

A photograph showing the lower legs and feet of four people sitting on a wooden bench. They are wearing various styles of jeans and sneakers. The background is a dark, textured wooden surface.

# Michigan Child Welfare Improvement Task Force

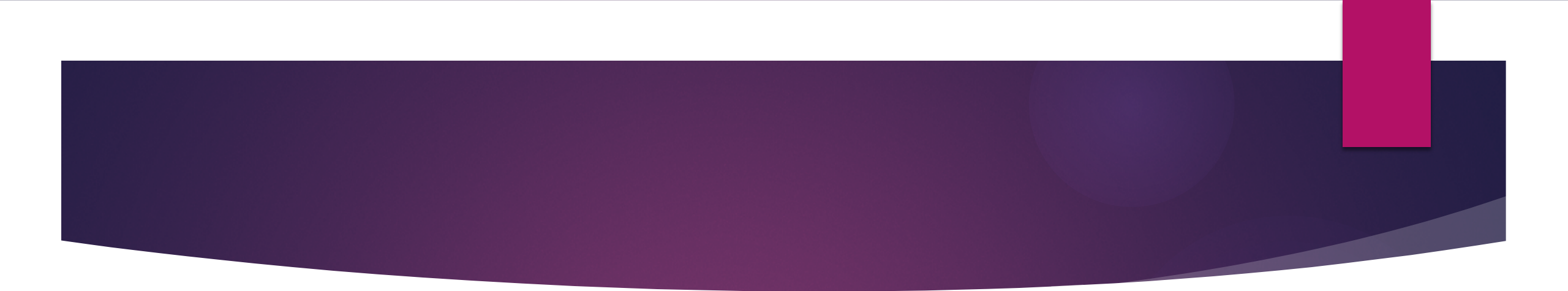
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**WELCOME & CHECK-IN**

**FRIDAY, FEBRUARY 26, 2021**



# Disparate Treatment Historical Foundation

- 
- ▶ **Development of child welfare services and “outsiders” are linked**
  - ▶ **Common themes**
    - ▶ **Cultural dominance**
    - ▶ **Religious continuity**
    - ▶ **Child rescue/re-socialization**
    - ▶ **Poverty as a character flaw**
    - ▶ **Inclusion/exclusion**



Linkage to fear of poverty and distrust of the poor and culturally and racially different

- ▶ Public relief
  - ▶ In home relief-cash to the worthy
  - ▶ Out of home relief- poor house for the unworthy
- ▶ Specialized philanthropic institutions
  - ▶ Orphanages
  - ▶ Houses of Refuge
  - ▶ Schools for the deaf and blind
  - ▶ Tribal Schools
  - ▶ Segregation by race, religion and ethnicity

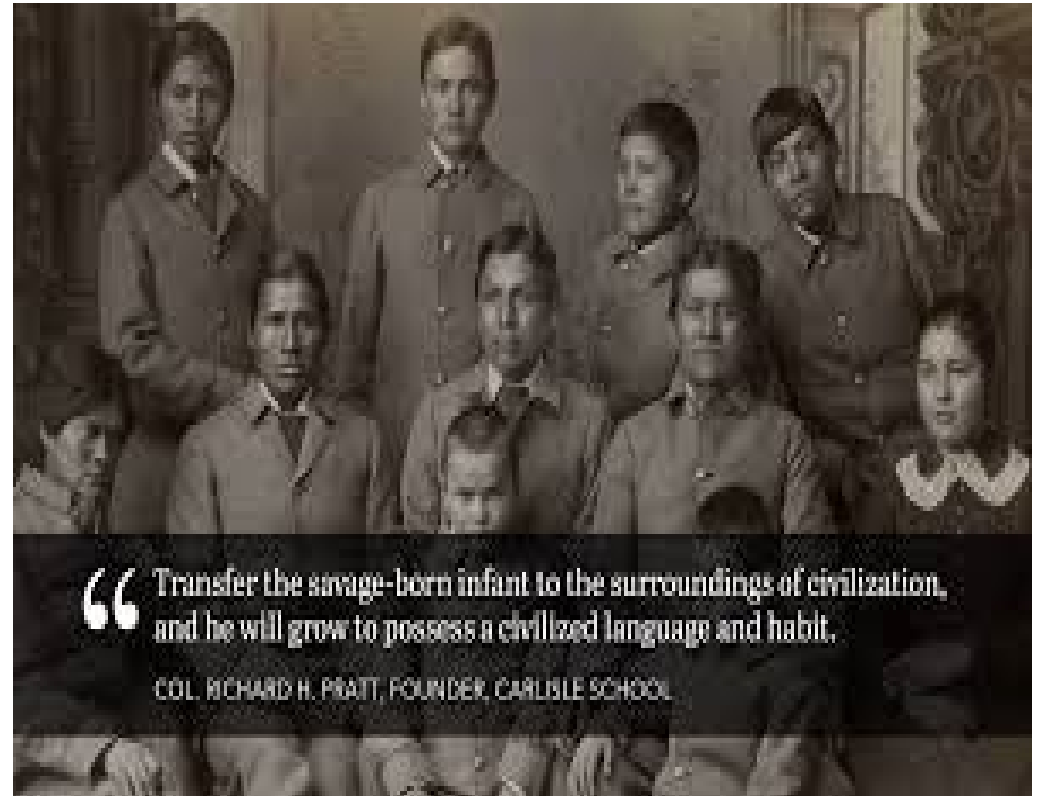
# The Outsiders-African Americans: Extended Kin and Child Keeping



# The Outsiders-Immigrants Child Placing and Orphan Trains



# The Outsiders- Native Americans Tribal Boarding Schools



# Foundation of Child Welfare Established Late 19<sup>th</sup> Century


## Placement formalized via institutional care

- ▶ Child rescue/ child saving societies: private, sectarian, urban, arm of the law
- ▶ Free foster home movement/ orphan trains
- ▶ Settlement movement provides a model of community based services
- ▶ Establishment of Illinois Juvenile Court-1899



***“Children should not be removed from families for reasons of poverty alone.”***

White House Conference on Children-1909

A photograph of four diverse women in a professional setting. On the left, a woman with dark curly hair and glasses is seen in profile, wearing a light blue patterned top. Next to her is a woman with long dark hair, also in profile, wearing a white blazer. On the right, a woman with a short afro hairstyle is looking towards the others, wearing a yellow and black patterned top. The background is a plain, light-colored wall.

**Equity Training**  
**March 11**  
**1:00-3:00PM**



# Reimagining the Front Door of Child Welfare – Front-End Redesign

MDHHS, Children's Services Agency

February 2021

**384,591 children**

involved in referrals alleging maltreatment

**209,576 children**

involved in referrals screened in for an investigation

**32,325 children**

as victims of confirmed abuse or neglect

**12,776**

families involved with ongoing services

**5,564**

Entered Foster Care

LESS THAN 2% OF ALL CHILDREN INVOLVED IN REFERRALS ALLEGING MALTREATMENT

# CPS Redesign Virtual Town Halls & Listening Circles

Establishing a 21st Century  
Child Welfare System in  
Michigan



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The CPS redesign virtual town halls kicked off this summer and provided an opportunity for a variety of stakeholders to meet CSA's executive director, leadership team, and other community advocates for an overview of efforts to improve Michigan's children's protective services program. Our partners at Evident Change and ideas42 also attended.

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A panel was identified for each event and included a(n) parent, older youth/alum of foster care, CPS investigator, foster parent/relative caregiver, attorney and community leader.

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Each town hall was followed by a **listening circle**, designed for a smaller group to share, reflect, focus, connect and listen to thoughts regarding the overview provided during the town hall.

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# CPS Redesign

Establishing a 21st Century  
Child Welfare System in  
Michigan

Evaluating our Front  
Door



Disproportionate and disparate experiences of children and families of color, driven by higher rates of poverty, intersecting with racism.



Racial bias and discrimination exhibited by callers and decision makers (e.g., mandated reporters, caseworkers, etc.).



Biased/non-existent assessment tools to track or mitigate disparity.

