

An abstract, textured background with a dense, swirling pattern of blue, green, and brown tones, resembling a microscopic view or a complex fabric texture.

Child Safety Forward Michigan

A final report detailing lessons learned and best practices for reducing child fatalities and serious injuries caused by crime victimization.

September 2023



Child Safety Forward is a national initiative to reduce child abuse and neglect injuries and fatalities through a collaborative, community-based approach.



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HEALTH**



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of Sacramento, Inc.



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Health**



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Of New England

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MDHHS Michigan Department of
Health and Human Services



Within Our Reach



Activating the Power of the Social Sector



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The vision of Child Safety Forward Michigan is for an integrated child health, safety, and protection system that identifies all protective factors and equitably distributes, expands, and mobilizes community support to improve resiliency of families most at risk for maltreatment.

This report was prepared by the Center for Child and Family Health at the Michigan Public Health Institute in collaboration with the Office of Family Advocate at the Michigan Department of Health and Human Services.

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EXECUTIVE SUMMARY

BACKGROUND

Child Safety Forward (CSF) is a national initiative funded through the Office for Victims of Crime (OVC) within the Office of Justice Programs at the U.S. Department of Justice to support development of a model for coordinated response to effectively identify and address child maltreatment injuries and fatalities. The Michigan Department of Health and Human Services (MDHHS) in coordination with the Michigan Public Health Institute (MPHI) was one of five demonstration sites in the nation selected to implement this initiative. The initiative spanned from Oct. 1, 2019-Sept. 30, 2023.

PLANNING PHASE

During the first 15 months of the initiative, the Child Safety Forward Michigan (CSFMI) team convened a collaborative body of diverse partners to advise and provide insight on the needs of the larger community and worked to build learning capacity and increase understanding on the issues surrounding child maltreatment. Findings based on insights gathered from partner discussion, a partner needs assessment, and an in-depth review of data underscored the lack of available support services for families, helped to identify existing policies and practices that impeded the provision of support for families, and highlighted the racial disproportionality and disparity in Michigan's child welfare system, particularly among Black children.

A plan for implementation was developed by the CSFMI team in December 2020. The implementation plan set forth the proposed activities to be carried out during the next phase of the initiative and presented three overall strategies. These strategies were to: 1) employ a collective impact approach to improve the resiliency of Michigan families, 2) enhance services for families with low to moderate risk levels for child maltreatment, and 3) improve safety planning across the child welfare system. The implementation plan described the key actions to be implemented, how these actions would address the identified needs, and the roles of partners to be included in implementation.

IMPLEMENTATION PHASE

During the initial 20-month implementation phase, which began in January 2021, the CSFMI team established a safety planning workgroup to assist with the implementation of activities. The overall goal of the workgroup was to identify areas for practice or policy change to support child welfare professionals' capacity to engage families and support their immediate safety needs. The key areas for focus were to examine current safety planning practices to identify the perceived needs, barriers, and facilitators to safety planning, and as safety plans are intended to help child welfare professionals meet their goals to promote ongoing safety and well-being of families, to better understand the perceptions of safety plans among persons with lived experience. Implementation activities included administering a survey to professionals in the child welfare system who develop safety plans and to conduct interviews of parents with experience with safety plans.

The information collected from the interviews and surveys helped to provide a deeper understanding of the learning needs related to safety planning. Key themes that emerged from informant interviews of persons with lived experience, were that: 1) safety plans were not evident or obvious to parents, 2) parents had complex situations with little or no support, 3) parents had a distrust of the system, and 4) parents believed that positive changes could be achieved with the right support. Findings from the survey of child welfare professionals revealed that: 1) respondents were not confident in their ability to safety plan, 2) respondents did not believe safety planning was impactful in promoting families' health and safety, 3) respondents cited a lack of available professional resources as a common challenge to safety planning, and 4) respondents expressed a desire to have resources that could be easily accessed when needed.

In 2022, a formal agreement was established with the MDHHS Children's Services Administration for the CSFMI team to develop six microtraining sessions on safety planning. To complete this work, a second Safety Planning Workgroup was convened. Workgroup members helped to identify learning objectives for the microtraining sessions, developed session content, and formalized scripts for each microtraining session. From this workgroup, a total of six microtraining sessions were developed that covered basic skills related to effective safety planning.

Concurrently with the initial Safety Planning Workgroup, in December 2020, the CSFMI team established an Enhancing Support Services Workgroup. The overall goal of this workgroup was to identify partners for early interventions with a focus on protective factors. The key areas of focus were to examine outcomes of current policies and practices, particularly among families identified as having low to moderate risk of maltreatment. A review of data of child welfare cases categorized as low to moderate risk of maltreatment revealed that very few of these families received support services and that many cases were opened and closed with no service provision, primarily due to lack of available services.

