

Cross Systems Manual



MYalliance
System of Care.



Overview of Youth Systems in Muskegon County

A guide to Muskegon County's Child
Welfare, Juvenile Justice, Children's
Mental Health and Education Systems

2023 Edition

About this Manual...

The intent of this publication is to provide frontline and supervisory staff in Child Welfare, Juvenile Justice, Children’s Mental Health and Education systems, an overview of these systems to better facilitate communication and understanding.

This manual was adapted from Kent County’s System of Care - Community Family Partnership’s manual and was created in partnership with:



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About MYalliance...

MYalliance System of Care is a collaboration between youth, families, schools and agencies working together to improve services in our community. This effort is focused on increasing access to needed services and engaging youth and families to help design the programs that serve them.



The Systems of Care approach helps communities to see better outcomes for youth and families including improved mental health, better school results, and youth staying safe and out of trouble. Systems of Care is all about collaboration, cultural understanding, resiliency, and community engagement.

Get More Involved

Through MYalliance, there are a number of committees and leadership groups that work to further the MYalliance mission.

There are also a number of free monthly trainings available for youth, families, caregivers and youth serving staff across the community. Classes offered include:

- Mental Health 101
- QPR Suicide Prevention Skills Training
- Compassion Fatigue/Burnout Training for staff and caregivers
- Understanding ACEs (Adverse Childhood Experiences)
- System of Care Orientation
- Social events and leadership development trainings for youth and parents

Reach Out!

Call: [616-566-6946](tel:616-566-6946)

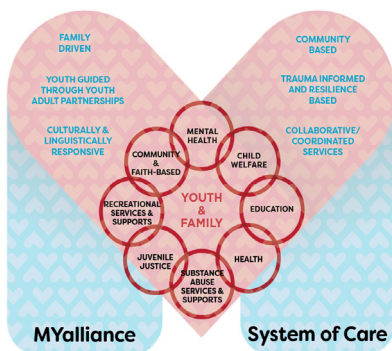
Email: info@myalliancesoc.org

Visit: www.myalliancesoc.org



The System of Care Model:

A spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families. It's organized into a coordinated network, building meaningful partnerships with families and youth, addressing their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life.



Our strategies:

- Enhance infrastructure of child serving systems by increasing collaboration, coordination and youth and family engagement
- Expand county wide mobile response and stabilization unit
- Further develop continuum of crisis care services
- Develop a shared team model for delivering interconnected school based mental health supports
- Increase meaningful use of intensive care coordination approaches

Traditional Community Approach to Meeting Needs



Parent Engagement

Contact **Kevin Schmidt**, Lead Family Contact
kevin.schmidt@healthwest.net, (231) 638-9720

The MYalliance System of Care Lead Family Contact is here to facilitate systems changes driven by parents and families, build capacity for parent and family engagement, and support parents and family members of children and youth with complex needs in Muskegon County. This could include parents of children who are receiving mental health or special education services, who are involved in the juvenile justice or child welfare system, foster or adoptive parents, or parents who are struggling with their own mental health concerns.

Services provided by Kevin:

- Connects parents/family members to community resources and opportunities for parent engagement, leadership development, advocacy, committee involvement, social connection, and training
- Helps connect parents with each other to form social support networks
- Delivers training, technical assistance and consultation for families and agencies in the areas of parent voice and family driven care
- Facilitates the Family Leadership Team to advise systems change efforts
- Problem solves with parents and/or agency partners when encountering barriers to accessing services and supports
- Encourages feedback from parents and help parents and system partners utilize feedback for continuous quality improvement
- Assists and support parents in navigating child serving systems
- Helps resolve conflicts between parents and professionals
- Offers one-on-one and group support to parents and family members
- Connects parents with lived experience to committee involvement and other leadership opportunities
- Coordinates and links to family friendly activities in the community

Youth Engagement

Contact **Andre L. Williams Jr.**, Youth Engagement Specialist
Andre.williams@healthwest.net, 231-740-7159

The MYalliance System of Care Youth Engagement Specialist is here to facilitate systems changes driven by youth, build capacity for youth engagement and youth-adult partnerships, and support youth with complex needs in Muskegon County. This could include youth who are receiving mental health or special education services, who are involved in the juvenile justice or child welfare system, foster or adoptive youth, youth in crisis, or youth who are struggling at home or in school.

