
PREVENTION

Child safety is the top priority for the Michigan Department of Health and Human Services (MDHHS). MDHHS believes that the best way to keep children safe is to provide meaningful, timely, and effective services and supports to families experiencing challenges. When such services are provided, fewer children will experience initial or recurrent maltreatment and entry into foster care. MDHHS is dedicated to ensuring that families who encounter the child welfare system experience meaningful supportive services and develop relationships that will help them keep their children safe and improve family well-being.

The Family First Prevention Services Act (FFPSA), enacted as part of Public Law 115-123, authorized new title IV-E funding for time-limited prevention services for mental health, substance abuse, and in-home parent skill programs for children or youth who are candidates for foster care, pregnant or parenting youth in foster care, and the parents or relative caregivers of those children and youth. FFPSA has allowed the department to expand support services to families meeting candidacy requirements for eligibility.

DEFINITIONS

Candidate for Foster Care

A child at risk of removal but can remain safely in the home with evidence-based prevention services, as defined by the Family First Prevention Services Act and Michigan's specific prevention plan.

Child Specific Prevention Plan

Case service plan, or similar service plan from evidence-based home visiting program, that includes details on prevention strategy and services to be provided to ensure success of the prevention strategy.

Contracted Provider Referral

Referrals from a contracted provider, including home visiting programs, must be submitted to the Child Welfare Community Service Analyst.

Evidence Based Program

An evidence-based program is a service that has been evaluated and proven effective. These services must be approved in the Title IV-E Clearinghouse to qualify for title IV-E funding.

Family-Centered Plan

A case service plan used by Post Adoption Resource Center (PARC) staff to identify if a child is at risk of entering foster care and provide details on prevention strategy.

FFPSA

Acronym for Family First Prevention Services Act.

FFPSA Title IV-E Prevention Services

Evidence based programs eligible for title IV-E funding. Sometimes referred to as IV-E prevention services or FFPSA prevention services.

Home Visiting Programs

One of the following evidence-based in-home parenting education programs: Parents as Teachers (PAT), Healthy Families America (HFA), and Nurse-Family Partnership (NFP).

Prevention Monitor

A prevention worker assigned as secondary worker in the electronic case record when a family is engaged and enrolled in a home visiting program or Substance Use Disorder Family Support Program-Motivational Interviewing (SUDFSP-MI).

Prevention Record

An electronic record that documents a participant's eligibility for FFPSA Title IV-E Prevention Services. In MiSACWIS, this is known as the prevention plan and is located under the prevention IV-E hyperlink.

ELIGIBILITY

A family may access a continuum of prevention services to ensure the safety of the children in the home and improve the family's well-

being. Various funding sources are available to finance service provision.

For program specific services see:

- [PSM 714-2, Supportive Services.](#)
- [FOM 903-17, Support Services to Families.](#)
- [JJM 430, Community Placement Services.](#)
- [ADM 990, Post Adoption Resources.](#)

The following individuals are eligible for FFPSA IV-E prevention services:

- Children and youth who meet one or more candidate for foster care criteria and the parents or caregivers of a candidate for foster care. See *Candidate for Foster Care* in this item for more information on eligibility terms.
- Pregnant or parenting youth who are currently in foster care, including youth in young adult voluntary foster care (YAVFC) and youth who are expecting a child with another person when they are believed to be the biological parent of the expected child.

Candidate for Foster Care

When one child in the home qualifies as a candidate for foster care, all related siblings residing in the household or within partial care or custody of a parent are eligible to be a candidate for foster care. Candidacy for foster care is determined on the imminent risk of entering foster care.

Imminent Risk of Entering Foster Care

Imminent risk of entering foster care is defined as any of the following situations:

- A child for whom abuse or neglect has been confirmed.
- A child who resides in a household where CA/N has not been confirmed but the Risk Assessment score is low to intensive.
- A child who was previously placed in foster care but has been returned to their parent or relative.

