



Michigan Child Welfare Improvement Task Force

WELCOME & CHECK-IN
FRIDAY, MARCH 26, 2021

Child Welfare Improvement Task Force

Purpose: Time-limited task force to provide legislative, policy, and practice recommendations to MDHHS on the following:

Redesigning a front-end response to allegations of abuse and neglect that is free from bias and distinguishes between crisis and a need for family services and support.

Reducing racial disparities in foster care outcomes through:

- Increased use of supported, safe kinship care
- Improved access to community based mental health services
- Elimination of improper placements in residential settings



MDHHS Update





Youth, Families, and Staff |

Youth & Youth Alumni



Bonnie



Kayla



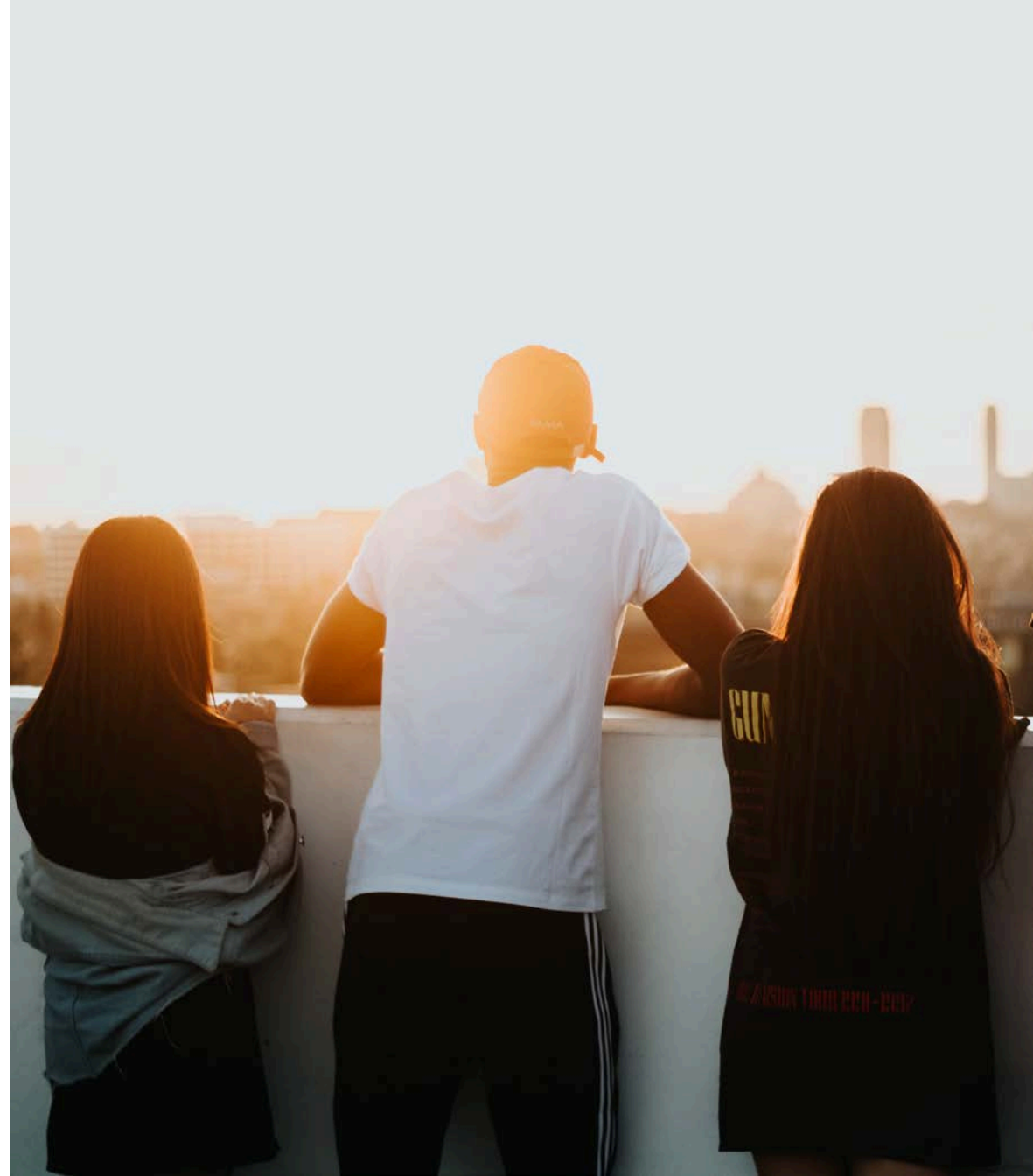
Michael



Mollie

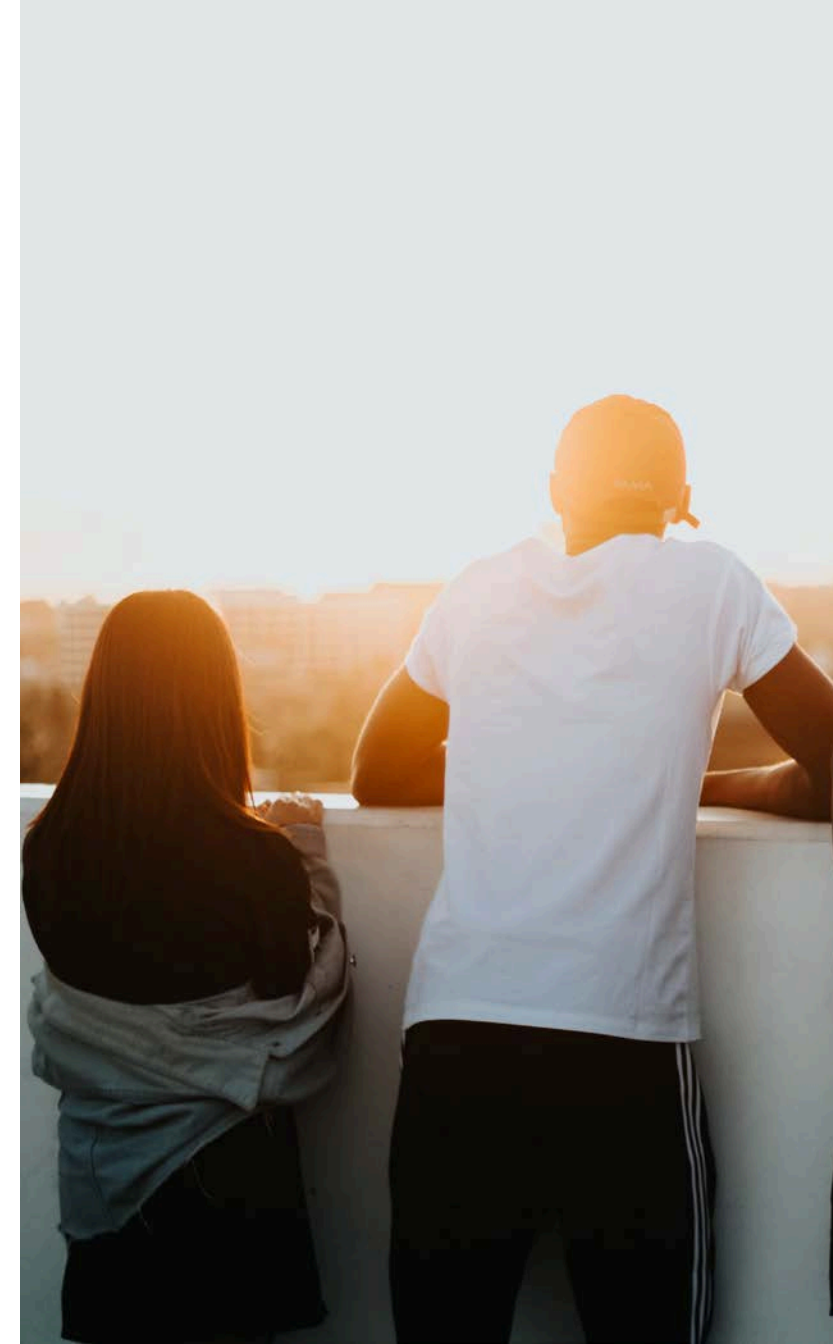


Yadi



Youth Recommendations

- **Involvement:** Allow youth, and giving them a safe space, to give their opinion or express frustration at every point along the way. Spend more time interviewing them, listening to them, and involving them in action planning.
- **Connection to Resources:** Change the referral system. Give families information and connect them to/walk them through resources and programming available.
- **Consistency in staff:** Case workers switch often making it hard to establish relationships, trust and connection.
- **Maintaining a Stable Environment:** Switching schools is common, making obtaining an education harder to achieve. Can be from one area and placed in another part of the state.
- **Focus on prevention:** There is a need to address root causes and generational trauma
- **Connection to community:** Often staff is only in the community to take kids away, they need to be part of the community. Trust: Staff needs to work to build trust with the community and the youth that they work with. They also need to trust youth and listen to their experiences.