Services provided by Andre:

- Connects youth to community resources, such as opportunities for engagement, resources, leadership development, advocacy, committee involvement, social connection, and training
- Helps connect youth with each other to form peer networks
- Delivers training, technical assistance and consultation for youth and agencies in the areas of youth voice and youth guided care
- Advises BOOM Youth Leadership Team which informs systems change efforts
- Assists youth in crisis to find appropriate services
- Identifies and seeks resolution for barriers for youth in Muskegon County
- Problem-solves with youth and their families and/or agency partners when encountering barriers to accessing services and supports
- Encourages feedback from youth and system partners utilize feedback for continuous quality improvement
- Assists and supports youth in navigating child-serving systems
- Helps resolve conflicts between youth and parents or professionals
- Offers one-on-one and group support to youth
- Creates social opportunities for youth (bowling, skating)
- One-on-one meetings in the community, home, or location of choice
- Connects youth with lived experience to committee involvement and other leadership opportunities
 - Coordinates and links to youth-friendly activities in the community



MYalliance System of Care - Core Values

Family-Driven/Family Partnership: The family voice is heard and implemented throughout policy, program development, and service delivery. Services have moved from family as client, to family as partner and advisor. Services are “done with” the family, rather than “done to” the family. The family is seen as the constant in the youth’s lives, and professionals are seen as most effective when supporting the family.

Youth-Guided Through Youth-Adult Partnerships: Youth are supported in becoming advocates for themselves. Youth’s perspective is solicited, valued, and incorporated into their care and throughout policy, program development and service delivery. Youth and adults can work together in partnership for community change when power dynamics are open to exploration, both are seen to have equally valuable assets to contribute, and training and supports are relevant and ongoing.

Community Based: Services are provided in the home and community first recognizing that youth are best served in the context of the family. However, for some children this will neither be possible nor safe for their care. Efforts will be made to support the earliest possible return to the community.

Culturally and Linguistically Responsive: The services provided shall accept, respect and give attention to cultural differences and seek to understand the knowledge, values, beliefs and customs that belong to particular cultural communities. Cultural Humility is the vehicle by which we promote our community’s cultural and linguistic responsiveness.

Collaborative/Coordinated Services: The services from one agency are planned in concert with all other agencies. Care plans reflect similar goals and interventions for the same youth and family. Care plans are complementary between agencies, not in opposition. Professionals and family members communicate regularly to ensure care plans are coordinated. The family and youth, and their desires, are the center of all care plan meetings.

Trauma Informed and Resilience Based: Services provided to youth, and families will be served by professionals who understand the impact of trauma on child and human development. A common lens is shared to explore “what happened to you” rather than “what is wrong with you.” Professionals, community members, and families will have ongoing opportunities to learn about the effects of trauma and how to support each other through adverse experiences and build resilience. Resilience is the ability to see and build your personal strengths and effectively use them to improve your wellness.

Glossary of Common MYalliance Phrases/Acronyms

ACEs: Adverse Childhood Experiences are stressful or traumatic events, including abuse and neglect. They may also include household dysfunction, such as domestic violence or substance use disorders. ACEs have been linked to risky health behaviors, chronic health conditions, low life potential, and early death. As the number of ACEs increases, so does the risk for these outcomes.

BOOM Youth: The System of Care's youth leadership team for area youth and young adults. (www.facebook.com/BOOMMuskegon)

CAFAS: The Child and Adolescent Functional Assessment Scale assesses the degree of impairment in youth with emotional, behavioral, psychiatric, or substance use problems. (<https://www.fasoutcomes.com/Content.aspx?ContentID=12>)

CANS: The Child and Adolescent Needs and Strengths assessment tool was developed for children's services to support decision making, including level of care and service planning; to facilitate quality improvement initiatives; and to allow for the monitoring of service outcomes. (<https://praedfoundation.org/tools/the-child-and-adolescent-needs-and-strengths-cans/>)

NOMS: National Outcome Measures Survey which describes characteristics of youth, young adults, and families who receive systems of care services in expansion grantee sites (e.g., Muskegon County) and track their outcomes over time. This is required by the Substance Abuse and Mental Health Services Administration (SAMHSA). It is a set of interviews with the parent/guardian and/or the youth in services. It is conducted at the time of service entry, at six months, and when the youth is discharged from services.