# Partnership with Evident Change and ideas42

To help ensure decision making is equitable and consistent, CSA partnered with **Evident Change** (formally NCCD) and **ideas42** to develop a Structured Decision Making (SDM) tool for Michigan's Centralized Intake.

The tool will help keep children with their families whenever possible, ensure families are treated fairly, reduce repeat system involvement, reduce racial disproportionality, and reduce the trauma experienced by families who do not require system involvement.

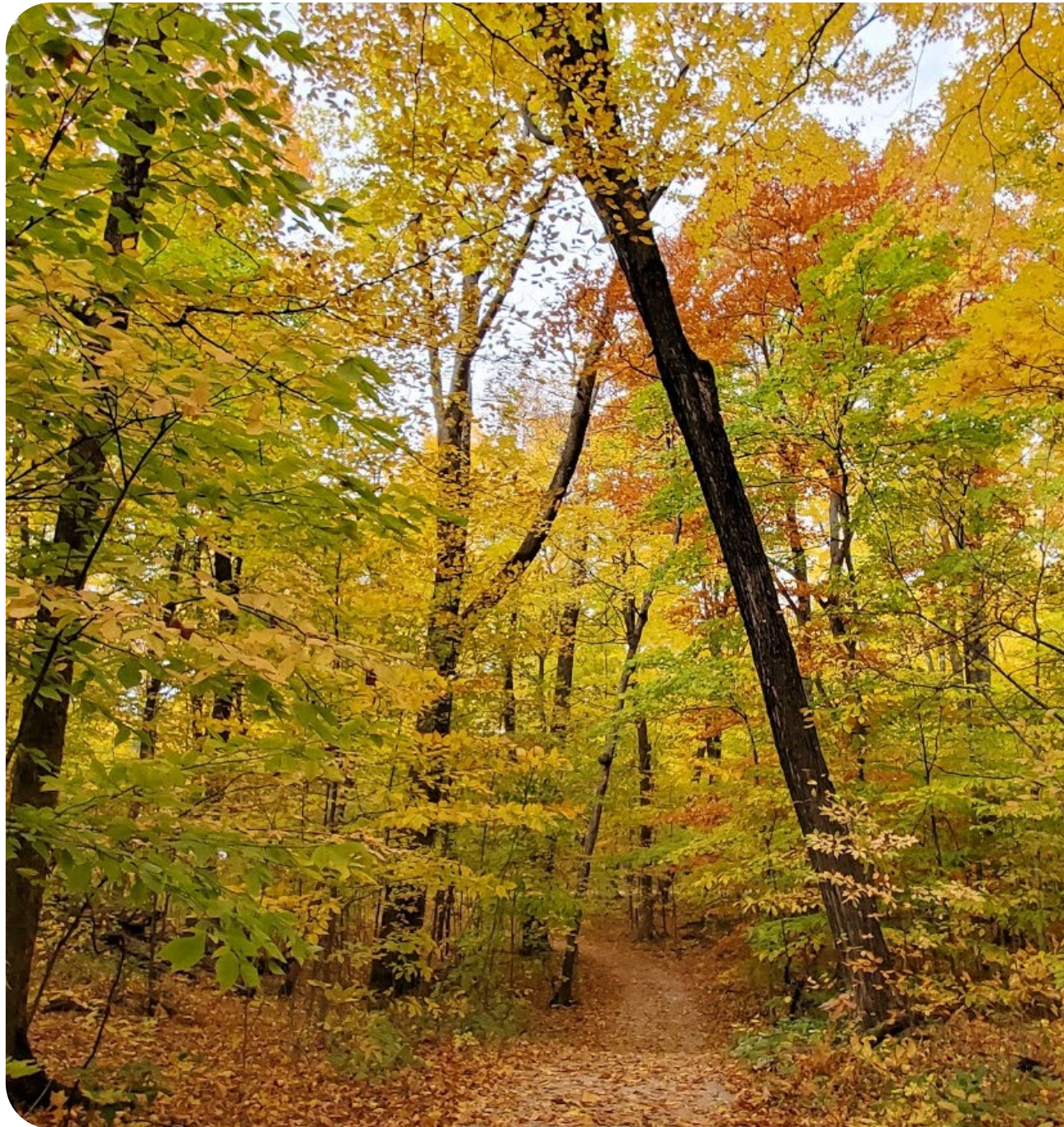
In addition, **Evident Change** and **ideas42** will support MDHHS with developing a robust testing and training strategy to ensure that the newly developed tool is achieving intended outcomes.

**Evident Change** is a non-profit that uses data and research to improve social systems, integrating evidence-based decision support into the child welfare system beginning in the 1990's.

**ideas42** is a non-profit that uses insights from behavioral science to improve lives, build better systems and policies, and drive social change.

# IMPROVING DECISION MAKING AT CENTRAL INTAKE: WHAT WE'RE LEARNING

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES



RECOGNIZING  
TRADITIONAL  
OWNERS OF THE  
LAND

1 Welcome & Introductions

2 What's the problem(s) we are trying to solve?

3 What are we learning?

4 Solutions being considered

5 Discussion + connections to the task force work?

6 Next steps and close

# INTRODUCTIONS





**EVIDENT**  
**CHANGE**  
Inform Systems. Transform Lives.



WHAT'S THE  
PROBLEM WE  
ARE TRYING TO  
SOLVE?



# THE ROLE OF INTAKE AT DHHS

- First key decision – “gatekeeping”
- Usually based on thresholds established by law, statute, policy
- A key decision often made with limited information under time pressures
- High potential for errors; over and under involvement with families is the result

# What's the problem we are trying to solve?



Accuracy



Consistency



Equity



Utility

# BEHAVIORAL PROBLEM STATEMENT\*

*Based on our initial findings, we developed a "behavioral problem statement," which identifies the behaviors we hope to change and informs our next phase of research:*

Intake staff may be influenced by non-statutory or exogenous factors (e.g. race, zip-code, SES) and screen in a disproportionate number of cases involving non-white and low SES families. This leads to over-utilization of the child welfare system and trauma for families.

We want intake staff to make consistent screening decisions\*\* that are not influenced by non-statutory or exogenous factors, and screen in fewer cases involving non-white and low SES families. This will lead to an appropriate, equitable use of the child welfare system and better outcomes for families.

\* To be finalized with MDHHS data analysis step

\*\*with fidelity to the Structured Decision-Making (SDM) tool

# HYPOTHESIS THEMES

- The **structure of specialists' work**, pertaining to their performance measurement metrics, level of autonomy and work environment, increases the likelihood that they pursue complaint information in suboptimal ways and err on the side of screening in decisions.

- Specialists and Supervisors are **biased by aspects of case history**—family CSA history, participation in gov benefits programs, criminal history—that are not relevant to assessing the current complaint, drawing improper conclusions about "threat of harm" in the current complaint and increasing the likelihood that the complaint will be screened in.



