human Services (MDHHS) public health programs. An example of secondary resources are public assistance programs, Wraparound and Parents as Teachers. Tertiary examples include Families First, Family Together Building Solutions (FTBS), Family Reunification Program, Homebuilders, and parent education classes.

A common misconception is that prevention specialists are the only workers providing prevention services. However, it should be known that all child welfare staff provide families prevention services to support and reduce barriers and needs within the home. Examples of prevention work are referring clients to community-based services and safety planning to meet the family's needs and ensure safety and well-being. Prevention work is critical when working with families at or even before their involvement with MDHHS. The goal is to connect families to quality community resources that are available, accessible, and culturally appropriate to help meet families' needs.

Child Welfare Staff Role in Prevention Activities

Prevention Caseworkers	CPS Investigators	On-going Caseworkers	Foster Care Caseworkers
<ul style="list-style-type: none"> Assist and support families, who volunteer to participate in services, to prevent abuse/neglect from occurring or re-occurring. Connect families with community resources and provide guidance to support families. Prevention Service Continuum – Secondary and Tertiary 	<ul style="list-style-type: none"> Work to investigate allegations of abuse or neglect. Connect families with community service providers, support systems and sometimes with ongoing caseworkers. Prevention Service Continuum – Secondary and Tertiary 	<ul style="list-style-type: none"> Work with families to provide oversight of services and progress towards addressing needs and barriers. Provide connections to local service providers. Assist in establishing new patterns and routines. Provide mentorship and support to families. Prevention Service Continuum – Tertiary 	<ul style="list-style-type: none"> Work towards reunification and help to guide the families towards establishing a safe home for the children to return to. Work with the family to prepare for case closure, and to prevent another incident of abuse or neglect. Foster Care caseworkers, MYOI staff, and other youth support staff work to mentor the youth to break the cycles and grow into resilient adults. Prevention Service Continuum – Tertiary



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CONTACT US

Mailbox
MDHHS-
FFPSAPrevention@michigan.gov

Mailbox
MDHHS-InHomeBureauCommunications@michigan.gov

Recently, frontline staff were asked: **How do you impact service delivery to families to prevent maltreatment and removal?**

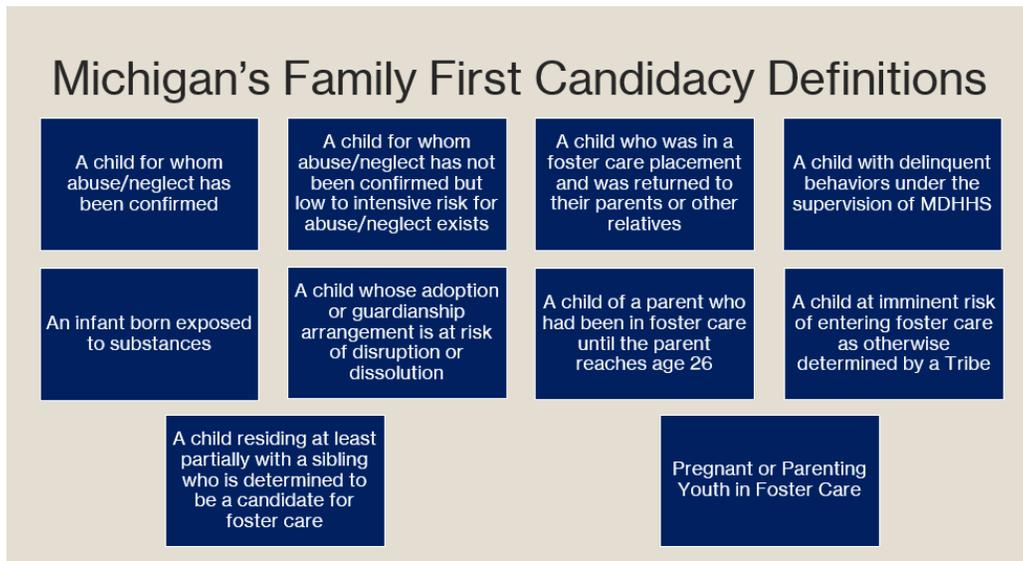
Check out the video clip of their responses. <https://youtu.be/ugC8L5QJyRY>

FAMILY FIRST PREVENTION SERVICES ACT

Family First Prevention Services Act (FFPSA) is the most significant child welfare law passed in more than 20 years. It now allows states to receive title IV-E funding reimbursement for eligible evidence-based prevention services for children identified as candidates for foster care, or a pregnant or parenting youth in foster care. Michigan's plan has recently been approved and this opportunity provides a foundation for Michigan to:

- Reorient our child welfare systems around prevention and **FAMILY**.
- Increase quality family-based placements for children and youth who enter foster care.
- Reduce the need for congregate care and create effective continuum to meet child and family needs.

