

Families First of Michigan

Successfully working to
Keep Families Together Safely

A Program of the Michigan Department of
Human Services in partnership with Private
Child Welfare Agencies

Program Guidelines



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Families First of Michigan Philosophy

CHILDREN HAVE A RIGHT TO THEIR FAMILY.

THE FAMILY IS THE FOCAL POINT OF CHILD WELFARE SERVICES.

OUR FIRST AND GREATEST INVESTMENT IS FOR THE CARE AND TREATMENT OF CHILDREN IN THEIR OWN HOMES.

THE FAMILY IS THE FUNDAMENTAL RESOURCE FOR THE NURTURING OF CHILDREN.

PARENTS SHOULD BE SUPPORTED IN THEIR EFFORTS TO CARE FOR THEIR CHILDREN.

IT IS IN THE BEST INTEREST OF CHILDREN TO REMAIN WITH THEIR FAMILIES IN THE ABSENCE OF COMPELLING EVIDENCE TO THE CONTRARY.

FAMILIES ARE DIVERSE AND HAVE A RIGHT TO BE RESPECTED FOR THE UNIQUE CULTURAL, RACIAL, ETHNIC, AND RELIGIOUS TRADITIONS THAT MAKE FAMILIES DISTINCT.

CHILDREN CAN BE RAISED WELL IN DIFFERENT KINDS OF FAMILIES AND NO FAMILY SHOULD BE DISCRIMINATED AGAINST IN FAVOR OF ANOTHER.

Families First of Michigan Domestic Violence Philosophy

CHILDREN HAVE A RIGHT TO A VIOLENCE-FREE FAMILY.

DOMESTIC VIOLENCE HAS DEVASTATING EFFECTS ON VICTIMS, CHILDREN AND SOCIETY.

EMPOWERMENT OF SURVIVORS COMBINED WITH SOCIAL/LEGAL CHANGE AND INTERVENTION PROGRAMS FOR THE OFFENDING PARENT IS NEEDED TO PROVIDE A VIOLENCE-FREE HOME FOR THE FAMILY.

SURVIVORS NEED ACCESS TO SAFETY INFORMATION ABOUT DOMESTIC VIOLENCE, INCLUDING THEIR LEGAL RIGHTS, AVAILABLE SERVICES AND COMMUNITY SUPPORT.

SURVIVORS MUST BE TREATED WITH DIGNITY AND RESPECT AS WELL AS PROVIDED WITH SUPPORT AND ADVOCACY.

IT IS IN THE BEST INTEREST OF CHILDREN TO SUPPORT THE NON-OFFENDING PARENT/CAREGIVER

THE BOND BETWEEN THE NON-OFFENDING PARENT/CAREGIVER AND THE CHILDREN NEEDS TO BE ENHANCED AND STRENGTHENED.

Families First of Michigan Values and Beliefs**

SAFETY IS OUR FIRST CONCERN

CHILDREN NEED FAMILIES

WE CANNOT TELL WHICH FAMILIES ARE HOPELESS

TROUBLED FAMILIES CAN CHANGE

CLIENTS ARE OUR COLLEAGUES

RESPECT OUR CLIENTS' VALUES AND BELIEFS

IT IS OUR JOB TO INSTILL HOPE

A CRISIS IS AN OPPORTUNITY FOR CHANGE

INAPPROPRIATE INTERVENTION CAN DO HARM

**Values and Beliefs Adapted from – BSI Homebuilders, Federal Way, WA

Families First of Michigan Program Characteristics

FOCUS ON FAMILY STRENGTHS TO ADDRESS WEAKNESSES.

LIMITED TO CHILDREN AT IMMINENT RISK OF REMOVAL FROM THEIR HOME.

IMMEDIATE RESPONSE (WITHIN 24 HOURS)

FLEXIBLE SCHEDULING (24 HOURS, 7 DAYS/WEEK)

SMALL CASELOADS (2 FAMILIES/WORKER)

INTENSIVE INTERVENTION (10-20 HOURS/WEEK, AS NEEDED)

SERVICES DELIVERED IN CLIENTS' HOME AND COMMUNITY

TIME – LIMITED (4 WEEKS WITH THE POSSIBILITY OF AN EXTENSION UP TO A
MAXIMUM OF 6 WEEKS)

“HARD” AND “SOFT” SERVICES DELIVERED BY A SINGLE WORKER

ECOLOGICAL APPROACH (WORKS WITH FAMILY AND COMMUNITY
INTERACTION)