From this work, workgroup members explored the idea of expanding the Family Resource Center (FRC) network in Michigan. FRCs are community-based hubs of support that provide programs and targeted services based on the needs and interests of families within the community. In 2021, Children Trust Michigan (CTM) received funding to implement this project in partnership with the CSFMI team. Michigan's expansion of FRCs entailed establishing MDHHS as a member of the National Family Support Network (NFSN) and collaborating with existing service provision sites throughout Michigan to reach certification in the NFSN's Standards of Quality for Family Strengthening & Support practice areas to expand service provision and ensure that high-quality services are provided to community members. As the implementation of activities are carried out, the CTM team oversees and manages all efforts in establishing certification of FRCs and expansion of services and the CSFMI team assists with implementation efforts through technical assistance and data support.

LESSONS LEARNED

The Collective Impact Forum defines a common agenda as a vision for change shared by all participants that includes a common understanding of the problem and a joint approach to solving the problem through agreed-upon actions. Over the course of the initiative, national and state-level partners worked together to build learning capacity around systems change and the issues related to child maltreatment prevention. This approach helped to build a strong foundation of learning and information-driven decision making, which are key elements to setting and achieving a common agenda.

The organizations and individuals who participated in the planning and implementation of activities greatly influenced the trajectory of the initiative. Participation from state- and local-level partners was crucial to ensure members of the initiative identified the needs of Michigan communities and devised strategies to address these needs. In addition, the experiences and associations of team members were instrumental in garnering partner support and endorsement within MDHHS.

Framing issues related to child abuse and neglect to inform better public thinking was a key area of focus of the initiative. At the onset of implementation, the CSFMI team developed a proactive media engagement plan to improve strategic communications and consulted with the CSF technical assistance team, led by Social Current, throughout the project period. Despite these efforts, challenges that prevented the team from pursuing communications opportunities included the department's primary focus on COVID-19-related messaging, staff changes, and the difficulty of the approval process.

During implementation of the CSFMI initiative, changes were made to existing practices. As these changes were implemented, roadblocks involving issues such as long-established beliefs and existing policies were encountered. Overcoming implementation roadblocks will require additional action and commitment by a range of partners over a period of time.

“It is always nice to have an opportunity for our voices to be heard, and I sincerely appreciate you both organizing this. It is nice to feel like all of the hard times we have endured with our histories and being involved in child welfare can be used for a greater purpose, so thank you for the hard work you do.”

- Guy Thompson Parent Advisory Council member,
message emailed to CSFMI team member after key informant interviews

BACKGROUND

To address Michigan's child maltreatment injuries and fatalities, as well as improve child victim service delivery, the Michigan Department of Health and Human Services (MDHHS), in collaboration with the Michigan Public Health Institute (MPHI), proposed a variety of activities. Incomplete and inconsistent data, lack of standardized services to victims, variance in the systematic approach to issues, lack of public awareness surrounding issues of child maltreatment, and lack of infrastructure at the local and state levels were all noted barriers to address. The four primary goals proposed as part of the Child Safety Forward Michigan (CSFMI) initiative were to: 1) increase the accurate and early identification of children most at risk for maltreatment fatality or serious injury by improving the consistency and quality of data sources available; 2) increase collaboration of state and local infrastructure among child protection-related organizations to better address child maltreatment issues in Michigan; 3) increase public awareness around the risk factors for and signs of possible child maltreatment, and the parameters involved in reporting it; and 4) increase access to direct services for victims of child maltreatment. Specifically, the activities proposed included expanding an existing multidisciplinary team focused on child fatalities to create and implement a plan to improve the consistency and quality of maltreatment-related data; guide strategic data dissemination; and increase community awareness, collaboration, and education.

CHILD WELFARE SERVICES

Child welfare services in Michigan are administered through the MDHHS Children Services Administration (CSA). Reporting to CSA are the directors of the Division of Continuous Quality Improvement; Juvenile Justice Programs; Adult and Children's Foster Care Licensing; Child Welfare Field Operations; and Children Trust Michigan (CTM), formerly Michigan Children's Trust Fund. CSA also oversees the Business Service Center directors and the CSA deputy director, who is responsible for CPS Centralized Intake, Office of Child Welfare Policy and Programs, Federal Compliance Division, and the Office of Native American Affairs.

CHILD SAFETY FORWARD MICHIGAN TEAM

CSFMI team members were comprised of staff from the MDHHS Office of Family Advocate (OFA) and the Center for Child and Family Health (CCFH) at MPHI, a unique

public trust, nonprofit institute dedicated to improving public health through collaboration and the use of community health practices. The OFA is a centralized unit within MDHHS's CSA, responsible for reviewing complaints about the handling of child welfare cases to ensure compliance with applicable laws and policies, and assisting citizens in understanding and navigating the child welfare system. As a longtime partner with MDHHS, CCFH staff coordinate child fatality surveillance activities and implement strategies to improve infant safe sleep and death scene investigation practices. The CSFMI initiative design necessitated a team approach, bringing together expertise and knowledge from the child welfare system, child maltreatment fatality prevention, and primary prevention strategies. This team was also charged with creating and coordinating partnerships, leading multidisciplinary efforts, and evaluating systems change.