- A child who has delinquent behaviors and is under the supervision of MDHHS by court order and is placed in a parental home placement.
- A child who is at imminent risk of entering foster care as otherwise determined by a Tribe.
- An infant born exposed to substances.
- A child's adoption or guardianship is at risk of disruption or dissolution.
- A child whose parent is under the age of 26 and had been in foster care as a child themselves.

CASEWORKER RESPONSIBILITY FOR DETERMINING FFPSA IV-E ELIGIBILITY AND DOCUMENTATION

All FFPSA IV-E eligibility must be documented in the electronic case record, within the prevention section. An MDHHS supervisor must approve the candidate determination within the electronic case record. Title IV-E prevention services may not begin until the FFPSA IV-E prevention program type is opened and approved. For information on creating and approving a prevention record, see job aid [Maintaining a Prevention Services Case](#).

Prevention Only Services

An MDHHS prevention caseworker, where available, may receive a referral from Centralized Intake or another referral source to provide case management for a child and family with needs that may require prevention services. If a prevention program type is not open upon referral acceptance, the caseworker must open a prevention program type within five business days of referral acceptance. If a child meets one of the candidates for foster care definitions above, the caseworker must ensure FFPSA IV-E eligibility is documented and approved in the prevention record.

Within 7 to 14 calendar days of the earliest active prevention program type begin date, the caseworker must engage with the

family and complete the following to identify and assess service needs for the family and child based on the candidacy type:

- Family Assessment of Needs and Strengths.
- Child Assessment of Needs and Strengths.
- Trauma screening checklist based on age of child:
 - 0-5 years old.
 - 6-18 years old.

Related Policy Item Resources:

[PSM 713-11, Assessments](#), outlines requirements for completing assessments.

[FOM 722-09A, Family Assessment of Needs and Strengths \(FANS\)](#), outlines requirements for completing the FANS.

[FOM 722-09, Child Assessment of Needs and Strengths \(CANS\)](#), outlines requirements for completing the CANS.

[FOM 802, Mental Health, Behavioral and Developmental Needs of Children under the Supervision of MDHHS](#), outlines requirements for completing the trauma screening.

**Children's
Protective
Services (CPS)**

In most cases, CPS caseworkers must complete the Structured Decision Making (SDM) Safety and Risk Assessments to complete an investigation. The results of these assessments will assist CPS with determining if the child or youth is an eligible candidate for foster care. For information on the Safety and Risk Assessments, see [PSM 713-11, Assessments](#).

Exception: Circumstances in *Other Candidacy Criteria* section in this item do not depend on Safety or Risk Assessment result.

Prior to referring a family for FFPSA IV-E prevention services, a family team meeting (FTM) must be held to identify necessary supports and coordinate service delivery; see *Family Team Meeting* in this item.

The eligibility must be documented in the electronic case record in the prevention section. The caseworker must select the appropriate candidacy criteria, and route to their supervisor for approval.

The child and their siblings are eligible for FFPSA IV-E prevention services from the date of supervisor approval of eligibility until one year from the date of approval, see *Timespan section* in this item for services beyond 12 months.

Confirmed Abuse or Neglect

A child for whom abuse or neglect has been confirmed and their siblings are eligible for FFPSA IV-E prevention services. The ongoing caseworker will be responsible for entering the prevention record and developing the child specific plan. See *child specific prevention plan* in this item.

A child will remain an eligible candidate for 12 months from the date CPS closed the case.

Unconfirmed Investigation with Low, Moderate, High or Intensive Risk

A child and their siblings are eligible for FFPSA IV-E prevention services based on a low, moderate, high, or intensive risk assessment score resulting from the initial assessment completed in an investigation. If a child and their siblings are eligible based on risk assessment outcome, the caseworker and supervisor must decide to offer prevention services based on family needs and their desire to participate. All services are voluntary and must be coordinated in partnership with the family.