CHIR: The Community Health Innovation Region is a major component of the State Innovation Model (SIM) initiative to build community capacity to drive improvements in population health. The CHIR is a broad partnership of community organizations, local government agencies, business entities, healthcare providers, payers, and community members that come together to identify and implement strategies that address community priorities. The Health Project is the CHIR's backbone organization in Muskegon County. (<https://www.michirlearning.org/>)

FRC: Family Resource Center is now Pathways to Potential.



IEP: An Individualized Education Plan is a written document for each eligible child with a disability that is

developed, reviewed, and revised during a meeting with, at a minimum, the child's parents, general education teacher, special education teacher, and school administrator, as required under the Individuals with Disabilities Education Act. (<https://sites.ed.gov/idea/regs/b/d/300.324>)

ISD Portal: Integrated Service Delivery is a MDHHS initiative to streamline multiple department services to be more family focused and user-friendly, including the use of a single shortened application for multiple services and programs.

JDC: The Juvenile Detention Center is a secure, coeducational child caring institution for youth who are accused of, or adjudicated for, law violations. It operates under the auspices of the Muskegon County 14th Circuit Court/Family Division. (www.co.muskegon.mi.us/1118/Juvenile-Transition-Center)

MAISD: Muskegon Area Intermediate School District.

MDHHS: The Michigan Department of Health and Human Service's mission is to protect, preserve, and promote the health and safety of the people of Michigan. (www.michigan.gov/mdhhs/)

MiPHY: Michigan Profile for Healthy Youth is a student health survey about health risk behaviors, including substance use, violence, physical activity, nutrition, sexual behavior, and emotional health in grades 7, 9, and 11. (www.michigan.gov/mde/services/health-safety/miphy)

MiTEAM: MDHHS uses the MiTEAM Practice Model, a trauma informed approach, to guide child welfare staff on the specific interventions and activities families need to be successful. (www.michigan.gov/mdhhs/doing-business/cw-staff/strengthening-focus/miteam)

MOU: A Memorandum of Understanding is a written, non-legally binding agreement between two or more parties that documents and helps to establish partnerships.

P2P: In Pathways to Potential, MDHHS places success coaches in schools where high numbers of families are already receiving assistance through MDHHS. The coaches work closely with the family, school principals, social workers, attendance agents, and teachers to address attendance, education, health, safety, and self-sufficiency issues. (www.michigan.gov/mdhhs/doing-business/pathways-to-potential-test-page)

SAMHSA: Substance Abuse Mental Health Services Administration is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities. (www.samhsa.gov/about-us)

SED: A child with a Serious Emotional Disturbance is a child from birth to age 18 who currently has, or at any time during the past year has had, a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the Diagnostic and Statistical Manual of Mental Disorders that resulted in functional impairment, which substantially interferes with or limits the child's role or functioning in family, school, or community activities.

SOC: The System of Care is a set of cross-system partnerships among child-and family-serving agencies with the common goal of developing a broad array of services and supports that are family and youth driven, community based, trauma informed, and culturally and linguistically responsive to improve outcomes for children, youth, and families with multi-system needs.

SPARS: SAMHSA's Performance Accountability and Reporting System is a reporting system required of SOC expansion sites by SAMHSA as a way to collect and report performance data using approved measurement tools.

TIP: The Transition to Independence Process Model is used by HealthWest's Transition Age Services team to support young adults ages 14 to 26 who have emotional or behavioral disorders to help them prepare for adulthood. It is meant to engage the youth in their own future planning process and provide developmentally appropriate and appealing supports and services.

WA: Wraparound gathers all members of a child's treatment team regularly with the child and family to plan how to best meet their goals and needs. The child helps choose their team, often composed of family members, friends, natural supports, and service providers, to create a plan that reflects the child's/youth's culture, strengths, needs, goals, and dreams.



Child Welfare: Pathways to Potential (P2P)



Function within the Community

To provide opportunities, services and programs that promote family strength and school success.

Positions within this System and Services Provided

Success Coach: Works with community partners and school personnel in efforts to help families be successful. Success Coaches work one on one with families to identify and remove barriers and connect them to a network of services. Success Coaches also work with schools to support good school attendance and address barriers to attending school when they arise. Barriers can be as simple as a lack of a school uniform or not having an alarm clock, or as complex as a caregiver suffering from mental health issues or facing imminent homelessness. Using a team approach to quickly identify issues that impact family life or prevent children from attending school, many families and children are assisted and there is a drop in absenteeism. The Success Coach also determines eligibility for cash assistance and other DHHS programs that help to provide stability in family circumstances.