GOAL ORIENTED WITH “LIMITED” OBJECTIVES

SPECIFIC ASSISTANCE FUNDS AVAILABLE

EVALUATION/FOLLOW-UP

GENERAL ELIGIBILITY GUIDELINES FOR MAKING REFERRALS TO FAMILIES FIRST OF MICHIGAN

RISK FACTORS

CHILDREN'S PROTECTIVE SERVICES (CPS) The main criterion for referring parent(s)/caregiver(s) to Families First of Michigan (FFM) is the risk factor. Risk is defined as "any condition or set of conditions that pose an immediate threat to a child's and/or community's safety that would likely result in out-of-home placement." Parent(s)/caregiver(s) may be eligible for FFM services if at least one child residing in the home is at imminent risk of placement in out-of-home care due to child abuse or child neglect and CPS has determined the case to be a category disposition I or II.

DOMESTIC VIOLENCE (DV) PROGRAM REFERRALS FROM IDENTIFIED DOMESTIC VIOLENCE SHELTERS

Specific FFM contracts are identified to accept referrals from domestic violence (DV) shelters. Referrals to FFM are limited to those families that include a parent or guardian (survivor of DV) and at least one child under 18 years of age. For the referral to FFM due to DV, the term "risk" refers to **risk of homelessness** due to DV, living in a potentially violent environment, or other risks to a child's welfare. Families receiving residential or non-residential DV services may be referred. ***Suspected abuse and neglect of children while living in DV shelters should be referred to CPS.*** This should occur before any referral to FFM is considered. To prevent simultaneous referrals, if there is an active CPS, foster care and/or delinquency case, a referral from a DV shelter advocate would only be appropriate with consultation and agreement of the DHS worker. This should prevent duplication of services from CPS, foster care, delinquency or DV for a family. Note: If CPS is working with the parent/caregiver for DV the referral is not considered a DV referral unless the referral is made by a DV shelter and the FFM agency has the DV component in their contract.

REUNIFICATION REFFERALS FROM DHS FOSTER CARE

Parent(s)/caregiver(s) with children in out-of-home care are eligible for referral to the program when it is determined that reunification is not appropriate without intensive services and the Family Reunification Program (FRP) is not available.

Foster care reunification referrals must come from DHS foster care. For all other reunification referrals, a Family Preservation Specialist's approval is needed prior to the FFM agency accepting the referral. **Note: Private agencies cannot make referrals to FFM.**

JUVENILE JUSTICE REFFERALS FROM DHS JUVENILE JUSTICE SPECIALISTS

Juvenile justice referrals are limited to those youth who are being served by Department of Human Services (DHS). A DHS juvenile justice specialist (JJS) may make a referral to the FFM agency if the youth is at imminent risk of being placed in long-term out-of-home placement due to delinquency or incorrigibility.

AMERICAN INDIAN REFERRALS FROM TRIBAL SOCIAL SERVICES

The main criterion for referring parent(s)/caregiver(s) to Families First of Michigan (FFM) is the risk factor. Risk is defined as “any condition or set of conditions that pose an immediate threat to a child’s and/or community’s safety that would likely result in out-of-home placement.” Parent(s)/caregiver(s) may be eligible for FFM services if at least one child residing in the home is at imminent risk of placement in out-of-home care due to child abuse or child neglect. **NOTE: Specific FFM contracts are identified to accept referrals from American Indian Social Services when the FFM agency has a tribal component in their DHS contract for FFM services.**

POST-ADOPTION PROGRAM REFERRALS

Adoption program referrals are limited to those families that are being served by the Department of Human Services (DHS) in collaboration with private agency post adoption services. A DHS adoption worker may make a referral if the adoption has been finalized and the adopted child is at risk of being placed in long term placement out of the adoptive home, or if the adoption is at risk of dissolution. **For all post-adoption referrals a Family Preservation Specialist’s approval is needed prior to the FFM agency accepting the referral.**

FOR ALL REFERRALS

1. The parent(s)/caregiver(s) will have **direct access** to the FFM worker **24 hours a day, 7 days a week, including weekends and holidays.**
2. A FFM worker will provide an **immediate response** (within 24 hours) to the parent/caregiver with the assurance that a worker will be able to access emergency services as appropriate.
3. The FFM worker will spend an average of 10-20 hours per week with the family beginning on the day of the referral.
4. The FFM intervention is time-limited (4 weeks with the possibility of an extension up to a maximum of 6 weeks). Extensions up to 6 weeks will be considered if the risk to the child still exists, placement is imminent and the family has goals to achieve. The decision to extend a case shall be made in consultation with the DHS referring worker and the FFM supervisor.