Parents

 Lillie Pinder

 Amanda Bolotta



Parent Recommendations

- **Consistency Regardless of Geography:** Things are done differently in every county and it should be the same. Parents should have the same opportunity and resources no matter where they live.
- **Parent Partner:** Similar to a peer recovery coach, during initial contact with the worker and parent should work together and remind the parent there is hope.
- **Tone:** the tone from the initial contact should be one of dignity and respect.
 - Less of a police tone, more partner tone
 - Parent/family support should be involved from the beginning
 - Change how introductions, interactions occur- not calling it an investigation
- **Root causes:** Focus on family need/root causes- not band aid fixes



Staff

 Chantel Rogers

 Havilah Johns

 Michelle Powell

 Heidi MacNichol

 Angelique Dutcher



Staff Recommendations

1. Consistency
2. Staffing
3. Community Support
4. Out of Home Placement



Consistency

1. Expectation Among Counties

- a) Policy looks different in different counties (ex: substantiated cases, petition, removal of children from home)
- b) Identify and differentiating between abuse/neglect and poverty

2. Training for Supervisors and Specialists

- a) Policy vs. best practice (the effect it has on children & families)
- b) Effective training (revamping CWTI, continued DEI training, revamping hiring process)



Staffing

1. Quality vs. Quantity

- a) The Department is pushing for prevention/proactive/front-end work, yet caseload sizes and administrative duties remain the same.

2. Investigators

- a) Disproportionate caseloads (12 cases, foster care: 12 kids, Ongoing: 17 cases)

3. Time study or re-evaluate what tasks are “weighted”

- a) Courtesies, guardianships, ICWA, sexual abuse cases, having a caseload of all denials vs. openers, In-Home jurisdiction cases, intensive risk/possible court cases, drive time, phone calls, etc.



Staffing Continued

4. Support Staff (an actual job position)

- a) Should be consistently allocated across the state to every county to help with administrative duties, LEINS, criminal background checks, history/trends, worker specified for home studies, courtesies, guardianships, etc.

5. Centralized intake

- a) Use centralized intake to complete some initial background checks, forward results to assigned workers, or 2nd shift to complete after-hours work so workers don't have to adjust their time as often as it can cause burn-out.
- b) Allow for abbreviated investigations



“If an organization sees its objective as changing the perspectives of the community, the organization has to be more engaged and involved in that community.”

- Al Condeluci, CEO of Community Living & Support Services (“CLASS”), Pittsburgh, PA



On adverse childhood experiences (ACEs):

“

The single most important thing we need today is the courage to look this problem in the face and say: 'This is real. This is all of us.'

Dr. Nadine Burke Harris
Center for Youth Wellness

Community Support

1. "Parent Partners"

- a) Support from peers
- b) Cultural inclusion
- c) Parents feel less authority

2. Community Meeting

- a) Once/year
- b) Give them a voice
(ex. Sheriff Swanson)
- c) Childcare provided by
local services

3. CPS Rebranding

- a) Title revision- "Family
Preservation Unit(?)"
(more humanistic)
- b) Advertising campaign:
"DHHS-Dedicated to the
safe, fair & equitable
treatment of all MI's
children & families, while
maintaining child safety at
all times."
- c) Ad content including real
life stories from children,
parents & workers



Community Support Cont.

4. Collaborative Prevention

- a) Partner/teaming with local services
- b) Education & cultural awareness for service partners (DHHS 101)
- c) Education on resiliency methods

5. Improving Resources

- a) Improve timeliness of DHHS requests
- b) Secure community donations through outreach
- c) "SUCCESS"
 - S- Services
 - U- United to
 - C- Communicate for
 - C- Children through
 - E- Education for
 - S- Support &
 - S- Safety