Eligibility Specialist: Works with the families of students that attend the school in which they are placed. The primary role is to determine eligibility for DHHS programs, talk with students and families that walk in and have questions or need some sort of assistance, and may partner with the Success Coach in some of the school activities.

Where are Services Delivered?

We go to where the client is located. Services are delivered in the school, the community, and home.

Families are assigned to Success Coaches based upon a request for assistance or an identified need. Each School District has at least one Pathways to Potential site with a Success Coach assigned. Some school districts may have more than one Pathways to Potential site and Success Coach.

Contracted Services

The following community programs have signed contracts with Muskegon County DHHS to provide services to P2P families: Families Together Building Solutions (FTBS), Parent Mentor, State Counseling Contracts.

*Contracted services differ by county.

Referrals to other community services may be made as needed.

Are Services Voluntary or Involuntary?

Services are voluntary.

How are Services Accessed?

Anyone can call request assistance from the Success Coach in their school district.

Contracted services are accessed through a referral made by the Success Coach.

Eligibility Determination

All residents of Muskegon County are served by Pathways to Potential.

Appropriate services are determined through engagement with the family. Certain services are limited based upon family circumstances. The Parent Mentor, FTBS, and counseling services are screened by DHHS Liaisons for eligibility. Payment supports are determined by Program Standards.

Consents

Pathways to Potential does not have the authority to consent to any medical or mental health services.

Language Translation Availability

Occasionally there are bilingual workers, but rarely. Translation services are available.



Key Contacts

General questions/information regarding Pathways to Potential in Muskegon Co., call [Muskegon Co. DHHS at 231-733-3700](tel:231-733-3700).

Role in MiTeam

The Success Coach may hold Family Team Meetings (FTM) with service providers, family and informal supports to assist in supporting families.

Role in Wraparound

Attend meetings as requested by families and service providers.

Relevant Links/Resources

www.michigan.gov/PathwaysToPotential - Pathways to Potential

www.newmibridges.michigan.gov - Online Benefit Access

Child Welfare: Muskegon County Child Protective Services (CPS)



Function within the Community

To provide opportunities, services and programs that promote a safe, healthy and stable environment for residents to be self-sufficient.

Positions within this System and Services Provided

Children's Protective Services workers provide direct case management.

CPS Investigator/Case Manager: To investigate an abuse/neglect complaint and to determine whether it is a violation of the Child Protection Law. The investigator has 30 days to determine if there is a preponderance of evidence of abuse or neglect. Depending on the investigative findings, the case will be classified into one of the following categories:

Category V ("Cat 5"): Following a field investigation, it is determined there is no evidence of abuse or neglect. Services are not needed.

Category IV ("Cat 4"): There is not a preponderance of evidence* of abuse or neglect, but a structured decision-making tool/risk assessment indicates there is future risk of harm to the child. Community services are recommended. CPS assists family in voluntarily participating in community services related to risk to the child.

Category III ("Cat 3"): CPS determines there is a preponderance of evidence of abuse or neglect and the structured decision-making tool/risk assessment indicates

low or moderate risk of future harm to the child. Community services are needed. CPS assists the family in receiving community-based services related to risk to the child. If the family fails to engage in these services or does not progress toward alleviating risk to the child, CPS can consider reclassifying as a Category II.

Category II (“Cat 2”): CPS determines there is evidence of child abuse or neglect and the risk assessment indicates high or intensive risk of future harm to the child. A protective services case will be opened, an ongoing worker is assigned, and provide services necessary. The perpetrator of abuse/neglect will be listed on Central Registry*.

Category I (“Cat 1”): CPS determines there is evidence of child abuse/ neglect and a court petition is required. A Category I case can consist of children being made temporary in-home wards of the court or removal from their parent’s care. Upon removal, the CPS case is transferred to Foster Care. The perpetrator of abuse/ neglect will be listed on Central Registry*.

CPS Ongoing: Oversees the investigative outcomes of Category I, II, III (some) cases. These cases are referred to as being “open”. The ongoing worker ensures services are provided and risk level in the home is reduced.

Where are Services Delivered?

Services are delivered in the home, the community, and some duties in the Muskegon County MDHHS office. Cases are assigned to CPS caseworkers based on three county regions (North, Central and Southeast). In each of these regions there are school sites that are designated with a CPS worker liaison.