Inappropriate use of Child Welfare System



Disproportionate/  
Inequitable Outcomes

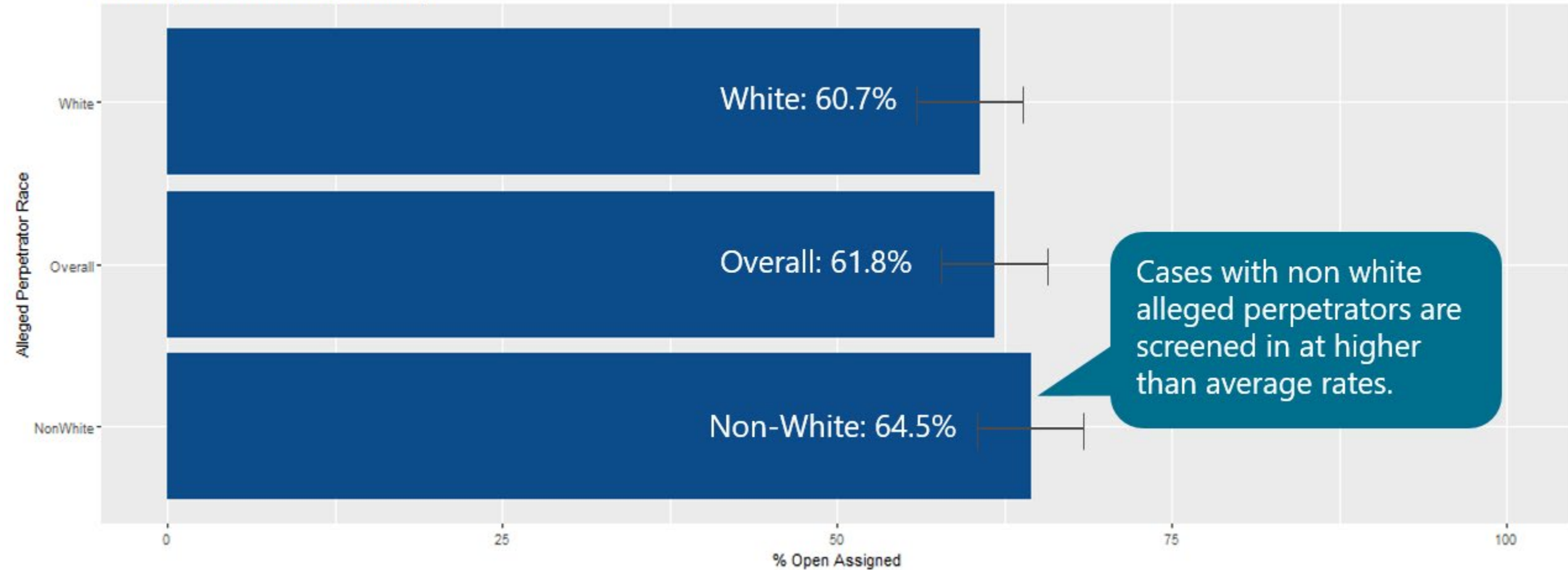


WHAT ARE WE  
LEARNING SO  
FAR?

# PRELIMINARY SUMMARY ASSESSMENT 1

PERCENTAGE OF REPORTS SCREENED-IN BY ALLEGED PERPETRATOR RACE (WHITE vs NON WHITE)

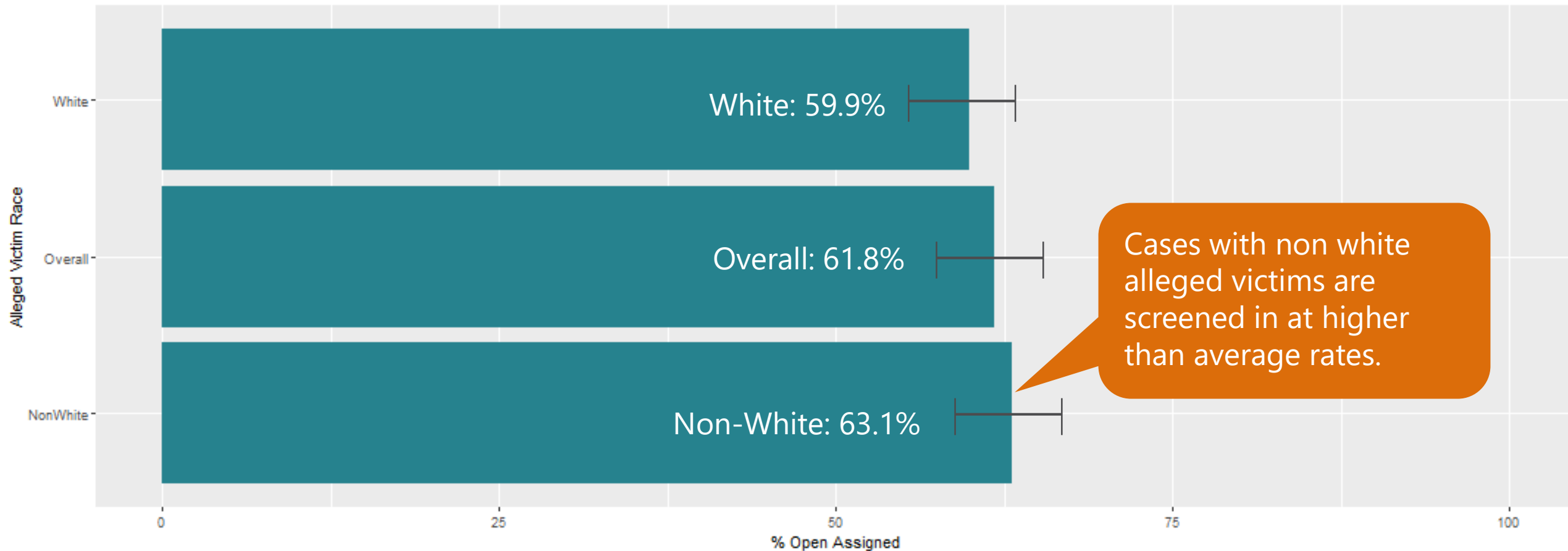
Intake reports screened in (2014-2019)



# PRELIMINARY SUMMARY ASSESSMENT 2

## PERCENTAGE OF REPORTS SCREENED-IN BY alleged victim RACE (WHITE VS NON WHITE)

Intake reports screened in (2014-2019)



# POTENTIAL SOURCES OF BIAS IN MISACWIS

ALL CI REPORTS ARE GIVEN AN ALLEGATION TYPE, REGARDLESS OF ASSIGNMENT DECISION

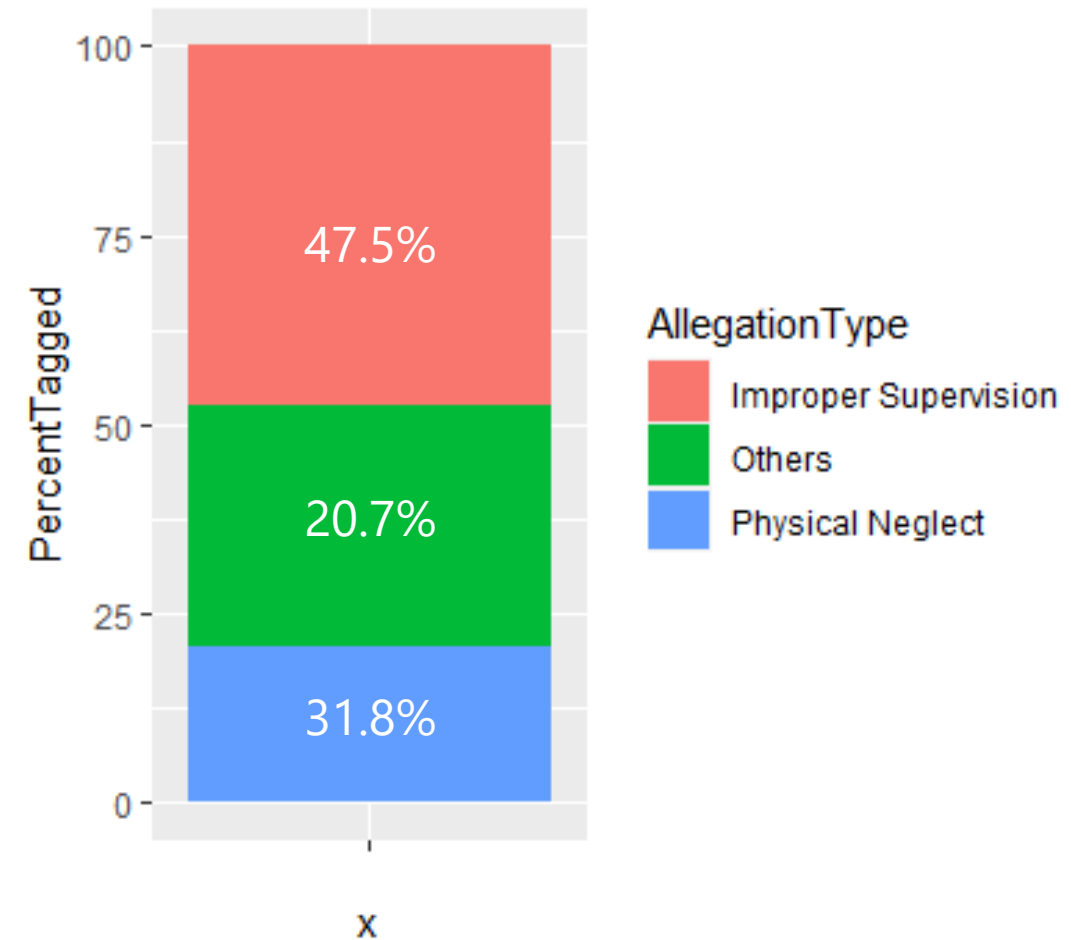
- Improper supervision is by **FAR** tagged or given to reports more than other types