5. The Family Preservation specialist is to be involved in approval of extensions if the number of cases requiring extensions exceeds 5% of the annual number of interventions. Service shall **never** exceed a total of six (6) weeks.

The FFM worker is mandated under the Child Protection Law to make a report to Children's Protective Services when child abuse or neglect is suspected. MCL 722.623 Sec. 3 (1) (a). The referring worker is notified to ensure that appropriate action is taken.

FFM services are designed to support the family unit and to protect the well being of children. FFM is committed to helping ensure the safety and welfare of both parent(s)/caregiver(s) and children, and to support the changes families are making to safely remain intact. Because children are not able to take independent action for themselves, the safety of children who use this service takes precedence over the needs or wishes of the parent.

GENERAL ELIGIBILITY GUIDELINES FOR FAMILIES FIRST of MICHIGAN

APPROPRIATE AND INAPPROPRIATE REFERRALS

The following are some guidelines that shall be used when considering making a referral:

APPROPRIATE REFERRALS:

1. The child could remain with the parent(s)/caregiver(s) or return home and be at reduced risk if intensive in-home services were made available.
2. At least one parent/caregiver is available in the home to participate in the Families First of Michigan intervention.
3. The family involves a teen parent with a child/children, who does not have significant social supports or parenting options.
4. Other less intensive services would not sufficiently reduce the risk, or are unavailable.
5. The referring worker has determined the parent(s)/caregiver(s) are willing to participate and collaborate in goal setting and treatment, family strengths have been identified, and parental autonomy is possible.
6. In FFM domestic violence shelter referrals, the non-offending parent/caregiver and children are available to participate in Families First of Michigan.
7. For CPS cases, the case is designated as Category I or II (See attached MCL 722.628d Sec. 8d (1))
8. For CPS cases, the child will be returning home within seven days of referral. For reunification cases, the child will return home within 14 days of referral.
9. For reunification cases, a child is returning from out-of-home placement and the parent(s)/caregiver(s) need intensive services to be safely reunited. Without FFM services, reunification would not be considered.
10. For post-adoption cases, the adoption has been finalized and the adopted child is at imminent risk of long-term out-of-home placement from the adoptive home.
11. For post adoption cases, the adoption is at imminent risk of dissolution or disruption.
12. For foster care cases, in order to prevent the re-placement of a child(ren) into a more restrictive setting (i.e. a relative to a licensed foster home; or foster

home to a residential setting). Consultation and approval of the Family Preservation specialist and the Family Preservation manager is required. (see exceptions for service)

INAPPROPRIATE REFERRALS:

1. When the primary goal is solely to keep the family together until an out-of-home placement can be arranged.
2. At the time of referral, the children are in an out-of-home placement and it is not expected that they will return home within 7 days of the FFM referral (within 14 days for foster care referrals).
3. Cases where the permanency-planning goal is something other than return home or placement with a relative/guardian if parental rights have already been terminated either voluntarily or involuntarily through a court order.
4. For juvenile justice cases, the delinquent youth will present a significant risk to others if maintained in the community.
5. After several services have been offered, the parent(s)/caregiver(s) make repeated and consistent requests to have the child removed from their home.
6. For FFM domestic violence shelter referrals, parent/caregiver does not believe that they are at risk of on-going domestic violence.
7. For FFM domestic violence shelter referrals, when all family's needs can adequately be met by the domestic violence (DV) shelter advocates/counselors.
8. Child victims of sexual abuse would be maintained in a home with an adult perpetrator or in an environment where a perpetrator continues to have access to the child without a court order. (See page 18)
9. Parent(s)/caretaker(s) decline services.