Contracted Services

The following community programs have signed contracts with Muskegon County DHHS and provide services to CPS cases: Families First, Families Together Building Solutions (FTBS), Parent Mentor, Foster Care Supportive Visitation, parenting classes, substance abuse assessments, psychological evaluations and substance abuse/mental health counseling services.

*Contracted services differ by county.

Referrals to other community services may be made as needed.

Are services Voluntary or Involuntary?

Services are voluntary until the point a case is adjudicated* and services are ordered by the court.

How are Services Accessed?

Anyone can call in a complaint of suspected abuse or neglect by calling the Centralized Intake Abuse/Neglect hotline 24/7 at 855-444-3911.

Contracted services are accessed through a referral made by the CPS worker.

Eligibility Determination

All residents of Muskegon County are served by CPS.

Appropriate services are determined by the Category outcome of the CPS investigation. Certain services are limited to certain Category Classifications. The Parent Mentor, FTBS, and Families First referrals are screened by DHHS Liaisons for eligibility.

Category Classifications and Department response: (MDHHS Child Protection Law, “DHS Pub 3 (Rev. 7-15) p. 30)

Consents

CPS does not have the authority to consent to any medical or mental health services.

Language Translation Availability

Occasionally there are bilingual workers, but rarely. Translation services are available.

Key Contacts

To report suspected abuse/neglect: [Centralized Intake 855-444-3911](tel:855-444-3911)

For general questions/information regarding CPS cases in Muskegon Co., call [Muskegon Co. DHHS at 231-733-3700](tel:231-733-3700).

HLO supervisor: [231-733-3787](tel:231-733-3787)

Ed Planner supervisor: [231-327-6820](tel:231-327-6820)

Role in MiTeam

To have Family Team Meetings (FTM) with service providers, family and informal supports present whenever it is called for on a case (within 30 days prior to Updated Services Plan (USP) report, when considering removal, following removal, when there is a crisis on a case or identified need).

Role in Wraparound

CPS worker (usually ongoing) will be invited and expected to attend all initial planning meetings and then at least monthly thereafter to implement the plan.

Role in Pathways to Potential

Refer families to community based preventative services through the Pathways to Potential school site.

Glossary of Common Phrases/Acronyms

CAC: Children's Assessment Center/Child Abuse Council:
Forensic interviews are conducted here with children age 8 and under as part of official CPS/Law Enforcement investigations involving suspected sexual abuse. Counseling services also provided. Address: 1781 Peck, Muskegon, MI 49441 [231-728-6410](tel:231-728-6410)

CA/N: Child Abuse/Neglect

CI: Centralized Intake

CR: Central Registry: System maintained at MDHHS that is used to keep a record of individuals whom have been substantiated of child abuse/neglect (Cat. I or II: cases where there is a preponderance of evidence and a high or intensive risk level)

CPL: Child Protection Law

DV: Domestic Violence

FTBS: Families Together Building Solutions

FTM: Family Team Meeting

ICWA: Indian Child Welfare Act

ISP: Initial Service Plan

LE: Law Enforcement

LEN: Law Enforcement Notification

NA: Native American

McKinney-Vento Services: Federal act which assists homeless youth/those living in other defined inadequate housing in enrolment, transportation, meals, etc.

MiSACWIS: Michigan Statewide Automated Child Welfare Information System.

MIC: Maltreatment In Care. This is an investigative unit which investigates allegations of maltreatment in licensed placements.

USP: Updated Service Plan

POA: Power of Attorney. A written, signed document authorizing another person to act as one's agent for a limited period of time. Court action is not necessary. A POA is not equivalent to an order of guardianship.

POE: Preponderance of Evidence: Evidence of abuse/neglect is of greater weight or more convincing than evidence offered in opposition to it.

"Sub"/Substantiate: A case classified as a Central Registry Case (Cat. I or II)

"Sub"/Substantiate with no Central Registry Case: CPS case classified as Cat. III

Unsubstantiated: CPS case classified as Cat. IV, or V

Court Specific Terms

“Prelim”/Preliminary Hearing: A petition (list of facts of the case) is presented in front of a referee. The court then determines whether to authorize the petition or not. If authorized, the court then determines whether the children will become in-home wards of the court or out-of-home wards (in a relative or foster care placement). These can be conducted on an emergent (within 24 hours of a removal), or non-emergent (future date) basis.