Improper supervision + physical neglect: 68.31% of CI reports

- From our conversations with CI staff, background research and discussion with Paul Elam:

Improper supervision and physical neglect have the most ambiguity in differentiating between:

- maltreatment and circumstances of poverty
- maltreatment and cultural differences in norms around supervision and parental care

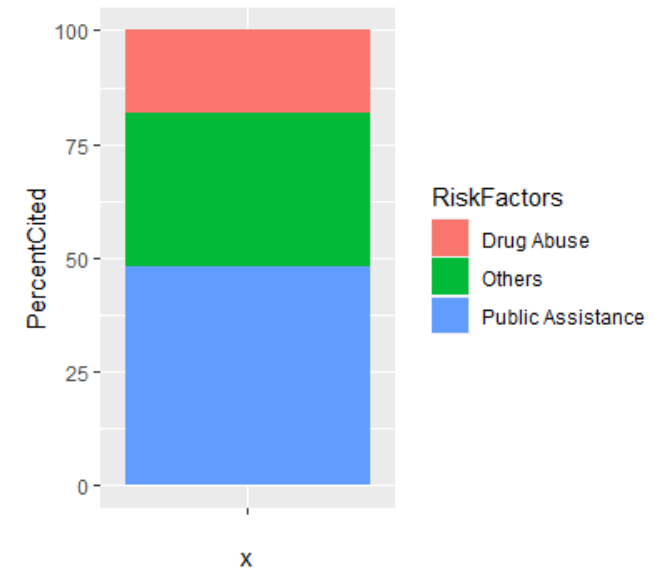
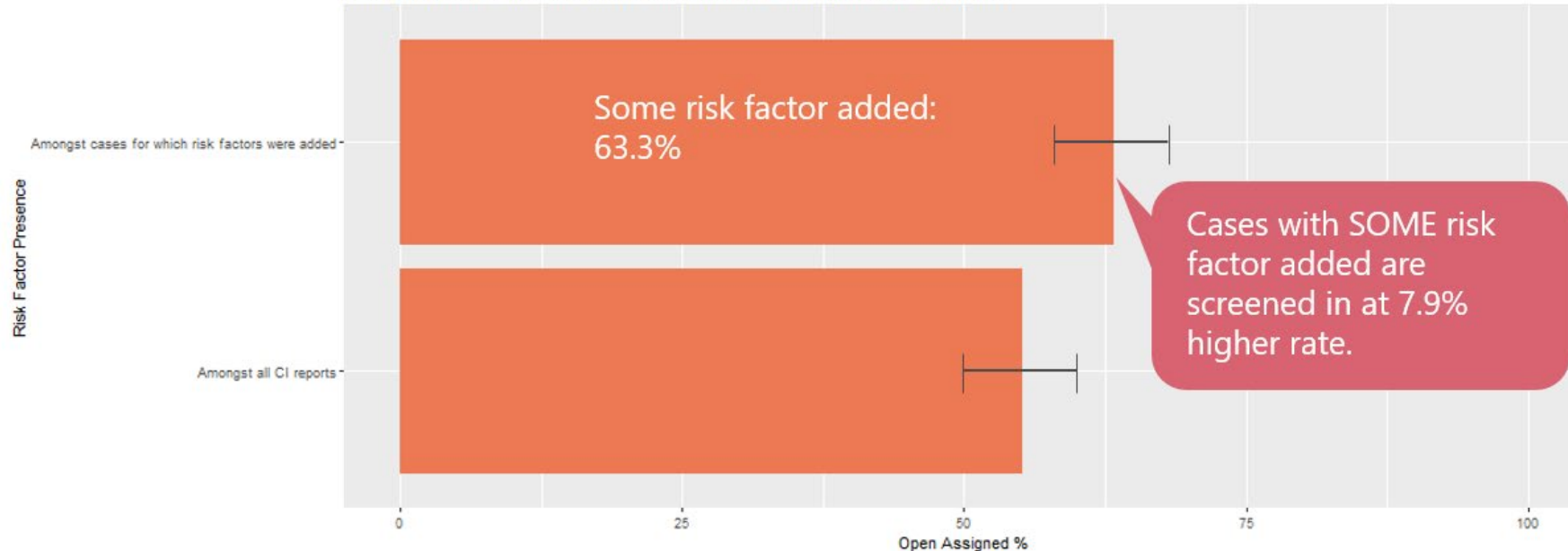


# POTENTIAL SOURCES OF BIAS IN MISACWIS

## A SIGNIFICANT PERCENTAGE OF REPORTS HAVE 'RISK FACTORS' ADDED BY SPECIALISTS

- 80.8% of intake reports have some 'risk factor' added
- Does just having SOME risk factor added increase the chances of being assigned?

Does just having SOME risk factor added increase the chance of assignment?



**'Public Assistance' is by FAR the most cited risk factor.**



## HIGHLIGHTS FROM THE SDM POLICY AND PRACTICE REVIEW

- Good regular communication between specialists and supervisors
- Dilemma between “keeping the queue down” and quality as primary goals
- Race and ethnicity not always asked about directly (exception: ICWA status)
- Inconsistent recommendations from supervisors
- Interviewing practice driven by case management system prompts
- Some policy refinement needed

# ONGOING RESEARCH QUESTIONS

## Allegation Types

- Are non-white alleged perpetrators getting tagged significantly more for different risk factors, particularly public assistance?
- Do non-white alleged perpetrators who have been tagged for public assistance as a risk factor get assigned statistically significantly higher at CI?

## Risk Factors

- Do risk factor labels influence supervisor decisions at CI, and investigation/substantiation further down? What is the cost vs benefit for having allegation type labels given at CI?
- Is Incidental 'public assistance' discovery through BRIDGES having an effect?

# ONGOING POLICY AND PRACTICE QUESTIONS

## SACWIS

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- **What are the statutory/policy reqs. of case history review?**
- How might BRIDGES info. bias specialists toward inappropriate assessment of families?
- What required SACWIS fields may be unintentionally driving decisions? (NCANDS risk factors, others?)

## Hotline Calls

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- **How might we help specialists and supervisors better manage vicarious trauma?**
- How might we better train upstream actors to more appropriately utilize CI?
- How might we assess and leverage family strengths as a protective mechanism?



WHAT  
CHANGES ARE  
BEING  
CONSIDERED?

# The SDM<sup>®</sup> System at Each Decision Point

Should this referral be investigated?



Hotline Tools

Should a child be removed from the home?



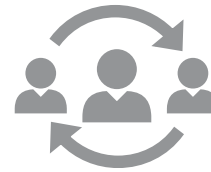
Safety Assessment

Should a case be opened?



Risk Assessment

What interventions could address child and family needs?



Case Plan Tool

Can the child return home?