PLANNING PHASE

The initial planning phase, which spanned from Oct. 1, 2019-Sept. 30, 2020, was extended to Dec. 31, 2020 due to the disruptions caused by the COVID-19 pandemic. During these first 15 months, the CSFMI team convened representatives from a variety of human service organizations, called the CSFMI Advisory Group, to provide insight on the needs of the larger community and inform on issues surrounding child maltreatment in Michigan. To facilitate discussion during advisory meetings, the CSFMI team compiled information from a range of existing data sources. A comprehensive report was developed based on insights gathered from partner discussion, partner assessment, and findings from an in-depth data review. Concurrently during this time, the CSFMI team regularly met with the Child Safety Forward technical assistance (TA) team, led by Social Current to build learning capacity and develop a theory of change and plans for implementation, evaluation, and sustainability.

Working closely with the CSF TA team, the CSFMI team developed a theory of change to describe how the strategies for implementation contribute to supporting the initiative's vision. Developed in collaboration with the CSFMI Advisory Group, the vision of the initiative was for an integrated child health, safety, and protection system that identifies all protective factors and equitably distributes, expands, and mobilizes community support to improve the resilience of Michigan families most at risk for maltreatment.

Several iterations of the model were developed as the theory of change was refined based on information gleaned from a review of data, partner needs assessment, and feedback from CSF TA. The theory of change was an integral tool for presenting and describing the initiative to partners, developing a plan for implementation, and guiding evaluation planning.

In collaboration with the CSFMI Advisory Group, the CSFMI team developed a comprehensive report of findings from a five-year retrospective review of maltreatment fatality and injury data, information relating to risk and protective factors, geographic assessment of availability of support services, and partner needs assessment. Findings from the data review and partner input underscored the lack of available support services for families, helped to identify existing policies and practices that impeded the provision of support for families, and highlighted the racial disproportionality and disparity in Michigan's child welfare system, particularly among Black children.

Findings from this comprehensive report informed the development of a data summary report. The data summary report, which was developed from [a template](#) provided by CSF TA, was a valuable resource used to prioritize appropriate strategies because it helped to highlight current assets and areas for adjustment and identify the root causes or systemic influences related to the issues presented in the comprehensive report. The data summary report served as a critical tool that was used by the CSFMI team when creating subsequent planning documents for implementation, sustainability, and evaluation.

Based on findings presented in the data summary document, a plan for implementation was developed by the CSFMI team in December 2020. The implementation plan, which was developed from [a template](#) provided by CSF TA, set forth the proposed activities to be carried out during the next phase of the initiative and presented three overall strategies. These strategies were to employ a collective impact approach to improve the resiliency of Michigan families, enhance services for families with low to moderate risk levels for child maltreatment, and improve safety planning across the child protection system. The implementation plan described the key actions to be implemented, how these actions would address the identified needs, and the roles of partners to be included in implementation.

In conjunction with planning for implementation, CSFMI team members completed a [self-assessment](#) to better understand the sustainability capacity of the initiative. Results from the sustainability assessment indicated the need to diversify funding sources and improve communication with stakeholders and the public. Based on assessment findings, the CSFMI team developed an [action plan for sustainability](#) that included applying for additional funding during the course of the initiative and implementing activities for improved strategic communication.

To support the initiative's implementation efforts, a plan for evaluation was developed to document the CSFMI team's learnings and outcomes achieved from the initiative's activities. The evaluation was designed to support learning and decision making for the CSFMI team, as well as to collect and share initiative achievements. An initial evaluation plan was developed in December 2020; the plan for evaluation was updated during the implementation phase to reflect the current needs of the CSFMI team. The evaluation's design was for a developmental approach to support rapid cycle learning, which entailed repeated cycles of data collection, feedback, reflection, and adaptation, as well as an observational approach to gain a better understanding of processes used and outcomes achieved during implementation of activities.

PARTNER ADVISORY GROUP

The CSFMI Advisory Group was an essential resource during the planning and implementation phases of the CSFMI initiative. The group was an expansion of Michigan's existing Child Death State Advisory Team. New relationships were developed with organizations comprised parents who were actively or previously involved in the child welfare system and organizations with a focus on supporting LGBTQ+ youth and young adults and youth and young adults facing homelessness. Overall, the advisory group consisted of members from local and state health departments, Children's Protective Services (CPS), the Office of Children's Ombudsman, Michigan Division of Victim Services, the Guy Thompson Parent Advisory Council, universities, health care, law enforcement, medical examiner offices, prosecuting attorney offices, courts, emergency medical services, community-based organizations, and birth parent mentorship programs.