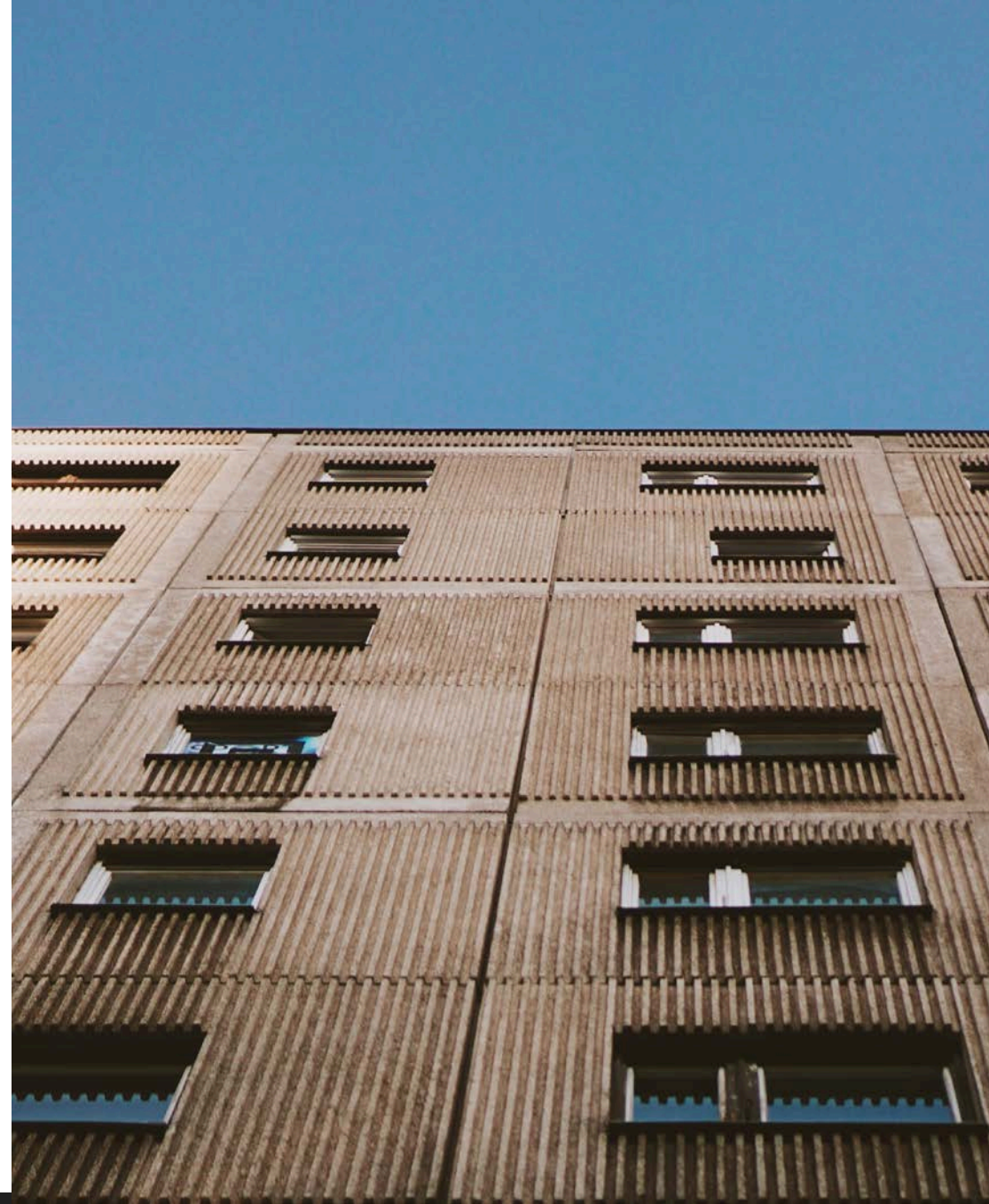
OBSTACLES ARE EVERYWHERE.
SUCCESS IS ABOUT FINDING WAYS EVERY DAY TO GO OVER, UNDER, AROUND OR THROUGH.

Dr. Nadine Burke Harris
www.TheLegacyProject.co.za



Out of Home Placement

1. What is Fictive Kin placement
2. Availability of placement
3. Systematic trauma & normalcy



Upcoming Tentative Meeting Schedule

Task Force Meetings

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 12, 8:30-9:30am

March 22, 11:30-12:00pm

Chair: Joe Ryan

MPHI Staff: Monica Trevino mtrevino@mphi.org

Practice Workgroup

March 10, 1:30-2:30pm, March 25, 1-2pm

April 5, 1-2pm, April 19, 2-3pm

May 5, 1-2pm, May 17, 2-3pm

Co-Chairs: Lara Bouse, Lillie Pinder

MPHI Staff: Katie Mauter kmauter@mphi.org

Legislative/Budget Workgroup

TBD

Co-Chairs: Tommy Stallworth, David Sanders

MPHI Staff: Alison Benoit abenoit@mphi.org

Prior Reports Workgroup

March 22, 1-2pm

April 5, 1-2pm

Ongoing meetings bi-weekly,

Mondays from 1:00-2:00

Co-Chairs:

Michael Williams, Savator Selden-Johnson

MPHI Staff: Dondre Young dyoung@mphi.org

**Additional dates to be added if needed*