GUIDELINES FOR FAMILIES FIRST of MICHIGAN

NEGLECT

APPROPRIATE REFERRALS:

1. Child(ren) is left alone without adequate supervision and safety precautions.
2. Parent(s)/caregiver(s) of child(ren) are overwhelmed, and are neglecting their child(ren) due to a chaotic household. For example, a chaotic lifestyle is threatening the caregiver's ability to provide for the family.
3. Physical neglect within the household are major problems, which put the child(ren) at risk of removal. For example: utilities have been turned off or there is an infant in the home and the parent(s)/caregiver(s) have no support system.
4. A child(ren) has been diagnosed by a medical doctor as "failure to thrive," with no medical cause.
5. Housing conditions pose a threat to the health and safety of the child(ren), and relocation or prompt repairs are needed to avoid removal of the child(ren) or for child(ren) to be returned home.
6. A child or adolescent runs away, and refuses to return home, alleging abuse or neglect.
7. Parent(s)/caregiver(s) have refused to allow an adolescent/pre-delinquent to return home due to a serious parent/child conflict in the past.
8. Parent(s)/caregiver(s) need assistance in strengthening parenting skills as indicated by the referring worker. Issues can include unrealistic expectations, boundary setting, hygiene, child development, routine, structure or discipline.
9. There is a breakdown in communication within the parent(s)/caregiver(s) and child's relationship sufficient to cause concern.
10. There is medical neglect, or failure to follow through on health needs of a seriously ill child.
11. CPS has identified the case as a category I or II, and there is risk of out of home placement.

INAPPROPRIATE REFERRALS:

1. Parent(s)/caretaker(s) presenting problems need a longer term, less intensive service.
2. Parent(s)/caregiver(s) do not believe that they have problems, or do not want any assistance and decline the service.
3. Family has participated with FFM services within the last 90 days and a re-referral is attempting to address similar risk conditions **(For all re-referrals within 90 days a Family Preservation Specialist's approval is required)**
4. There is no risk of removal of children from the home.
5. The case is not a category I or II.

GUIDELINES FOR FAMILIES FIRST of MICHIGAN

PHYSICAL ABUSE

APPROPRIATE REFERRALS:

Referrals may be appropriate in non-life-threatening physical abuse cases when, the situation is serious enough to warrant removal and one or more of the following apply:

1. The parent(s)/caregiver(s) are willing and able to learn positive parenting skills, including methods of non-physical discipline.
2. Sibling on sibling abuse is an issue for the parent/caregiver.
3. Child to parent abuse is an issue for the parent/caregiver.
4. Physical injury is evident and the parent(s)/caregiver(s) have a history of mental health problems, but are willing to participate in mental health services.
5. Physical injury is evident and there is a history of, or current, alcohol or other drug use. The parent(s)/caregiver(s) are willing to participate in treatment.
6. A child refuses to return home because of physical injury.
7. There is an unexplained injury of a special needs or a medically fragile child.
8. This is an acute, one-time abuse incident.
9. CPS has identified the case as a category I or II and there is risk of out-of-home placement.

INAPPROPRIATE REFERRALS:

1. The physical abuse is considered life threatening.
2. There is a history of serious physical abuse. The parent(s)/caregiver(s) are unwilling or uncooperative in recommended treatment to prevent further abuse.
3. There is no risk of removal of children from the home and/or the case is not a category I or II.

GUIDELINES FOR FAMILIES FIRST of MICHIGAN

FAMILIES IN WHICH CHILD(REN) AND HOUSEHOLD MANAGEMENT ARE AFFECTED BY SUBSTANCE USE

APPROPRIATE REFERRALS:

1. At least one family member or youth is experiencing the negative consequences of substance use and the parent/caregiver is willing to explore treatment options for the parent and/or youth.
2. Parent(s)/caregiver(s) or youth have given birth to an infant affected by parental substance use, and are willing to get treatment for the infant and themselves.
3. The youth is removed temporarily for detoxification and the parent(s)/caregiver(s) wants to maintain the youth in their care.
4. Substance use is due to the domestic violence perpetrator's action/behavior, and the survivor wants advocacy and treatment.
5. CPS has identified the case as a category I or II, and there is risk of out-of-home placement.

INAPPROPRIATE REFERRALS:

1. A parent/youth is consistently incoherent due to substance use.
2. Parent(s)/caregiver(s) move frequently to avoid physical harm from drug/gang involved associations.
3. Parent(s)/caregiver(s) repeatedly and consistently requests that the child(ren) be placed out-of-the-home and refuses to consider services or help that might enable child(ren) to remain in the home.
4. In cases of domestic violence: a survivor is not permitted to participate in the FFM intervention or substance abuse treatment due to physical violence and/or threats toward the survivor or others involved with the survivor by the abuser (i.e. the FFM worker or the treatment staff).
5. There is not a risk of removal of children from the home.
6. The case is not a category I or II.