If prevention services are determined to be appropriate for the family, the caseworker must document the candidacy in the IV-E prevention electronic record and route to their supervisor for approval to open the prevention case. The case will transfer to relevant staff who will be responsible for developing the child specific case plan. Programs and relevant staff include, where applicable:

- Prevention caseworkers.
- Prevention monitors.

If the family declines to participate in services upon conclusion of the disposition, a child will remain an eligible candidate for 12 months from the most recent investigation disposition date.

Other Candidacy Criteria

A child and their siblings are eligible for FFPSA IV-E prevention services for the following situations:

- A child is born exposed to substances.
 - An infant is defined as a baby from birth through 12 months of age. For purposes of IV-E prevention, MDHHS defines born exposed to substances as an infant testing positive through a testing procedure; experiencing withdrawals; a parent receiving medically assisted treatment for substance use; or parental self-report of substance use during pregnancy anytime through the infant's 12th month of age. An infant will remain an eligible candidate through 12 months of age.
- A child's adoption or guardianship is at risk for disruption or dissolution.
- A child whose parent is under the age of 26 and had been in foster care as a child themselves.

If a child is determined to be FFPSA IV-E eligible, the caseworker and supervisor should determine if prevention services are appropriate for the family needs and consider family desire and willingness to participate.

If FFPSA IV-E prevention services are determined to be appropriate for the family, the caseworker must add the IV-E prevention record in the electronic case record and route to an MDHHS supervisor for approval. Upon approval and dependent upon the candidacy criteria, the case will transfer to a prevention caseworker or an adoption support agency staff, where available, who will be responsible for the child specific case plan.

Exception: For a child who is adopted or in a guardianship at risk for disruption or dissolution see *Adoption/Guardianship section* in this item.

Multiple Candidacy Criteria

A child and their family may qualify for prevention services by meeting criteria for one or more of the candidacy requirements. The

caseworker may select more than one qualifying factor in the electronic case record.

FOSTER CARE

The following children in foster care are eligible for FFPSA IV-E prevention services:

- Children under court jurisdiction and MDHHS supervision who were previously placed in foster care but have returned to their parent or relative.

Note: A child will remain an eligible candidate for 12 months from the date the foster care case closed.

- Pregnant or parenting youth who are currently in foster care, including:
 - Youth in YAVFC.
 - Youth who are expecting a child with another person and are believed to be the biological parent of the expected child.

Returned Home with Court Jurisdiction

The foster care caseworker must complete the following assessments to determine the child(ren)'s and family's strengths and needs and identify what, if any, protecting interventions will be needed to return the child safely to the parental home:

- SDM Safety Assessment; see [FOM 722-09B, Safety Assessment](#) for more information.
- Child Assessment of Needs and Strengths (CANS); see [FOM 722-09, Child Assessment of Needs and Strengths \(CANS\)](#) for more information.
- Family Assessment of Needs and Strengths (FANS); see [FOM 722-09A, Family Assessment of Needs and Strengths \(FANS\)](#) for more information.

When the result of the safety assessment is safe or safe with services, the caseworker must recommend the court of jurisdiction order the child(ren) returned to the home of the parent.

At least three business days prior to the planned return to the parental home, or no later than three business days of an

unplanned return to the parental home, an FTM must be held to identify necessary supports and coordinate service delivery; see *Family Team Meeting* in this item.

The child and their siblings are eligible for FFPSA IV-E prevention services from the date of return to the parental home until the court jurisdiction is dismissed. If the family will continue to benefit from prevention services and the family agrees to continue services, the case will be transferred to a prevention worker to continue servicing the family. The child's eligibility must be documented in the electronic record prior to initiating FFPSA IV-E prevention services.

Pregnant or Parenting Foster Youth

Youth in foster care who are pregnant, expecting a child, or parenting are eligible for FFPSA IV-E prevention services. The eligibility must be documented in the electronic case record prior to the youth participating in FFPSA IV-E prevention services; see job aid *Maintaining a Prevention Services Case*.