Michigan has defined its candidacy definitions for eligible families as follows:



What does this mean for child welfare staff?

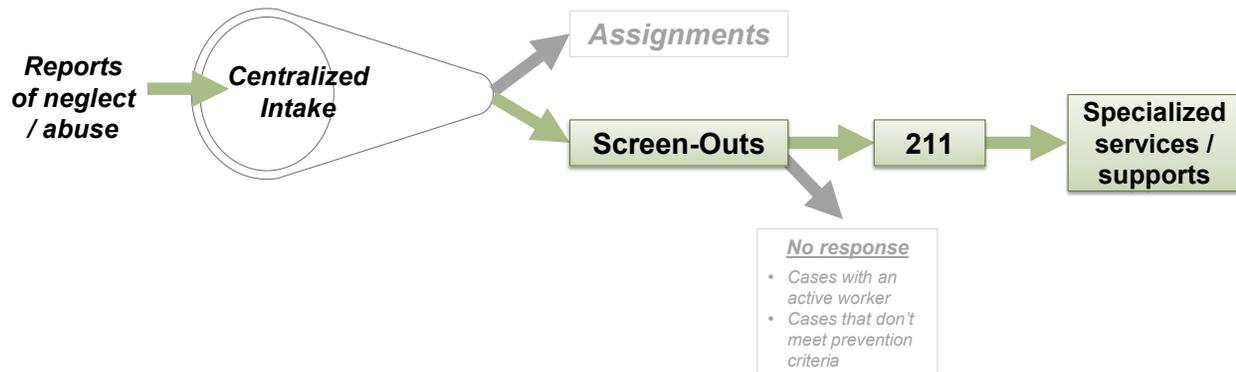
- Understanding of the FFPSA program and eligibility.
- Workforce development opportunities.
- Ensuring the referred service for the family can address the needs of the family.
- New MiSACWIS documentation requirements.

What does this mean for children and families?

- Expanded access to evidence-based programs that have been proven to work.
- Families receive supports needed to strengthen family and child well-being.

Designing a new prevention referral pathway from Centralized Intake to improve supports for families and reduce future maltreatment.

Why this matters: In Michigan, almost one in three families screened-out at Centralized Intake screen-in for investigation within one year. A large proportion of these families may have underlying service needs that contribute to the likelihood of a future screened-in report if unaddressed. By proactively connecting these families with supportive services and resources, CSA can help strengthen families and reduce the likelihood of subsequent child welfare interactions, particularly among Black or multi-racial families who are nearly twice as likely to be involved in a screened-in report as their white peers.



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211 REACHING OUT AND CONNECTING FAMILIES TO SUPPORTIVE SERVICES

Our Prevention, Preservation and Protection team has partnered with Centralized Intake (CI) to design a new program with the goal to help prevent child maltreatment and support children to remain safely at home with their families.

Approximately one in three families that are screened-out by CI will subsequently be screened-in for investigation within one year, putting them at risk of child removal. By supporting families early and proactively, we aim to help strengthen families and reduce the likelihood of future CPS involvement.

We are partnering with 211 and Gryphon Place on a pilot in Calhoun and Kalamazoo counties that started July 1, 2022. Efforts were taken to train 211 and CI staff along with community partners in the pilot counties. Each week, 211 and Gryphon Place will reach out directly to up to 25 families that have been screened-out, work to actively engage the families, comprehensively assess their needs, and then warmly connect them to the best-fit services in their community.

We hope to take learnings from this pilot to inform a possible future expansion of this program.

Contact Us:

MDHHS-FFPSAPrevention@michigan.gov

MDHHS-InHomeBureauCommunications@michigan.gov