There were four advisory group convenings between June 2020 and September 2020 and two convenings between March 2021 and June 2021. The convenings were used to introduce the background and purpose of the initiative, gather stakeholder feedback on the initiative's vision and goals, and provide updates on the initiative's progress. Meetings provided a forum to present relevant information to elicit discussion and to identify stakeholder needs related to the assessment of risk and protective factors of maltreatment of children, as well as the provision of services to address children's safety and support for families. Due to the COVID-19 pandemic, all meetings were held virtually, via Microsoft Teams or Zoom. The virtual format of meetings allowed for a larger advisory group to convene; in-person meetings would have required some advisory members to travel several hours, and due to limited meeting space, participation would have been capped at a smaller number of members. Initially, meetings were three hours in length. However, as convenings took place, rapid cycle assessment was used to refine meeting length and format based on feedback from advisory members. Meeting length was adjusted to two hours and some meetings included breakout sessions to engage members in smaller groups.

“I think we have an awesome team, [including representatives] of such diverse fields of study, and networking in which discussions are very engaging and interesting. Also, think that we are all getting more comfortable with the subject matter and [with] engaging.”

- Child Safety Forward Michigan Advisory Group member,
comment from post-meeting survey on what they thought was going well with their
participation on the advisory group

IMPLEMENTATION PHASE

During the initial 20-month implementation phase, which spanned from Jan. 1, 2021-Sept. 30, 2022, activities focused on using a smaller subset of advisory group members to identify practice change recommendations to improve safety planning among child welfare professionals and to promote primary prevention strategies by enhancing support services for Michigan families with the ultimate goal of addressing disparities and inequities in the child welfare system. During the initiative's final phase of implementation, which spanned from Oct. 1, 2022-Sept. 30, 2023, the CSFMI team focused on executing practice change recommendations to improve safety planning among child welfare professionals and, in collaboration with CTM, expanding support services in Michigan.

During the implementation phase, specialized workgroups were created to help drive execution of activities to improve safety planning among child welfare professionals and enhance services for families with low to moderate risk of maltreatment. When the CSFMI team presented its preliminary implementation plan to the CSFMI Advisory Group in November 2020, the objectives of the two workgroups were introduced and a request for members to serve on each workgroup was made. In January 2021, a second request was emailed to CSFMI Advisory Group members to identify any additional members interested in serving on the Safety Planning Workgroup and/or the Enhancing Services Workgroup.

IMPROVING SAFETY PLANNING

A systems mapping session was led by University of Kentucky Associate Professor and Innovation in Population Health Center Associate Director Michael Cull, a member of the CSF TA team. The session explored systemic barriers to effective safety planning and possible quality improvement strategies. In February 2021, Cull facilitated a session in which MDHHS staff and CSFMI team members provided input on what they perceived as factors that led to ineffective safety plans. The resulting systems map highlighted issues and obstacles that influence decision making and possible solutions for redesigning the system to support effective safety planning. The results of the systems mapping session were shared with CSFMI advisory members at the March 2021 advisory group meeting.

A Safety Planning Workgroup was convened in March 2021 and consisted of 11 members of the CSFMI Advisory Group. The overall goal of the workgroup was to identify areas for practice or policy change to support child welfare professionals' capacity to engage families and support their immediate safety needs. The key areas of focus were to examine current safety planning practices to identify the perceived needs, barriers, and facilitators to safety planning among child welfare professionals, and as safety plans are intended to help child welfare professionals meet their goals to promote ongoing safety and well-being of families, to better understand the perceptions of safety plans among persons with lived experience. Implementation activities included administering a survey to professionals in the child welfare system who develop safety plans and to conduct interviews of parents with personal experience with safety plans.

The Safety Planning Workgroup met three times between March 2021 and May 2021. Members of the workgroup were asked to share what they believed were issues to consider around safety planning. They were also asked to help develop data collection tools and identify appropriate methods for obtaining feedback from professionals and persons with lived experience. From this workgroup, an interview tool and a survey tool were created, as well as plans to disseminate surveys to child welfare professionals and conduct interviews among persons with lived experience. The data collection tools and methodology were submitted to and approved by MPHI's institutional review board.

The key informant interviews and survey of child welfare professionals were completed between May 2022 and August 2022. The information collected from the interviews and survey helped to provide a deeper understanding of the learning needs related to safety planning. [Key themes that emerged from informant interviews](#) of persons with lived experience were that: 1) parents were not knowledgeable of what a safety plan was and were not able to recall being part of a safety plan, 2) parents had complex situations with little or no support, 3) parents had a distrust of the system, and 4) parents believed that positive changes could be achieved with the right support. [Findings from the survey](#) of child welfare professionals revealed that: 1) respondents were not confident in their ability to safety plan, 2) respondents did not believe safety planning was impactful in promoting families' health and safety, 3) respondents cited a lack of available professional resources as a common challenge to safety planning, and 4) respondents expressed a desire to be able to easily access professional resources, such as resources available online or resources that would be available while in the field.