Within 30 calendar days of learning that a youth in foster care is pregnant or parenting, the foster care caseworker must complete an updated CANS and document any needs related to the youth's pregnancy or ability to provide care to their child in the appropriate section of the CANS. The caseworker must ensure the youth person profile is updated to reflect that the youth is pregnant or parenting.

FANS Assessment for Pregnant/Parenting Temporary Wards

Within 30 calendar days of learning that a temporary ward in foster care is pregnant or parenting, the caseworker must complete a FANS assessment in the electronic case record to assess the youth's needs as a parent. All identified strengths and needs must be linked to the next case service plan.

FANS Assessment for Pregnant/Parenting Youth on a Permanent Ward Case

Within 30 calendar days of learning that a MCI ward, permanent court ward, or youth in young adult voluntary foster care (YAVFC) is pregnant or parenting, the caseworker must complete a manual FANS assessment on the DHS-145, Family Assessment of Needs and Strengths. The caseworker must upload the completed FANS to the electronic case record, and information regarding needs identified on the FANS must be incorporated into the appropriate

domain of the pregnant or parenting youth's CANS assessment for inclusion in the next case service plan.

After completion of the updated CANS and FANS and prior to completion of the next case service plan, the caseworker must conduct an FTM to create a child specific prevention plan; see *Family Team Meeting* in this item.

JUVENILE JUSTICE

A youth placed in the home that is at imminent risk of removal or whom has been returned home and is placed with MDHHS for care and supervision either by referral under MCL 400.55h or 1974 PA 150 commitment is eligible for FFPSA IV-E services.

A juvenile justice specialist will utilize the following assessments to determine if a child with delinquent behaviors in the care of the department, is at risk of out of home placement:

- Michigan Juvenile Justice Assessment System (MJJAS).
- Juvenile Justice Strengths and Needs Assessment.

The results of these assessments will also identify youth and family strengths, needs, family supports, and will determine if the youth can remain in the community safely with prevention services in place. If the youth is residing with their family and they are at imminent risk of entering foster care as determined by the assessments, they are eligible for services. The juvenile justice specialist must document eligibility in the electronic case record in the prevention section, and route to their supervisor for approval.

The juvenile justice specialist must conduct an FTM with the family, youth, and service providers to identify needs and services to meet identified needs. The meeting participants collaborate in a proactive, strength-based, solution-focused approach to develop a thorough plan so the child can remain in the community safely with the prevention services in place. The assigned juvenile justice specialist will provide the coordination across community agencies when a family is receiving more than one evidence-based intervention.

**ADOPTION/
GUARDIANSHIP**

A child who through a child welfare matter meets either of the following criteria is eligible for prevention services:

- Has been adopted.
- Is in a juvenile guardianship with assistance.

Candidates meeting these criteria may be referred for eligibility determination to the Adoption Guardianship Assistance Office (AGAO) through either of the following paths:

- CPS caseworker if there is an open investigation.
- PARC staff.
- AGAO staff.

AGAO/PARC Referral

AGAO will refer an eligible child to a PARC by sending the AGAO-PARC referral form, with the permission of the family, to the applicable PARC where the family resides. If a child is identified as a possible candidate for foster care, AGAO will refer the child to the PARC to complete a Family-Centered Plan.

PARC caseworkers are responsible for the following steps:

1. Developing a Family-Centered Plan which identifies that the child is at risk of entering foster care.
2. Completing the Adoption/Guardianship Prevention Service Request/Intent Statement form.
3. Reviewing the Family-Centered Plan and the Adoption/Guardianship Prevention Services Request/Intent Statement form with the identified family to determine if the family is interested and willing to participate in prevention services.
4. Sending the Family-Centered Plan and the Adoption/Guardianship Prevention Services Request/Intent Statement form to the AGAO, if the family agrees to participate in services.

When an adoptive parent or guardian of a child who was previously in foster care contacts the AGAO office directly for support or

services the AGAO will send the AGAO-PARC referral form, with the permission of the family, to the applicable PARC where the family resides, for an assessment to determine if the child is eligible for IV-E prevention services.