GUIDELINES FOR FAMILIES FIRST of MICHIGAN

FAMILY VIOLENCE

APPROPRIATE REFERRALS:

1. There is evidence that family members threaten each other and physically fight and/or use loud abusive language, yet they are willing to learn how to provide a safe environment for their children.
2. A child(ren) is injured yet there is evidence of a potential for positive change, and there is a plan to safely care for the child(ren) until the crisis subsides.
3. Sibling on sibling abuse is an issue for the parent/caregiver.
4. Child to parent abuse is an issue for the parent/caregiver.
5. CPS has identified the case as a category I or II, and there is risk of out-of-home placement.

INAPPROPRIATE REFERRALS:

1. There are consistent threats to hurt any worker who comes to the home or who works with the family.
2. A child in the family has been killed by a parent/caregiver who is still in the home, and there is no evidence/indication that situational or emotional factors have changed.
3. A parent/caregiver has been physically abused by a living-together-partner (LTP) or spouse. There are repeated or serious threats of harm with no willingness to obtain an order of protection or to enforce an existing one.
4. There is no risk of removal of children from the home.
5. The case is not a category I or II..

GUIDELINES FOR FAMILIES FIRST of MICHIGAN

MENTAL HEALTH

APPROPRIATE REFERRALS:

1. Developmental disability or impairment is present in the parent(s)/caregiver(s) that is affecting the child's health, well-being or safety. The parent(s)/caregiver(s) have demonstrated a desire for learning parenting, household management and life skills.
2. Mental illness may be stabilized by appropriate medication and/or therapy and the parent(s)/caregiver(s) are willing to pursue this possibility.
3. There is a history of mental illness and/or hospitalization but there is willingness to consider options for treatment. There is also evidence that the needs of the child(ren) are minimally met.
4. Parent(s)/caregiver(s) experiences an occasional hallucination but can be engaged.
5. A child or adolescent has a serious mental illness and through treatment may be stabilized within the family.
6. CPS has identified the case as a category I or II, and there is risk of out-of-home placement.

INAPPROPRIATE REFERRALS:

1. It is determined that the parent(s)/caregiver(s) are the sole caregiver for the child(ren) and the parent(s)/caregiver(s) is hospitalized.
2. It is determined that there is only one child designated "at-risk" and he/she is hospitalized and will not be returning home during the intervention.
3. Developmental disability or impairment is present to the extent that the parent(s)/caregiver(s) are unable to learn to provide minimal care for the child(ren). Other family members and/or designated persons are not available to provide long-term support or care.
4. There is no risk of removal of children from the home.
5. The case is not a category I or II.

GUIDELINES FOR FAMILIES FIRST of MICHIGAN

PHYSICAL ILLNESS OR LIMITATION

APPROPRIATE REFERRALS:

1. The child has a life-threatening illness, and the parent(s)/caregiver(s) needs support to learn to provide the necessary health care to prevent placement.
2. The parent/caregiver has a severe physical illness or limitation that threatens the potential for providing care to meet minimal needs of the child(ren). The parent/caregiver could provide such care if help were available.
3. CPS has identified the case as a category I or II, and there is risk of out-of-home placement.

INAPPROPRIATE REFERRALS:

1. The child has a life-threatening illness, and the parent/caregiver does not have the intellectual capacity to learn how to provide necessary health care. In addition, there are no family members or other resources, such as homemaker services or public health services, available to assure the safety and care of the children.
2. There is no risk of removal of children from the home.
3. The case is not a category I or II.

GUIDELINES FOR FAMILIES FIRST of MICHIGAN

SEXUAL ABUSE

APPROPRIATE REFERRALS:

1. The offending parent/caregiver does not have access to the child(ren) and the non-offending parent/caregiver is in need of intensive home-based services to provide assistance and support to the family.
2. There is a **court order** requiring the preservation or reuniting of the family through intensive home-based services to provide assistance and support to the family, that will result in either of the following:
 - A child(ren) would be living in the same household with a parent/caregiver or other adult, who has been convicted of criminal sexual conduct against a child(ren).
 - A child(ren) would be living in the same household with a parent/caregiver or other adult, against whom there is a substantiated charge of sexual abuse against a child(ren).

