

**PARTNERSHIP WITH A CHILD'S
DHHS CASEWORKER:
A SYNERGETIC APPROACH**

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WELCOME & AGENDA



- Introductions
- Child Welfare
- Department of Health & Human Services (DHHS) Child Protective Services/Foster Care
- DHHS Client Relationships
- DHHS Collaboration
- DHHS Referral Process *Early On*
- Early On* Michigan
- CAPTA Legislation
- Questions/Open Discussion

**CHILD WELFARE
VISION & MISSION**



"Child Welfare Vision
DHHS will lead Michigan in supporting our children, youth and families to reach their full potential.

Child Welfare Mission
Child welfare professionals will demonstrate an unwavering commitment to engage and partner with families we serve to ensure safety, permanency and well-being."

State of Michigan Child and Family Services Plan 2010-2014, 2014 Annual Progress and Services Report 2014.

CHILD WELFARE GUIDING PRINCIPLES



"The vision and mission are achieved through the following guiding principles:

Safety is the first priority of the child welfare system.

Families, children, youth and caregivers will be treated with dignity and respect, while having a voice in decisions that affect them.

The ideal place for children is with their families, therefore, we will ensure children remain in their own homes whenever safety possible.

When placement away from the family is necessary, children will be placed in the most family-like setting and be placed with siblings whenever possible.

Permanent connections with siblings and caring and supportive adults will be preserved and encouraged.

CHILD AND WELFARE GUIDING PRINCIPLES (CONTINUED)



"The vision and mission are achieved through the following guiding principles:

Children will be reunited with their families and siblings as soon as safely possible.

Community stakeholders and tribes will be actively engaged to protect children and support families.

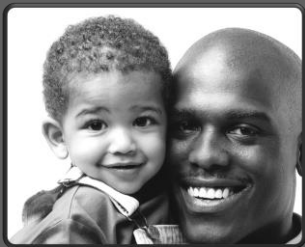
Services will be tailored to families and children to meet their unique needs.

Child welfare professionals will be supported through ongoing development and mentoring to promote success and retention.

Leadership will be demonstrated within all levels of the child welfare system.

Decision making will be outcome-based, research-driven and continuously evaluated for improvement."

NATIONAL CHILD ABUSE AND NEGLECT DATA SYSTEM (NCANDS)



"NCANDS is a federally sponsored effort that collects and analyzes annual data on child abuse and neglect. The 2008 CAPTA amendments directed the U.S. Department of Health and Human Services to establish a national data collection and analysis program. The Children's Bureau in the Administration on Children, Youth and Families, Administration for Children and Families, U.S. Department of Health and Human Services, collects and analyzes the data."

Child Maltreatment 2013
<http://www.acf.hhs.gov/sites/default/files/cb/cm2013.pdf>

NATIONAL CHILD ABUSE AND NEGLECT DATA SYSTEM (NCANDS)



"During FFY 2013, CPS agencies received an estimated 3.5 million referrals involving approximately 6.4 million children. Among the 47 states that reported both screened-in and screened-out referrals, 60.9 percent of referrals were screened in and 39.1 percent were screened out. For FFY 2013, 2.1 million referrals were screened in. The national rate of screened-in referrals (reports) was 28.3 per 1,000 children in the national population."

Child Maltreatment 2013
<http://www.acf.hhs.gov/sites/default/files/cb/cm2013.pdf>

MICHIGAN'S CENTRALIZED INTAKE



Michigan's Centralized Intake screens all reports of child abuse and neglect in the state.

Initiated March 5, 2012

The office for Centralized Intake is in Grand Rapids

Toll free number:

1-855-444-3911

DHS 3200

CHILD PROTECTIVE SERVICES



"In fiscal year 2013, there were 148,392 Children's Protective Services (CPS) complaints.

Of these, DHS assigned 87,551 for investigation (59 percent).

There were 22,763 confirmed CPS cases (26 percent of cases investigated)."

State of Michigan Child and Family Services Plan 2010-2014, 2014 Annual Progress and Services Report 2014

AT-RISK POPULATIONS



"In 2013, the population identified at greatest risk of maltreatment was children age 3 or younger living with their biological parents, constituting 37 percent of total child victims (12,400 of 33,970 total victims)."

State of Michigan Child and Family Services Plan 2010-2014, 2014 Annual Progress and Services Report 2014

MDHHS POLICY CHILDREN UNDER THREE



"Four areas of policy that focus on this population are:
Multiple Complaint policy.
Safe Sleep policy.
Birth Match policy.
Early On policy and service provision."

State of Michigan Child and Family Services Plan 2010-2014, 2014 Annual Progress and Services Report 2014

CHILD PROTECTIVE SERVICES



A Child Protective Services (CPS) worker/Foster Care worker's relationship with a client begins at the first point of contact.

CHILD PROTECTIVE SERVICES INVESTIGATION



Assigned CPS
 Standard of Promptness
 Investigation
 Safety Assessment
 Risk Assessment
 Preponderance of Evidence
 CPS Case Disposition

CPS CASE CATEGORIES



CAT V
 CAT IV
 CAT III
 CAT II
 CAT I

DHHS Protective Service Manual 731-4

FAMILY ENGAGEMENT



"Family engagement is a critical component of ethical and effective child welfare practice. Family engagement embraces core principles and values as well as a number of critical practice habits related to assessment, case planning, placement, and permanency. Family engagement is a strength-based approach and a defining characteristic of family-centered and team-based decision-making. Family engagement is any and all of these things, and overall, it is our best hope for preserving the family-child relationship, whether or not reunification is achieved. Family engagement practices encourage parents to participate meaningfully in their case from the outset. The intent of family engaged practice is to maximize family resources and kinship connections."