AGAO Eligibility Determination Process

Once the Adoption/Guardianship Prevention Service Request/Intent Statement form and the required documentation has been completed by the eligible referral source (CPS, PARC or CI), the required documentation must be submitted to the AGAO office. The Adoption or Guardianship Prevention Services Request-Intent Statement form and the applicable CPS Safety and Risk assessments or the Family-Centered Plan (depending on referral source, CPS or PARC) must be emailed to MDHHS-AGAO-Prevention@Michigan.gov or faxed to 517-335-4019.

The AGAO office will complete the following information to assess if the child is at imminent risk of entering foster care:

- Review the Adoption/Guardianship Prevention Service Request and Intent Statement.
- Review the Family-Centered Plan or Safety and Risk Assessments (depending on referral program).
- Verify the child was adopted from the Michigan's public foster care system or the child entered a juvenile guardianship with assistance from the Michigan public foster care system.
- Determine if the child has an active medical subsidy case, if not AGAO staff will provide the adoptive parent(s)/guardian(s) with the appropriate application.
- Determine if the family wishes to participate in prevention services, per the intent form.

Upon completion of eligibility determination, the AGAO will complete the following:

- Adoption/Guardianship Prevention Program Eligibility Determination form.
- Create the prevention record in the electronic case record.
- Upload the supporting documentation.

Once eligibility is established and approved by a supervisor, case management responsibility will transfer to PARC staff.

If eligibility criteria is not met, a determination of ineligibility will be completed for the prevention services program. AGAO will create a prevention record in electronic case management system to document the denial and upload the Adoption/Guardianship Prevention Eligibility Determination form and the request form. A copy of the determination must be sent to the referring worker.

Note: A new request can be made if circumstances change or if missing documentation is made available.

PREVENTION SERVICES

Depending on identified needs, a family may be served through one of three service tracks in the prevention continuum including:

- Prevention Services for Families.
- Family First Prevention Services.
- Family Preservation and Reunification Services.

Prevention Services for Families

The Prevention Services for Families track is designed to preserve and strengthen family functioning to prevent CA/N. This track is intended to support families who voluntarily seek assistance from MDHHS or have been identified as low risk for CA/N, but where abuse/neglect is not presently occurring. Services can be offered through referrals to community agencies. Families accessing services through this pathway do not have an open CPS case. Services available includes but are not limited to: Families Together Building Solutions, evidence-based home visiting, Wraparound, Post Adoption Resource Centers, parent support groups, Family Resource Centers and the like.

Family First Prevention Services

Family First Prevention Services is a pathway that adds new evidence-based programs in key service areas of mental health, substance use disorder, and parent skill-based programs. Family First Prevention Services may be available to eligible families with children who meet at least one of the criteria for candidacy for foster care types or is a pregnant or parenting youth in foster care. Families accessing services through this pathway will have an open

prevention worker/monitor or will have an assigned ongoing caseworker or contracted private agency caseworker.

Family Preservation and Reunification Services

Family preservation and reunification services will focus on families where maltreatment has occurred, and the children have been returned home. Families accessing services through this pathway will have an open CPS ongoing caseworker or foster care caseworker (MDHHS or contracted private agency). Family preservation and reunification programs include Families First of Michigan, Family Reunification Program, Parent Partner Program, and other like programs.

FAMILY TEAM MEETING

Prior to identifying and referring a child/family to a service within the prevention continuum, the assigned caseworker must facilitate an FTM, or similar meeting. The FTM or similar meeting should include assigned workers, parents, caretakers, children, youth, extended family, friends, neighbors, community-based service providers, community representatives, Tribal representatives, or other professionals involved with the family. For more information on FTMs see [FOM 722-06b, Family Team Meeting](#).

The facilitator of the FTM or similar meeting should work with participants to create a child specific prevention plan for safety, placement stability, well-being and permanency tailored to the individual needs of each child and their parents.