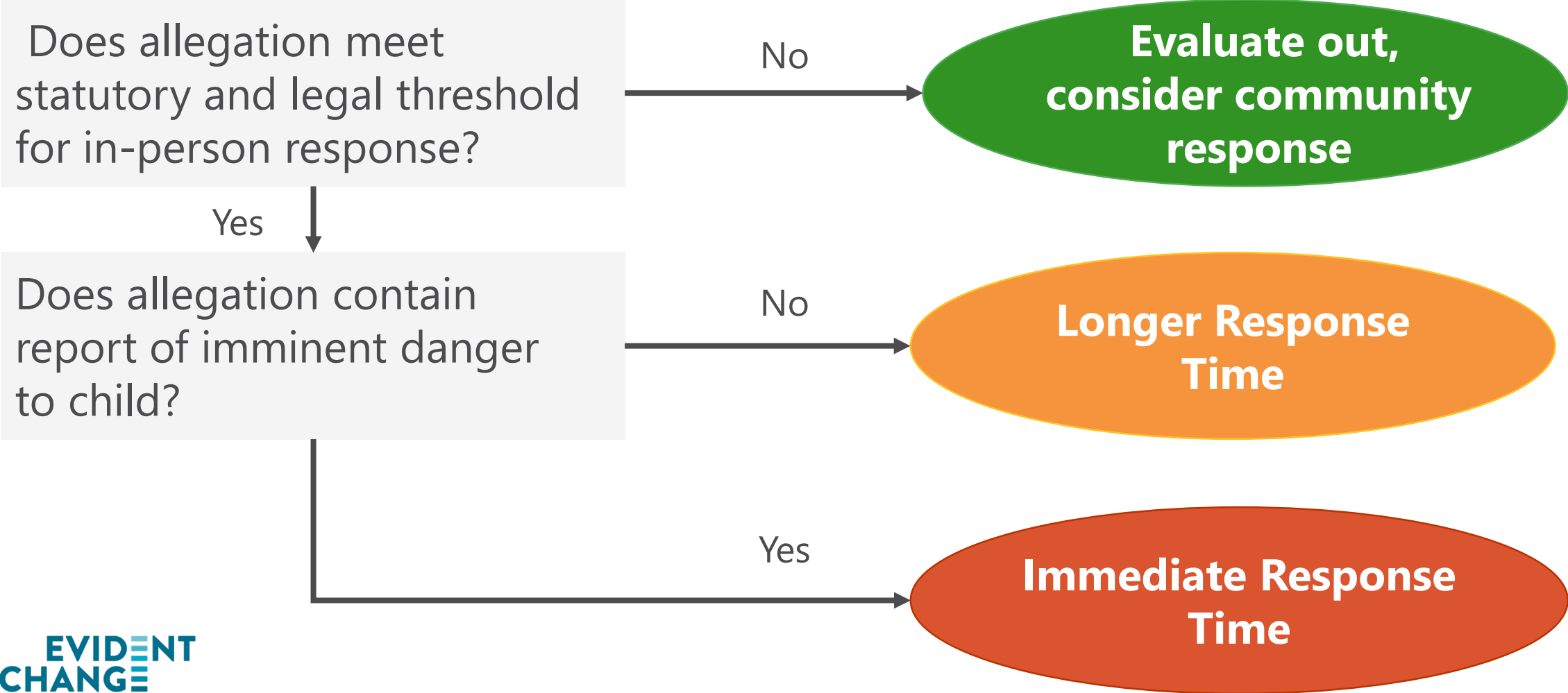
Reunification Reassessment

Should this case be closed?

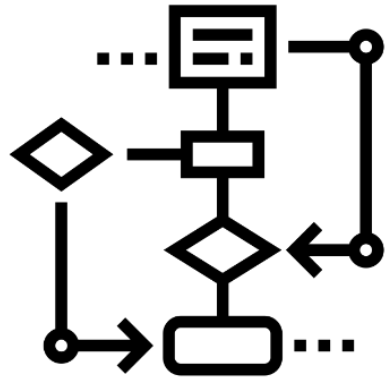


Risk Reassessment

# SDM<sup>®</sup> INTAKE ASSESSMENT LOGIC

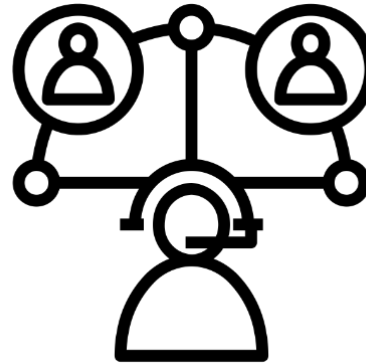


# OTHER POTENTIAL AREAS OF IMPROVEMENT:



## Workflow + Decision Aids

- SDM framing and choice architecture
- “Blinding” info to minimize bias



## Training & Support Structure

- Role revision to increase autonomy
- Training and feedback best practices
- Performance monitoring and evaluation metrics



## Statute, Policy, & Practice Updates

- Revising guidelines to reduce ambiguity
- Strengthening channels for community voice and support



The Future

NEXT EXIT



## FUTURE WORK

- Training, coaching and evaluation work at central intake
- Mandated reporters: training, coaching, tools
- Enhanced prevention opportunities to support screen-outs
- Work on other parts of the system (safety and risk assessment in investigations, family meetings)
- Other?



## Questions to consider:

- What did you hear that makes you hopeful?
- What did you hear that concerns you?
- What is unclear?
- How does this align with your efforts?
- What are your hoped-for outcomes?
- What will success look like?
- How can we support each other's work?

# NEXT STEPS



# THANK YOU

## Ideas42

Kevin Moore

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## Evident Change

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*pdecter@evidentchange.org*

**EVIDENT  
CHANGE**

**ideas** <sup>42</sup>



# Children's Services Agency Updates: Child Welfare Improvement Task Force

Shayne Machen, CSA Special Advisor

February 22, 2021

# Family First Prevention Services Act: A Real Transformational Opportunity



- **Landmark legislation:** Most significant child welfare law in 20 years
- Dramatically alters the federal financing structure for child welfare programming
- Provides the legislative foundation for states to substantially transform their child welfare systems to:
  - Reorient their child welfare systems around prevention and supporting families
  - Increase quality family-based placements for children and youth who enter foster care
  - Right size congregate care to create effective continuum to meet needs

# Expands Federal Funding for Prevention Services Through Title IV-E

- The Family First Prevention Services Act of 2018 (FFPSA) provides states and tribes (with Title IV-E agreements) an opportunity to receive Title IV-E federal matching dollars for certain foster care prevention programs delivered to certain populations.
- There are many specific rules to apply to determine which costs may ultimately be reimbursed by the federal government through Title IV-E, but in general:
  - The service must be one listed on the Title IV-E Prevention Services Clearinghouse.
  - and
  - The child/youth receiving the service must either be at imminent risk of entering foster care or be a pregnant/parenting foster youth. Parents/guardians of these youth are also eligible to receive services.

# Candidacy of Care

## Target Focus Groups



Children 0-5



Youth 14-17



Pregnant & Parenting Youth



Children with Caretakers Experiencing Substance Abuse More Likely to be Removed



Children whose Primary Caretaker Experiences Domestic Violence More Likely to be Removed

# Michigan's Transition to Evidence-Based Programs

To support implementation of FFPSA, Congress passed the Family First Transition Act. Michigan received **\$15,621,987** in federal grant funding and has used these funds to implement the following initiatives:

## *Home Visiting Program Expansion*

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Michigan expanded four home visiting programs serving at-risk families.

- Provides **500 new home visiting slots** to eleven Michigan counties.
- Ensures new home visiting enrollees receive **mental health** consultation services.
- Establishes an **Integrated Home Visiting System** to support adequate referral, monitoring, and program evaluation to maximize family outcomes.

## *Families First and FTBS Evaluations*

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CSA is partnering with University of Michigan to conduct an **evaluation of Families First and Families Together Building Solutions** beginning Jan. 2021.

- **Goal of the evaluation** is to determine if participation in the intervention improved youth and/or family outcomes.
- Evidence of effectiveness will allow CSA to access **Title IV-E funding** provided by the Families First Prevention Services Act.
- Wayne, Kent, Kalamazoo, Ingham, Jackson, Calhoun, Muskegon, Genesee, Macomb, and Oakland counties will participate.