Around this time, the CPS Compliance Review Team (CRT), a centralized unit within MDHHS Central Office that regularly reviews randomly selected cases to determine compliance with CPS program requirements, identified opportunities to improve safety planning practices. In response, a member of the CSFMI team met with members of CSA leadership to discuss development of a training resource to improve professionals' ability to safety plan. With the knowledge gained from data collection efforts, an emphasis was placed on the need to create a resource that could simplify the concepts of safety planning and that could be easily accessed at any time. The CSFMI team proposed microtraining, an emerging digital-based education strategy that focuses on delivering skill-based knowledge. This method breaks down training content into small learning units that can be consumed in a step-by-step approach. It is a training modality that is based on sound educational theory and has been found to have a positive effect on the knowledge and confidence of professionals in performing procedures, retaining knowledge, and engaging in collaborative learning.

In October 2022, in collaboration with MDHHS CSA, a formal agreement was established for MPHI to develop six microtraining sessions on safety planning. To complete this work, a second Safety Planning Workgroup was convened in March 2023 and consisted of 11 members. Workgroup members consisted of professionals who were subject matter experts and had experience as front-line staff, as well a parent with lived experience. Workgroup meetings held between March 2023 and April 2023 were used to identify learning objectives for the microtraining sessions. During these meetings, the workgroup used Miro, an online whiteboard tool, to collaborate and brainstorm potential topic areas; topic areas were initially identified from the survey of professionals. Once learning objectives were clarified, workgroup members met frequently and communicated via email to develop session content and formalize scripts for each microtraining session. Professionals from OFA and CPS and a parent volunteer from the Guy Thompson Parent Advisory Council voiced the audio for microtraining sessions. Graphics and remaining content were produced by the Department of Education and Communication Services at MPHI.

From this workgroup, six microtraining sessions were developed on topics related to safety planning. These included: 1) What is a Good Safety Plan (for child welfare professionals); 2) What is a Safety Plan (for families); 3) Engaging Those Resistant to Safety Planning; 4) Safety Planning When Domestic Violence is a Concern; 5) Safety

Planning When Mental Health is a Concern; and 6) Safety Planning When Substance Use is a Concern Part 1 and Safety Planning When Substance Use is a Concern Part 2. All trainings were developed in English. The session ‘What is a Safety Plan,’ which is targeted toward families, was also developed in Spanish and Arabic, the two most frequently spoken languages in Michigan after English.

An evaluation was designed to assess learning for three of the five levels of professional development—implementation, reaction, and learning. The data collection methods were designed to determine the extent to which the microtraining sessions were utilized, how the microtraining sessions were perceived, and the extent to which professionals who viewed the microtraining sessions reported an increased capacity for safety planning. Two surveys were developed in collaboration with workgroup members to gather information from unit managers and professionals in the field. The data collection tools and methodology were approved by MPHI’s institutional review board.

ENHANCING SUPPORT SERVICES

Through a convening scheduled by the CSF TA team, the CSFMI team learned that Michigan lacked a nationally recognized Family Resource Center (FRC) network. FRCs are programs designed to provide no cost or low-cost support services that are responsive to the specific needs, cultures, and interests of a local community. As the CSFMI team learned through its previous data review, the availability of services to was inadequate. The idea of expanding FRCs in Michigan was compelling because it would increase the capacity of communities to offer families programs and resources to promote health and well-being and offer support to strengthen protective factors and address social determinants of health.

In March 2021, the CSFMI team met with Andrew Russo, co-founder and director of the National Family Support Network (NFSN), a membership-based organization comprised of state networks of FRCs. Through this discussion, CSFMI team members identified establishing a FRC network in Michigan as a potential strategy to better serve families at low and moderate risk of child maltreatment. To explore this idea further, the Enhanced Services Workgroup was convened in April 2021 and consisted of eight members from the CSFMI Advisory Group. The key areas of focus were to examine outcomes of current policies and practices and to identify partners for outreach efforts.

The overall goal of the workgroup was to identify areas for practice or policy change to support families with early, responsive interventions. Implementation activities included a review of data and development of an implementation plan, with the overall goal of identifying partnerships that would help families access early interventions to strengthen protective factors and improve resiliency.

Workgroup members reviewed data of fatality cases referred to CPS between January 2019 and March 2021 with a CPS investigation disposition of Category III. Category III cases are those in which, after a complete investigation, there is a preponderance of evidence of child abuse or neglect and the risk assessment indicates a low or moderate risk; these cases are referred to community-based services and not for further CPS action. The review of data helped workgroup members better understand the types of cases typically categorized as Category III and revealed that very few of the families involved actually received support services. Many cases were opened and closed with no service provision, primarily due to a lack of available services, further supporting the need for FRC network expansion.