Pregnant or Parenting Youth in Foster Care

An FTM must be held prior to the youth's case closing to determine ongoing service needs and if the child meets other candidacy types.

CHILD SPECIFIC PREVENTION PLAN

Following identification of family needs, the assigned caseworker will engage with the family and share service availability. Services identified must be documented in the child specific prevention plan. If the child specific prevention plan involves community providers, the plan should be shared, with appropriate consent from the

family. For requirements on sharing information outside of MDHHS, see [SRM 131, Confidentiality](#).

The child specific prevention plan must include the following:

- The foster care prevention strategy that is ensuring the child can remain safely in any of the following living arrangements:
 - In the home, with their family.
 - With a relative caregiver until reunification can be safely achieved.
 - With a relative caregiver permanently.
- Services to be provided on behalf of the child to ensure success of the prevention strategy.

For pregnant or parenting youth, the child specific prevention plan must additionally include the following:

- Services to be provided to ensure that the youth is prepared or able to be a parent.
- Description of the foster care prevention strategy for any child born to the youth.

For information on viewing and completing the prevention plan and linking needs, strengths, and services see job aid, Maintaining a Prevention Services Case.

The assigned caseworker must partner with the family to make service referrals and connect the family with the service provider. A minimum of monthly, the caseworker must engage with the family and all service providers identified in the plan to address any barriers identified.

When a prevention caseworker is assigned as secondary, the caseworker must have monthly contact with the contracted service provider to ensure child safety, the family's continued engagement in services, progress on goals, and to maintain the open prevention record. See *Evidence-based Home Visiting* within this item.

Supervision Requirements

Supervisors must approve all child specific prevention plans as well as meet a minimum of monthly for case consultation with the caseworker.

DOCUMENTATION

Prevention Only Services

For children with a prevention only case, the child specific prevention plan must be documented on the DHS-1614, Prevention Services Case Plan for Children and Families. The initial Prevention Case Plan is due within 30 calendar days of the prevention program begin date.

When a prevention caseworker is assigned as primary, the caseworker must complete updated assessments and prevention case plans every 90 calendar days from the end date of the previous prevention case plan end date until case closure. The DHS-1614 must be completed prior to closing the prevention program type.

When a prevention caseworker is assigned as secondary, all contacts with the service providers must be entered in the electronic case record. The service provider is responsible for completing and updating the child specific prevention plans when the provider is an evidence-based home visiting program, contracted Post Adoption Resource Center or SUDFSP-MI, Family Support Specialist.

Children's Protective Services

For children or youth with an open CPS case, the child specific prevention plan is documented within the Updated Services Plan (USP). For more information on the Updated Services Plan see [PSM 714-4, CPS Updated Services Plan and Case Closure](#).

The prevention plan will generate into the USP. To generate, at least one youth participant must be identified, and the prevention plan begin date and prevention plan end date must coincide with the USP period. The prevention plan will automatically include the following information if there is an eligibility record that has been approved:

- Prevention begin and end date.
- Identified youth.
- Candidacy type.
- Service category.

The prevention plan must be entered in the electronic case record within 30 calendar days of determination of eligibility for FFPSA title

IV-E prevention services and included in the next case service plan. Case service reviews must be updated every 90 calendar days to incorporate into the USP.

Foster Care

For children or youth with an open foster care case, the child specific prevention plan is documented within the service plan. For information on service plans see [FOM 722-08, Initial Service Plan](#) and [FOM 722-08D, Treatment Plans](#).

The prevention plan must be entered in the electronic case record within 30 calendar days of determination of eligibility for FFPSA title IV-E prevention services and included in the next case service plan. The case service plan must be updated every 90 calendar days.

Juvenile Justice

For children or youth with an open juvenile justice case, the child specific prevention plan is documented within the juvenile justice service plan. For information on juvenile justice service plans see [JJM 230, Juvenile Justice Service Plans](#).