# Identifying Disparities in Michigan Child Welfare

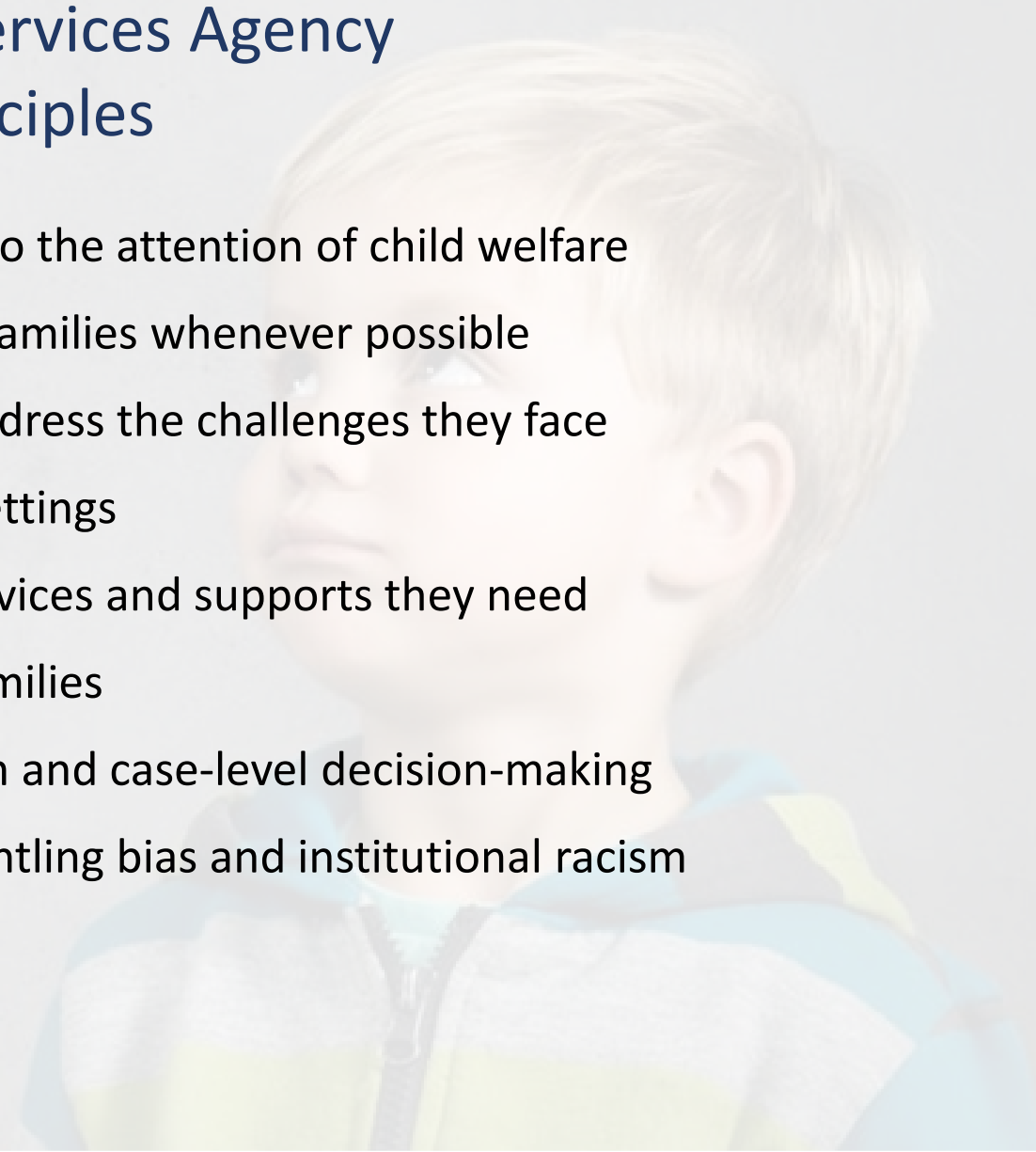
*February 2021*



# The Child Welfare System in Michigan

## MDHHS Children's Services Agency Guiding Principles

- Prevent child maltreatment among families that come to the attention of child welfare
- Children and youth should be maintained in their own families whenever possible
- All families have an inherent capacity to identify and address the challenges they face
- Children and youth should always be placed in family settings
- Resource families (kin and non-kin) should have the services and supports they need
- Resource families are meant to be a support to birth families
- Family and youth voice should be represented in system and case-level decision-making
- We are committed to achieving racial equity and dismantling bias and institutional racism



# The Child Welfare System in Michigan

## Underlying Question

Given these principles, how does one make sense of disproportionality?

If there are unequal risks of harm in communities (for a wide range of structural and systematic conditions), what level of disproportionality would one expect to see in child welfare, if in fact CSA was adhering to their guiding principles?



# Charge of the Data Committee

Our focus was not on simply documenting **disproportionality**. That is well established, indisputable and measuring it once again offers no insights into *why* proportions in the system are not aligned with proportions in the general population.

The focus of our committee was to identify where **disparities** exist in the child welfare system. Disparity is the probability of someone experiencing a specific event at a specific point in time. Identifying and measuring disparities in child welfare is critical as it offers guidance as to where potential inequities may exist.



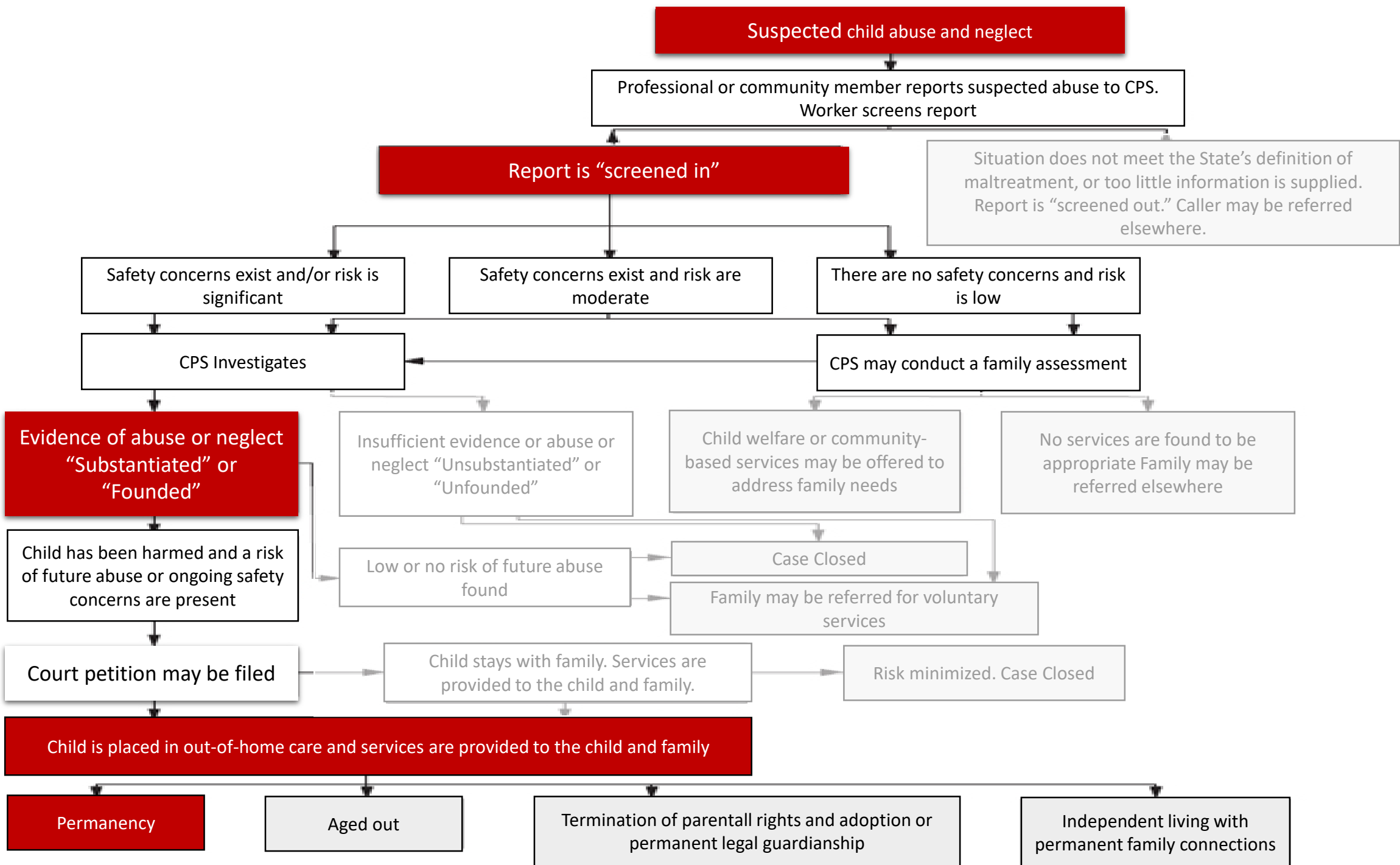
## Charge of the Data Committee

Illustrative Disparity Example: A core objective of CSA is to protect children from harm. A referral arrives to the hotline indicating suspected abuse/neglect. A worker makes a decision to “screen in” the referral (send to CPS for investigation) or “screen out” the referral (no investigation). Referrals should be screened in based on statutory definitions (does it appear to meet the criteria for maltreatment) and perhaps level of risk.