In May 2021, a federal funding opportunity was identified and the CSFMI team initiated a partnership with CTM to develop a proposal to expand FRCs in Michigan. Letters of support were provided by several member organizations of the CSFMI Advisory Group and the application was submitted in July 2021. In October 2021, the CSFMI team received notice that they did not receive the requested funding. However, CTM did receive an award from a similar proposal sent to a separate funding opportunity, and in partnership with MDHHS and MPHI, began implementing its plan to expand Michigan's FRC network in September 2022. Specifically, the plan was to support a number of existing service sites in achieving nationally-adopted certification standards. To help lay the foundation for this work, CTM became a member of NFSN, and, in collaboration with CSFMI team members, convened a group of diverse experts to help guide project activities. For implementation, CTM oversees and manages all efforts in establishing certification of FRCs and expanding services and the CSFMI team assists with implementation efforts through technical assistance and data support.

“I appreciate the conversations and questions from individuals who don’t deal with child welfare on a daily basis.”

- Child Safety Forward Michigan Advisory Group member,
comment from post-meeting survey on what they thought
was going well with their participation on the advisory group

LESSONS LEARNED

LEARNING SUPPORTS A COMMON AGENDA

The Collective Impact Forum defines a common agenda as a vision for change shared by all participants that includes a common understanding of the problem and a joint approach to solving the problem through agreed-upon actions. Over the course of the initiative, national and state-level partners worked together to build learning capacity around systems change and the issues related to child maltreatment prevention. This approach helped to build a strong foundation of learning and information-driven decision-making, which were key elements to setting and achieving a common agenda.

The technical assistance provided by the CSF team positioned CSFMI team members to carry out meaningful engagement with partners to elicit a coordinated response. CSF's TA model included a core group of advisors with expertise in evaluation, data collection and analysis, safety science, development of community collaboratives, communications and media relations, fatality reviews, and engagement of persons with lived experience. In addition to TA advisors, the CSF team created regular opportunities for learning that addressed relevant topics, such as safe systems training, equity and inclusion, adverse childhood experiences, the public health approach, collective impact, parent engagement, and the child protection training academy. Members of the CSFMI team readily participated in learning opportunities and encouraged attendance among state and local-level partners.

The CSFMI team used a similar approach when engaging with advisory members. Advisory meetings entailed the presentation of information (e.g., findings from a comprehensive data review and partner needs assessment, updates from CSA leadership) to facilitate discussion and inform the development of strategies for implementation. Partners were also involved with the implementation of strategies, which helped to sustain support and ensure that the activities implemented were relevant and meaningful.

The following are examples of coordinated activities that emerged from the work completed within the CSFMI initiative:

- Initiated in 2020, Michigan's participation in the National Partnership for Child Safety (NPCS) – a partnership of 33 state and local child welfare systems committed to safety science. Due in part to their participation in NPCS, MDHHS child welfare staff have integrated a Safe Systems Review (SSR) process for analyzing critical incidents in the child welfare system, which aids in identifying opportunities to support organizational learning and systems improvement.
- Michigan's Citizen Review Panels (CRPs) on Child Fatalities, Prevention, and CPS, Foster Care, and Adoption initiated regular convenings to discuss opportunities for collaboration among the three panels. In 2022, upon request by MDHHS, the CRP on Child Fatalities accepted the task of developing an official definition for near-fatal child injury. The following definition was developed and submitted to MDHHS for review in 2023 and is in the process for final approval: *Near fatality means an act of confirmed child abuse or child neglect that, as determined by a physician, places the child in serious or critical condition.* Following the definition, additional information, such as types of medical interventions received to sustain life, is planned to be provided in the policy to help operationalize it.
- CTM received \$1.9 million in funding to pilot FRCs in Michigan in partnership with MDHHS and MPHI. Michigan became a member of the NFSN in 2022 and the Michigan Family Resource Center Network is currently in an emerging stage of development.
- In collaboration with MDHHS CSA, a formal agreement was established in 2022 for MPHI to develop six microtraining sessions on safety planning for all child welfare professionals in Michigan.

WHO PARTICIPATES IS VITAL TO SUCCESS

The organizations and individuals who participated in the planning and implementation of CSFMI activities greatly influenced the trajectory of the initiative. Participation from state- and local-level partners was crucial to ensure members of the initiative identified the needs of their communities and devised strategies to address these needs. In addition, the experiences and associations of team members were instrumental in garnering partner support and endorsement within MDHHS.

The group of CSFMI advisors was an expansion of Michigan's existing Child Death State Advisory team. Additional partners were recruited during the planning phase of

the initiative to include parents with experience in the child welfare system, front-line child welfare specialists, and organizations with a focus not typically included in the child fatality prevention domain, such as organizations with a focus on supporting LGBTQ+ youth and young adults, as well as youth and young adults facing homelessness. Combining these varied team members' perspectives and knowledge provided a better understanding around the context and interpretation of the information presented, helped to identify areas of focus, and facilitated the development and implementation of meaningful strategies.

