

Child Welfare in Michigan

General process and overview

Introductions

- Prevention and Preservation Unit
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- Home Visiting Unit
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Agenda

- A Look at Centralized Intake
- CPS Breakdown
 - Investigations
 - Case Categories
 - Preponderance of Evidence
 - Petitions
- The Court Process
- The Foster Care System
- Prevention Services and Case Management
- The Importance of Collaboration
- Resources
- Terminology Snapshot
- Input from Families

Centralized Intake



- 1-800-444-3911
- [Online Mandated Reporting Link \(newmibridges.michigan.gov\)](https://newmibridges.michigan.gov)
- One place for people to call with concern of abuse or neglect to child or adult
- Open 24/7
- Centralized Intake (AKA “CI”) determines if the intake rises to the level requiring CPS involvement based on Child Protection Law, MDHHS Policy, and CI procedure.

Centralized Intake

If not assigned for investigation – CI documents a brief explanation why and the intake is rejected or transferred.

Sometimes the family is referred to the county prevention program (not all counties have this)

If assigned for investigation: CI routes the intake to the local county office or Maltreatment In Care unit to complete an investigation.

CPS Investigation

- CPS Worker verifies the wellbeing of the children & conducts interviews
- CPS Worker is responsible for investigating the allegations and determining:
 - If allegations are true or false
 - And if abuse or neglect occurred
 - Meaning, maybe something happened, but did it rise to the level of the Child Protection Law definitions of abuse or neglect

Case Categories

- CAT I – court involvement, petition filed
- CAT II – preponderance and high or intensive risk for future A/N
- CAT III – preponderance and low or moderate risk for future A/N
- CAT IV – no preponderance
- CAT V – no evidence or family not located

Preponderance of Evidence

- If there is a preponderance of the evidence (51% or more proof that abuse or neglect occurred)
 - The case is transferred to a CPS On-going worker – a case manager who engages the family in services and supports
 - There are instances when the case does not stay open for on-going services, but the family is referred to/informed of community services or supports
- If there is no preponderance (meaning we cannot prove at 51% that A/N did happen, or we can prove A/N did not happen)
 - Refer family to community resources/supports

Petitions

- CPS cannot simply remove a child because they want to; CPS must be able to prove to the court that the child is at substantial or imminent risk of harm if left with their parent/caregiver.
- There are typically 2 types of petitions that can take place
 - Petition for In-Home Jurisdiction
 - Petition for Removal
- Typically, a family experiences multiple investigations or has a severe incident happen before a petition is sought with the court.
- Except in some severe circumstances, CPS must provide Reasonable Efforts or Active Efforts for Native American families to prevent removal (services to address needs/concerns)

The Court Process

There are different times when CPS may file a petition with the court

- To court order engagement in services – but the child remains in the home
 - Monitored by a CPS On-going Case Manager
- To remove from one parent but place with the other
 - Monitored by a CPS On-going Case Manager
- To remove the child from all legal caregivers/parents
 - Monitored by Foster Care (either with DHHS worker or Private Agency Foster Care worker)



The Court Process

- Preliminary Hearings / Pre-Trial Hearings
 - The initial hearings to ensure parties have all required info before Adjudication
- Adjudication
 - Can be a Trial (by Judge or Jury) or a Plea entered by the respondent
- Disposition
 - The hearing where services are court ordered (sometimes happens at the same time as Adjudication)
- Review Hearings / Permanency Planning Hearings
 - Quarterly progress reviews to update the court on services, engagement, or other concerns

Foster Care

- A Foster Care case may be managed by MDHHS or Private Agency Foster Care caseworker
- Generally, the initial goal of the case is reunification (returning to the person removed from)
- Parenting Time progresses from Supervised to Unsupervised to Overnight
- PATP = Parent Agency Treatment Plan – the parent’s plan for addressing the concerns that led to removal & other needs/barriers as applicable.

Foster Care

- As the parent(s)/caregiver(s) address barriers/needs and complete the court ordered tasks, they move closer to reunification
- If not completing tasks or making progress in addressing barriers, agency may have to file petition to terminate parental rights
 - At least 182 days since date of disposition (note: this is not the removal date...this is the date the parent was court ordered to complete services)

Prevention Case Management

Before Case Opening

After Case Opening

- Provides supports to family
 - caseworker mentoring,
 - connection to local services,
 - helping coordinate multiple providers/workers

Services

Contracted or Paid Services

- Families First of Michigan
- Families Together Building Solutions (FTBS)
- Family Reunification Program (FRP)
- Psychological Assessment
- Trauma Assessment
- FFPSA Title IV-E Prevention Services

Community Services

- Home Visiting Programs
- CMH
- Food/clothing pantry
- Support Groups
- Parenting Classes



Why is Collaboration Important?

- Creates a wider support network for families to utilize.
- Family specific needs can be identified and addressed from different perspectives.
- Increased continuity of care.
- Families can gain access to more resources.

Resources

- Each county has varying services available
- 211
 - 211 is a resource hub and is available statewide – call or visit their website
- MI Bridges
 - [MI Bridges \(michigan.gov\)](http://michigan.gov)
- Home Visiting Program Finder
 - [Index - Michigan Home Visiting Programs \(mihomevisiting.com\)](http://mihomevisiting.com)
- MiKidsMatter
 - <https://www.michigan.gov/mikidsmatter>

Terminology

- LGAL/GAL – lawyer-guardian ad litem / guardian ad litem
 - Lawyer who represents the child’s best interests during court proceedings
- CASA – court appointed special advocate
 - Special advocate (sometimes a lawyer) specifically for the child’s interests and representation in court
- FTM – family team meeting
 - Meeting with family, supports, providers, caseworkers, and others as invited to discuss services, decisions, progress, or other topics relevant to the family’s case
 - Must take place at least quarterly, but also as needed throughout the case and based on the family’s needs
- TDM – team decision making
 - Similar to FTM and held at critical points in a case as a time to make collaborative decisions



Family Perspectives

We asked foster parents,
kinship and fictive-kin, birth
parents and first families,
pregnant and parenting youth
in foster care...