Question: Is that how screening decisions are currently made? What evidence might indicate that other factors are contributing to decision making?

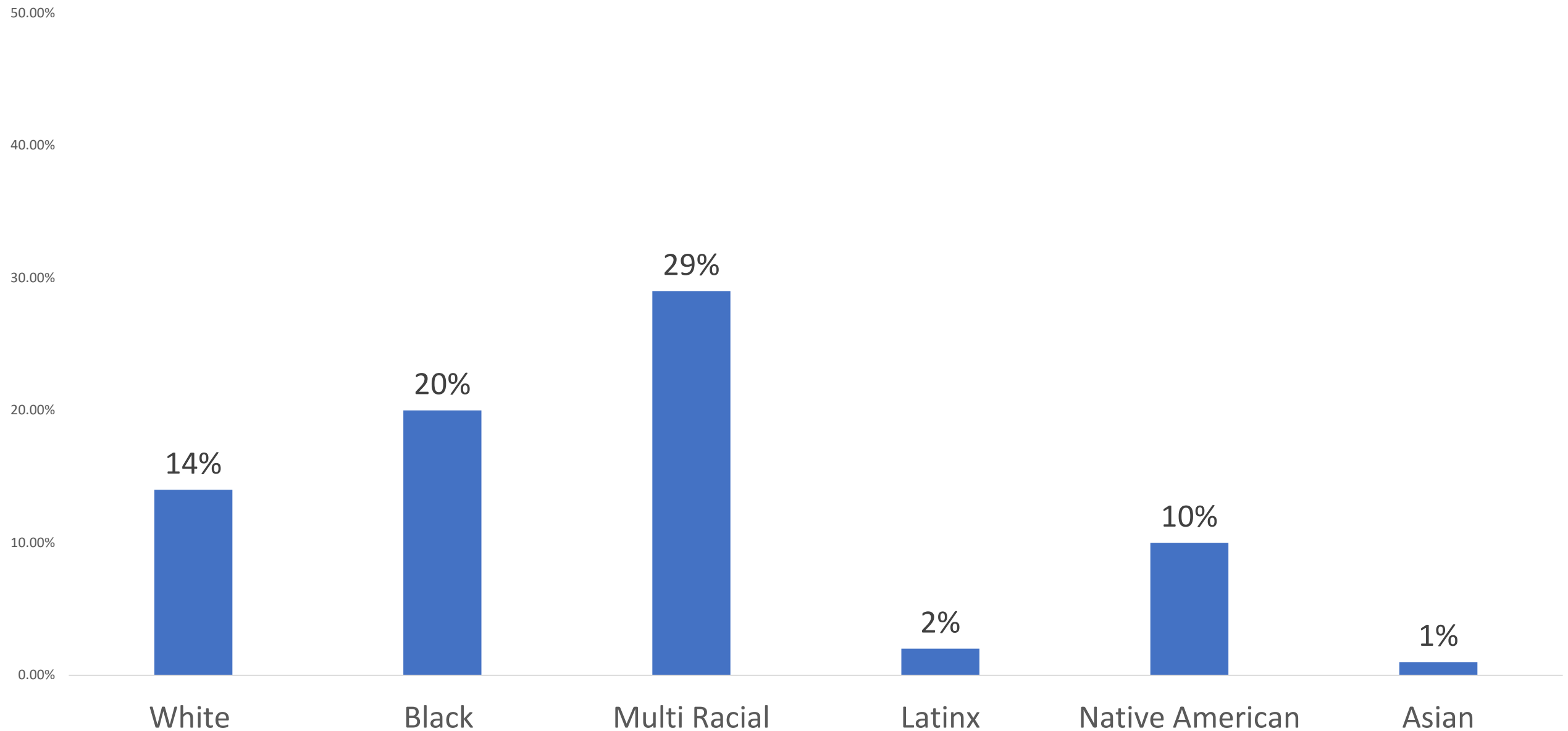
The data committee’s initial task was to identify where racial disparities may exist in the child welfare decision making process. At this point in time, we can make no claims about why disparities might exist (does it reflect racial bias, differences with regard to risk of harm, variations in who is making the report).

In short, the data committee focused on the *where*, not yet the *why*.



