

MIFAMILY STRONGER TOGETHER NEWS

MAY IS FOSTER CARE MONTH

FOSTER CARE TO FOSTER CARE WORKER

Written by: Brandon Youngblood, foster care worker, Macomb County

I entered foster care when I was 14 years old and exited after participating in Young Adult Voluntary Foster Care (YAVFC). I had the goal of Another Planned Permanent Living Arrangement (APPLA) after reunification was not possible.

Fortunately for me, my foster care experience was, relatively speaking, positive. I was in shelter care for four months prior to entering a foster home for five years until I entered college. I was separated from my brothers. One of my brother's has significant cognitive challenges, which contributed to us being separated. My youngest brother is nine years younger, and given I was a teen, reunification would have been challenging.

Now that I have provided some background, I would like to share my hopes as I continue to work in child welfare. First, I want to vigorously contribute to creating a child welfare system that provides the success that I experienced when I was in care and address the shortcomings. I was actively involved in the Michigan Youth Opportunities Initiative (MYOI) while in foster care. Without any doubt, MYOI is the reason I am successful today and I cannot overstate the importance of surrounding teens in care with supports. I hope that one day we will support this program more as it helped me overcome many barriers on a personal level (particularly socially).

Second, I want this system to become more actively focused on the preservation of families rather than removal of children. The prevention efforts on the CPS front-end are a good step forward, but after researching the Adoption and Safe Families Act of 1997, I personally feel foster care has systemically remained very similar.

I want to highlight that we are doing a better job of keeping caseloads manageable and keeping up with foster care policy and documentation requirements. This is a complex issue and permanency is a large piece of safety; we have many children who become legal orphans and if we preserve more families, it opens more opportunities for the most difficult cases in foster care.

Third, we must continue the diligent effort to address systemic racism that is rooted in a system of slavery and the genocide of indigenous people. To truly move towards a system that works for families we cannot forget the foundation. - **Continued on next page.**

INSIDE THIS ISSUE

What is a child and family
well-being system?

Data updates

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MAY IS FOSTER CARE MONTH

Ann's Story—A Foster Care Story

D.A. Blodgett—St. Johns Presentation

WHAT IS A CHILD AND FAMILY WELL-BEING SYSTEM?

Written by: Deanne Lux, Family Preservation and Reunification Office

The child welfare system as it currently operates is experiencing complicated, interrelated challenges related to the quality of child welfare practices and systemic barriers, and their resulting impact on child and family outcomes. MDHHS' goal is to build an equitable and just children's services system that effectively serves and supports children and families by building protective capacities and promoting family stability and well-being. A child and family well-being system is a comprehensive system aimed to strengthen all families, connecting them to available, accessible, and culturally relevant resources and support within their own community. These are supports that can prevent crisis, mitigate risks, and prevent child abuse and neglect.

The State of Michigan acknowledges that a well-being system is larger and more encompassing than what MDHHS alone can provide to families. There is no one agency that can be everything to every family. To achieve a well-being system, partnerships with youth and parents with lived experience, community unique organizations, legal and judicial partners, service providers, tribal partners, and other public human-service agencies are critical to ensure the family voice is at the center of all work. There is also a focus on identifying informal supports. These supports can be individuals from church, schools, long time family friends, or co-workers. Utilizing these supports will create a more adaptive, proactive system that destigmatizes asking for help while promoting and encouraging families to self-identify and easily access concrete supports.

This ensures families have the supports and services they need within their communities to meet their needs and maintain safe and loving homes for their children while preventing the occurrence of abuse or neglect. Building pathways to connect children and families to resources early, and as often as needed, is critical to ensuring families only come to the attention of Children's Protective Services when absolutely necessary.

FOSTER CARE TO FOSTER CARE WORKER - Continued

Keeping siblings together is a very important part of reducing trauma and behavioral problems. Often, even if behaviors of the child/children are not positive, it is the siblings that most often have the strongest bond, even compared to the parent/child bond, because they have suffered in their environment together. They have learned to support one another through the toughest of times and may feel their sibling/siblings is the only person/people they can depend on or trust. Separating siblings can be more traumatic than the abuse or neglect they have suffered and supporting close sibling relationships for children entering foster care is important. Improving child welfare in every aspect will promote the ability of keeping siblings together.

Lastly, I want to state the importance of caring for ourselves and each other as we are the change agents in child welfare. As much as it is imperative to connect with our families we also need to connect within and among ourselves to be the best versions of ourselves. The people that have made the most impact on me valued the importance of working as a cohesive unit together and agency wide.

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DATA UPDATES

Written by: Alexandria Fedewa, Family Preservation and Reunification Office

Motivational Interviewing:

Trained in Motivational Interviewing since implementation: 1,408 workers; 347 Supervisors and Program Managers.

Counties trained in Motivational Interviewing: 49 (+20 who are in training now).

Counties are beginning to host Learning Groups and Learning Group support sessions are also being offered to Program Managers by the MINT trainer. Learning Groups are additional supports to the supervisors which can then be passed to workers during unit meetings and supervision conferences.

Home Visiting:

Of all the active FFPSA implementations at month-end February, we had 194 referrals and 102 enrollments since March 1, 2022, and at month-end February we had 70 actively engaged families in the services. At 52.6%, this is above our referral conversion rate goal (50%). Quality Improvement activities are in progress to support the programs and increase capacity utilization, including hosting trainings, training new providers, and expanding service areas.

SafeCare:

MDHHS has implemented six contracts for SafeCare. In the first year of implementation, we anticipate seeing a low annual capacity utilization number due to these contracts needing time for training staff and building up caseload capacity.

As of month-end February:

BSC 1 - Accepting referrals since August 2022 and has utilized 49% of its first year's annual capacity.

BSC 2 - Accepting referrals since January 2023 and has utilized 11% of its first year's annual capacity.

BSC 3 - Samaritas – Accepting referrals since November 2022 and has utilized 5% of its first year's annual capacity.

BSC 3 - Bethany – Accepting referrals since January 2023 and has utilized 2% of its first year's annual capacity.

BSC 4 - Accepting referrals since January 2023 and has utilized 2% of its first year's annual capacity.

BSC 5 - Accepting referrals since November 2022 and has utilized 4% of its first year's annual capacity.

SUDFSP-MI:

MDHHS has implemented two SUDFSP contracts that also include FFPSA claimable components of Motivational Interviewing.

As of month-end February:

BSC 1 - Contract region – utilized 32% of its annual capacity.

BSC 2 - Contract region – utilized 38% of its annual capacity.

CSA Priorities