Additionally, the backgrounds and experiences of team members were instrumental in gaining support from partners across the state. Team members at MPHI had decades of experience providing TA and support to local child death review teams, facilitating the work of the Child Death State Advisory, and partnering in related state-level initiatives, which enabled them to leverage existing relationships to provide the basis for an expansion of that advisory group to strengthen its capacity. Furthermore, team members within MDHHS had already been serving on a number of workgroups within CSA created to redesign and strengthen the child welfare system in Michigan. These interactions and networking helped promote the work of the CSFMI initiative within MDHHS and establish support for its strategies. During the course of the initiative, significant staffing changes within MDHHS required team members to forge even more new relationships and did not diminish the level of support for the CSFMI efforts. For instance, leadership within CSA helped to promote the launch of the initiative through a radio interview, presented updates on the MDHHS redesign at advisory meetings, participated in safe systems mapping sessions with professor Cull, and integrated the microtraining sessions into their internal training approach.

COMMUNICATION REMAINED A CHALLENGE

Framing issues related to child abuse and neglect to inform better public awareness was a key area of focus of the initiative. At the onset of implementation, the CSFMI team developed an action plan to improve strategic communications and consulted with the CSF communications and media relations TA throughout the project period. Despite these efforts, the CSFMI team was not able to carry out communication activities to the extent that it had hoped.

Certain challenges related to contextual factors at that time should be noted. The COVID-19 pandemic presented substantial challenges in the early phase of the initiative's implementation. Within MDHHS, COVID-19-related messaging was of paramount importance and any press releases or social media postings that did not pertain to COVID-19 were not approved for release. Additionally, in 2021, MDHHS underwent a change in leadership, including a substantial reorganization of staff. This presented obstacles for CSFMI communication efforts, as individuals within MDHHS were reassigned within the organization and responsibilities shifted. At times, there were vacant positions waiting to be filled or there was uncertainty of the appropriate contact person, which caused delays in timing of communication activities.

Other challenges related to the approval processes used within the MDHHS communications department. At MDHHS, approval of communications products must undergo several layers of scrutiny before final approval is achieved. This process can result in significant delays in the release of products. There were also instances when requests for participation in communications activities were not answered in a timely manner. In one instance, the CSF team secured an editorial board meeting with the *Detroit Free Press*, but the CSFMI team was not able to participate in the meeting because of scheduling challenges.

When reflecting on strategies to use for future efforts, there were two potential solutions identified. One would be to have a communications liaison as part of the CSFMI team. The liaison would either work within the MDHHS communications department or have a strong working knowledge of that process. Their role would be to lead communications efforts and help navigate the approval process more efficiently. A second solution would be to establish MPHI as the grant applicant in collaboration with MDHHS, as the communications review process at MPHI is less cumbersome.

SYSTEMS CHANGE TAKES TIME AND PERSISTENCE

During implementation of the CSFMI initiative, changes were made to existing practices. As these changes were implemented, roadblocks involving issues such as long-established beliefs or existing policies were encountered. Overcoming implementation roadblocks will require additional action and commitment by a range of partners over a period of time to resolve these challenges as they arise.

For example, the OFA began implementing the Safe Systems Review process for analyzing critical incidents in the child welfare system in 2022. This process is non-punitive in nature, with a focus on making improvements within the system as a whole, rather than identifying faults with a specific individual or case. However, with a recent critical incident that occurred, there were some actors within the system that sought information to hold individuals responsible instead of seeking information to promote learning. Another example relates to the expansion of the FRC network. In Michigan, existing federal policy prevents FRCs from providing services to families with an active CPS investigation; however, these families may request services on their own once a CPS investigation closes. As the FRC network continues to expand in Michigan, stakeholders will likely be interested in exploring ways to serve a larger population. Doing systems change requires a commitment to learning and a level of persistence to coordinate actions with multiple actors and think strategically to overcome roadblocks.

“You have no idea the impact [the microtraining sessions] will have. My language team is over-the-moon excited as well. It’s all about feeling seen and like these communities matter. In a world of micro-aggressions, this is a powerful demonstration of support and care!”

- Child Safety Forward Michigan workgroup member who assisted with the translation of the microtraining sessions

PRODUCTS DEVELOPED

Over the course of the initiative, a total of 24 products were developed. Eight training resources were developed to improve child welfare professionals' capacity to safety plan with families. Ten media messages were published and four presentations were delivered to inform and educate a variety of stakeholders on the CSFMI initiative.