What do you want voluntary
service providers
to know about working with
your family?



Foster and kinship parents



- Know the law and policies around consents for services.
- Scheduling can be a challenge. Foster parents often work while also juggling family visits, appointments, school and daycare. Evening and weekends visits can be very helpful to offer.
- Don't assume the foster mom is the main contact.
- Foster parents have emotions, feelings, and their own trauma they are dealing with; we matter too!
- Keep foster parents appraised of progress, goals, etc.
- Coordinating with both foster parents and first family can be complicated. One option is to have sessions at both the foster home and during visits with first family.
- We are not daycare workers. We know the child and have ideas to help the child, even if they are with us for a short time.
- Understand that grief and trauma can look like developmental delays or disabilities, give the child time to settle into a new environment first.



First Family or Birth Parents

- Parents love their kids and are not the enemy.
- See the experience behind the emotions. Sometimes anger, frantic energy, seeming shut down, etc. masks deep care, concern, and worry about their children.
- Know that families feel like they have to watch everything they say and do when around providers for fear of it impacting their case negatively.
- Come in with compassion and empathy. Know that so much is happening in the life of the family, visits from providers may create additional stress.
- Want providers to get to know who we are and have a say in what we need help with.
- Leave the report and allegations behind, treat parents as an equal and get to know their story.

First Family or Birth Parents

- Acknowledge parent's feelings and experiences are valid. Honor what parent is sharing without pressing too hard.
- Tell us what we are doing well. Provide praise and positive feedback when you can, we do often hear only what we are doing wrong.
- When you walk into a home and see a child struggling- try to be mindful of circumstances and how child welfare system can itself be traumatizing to children.
- Know how important follow through is.
- Want providers to make distinction between what is a true safety concern and what is just different than what is 'normal' to you.
- In documentation be objective and strength based. Documentation may be used for case so need to be very mindful of what is documented.





Pregnant and Parenting Youth in Care

- Pregnant and parenting youth in care tend to be "watched" more closely and their parenting choices are "judged" more "harshly" than parenting youth who are not in the care of the state.
- Having a supportive system of support and someone to go to with questions is crucial and many youth in care do not have those natural support systems in place.
- Important to tell them at the start of services that you have not reviewed their DHHS history and would like to learn from them what their story is.
- Talk with them about what will potentially be shared with their child welfare case worker and to partner with them around how they will be able to monitor and review what is being shared.

Understand the barriers families are facing

- Transportation- offer zoom, phone, etc.
 - Especially at first when getting to know the family
- Frequent moves/instability
 - More important on their hierarchy of needs to be stable
- Isolation from friends and family in rural communities, IPV relationships, etc
- Concerns about having someone coming into the home.
 - Hard to trust that this service is not just another way to keep an eye on their family
- Family may already have other services they are expected to complete.
- Feel pressure when involved with child welfare and can have responsibilities that take priority or might need support from their home visitor in other ways.

Suggested Family Engagement Strategies



- Lead with the benefits that the service can provide for the family (long term support, resources, family goals, etc).
- Highlight that families have the freedom to leave services at any time- that services are voluntary and there is no penalty for leaving early.
- Share videos about services with families- especially if they include voices of other parents.
- Use parent partners or peer navigators, where possible, to introduce services. Can also do warm-handoff meeting at TDM or other time.
- Families may take longer to engage and enroll. Programs should consider offering a meet and greet visit before enrollment if agency allows.
- Provide contact information for provider's supervisor so that family can reach out themselves with concerns or to request a different provider if not a good fit.
- Be up front about being a mandated reporter but emphasize that provider wants family to succeed with ultimate goal of family staying together.

Suggested Family Retention Strategies



- Offer zoom, phone, or other connections outside of the home—especially at first when getting to know the family.
- Provide refrigerator magnet with provider contact information for easy reference in case of lost or broken phones.
- Do assessments casually or conversationally instead of it feeling like just doing more paperwork.
- Discuss any communication that will be shared between prevention service and DHHS. Ensure have family consent for any communication or reporting.
- Keep visits shorter, be flexible. Overlap visits and services when possible, to make it easier on the family.
- Attempt to provide connections to resources that are practically helpful.
- Use strategies to engage fathers and all family members present.
- Set up a notebook for the family to use to collect information on visits, contacts, appointments, etc.
- Provide opportunities for families to provide feedback, support parent leadership opportunities, and incorporate parent voice whenever possible.

Suggested Strategies to build a collaborative relationship with MDHHS Caseworker

- Reach out by email or phone to the child welfare caseworker and let them know you are the service provider and how they can contact you.
- Child Welfare caseworkers have indicated that email is their preferred form of communication.
- Let the family and caseworker know that you can be a part of Family Team Meetings around their child welfare case if the family wishes.
- Ask the caseworker what goals or services a family needs to complete. This offers you the opportunity to understand additional expectations for the family and to get the caseworker's point of view on the family.
- Let the caseworker know you would like to receive case updates so you can support the family.



Thank You!
