



Michigan Child Welfare Improvement Task Force

Prior Reports Workgroup

Recommendations

1. Actionable Recommendations to Keep Kids in Their Homes And Communities

<p>A. Build a CI screening tool that is racially informed and culturally and economically sensitive, to help screen complaints that are abuse and neglect.</p>	<p>B. Build a racially informed risk assessment tool, i.e. looking at more strengths based assessments.</p> <p>The tool should provide caseworkers with the ability to respond and act (perform) appropriately with all cultures, and background. The guiding practices need to increase the importance of cultural understanding and sensitivity. The tool should require that caseworkers consider a family's background, culture and resources during an assessment.</p>	<p>C. Build internal leadership capacity to ensure the DHHS functions in an equitable, fair, and representative manner. DHHS will have the capacity to address disparities through appropriate policies and practices. The DHHS' efforts to decrease overrepresentation of one or more groups should be monitored.</p>
<p>D. Develop a DHHS oversight committee that consist of legal, family court, CMH, education, civil rights, medical, DHHS leadership, DTMB, MCSC, tribal leadership, affinity groups/organizations of private agencies to ensure accountability in achieving task force recommendations.</p> <p>This committee will have budgetary support and legislative mandate to assure anti-racist policies and practices are defined, developed, implemented and maintained.</p>	<p>E. Strengthen and streamline the practice of using and accessing flexible funding to meet the needs of our families in order to keep children in the home. Flexible funding practices should be extended to CMH and Medicaid programs. Also, the State underutilizes the flexibility in existing programs.</p> <p>Reevaluate the use of federal funds for prevention efforts (FFPSA). These practices should be vetted through a race equity lens.</p>	<p>F. Revisit the MiTEAM Practice Model to enhance our strength based approach with families.</p>
<p>G. Develop cultural, racial, gender competencies and curriculum regarding cross-racial interactions for all levels of the DHHS. All staff will be educated on the impact of unconscious biases, emphasizing that each child and family has unique strengths, needs and resources. DHHS, CSA, ARTT, through strategic direction, can provide advise on proper trainings on Anti-racism.</p>	<p>H. Create a PSA campaign that highlights family preservation and the importance of family connections for children of color and that the family is the expert on decisions and choices for their family. The DHHS must be culturally sensitive, to get the truth to assist families. The DHHS will monitor access to services, consider family perception and suggestions for improvement.</p>	<p>I. Implement practice and policy changes with the CPS redesign, new risk assessment tool, CCI reform, FFPSA, need to be vetted through consultation with a diverse group birth parents, tribal partners, youth with lived experience, first line staff, and service providers.</p>

Terms:

ARTT: Anti-Racism Transformation Team CCI: Child Caring Institution CI: Centralized Intake CMH: Community Mental Health CPS: Child Protective Services	CSA: Children's Services Agency DHHS: Michigan Department of Health and Human Services DTMB: Department of Technology, Management, and Budget FFPSA: Family First Prevention Services Act	MCSC: Michigan Civil Service Commission MiTEAM: Teaming, Engagement, Assessment, and Mentoring PSA: Public Service Announcement
--	--	---



2. Actionable Recommendations to Keep Kids Out of Congregate Care

<p>A. Ensure that CMH services and resources immediately align with families and children who self-refer for services. CMH providers can still choose who they want to see. We have parents who accept neglect charges in order to get the help that they need.</p>	<p>B. Expand procurement process so that DHHS can expand services for parent support partners, life coaches, culturally and trauma informed practices, mobile crisis response teams, family system design respite systems, day treatment programs for children who are SED, mentors and advocates for children and families, Wraparound.</p>
---	--

Terms:

CMH: Community Mental Health
 DHHS: Michigan Department of Health and Human Services
 SED: Serious Emotional Disturbances

3. Actionable Recommendations to Reduce Racial Inequities in Child Removals

<p>A. Develop training on anti-bias case presentation by the worker when discussing the case. Workers should have an understanding of how their biases impact their decision making and case presentation.</p> <p>The training should provide caseworkers with the ability to respond and act (perform) appropriately with all cultures, and background. The guiding practices need to increase the importance of cultural understanding and sensitivity. The tool should require that caseworkers consider a family's background, culture and resources during an assessment.</p>	<p>B. Implement a state-funded mandate that each county has a person to act as a neutral facilitator prior to any removals or CCI considerations.</p>	<p>C. Employ strategies through a “targeted universalism” lens. <i>Targeted universalism means setting universal goals pursued by targeted processes to achieve those goals. The strategies developed to achieve those goals are targeted, based upon how different groups are situated within structures, culture, and across geographies to obtain the universal goal.</i> – Professor John A. Powell, UC Berkeley</p>
--	---	--

Terms:

CCI: Child Caring Institution

4. Actionable Recommendations to Reduce Racial Inequities in Congregate Care

<p>A. Develop and require mandatory trainings on the impact of stress, trauma, racism and how this impacts behavior with our youth.</p> <p>In case where law enforcement is present, the protocol should be reviewed to reduce trauma to youth.</p>	<p>B. Develop a culture that looks beyond the behavior and has the ability to understand what the underlying causes of their behavior and how to develop healthy coping strategies.</p>	<p>C. Review the DHHS’ policies and practices surrounding fictive kin placement options with foster care maintenance payments and additional resources/services to maintain placement stability.</p>
---	---	--

Terms:

DHHS: Michigan Department of Health and Human Services

Subcommittee Assignments

Moving Toward Better Outcomes for All of Michigan's Children (2006)	Race Equity Review: Findings from a Qualitative Analysis of Racial Disproportionality and Disparity for African American Children and Families in Michigan's Child Welfare System (2009)	Improving Michigan's Child Welfare System: Our Children. Our Future. Our Responsibility. (2009)	Key Findings and Recommendations of the Michigan Race Equity Coalition (2014)	The Business Case for Racial Equity in Michigan (2015)
Natalie Riddle MDHHS	Emma Leriche - Ion MDHHS	Rachael Wineland MDHHS	Zoe Lyons MDHHS	Zoe Lyons MDHHS
Joanne Lambert MDHHS	Selene Wadhawan Weiss MDHHS	Jaclyn Caroffino MDHHS	Robert Peck MDHHS	Robert Peck MDHHS
Fernando Ospina ERACCE	Dr. Carol Spigner University of Pennsylvania	Savator Selden-Johnson* MDHHS	Michael Williams* Orchards Children's Services	Michael Williams* Orchards Children's Services
		Lynette Wright MDHHS	Harolyn Baker Detroit Health Department	Harolyn Baker Detroit Health Department
		Dr. Debra Pinals MDHHS	Demetrius Starling MDHHS	Demetrius Starling MDHHS

*Workgroup Co-Chair