The prevention plan must be entered in the electronic case record within 30 calendar days of determination of eligibility for FFPSA title IV-E prevention services and included in the next case service plan. The case service plan must be updated every 90 calendar days.

Motivational Interviewing (MI)

Supervisors and caseworkers must attend training in MI. Following training, caseworkers will engage with the family and develop a trusting relationship using the evidence-based practice of MI. Embed throughout engagement with families including interviews, assessment of needs and strengths, child specific prevention planning, and developing a family-driven plan of action that includes goals leading to improved family functioning.

Each child specific prevention plan contains a question regarding motivational interviewing. The supporting information for MI should only be answered yes if the caseworker has completed training and the motivational interviewing techniques were utilized with the family. Caseworkers must enter a social work contact to document when MI skills are utilized. The social work contact must include MI check box in the purpose section of the contact.

Evidence-based Home Visiting or Substance Use Disorder Family Support Program-Motivational Interviewing

An evidence-based home visiting program includes one of the following services:

- Nurse Family Partnership.
- Healthy Families America.
- Parents as Teachers.

A prevention only services case with an active prevention plan, may be primarily serviced by an IV-E Prevention home visiting program or Substance Use Disorder Family Support Program-Motivational Interviewing; the MDHHS prevention worker will serve in a secondary capacity as a monitor.

Prior to transitioning to a monitoring role, the MDHHS prevention worker as primary caseworker, must ensure FFPSA IV-E Prevention Eligibility is documented and approved, case services are entered with reviews, the Initial Prevention Services for Families Service Plan (DHS-1614) is complete, confirm with the home visiting provider or family support specialist that the family is enrolled in the service.

Upon approval of the Initial Service Plan (DHS-1614) and other noted elements, the prevention supervisor may reclassify the prevention caseworker from primary to secondary in the electronic case record.

Note: A prevention worker may be assigned as secondary on a case following an approved prevention record on a CPS ongoing or foster care case or following child welfare community service (CWCS) analyst approval of a contracted provider referral. If assignment as a prevention secondary worker follows a CPS or foster care updated service plan, a prevention ISP is not required because the elements of the child specific prevention plan have been documented in the most recent service plan.

While in the monitoring role, the secondary caseworker must maintain at least monthly contact with the home visiting service provider or family support specialist and document the contact in the electronic case record. The evidence-based home visiting provider or family support specialist will provide the ongoing monitoring of risk and safety based on the program's assessment tools.

A contracted provider referral may be made for a family already enrolled in a home visiting evidence-based program who may be eligible for FFPSA funding. The contractor is responsible for following their agency's release of information rules. When a contracted provider referral is received by a CWCS, the analyst will review family details for potential FFPSA eligibility. If the family includes at least one FFPSA candidate, the CWCS will send the information to the appropriate local office. The local office will determine caseload availability and family needs. If appropriate, the supervisor will assign the case to a worker either through an active case ID or a non-CPS intake. A prevention record must be added and approved. The assigned worker will follow monthly contact rules noted above.

Any written updates or documents received from the evidence-based home visiting provider or family support specialist must be uploaded to the electronic case record. In addition to adding a social work contact.

CASE SERVICE ENTRY

All paid and unpaid case services must be entered in the electronic case record. The referral date is the date of referral to the service and the service start date is the date the provider accepts the referral. The service must be entered in the child or parent's name, depending on whose Need Assessment indicates the need.

Note: For the child of a youth in foster care who does not receive an assessment of strengths and needs, add the case service in the minor parent's name.

Paid Case Services

Paid case services are those paid from the electronic case management system. SafeCare and SUDFSP-MI will be paid from the electronic case management system. The worker must enter a paid case service in the child or parent's name, depending on whose Need Assessment indicates the need.

Unpaid Case Services

An unpaid case service is a service not paid from the electronic case management system. An unpaid case service must be entered in the child or parent's name, depending on whose Need Assessment indicates the need. Unpaid case services include:

- Healthy Families America.
- Nurse Family Partnership.
- Parents as Teachers.
- HOMEBUILDERS.