This is pursuant to 1999 PA 135 Sec. 509
Sec. 509

(1) From the funds appropriated in part 1, the department shall not expend funds to preserve or reunite a family, unless there is a court order requiring the preservation or reuniting of the family, if either of the following would result:

(a) A child would be living in the same household with a parent or other adult who has been convicted of criminal sexual conduct against a child.

(b) A child would be living in the same household with a parent or other adult against whom there is a substantiated charge of sexual abuse against a child.

(2) Notwithstanding subsection (1) this section shall not prohibit counseling or other services provided by the department, if the service is not directed toward influencing the child to remain in an abusive environment, justifying the actions of the abuser, or reuniting the family.

3. The non-offending parent/caregiver is in need of intense services to prevent out-of-home placement and the re-victimizing of the child victim.
4. CPS has identified the case as a category I or II, and there is a risk of out-of-home placement.

INAPPROPRIATE REFERRALS:

1. A referral where a there is no court order for preservation or reunification of a child(ren) in a home with a parent/caregiver or adult who has (a) been convicted of criminal sexual conduct against a child(ren) or (b) has a substantiated charge of sexual abuse against a child(ren), which would be in violation of *1999 PA 135 Sec. 509* sited above.

GUIDELINES FOR FAMILIES FIRST of MICHIGAN

FOR FFM DOMESTIC VIOLENCE SHELTER PROGRAM REFERRALS ONLY

Note: This does **not** refer to CPS, foster care, delinquency or post-adoption referrals. There are certain contracts identified to accept referrals that meet the appropriate criteria, from select domestic violence shelters. Children's services cases involving domestic violence must meet other criteria previously identified for appropriate referrals.

APPROPRIATE REFERRALS:

A DV shelter referring worker requests services when:

1. The child(ren) could remain with the non-offending parent/caretaker and not be at risk if intensive in-home services were made available.
2. A family (non-offending parent/caregiver and children) are homeless as a result of DV and needs assistance in establishing or reestablishing a stable living environment and requires assistance in securing housing, furniture or other household necessities.
3. A family (non-offending parent/caregiver and children) needs assistance with transportation, legal services, securing housing, financial support and/or other needs.
4. A family (non-offending parent/caregiver and children) needs assistance in securing economic resources to support a living situation separate from the perpetrator.
5. A family (non-offending parent/caregiver and children) needs assistance in securing counseling/support groups, change in educational environment, and/or child care services for the child(ren).
6. A parent/caregiver is overwhelmed and at risk of future abuse or neglect.
7. A family has multiple special needs, which require individualized case-management and advocacy in order to facilitate a transition from the shelter to permanent housing. For example, a child with a severe medical condition, a parent/caregiver with a physical disability and/or education needs.

INAPPROPRIATE REFERRALS:

1. Parent/caregiver residing in domestic violence shelters who are not survivors of domestic violence.
2. The family's needs can adequately be met by the domestic violence shelter advocates, counselors and staff.
3. The family is not at risk of homelessness, as a result of DV.
4. The parent/caregiver does not believe they are at risk of on-going domestic violence.
5. The parent(s)/caregiver(s) declines services.

GUIDELINES FOR FAMILIES FIRST of MICHIGAN

FAMILY REUNIFICATION/FOSTER CARE

For reunification cases, risk is defined as:

- Any condition or set of conditions that would likely prevent a child's return to the permanent family home without intensive services, or
- The child(ren) has already been returned to the permanent family home, yet there are new risks presented, placing the child at risk of another removal out of the home and/or re-placement of a child(ren) into a more restrictive setting (i.e. a relative to a licensed foster home; or foster home to a residential).

APPROPRIATE REFERRALS:

1. When the child has been returned home and another risk issue/incident has occurred, that is threatening another out-of-home placement.
2. When a child is returning from out-of-home care and the parent(s)/caregiver(s) needs intensive services to be safely reunited. Without FFM services reunification will not be considered.
3. Must be made by a DHS foster care worker.
4. Reuniting the family would not result in the reunification of a child victim of sexual abuse with an adult perpetrator unless there is a court order requiring the preservation or reuniting of the family through intensive home-based services to provide assistance and support to the family, that will result in either of the following:
 - A child(ren) would be living in the same household with a parent/caregiver or other adult, who has been convicted of criminal sexual conduct against a child(ren).
 - A child(ren) would be living in the same household with a parent/caregiver or other adult, against whom there is a substantiated charge of sexual abuse against a child(ren).

