Michigan's Families First and Family Reunification Programs

Guy Thompson
Bureau of Child Welfare
Michigan Department of Human Services

Michigan FPS Program History

- Foster Care Rate
- Decision-Making for families and children
- FPS Costs vs. Foster Care Placement
- Initial Planning and Pilot

FPS History  Continued

- Stages of Growth-Families First
- Expansion to larger teams
- Reunification referrals
- Juvenile Justice
- Domestic Violence
- All 83 Michigan Counties
- ASFA-1997
History Continued

- ASFA – 1997
- Family Reunification Program
- Family Group Decision Making
- Families Together Building Solutions

Continuum of Care

Category III and IV

*Community Services recommended and/or needed.*

Services referred to:
- Families Together Building Solutions
- Wraparound Services

Continuum Continued

Category I and II

*CPS required, Court petition required, *Family has been unsuccessful in services.*

Services for referral:
- Families First of Michigan
- Wraparound
- Other In-Home Services
Court Intervention and Foster Care
Children removed and placed in care. Planning for return.

Services for referral:
Family Reunification Program
Families First of Michigan *(if FRP program not available)*

Post Adoption Services
For the purpose of strengthening the parent/child relationship, or, averting a disrupted adoptive family.

Services for referral
Families First of Michigan

Families First of Michigan
**Program Characteristics**

- Focus on Family Strengths
- Limited to Children at Imminent Risk of placement
- Immediate Response (w/in 24 hours)
- Flexible 24/7 schedule
- Small Caseloads
- Intensive Intervention (Min. 10 hours/week/family)

**Characteristics Continued**

- Services delivered in the family home/community
- Time Limited and Brief (4 to 6 weeks)
- “Hard” and “Soft” services delivered by a single worker w/ safety back-up
- Ecological Approach
- Goal Oriented w/ Limited Objectives
- Specific Assistance
- Evaluation

**Referrals**

- Can be taken by the contracted agency program supervisor and assigned 24/7.
- Taken on a first come, first served basis. (No waiting list)
- DHS Protective Services, Foster Care services staff are the designated referral sources.
- Worker phones the agency team and the program supervisor takes referral information.
Services
• Skill-Based Interventions:
  • Behavior Management
  • Household Management
  • Anger management
  • Impulse Control
  • Cognitive Strategies
  • Communication Skills
  • Money management
  • Social Support Interventions

Services  Continued
Concrete Services
  Home repairs and cleaning
  Transportation
  Advocacy
  Relocation assistance

Reporting
• A minimum of weekly updates made to the referring worker. (In addition, Initial case staffing and Termination Conference)
• Service Plan report due to the referring worker by Day 14 of services.
• Progress Report due to the referring worker by Day 28 (Should case extend beyond the planned four week intervention)
• Termination Report due within seven days following the close of the case with Families First.
Family Reunification Program

Program Characteristics

• Focus on the family – Not Problems
• Limited to children returning home from placement
• Immediate Response (within 48 hours)
• Flexible Scheduling (24/7 availability)
• Small caseload (6 families per Social Worker, 12 families per Team Leader)

Characteristics       Continued

• "Hard" and "Soft" services delivered by a team with safety back-up
• Ecological Approach
• Goal Oriented w/ Limited Objectives
• Specific Assistance
• Parenting Classes Offered to Families (on-going)
Characteristics Continued

- Workshops and Family Activities offered Quarterly
- Respite Care Availability (up to 5 days)
  - Formal: Foster Care Respite available
  - Informal: Other Family members/Kin

Evaluation

Program Goals

- Increased Early Return Home
- Remaining Reunified with no further out of home placement (or CPS Involvement)

Modality

- Solution Focused Brief Therapy model as developed by Insoo Kim-Berg.
  - Skill-Based interventions are employed in concert with the more formal therapeutic services.
CASEFLOW

First Month:
- 48 hr contact w/ family (meet w/ all w/in 5 days)
- Average 4 hrs. of services weekly (minimum).
  *Average 8 - 12 hrs. weekly for the first two weeks children are placed back in the home.*
- Assessment and information gathering
- Set goals in collaboration with the family
- Design treatment plan
- Begin working on the plan

CASEFLOW  Continued

Second Month
- Team continues to work on goals and treatment planning.
  *Average of 4 hours service (minimum) weekly.
  Average 8 – 12 hours weekly if additional children are reunified.*
- Updated Service Plan due to referring worker by day 67 (7 days after the next 30-day period)

CASEFLOW  Continued

• Third Month
  - Continue to work on goals and treatment plan.
  - Service hours continue at the same rate (on average)
  - Updated plan would be due to the referring worker by day 97 (7 days after the third month of services).
CASEFLOW  Continued

Fourth Month
- Prepare for the termination of the intervention
- Make additional referrals to community resources, as appropriate
- Termination meeting with family to review progress on goals and changes that have occurred in the last four months.
- Closing Summary due to the referring worker by day 130.

Questions?
### FAMILIES FIRST of MICHIGAN (FFM)

**Focus:** Children at imminent risk of removal. Preponderance of evidence indicative of Category I or II.

**Service Period:** Four (4) weeks of intensive in-home intervention (a minimum of 10 hours of weekly face to face contact) for each family.

**Modality:** Skill-based intervention designed to teach new skills and replacement behaviors to families. Services include: Parenting/Behavior Management, Communication, Household Management, and Depression/Anger Management. Also, concrete service such as home repairs, transportation, moving to a new home. 24/7 availability to families.

**Referrals:**
- Consult supervisor regarding making a Families First referral and request the list of openings for your county.
- Phone the contracted service provider and referral will be taken via telephone by the program supervisor.

### FAMILY REUNIFICATION PROGRAM (FRP)

**Focus:** Children being returned home from foster care placement.

**Service Period:** Four (4) months of in-home intervention (both therapeutic and concrete) by a two person team. A minimum of four hours (combined) time spent weekly with families.

**Modality:** Solution-Focused Brief Therapy blended with skill-based interventions and concrete services. 24/7 availability to families.

**Referral:** Family Reunification (FRP) referrals are made after consultation with the supervisor once the court has approved the plan for the reunification of the child(ren). The worker should have a date for reunification. The referral should be made via phone with the FRP Program Supervisor.

### WRAPAROUND SERVICES (WRAP)

**Focus:** A designated child and family team work in concert with the family to do what is necessary to prevent out-of-home placement, facilitate reunification or deescalate family crisis.

**Service Period**
Provided on an individual need basis. Reviewed every six months and can be extended based on approval of the referring agency.

**Modality**
Child centered, family focused, safety, individualized, culturally competent, community-based, strength-based, parent/professional partnership, outcome based, cost effective and cost responsible.

Connecting the family to community-based service providers.

**Referrals**
Worker should consult supervisor. Once approved, the referring worker then present the case to the Community Team for gate keeping purposes.

### FAMILIES TOGETHER BUILDING SOLUTIONS (FTBS)

**Focus:** A short term in-home service utilizing strength-based, solution focused techniques. Also, as an on-going service for families who have completed more formal services.

**Service Period:**
90 days of in-home therapeutic intervention provided by a single worker. Services can be extended for an additional 90 days (with written approval from DHS).

**Modality:** Solution-Focused Brief Therapy model. Collaborative goal setting. 24/7 availability to families.

**Referrals:** Workers should consult their supervisor regarding FGDM referrals. Once approved, the referral can be made by phone to the contracted provider.