CHILD PROTECTION BEST PRACTICES BULLETIN Innovative Strategies to Address Safety, Permanence, and Well-Being 2010

FOSTER CARE



Child is typically removed from parent (although may be removed from one parent and placed with the other parent)

Child experienced an event or a history of events that identified he/she is no longer safe with parent(s)

Child may experience limited involvement with parent (visitation)

Child experiences the addition of strangers to their life (social workers, service providers, GAL, etc.)

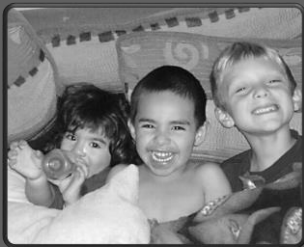
MDHHS CLIENT RELATIONSHIPS



Includes a balance

- Parent/child
- Safety
- Human connection
- Policy
- Protocol
- Coordination of services
- Documentation
- Court Involvement

MDHHS CLIENT SERVICES



- Parenting Instruction
- Families First
- Counseling
- Substance Abuse Counseling
- Infant Mental Health
- Early On
- Others

MDHHS EARLY ON POLICY

PSM 714-1

REQUIRED REFERRAL TO EARLY ON®

*As a requirement of the Child Abuse Prevention and Treatment Act (CAPTA), 42 USC 5101 et. seq., when a CPS case is classified as a Category I and II CPS must refer all children under age 3 who are identified as victims to *Early On*® for evaluation and services. This referral must be done at the time of disposition or when the child has been identified as being directly affected by substance abuse; see PSM 716-7- Substance Abuse Cases. CPS must notify the family of the referral to *Early On* and ask the family to sign the DHS-1555-CS, Authorization to Release Confidential Information. Completion of the DHS-1555-CS allows DHS to receive the *Early On* evaluation results and any plan for services, if applicable. MISACWIS CPS will prompt workers to complete a referral to *Early On* when required. When completing the referral, workers should identify developmental, cognitive, social, emotional and/or medical concerns. Information provided in the developmental/medical concern sections of the referral should be regarding the child, not the family or family situation. Information regarding the family may be included in the child resides section of the referral. Care must be taken not to release confidential information; see SRM 231, Confidentiality...

DHHS Protective Service Manual PSM 714-1

DHHS EARLY ON REFERRALS



Typically completed upon CPS case disposition
CAT I's where the child is listed as a child victim
CAT II's where the child is listed as a child victim
Drug exposed infants any case category
Any child with a noted medical (like cerebral palsy, failure to thrive, etc.) and/or developmental concern (speech delay, not walking, not rolling over, etc.) for any case category

MISACWIS



Michigan Statewide Automated Child Welfare Information System (MiSACWIS)

MISACWIS *EARLY ON* REFERRALS



Effective January 31, 2015

Available to Services workers through the case investigation

System populates information to the referral for the Services worker

MISACWIS automatically emails all *Early On* referrals to the *Early On* referral mailbox for review and processing

MDHHS *EARLY ON* REFERRAL PROCESS



Consultant completes a case review

Consultant determines if the referral is policy compliant

Consultant reviews and updates the referral as needed

Consultant sends the referral to the local *Early On*

Consultant tracks all *Early On* referral for data reporting

Consultant acts as a liaison between DHHS and *Early On* local offices

NUMBER OF MDHHS REFERRALS



In 2012, DHS referred 5,701 children to *Early On*. Of these:

- The number of drug-exposed infants was 1,854 (33%)
- The number of infants less than 1 year old at referral was 2,904 (52%)

In 2014, DHHS referred 5,101 children to *Early On*. Of these:

- The number of drug-exposed infants was 2,550 (50%)
- Total referrals: Drug exposed: 2,550 (50%)
- The number of infants less than 1 year old at referral was 2,336 (46%)

EARLY ON COLLABORATION WITH DHHS



Strengthen collaboration among statewide referral line and DHHS

- Continuous communication
- Updates to the referral database
- Updates to the Website
- Streamline processes
- Plans for continuous improvement

QUESTIONS & DISCUSSION



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REFERENCES

- CHILD PROTECTION BEST PRACTICES BULLETIN *Innovative Strategies to Achieve Safety, Permanence and Well-Being*, 2011. <http://childlaw.unm.edu/docs/BCSP-PRAC%20CES/Open%20Adoption%202011.pdf>
- Child Maltreatment 2013 <http://www.acf.hhs.gov/sites/default/files/cb/cm2013.pdf>
- MDHHS Protective Service Manual 711-4. <http://www.mhia.state.mi.us/olmweb/ex/PS/Mobile/PSM/PSM%20Mobile.pdf>
- MDHHS Protective Service Manual 714-1. <http://www.mfia.state.mi.us/olmweb/ex/PS/Mobile/PSM/PSM%20Mobile.pdf>
- Michigan Department of Health & Human Services. <http://www.michigan.gov/mdhhs>
- State of Michigan Child and Family Services Plan 2010-2014, 2014 Annual Progress and Services Report 2014. http://www.michigan.gov/documents/dhs/Child_Family_Services_Plan_CFSP_2014_473663_7.pdf