5. For foster care cases, in order to prevent the re-placement of a child(ren) into a more restrictive setting (i.e. a relative to a licensed foster home; or foster home to a residential setting), **consultation and approval of the Family Preservation specialist and the Family Preservation manager is required. (see exceptions for service)**

INAPPROPRIATE REFERRALS:

1. The children(ren) have already been reunified with their family longer than 48 hours and the services would be utilized for the purposes of monitoring the family.
2. The family's needs could be met through a less intensive program/service.
3. Family Reunification Program (FRP) services are available in the county and the FRP has openings to service a family.

GUIDELINES FOR FAMILIES FIRST of MICHIGAN

POST ADOPTION

For families referred to FFM by a DHS adoption worker, “risk” refers to the imminent risk of long-term placement out of the adoptive home, or dissolution of the adoption.

APPROPRIATE REFERRALS:

The adoption has been finalized and the following is true:

1. Parents/caregiver(s) are overwhelmed and are experiencing difficulty addressing the needs of their adopted child(ren). For example, a chaotic lifestyle is threatening the caregiver’s ability to provide for the family.
2. There is a breakdown in communication within the parent/caregiver and child relationship significant enough to cause concern.
3. Parent(s)/caregiver(s) need assistance in strengthening their parenting skills. Issues can include unrealistic expectations, boundary setting, child development, establishing routine and/or discipline.
4. Sibling on sibling abuse is an issue for the parent/caregiver.
5. Child to parent abuse is an issue for the parent/caregiver.
6. At least one member of the family is experiencing the negative consequences of substance abuse and the family is willing to explore treatment options for the parent and/or youth.
7. Upon return of an adopted child from short-term psychiatric care, the parent/caregiver needs assistance establishing supportive services for the child in their own community and/or structuring their home for safety.
8. There is evidence that family members threaten each other, physically fight and/or use loud abusive language and they are willing to learn how to structure for safety.
9. Parent(s)/caregiver(s) are experiencing a crisis related to the adopted child acting out at home and/or in the community by skipping or refusing to attend school, disobeying curfew, consistently violating household rules, destroying property or using substances.

INAPPROPRIATE REFERRALS:

1. The family's needs could be sufficiently met by less intensive services that are available.
2. The adoption is not yet finalized.
3. The parent(s)/caregiver('s) goal is to have the child placed out of the home, and participation with FFM is viewed as a requirement to accomplish that.

GUIDELINES FOR FAMILIES FIRST of MICHIGAN

JUVENILE JUSTICE

Referrals may be appropriate in juvenile justice cases when the youth is at risk of placement and:

APPROPRIATE REFERRALS:

1. The youth and parent(s)/caregiver(s) are experiencing difficulties following/implementing house rules and/or maintaining school attendance.
2. The youth is a runaway and the parent(s)/caregiver(s) are unable to maintain the youth in the home.
3. The youth is violating laws, acting out aggressively and the parent(s)/caregiver(s) are having difficulty managing the youth's behavior.
4. The youth is in a relative placement and the relative/caregiver is willing to participate in FFM services.
5. The youth is not living at home, but will return home within 14 days.
6. The youth is engaging in sexually acting out behaviors or engages in sexual behavior in exchange for drugs or money.
7. The youth is a victim of incest or sexual assault **(the perpetrator is no longer in the home and/or does not have contact with the youth)** and as a result demonstrates inappropriate sexual behavior.
8. The youth engages in sexual deviant behaviors and shows some remorse.
9. The parent(s)/caregiver(s) are willing to work with FFM services.

INAPPROPRIATE REFERRALS

1. A youth commits rape and refuses and/or is not able to participate in therapeutic intervention.
2. The youth and parent(s)/caregiver(s) do not believe the youth's sexual behavior is a problem and they are not willing to participate in FFM services.
3. The parent(s)/caregiver(s) are not able/willing to provide adequate supervision and/or appropriate consequences.

4. The youth is physically assaultive or used a weapon during a sexual assault.
The parents/caregivers and youth denies the youth involvement.
5. Intensive long-term placement is indicated.

GUIDELINES FOR FAMILIES FIRST of MICHIGAN

FOR FFM AMERICAN INDIAN TRIBAL SOCIAL SERVICE REFERRALS ONLY

Note: This does **not** refer to CPS, foster care, delinquency or post-adoption referrals. There are certain contracts identified to accept referrals that meet the appropriate criteria, from select American Indian tribes. Children's services cases involving American Indian families must meet other criteria previously identified for appropriate referrals.