# Percent of Population by Race/Ethnicity Reported to Hotline

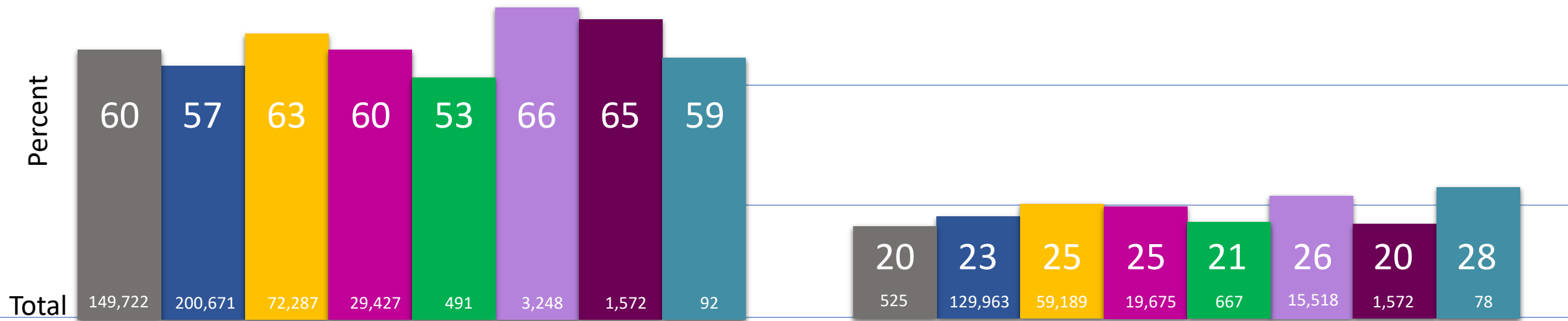
January 2019 – November 2020



# Racial/Ethnic Disparities in Michigan's Child Welfare System January 2019 - November 2020

Referrals Screened in for Investigation

Investigation that are Substantiated



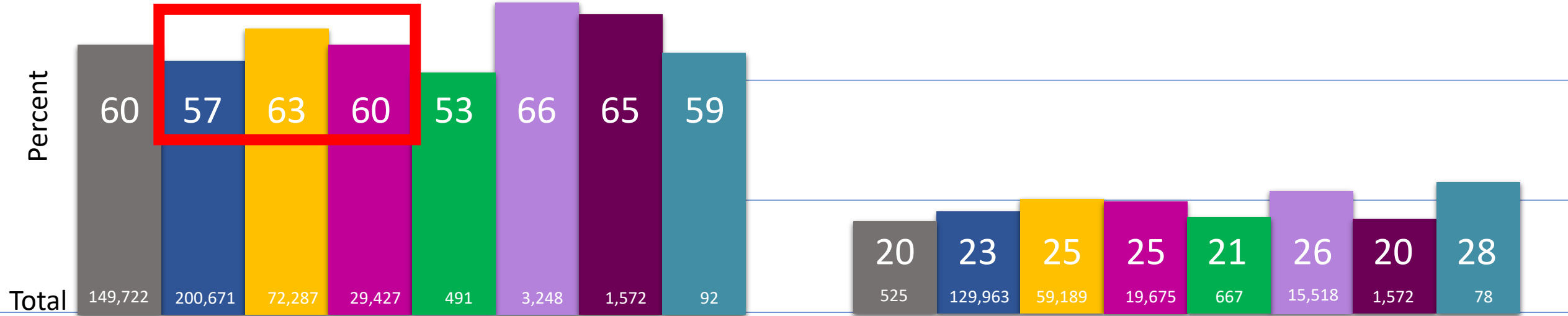
Key



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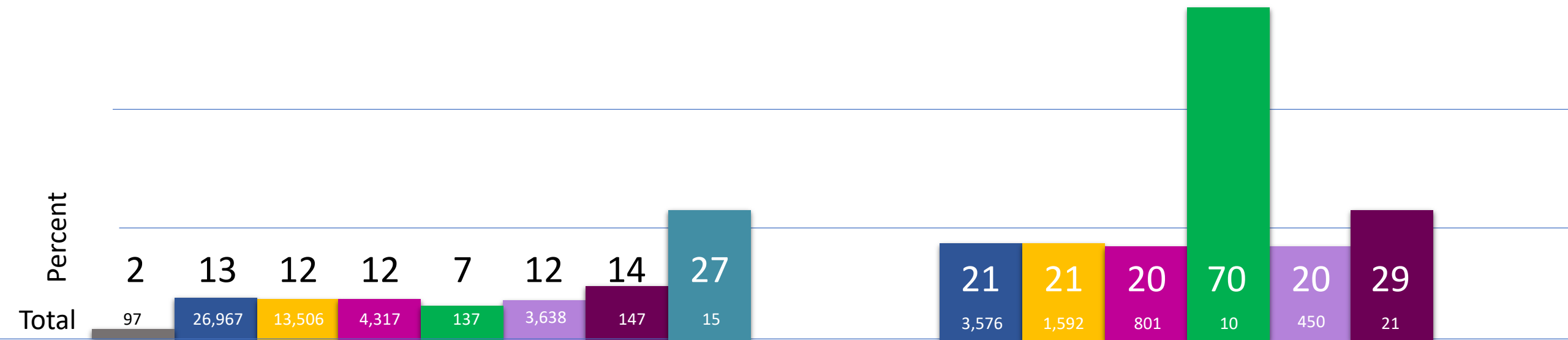
Key



# Racial/Ethnic Disparities in Michigan's Child Welfare System January 2019 - November 2020

Substantiated Investigations Resulting in Removal

Removals Achieving Permanency within 12



Percent

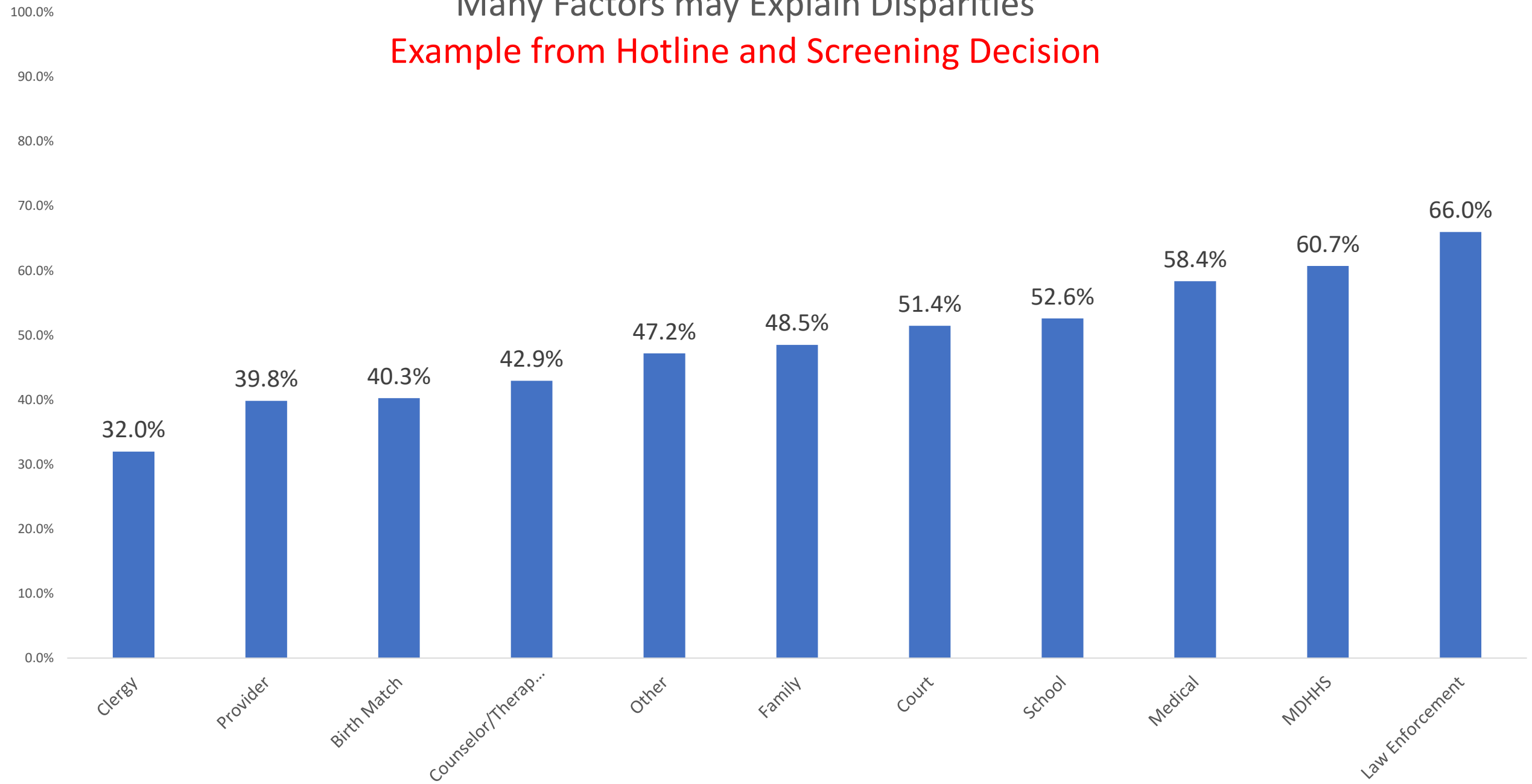
Total

Key



# Many Factors may Explain Disparities

## Example from Hotline and Screening Decision



## Take Home Message and Next Steps

- Racial disparities exist at several decision points
- African American children and multi racial children are more likely to be referred to CPS
- African American children and multi racial children are more likely to be investigated
- There appears to be no disparity at the point of substantiation
- There appears to be no disparity at the point of removal (placement in foster care)
- There appears to be no disparity in terms of achieving permanency within 12 months
- For the disparities that exist, we don't know why they exist (critical for policy)
- There are additional decision points where disparities may exist
  - Services provided and types of placements utilized
  - Frequency and type of contact with caseworkers
  - Termination of parental rights
- Variations exist around the State, we need to understand the role of geography
- Next steps include investigating reasons for disparities, additional decision points and geographic variation



# Racial Disparities Data Visualization Tool

<https://public.tableau.com/profile/beperron#!/vizhome/Michiganyouthflowviz/Flowoverview>

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# Questions and Discussion



# Upcoming Tentative Meeting Schedule

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## Task Force Meetings

**March 26**, 11:00-1:00PM

**April 23**, 11:00-1:00PM

**May 28**, 11:00-1:00PM

**June 25**, 11:00-1:00PM

**July 23**, 11:00-1:00PM

**August 27**, 11:00-1:00PM

**September 24**, 11:00-1:00PM

## Data Workgroup

**March: TBD**

[mtrevino@mphi.org](mailto:mtrevino@mphi.org)

## Practice Workgroup

**March: TBD**

[kmauter@mphi.org](mailto:kmauter@mphi.org)

## Legislative/Budget Workgroup

**March: TBD**

[abenoit@mphi.org](mailto:abenoit@mphi.org)

## Prior Reports Workgroup

*\*\*This workgroup will be meeting on an as needed basis as determined by the co-chairs*

[dyoung@mphi.org](mailto:dyoung@mphi.org)

*\*Additional dates to be added if needed*