Exception: Caseworkers do not need to enter a case service for Motivational Interviewing when the caseworker will be providing Motivational Interviewing.

CHILD SAFETY

During the period that services are being offered to FFPSA IV-E eligible children and families, the department and service providers will monitor the safety of the children and determine any risks present per department policy for program specific areas (CPS, foster care, or adoption) or per the evidence-based program requirements when a child is monitored by a community provider. Primary caseworkers must meet at least monthly with the child and family. Secondary caseworkers must have contact with the contracted service provider at least monthly. Additional contact should occur based on program requirements:

- CPS ongoing; [PSM 714-1, Post-Investigative Services](#).
- Foster Care; [FOM 722-06H, Case Contacts](#).
- Juvenile Justice; [JJM 270, Juvenile Justice Specialist Contact Requirements](#).

Ongoing needs, strengths, and safety assessments as well as formal and informal risk assessments are to be completed by the assigned caseworker responsible for case management oversight. Dependent upon the program providing oversight these assessments include:

- SDM Safety and Risk Assessment Tools.
- FANS.
- CANS.
- Michigan Juvenile Justice Assessment System (MJJAS).
- Juvenile Justice Strengths and Needs Assessment.
- Family-Centered Plan, for PARCs.
- Trauma Screening Checklist.
- Evidenced-based home visiting program specific assessments.
- Substance Use Disorder Family Support Program-Motivational Interviewing program specific assessments.

The department will use existing practices to ensure safety and assess risk for candidates for whom maltreatment has been confirmed and siblings residing in the home or within partial care or custody of the parent; children who were in foster care placement and returned to their parents or relatives; pregnant and parenting youth in foster care; and a child with delinquent behaviors under the supervision of the department.

When a MDHHS prevention worker is assigned as primary, ongoing monitoring of safety and risk must occur during each home visit through engaging the family in assessing needs and strengths. The prevention worker must document progress on needs and strengths on the SDM Family Assessment of Needs and Strengths and Child Assessment of Needs and Strengths Tools.

TIMESPAN

FFPSA title IV-E prevention services shall be authorized for the duration of the evidence-based intervention or 12 months, whichever is less. FFPSA title IV-E prevention services may be provided to the family up to and including the 12th month. If there is a continued need for participation in services beyond 12 months and the family is willing to continue services, the assigned caseworker must complete a new candidacy determination by completion of the following tasks:

- Safety and risk reassessment if there is an open CPS or foster care case.
- Review the child specific prevention plan to assess if there is a continued need for participation in services.
- Facilitate an FTM or similar meeting to engage with the family and team members to discuss the need for continued services or additional needs.

If an evidence-based home visiting or community service provider is providing ongoing support to the family, the prevention caseworker/monitor must initiate contact with the home visiting provider/community partner within 12 months of the prevention plan start date to gather information to document a candidate for foster care redetermination.

When an eligible candidate monitored by an evidence-based home visiting or Substance Use Disorder Family Support Program-Motivational Interviewing provider has reached a redetermination

period and remains actively participating in the service, the original candidate for foster care eligibility may be extended for another 12 months or until the service ends, whichever is less.

All new candidacy determinations must be documented in the electronic case record and approved by an MDHHS supervisor to continue service provision under FFPSA IV-E prevention before the 12th month ends.

FFPSA TITLE IV-E PREVENTION PLAN AND PROGRAM TYPE CLOSURE

The FFPSA title IV-E prevention plan and IV-E program type must close when one of the following occur:

- The family completes services and reports no other needs.
- The family no longer agrees to participate in services.
- Child is removed from the home and placed into foster care.

LEGAL AUTHORITY

Federal Law

Family First Prevention Services Act, Public Law 115-123.

POLICY CONTACT

Questions about this policy item may be directed to the [Child Welfare Policy Mailbox](mailto:Child-Welfare-Policy@michigan.gov), Child-Welfare-Policy@michigan.gov.