APPROPRIATE REFERRALS

1. The referring worker shall be from the contracted American Indian tribe.
2. The American Indian referring worker does not have to receive permission from DHS to make a referral to FFM.
3. The FFM worker will invite the American Indian referring worker to the initial home visit with the family in order to bridge cultural differences between the family and the FFM worker.

INAPPROPRIATE REFERRALS

1. The referring worker is a DHS worker and the family is American Indian.

GUIDELINES FOR FAMILIES FIRST of MICHIGAN

RE-REFERRALS

1. At intake, the FFM supervisor (or program manager) will ask the referring worker if a prior referral to the program has been made for the parent(s)/caretaker(s).
2. If the parent(s)/caretaker(s) have received FFM services in the past then the number will be documented on the referral form (DHS-303).
3. For all re-referrals within 90 days, a Family Preservation Specialist's approval is required.

GUIDELINES FOR FAMILIES FIRST of MICHIGAN

EXCEPTIONS FOR SERVICES

Note: Exceptions for FFM services may be appropriate on a case-by-case basis **with the consultation and approval of the FPP specialist and FPP manager** when a child(ren) is at imminent risk of out-of-home placement and:

APPROPRIATE REFERRALS:

1. The current placement of the child(ren) is intended to be their permanent placement.
2. The caregiver needs assistance establishing supportive services for the child(ren) in their own community and/or structuring their home for safety.
3. Cases where the permanency-planning goal is placement with a caregiver/guardian if parental rights have already been terminated either voluntarily or involuntarily through a court order.
4. Cases where the DHS referring worker, in collaboration with the DHS referring worker's supervisor, have determined that the child could remain with the caregiver(s) and be at reduced risk if intensive in-home services were made available.
5. For relative caregiver/guardian cases, in order to prevent the re-placement of a child(ren) into a more restrictive setting (i.e. a relative to a licensed foster home; or foster home to a residential setting)

INAPPROPRIATE REFERRALS:

1. Cases where the child(ren) is residing in a non-relative foster home, which is not, considered the child's permanent placement.
2. Cases where the permanency-planning goal is reunification and the parental rights have not been terminated and there is not a court order to reunify the child(ren) with the parent(s) at this time.
3. The family's needs could be met through a less intensive program/service.

CHILD PROTECTION LAW (1-07)
STATE OF MICHIGAN
DEPARTMENT OF HUMAN SERVICES
This is pursuant to 1975 PA 238 722.628 Sec. 8d (1)
CATEGORY INFORMATION

- (1) For the department's determination required by section 8, the categories, and the departmental response required for each category, are the following:
- (a) Category V – services not needed. Following a field investigation, the department determines that there is no evidence of child abuse or neglect.
 - (b) Category IV – community services recommended. Following a field investigation, the department determines that there is not a preponderance of evidence of child abuse or neglect, but the structured decision-making tool indicates that there is future risk of harm to the child. The department shall assist the child's family in voluntarily participating in community-based services commensurate with the risk to the child.
 - (c) Category III – community services needed. The department determines that there is a preponderance of evidence of child abuse or neglect, and the structured decision-making tool indicates a low or moderate risk of future harm to the child. The department shall assist the child's family in receiving community-based services commensurate with the risk to the child. If the family does not voluntarily participate in services, or the family voluntarily participates in services, but does not progress toward alleviating the child's risk level, the department shall consider reclassifying the case as category II.
 - (d) Category II – child protective services required. The department determines that there is evidence of child abuse or neglect, and the structured decision-making tool indicates a high or intensive risk of future harm to the child. The department shall open a protective services case and provide the services necessary under this act. The department shall also list the perpetrator of the child abuse or neglect, based on the report that was the subject of the field investigation, on the central registry, either by name or as "unknown" if the perpetrator has not been identified.
 - (e) Category I – court petition is required. The department determines that there is evidence of child abuse or neglect and 1 or more of the following are true:
 - (i) A court petition is required under another provision of this act.
 - (ii) The child is not safe and a petition for removal is needed.
 - (iii) The department previously classified the case as category II and the child's family does not voluntarily participate in services.
 - (iv) There is a violation, involving the child, or a crime listed or described in section 8a(1)(b), (c), (d), or (f) or of child abuse in the first or second degree as prescribed by section 136b of the Michigan penal code, 1931 PA 328, MCL 750.136b.