Resources (9)

- [What is a Good Safety Plan?](#) (for child welfare professionals); English language
- [What is a Safety Plan?](#) (for families); English language
- [What is a Safety Plan?](#) (for families); Spanish language
- [What is a Safety Plan?](#) (for families); Arabic language
- [Engaging Those Resistant to Safety Planning](#); English language
- [Safety Planning When Domestic Violence is a Concern](#); English language
- [Safety Planning When Mental Health is a Concern](#); English language
- [Safety Planning When Substance Use is a Concern Part 1](#); English language
- [Safety Planning When Substance Use is a Concern Part 2](#); English language

Media Coverage (11)

- “MDHHS one of only five agencies nationally to receive federal grant to prevent child abuse/neglect deaths, injuries” [published by WLUC-TV6](#) (December 2, 2019)
- “MDHHS 1 of 5 Agencies Nationally To Receive Federal Grant to Prevent Child Abuse or Neglect Deaths, Injuries” [published by CBS Detroit](#) (December 2, 2019)
- “MDHHS Received Federal Grant to Help Prevent Child Abuse or Neglect Deaths, Injuries” published by WNEM-TV5 (December 2, 2019)
- “State Health Department Awarded Grant for Child Abuse Prevention Efforts” published by *The Oakland Press* (December 2019)
- “State Receives Grant for Child Abuse Prevention Efforts” [published by Radio Results Network](#) (December 6, 2019)
- Frank Beckmann Podcast interview on [WJR NewsTalk 760](#) (December 2019)

- “MDHHS, Children Trust Michigan provide \$1.9 million to create six family resource centers around Michigan” [published by MDHHS](#) (September 29, 2022)
- “Rethinking the Community Response to Child Neglect in the 21st Century; From Mandatory Reporting to Mandatory Supporting of Families” [published in *Family & Integrity Justice Quarterly*](#), Spring 2022 Edition.
- “MDHHS unveils Keep Kids Safe Action Agenda” [published by MDHHS](#) (April 28, 2023).
- “MDHHS Sets New Agenda, Protocols To Keep Kids Safe” [published in *Michigan Chronicle*](#) (May 1, 2023).
- “MDHHS Constantly Evolving to Protect Children” [published in the *Detroit News*](#) (June 5, 2023).

External Presentations (4)

- “Michigan’s Child Safety Forward Initiative” to members of the Guy Thompson Parent Advisory Council (March 3, 2021)
- “Child Safety Forward: A Collaborative Initiative to Achieve Systems Change” at the National Citizen Review Panel Conference (May 26, 2021)
- “Child Safety Forward: A National Initiative to Reduce Child Abuse and Neglect Fatalities and Injuries through a Collaborative Community-Based Approach” at the American Academy of Pediatrics (AAP) Child Health and Welfare Policy Learning Collaborative (November 30, 2022)
- “A Public Health Approach to Better Support Families and Counteract Child Abuse and Neglect” at the American Public Human Services Association National Human Services Summit 2023 (May 23, 2023)

SUSTAINABILITY

The Center for Public Health Systems Science defines sustainability capacity as the ability to maintain programming and its benefits over time and describes the organizational and contextual domains that impact sustainability. As domains are strengthened, the capacity for sustainability is improved. Over the course of the initiative, the CSFMI team strengthened the domains related to environmental support,

partnerships, strategic planning, and program adaptation to support the sustainability of the initiative's activities.

Integration of the Public Health Approach. In 2013, the Commission to Eliminate Child Abuse and Neglect Fatalities was created and charged with producing a national strategy for eliminating child maltreatment fatalities. In 2016, the commission published its findings, as well as recommendations for strategies, tools, and policy changes designed to protect children and support families. A key recommendation made by the commission was to build a “21st-century child welfare system” based on a comprehensive public health approach that incorporates strong, integrated, and collective responsibility, with coordinated action and measurement across agencies, states, and communities. The core components of this system integrate leadership and accountability, decisions grounded in better data and research, and multidisciplinary support for families that establishes a shared family and community responsibility to keep children safe.

The CSFMI initiative, which spanned from 2019 to 2023, carried out this public health approach. The CSFMI Advisory Group consisted of multidisciplinary partners both traditionally and nontraditionally included in the child maltreatment fatality prevention dialogue. Engagement with partners entailed listening, learning, and making data-informed decisions. This model was applied to the work to expand Michigan's FRC network, which spans from 2021 to 2025. In collaboration with CSFMI, CTM also established an advisory group comprised of multidisciplinary organizations and individuals with lived experience to help guide planning and implementation of activities. This approach, as it exemplifies best practice, will be useful in future planning for projects with a focus on systems change.

Program Adaptation. The microtraining sessions developed by the CSFMI team were short, skill-based learning units, making this training format highly adaptable and flexible. The resource was developed to improve basic skills in safety planning, which is a universal concept for all child welfare professionals. However, if information needs change, the existing sessions can be edited and additional learning sessions can be added to make the trainings more comprehensive.

For information about Child Safety Forward Michigan (CSFMI), please contact Nicole DeWitt-Blumhardt (ndewitt@mphi.org) at the Center for Child and Family Health (CCFH), Michigan Public Health Institute (MPHI).