Adjudication Hearing: A hearing in which evidence will be presented to the court and witnesses will testify and be cross-examined. Sometimes parents admit to the allegations or plead “no contest,” in which case a full hearing will not be necessary. Other times, parents tell the court they have done nothing wrong. At the conclusion of the trial, the court will decide whether the child(ren) should remain wards of the court, stay in foster care or should be returned to the parent(s).

GAL: Guardian Ad Litem: Attorney appointed to represent the children. *If termination of parental rights is sought at the beginning of a case, termination of rights may occur at this hearing.

CPS Temporary Court Ward/ “In-Home Ward”: A child who has been determined by the family court to come within its jurisdiction, but the child remains in the parental home and supervised by Children’s Protective Services (CPS). The court may issue an order making the youth the responsibility of DHHS for placement and care while retaining the responsibility for judicial review.

Relevant Links/Resources

MDHHS Child Protection Law: www.legislature.mi.gov

Child Welfare: Muskegon County Foster Care



Function within the Community

To provide opportunities, services and programs that promote permanency in a safe, stable environment for children.

Positions within this System and Services Provided

Within Muskegon County, foster care case management services are provided by both Muskegon County DHHS and private agencies. Current private agency providers include Bethany Christian Services, Catholic Charities West Michigan, Arbor Circle, Holy Cross Children's Services, and Samaritas.

Foster Care workers provide direct case management by working with biological parents, children, foster parents, the court/attorneys, and service providers.

Main duties of the **foster care worker/case manager** include:

- Make recommendations to the court about the case plan and needed services.
- Partner with biological parents to develop a Parent-Agency Treatment Plan in accordance with court orders and needs identified in the CPS and/or foster care case.
- Assess need for and make referrals to appropriate services for parents.
- Visit with biological parents, children, foster parents, and supervise parenting times.
- Attend court hearings and report on parent progress in achieving treatment plan goals and updates on the well-being of the children.

MDHHS Specialty Positions: The foster care worker may call upon the expertise of one of the following DHHS employees in regard to health and/or education issues:

- **Health Liaison Officers:** Ensure youth in foster care have access to and receive necessary medical care. A resource for foster care workers who are having trouble with Medicaid or medical providers.
- **MYOI Coordinator:** Michigan Youth Opportunity Initiative provides services and opportunities for youth aging out of foster care. Youth Board, recreational activities, educational opportunities, and service projects are offered for youth.
- **DHHS Foster Care Monitor:** Carries a caseload of up to 90 cases where private agency foster care workers provide direct services to children and their families. The DHHS Foster Care Monitor is vital to the approval process of services, assuring proper funding is used for said services, all according to policy. They are a resource to the private agencies with expertise in DHHS policy.
- **Juvenile Justice Worker:** Carries a caseload of youth who are involved in delinquency court proceedings. These cases are referred from juvenile court for juvenile justice services. The Juvenile Justice Worker directs youth through a continuum of treatment and services that will provide youth and families with the knowledge and skills needed to reduce delinquency behaviors and promote appropriate attitudes and strengthen the youth's capacity for self-sufficiency, enabling them to function responsibly in their home and community. These services include, but are not limited to, residential treatment, case planning and re-entry supervision.
- **MiTEAM Specialist:** The MiTeam Specialist is a non-caseload carrying worker who is the recognized field resource for strengthening child welfare's focus on children and families across the State of Michigan. The MiTeam Specialist utilizes a trauma informed practice model approach to case practice in child welfare. MiTeam Specialists are leaders that embody best practice with a keen ability to impact change. The MiTeam Specialist initiates routine opportunities to assist caseworkers in their local office as they apply best practice in everyday child welfare activities to improve safety, permanency and well-being for children and families by utilizing four core duties (model, coach, train and observe/document/provide feedback). The core competencies of MiTeam are training, engagement, assessment and mentoring.

- **Licensing:** Licensing is a joint effort between the State of Michigan and licensed child placing agencies. The Licensing Department within each foster care agency evaluates potential foster homes and oversees the licensing process, in compliance with MDHHS regulations. GROW Training is required for foster parents.

Where are Services Delivered?

Services are delivered in the home of the biological parent, foster family, foster care agency, court, and occasional meetings at Muskegon County MDHHS.

Contracted Services

Families with children in foster care may be referred to a variety of services such as substance abuse assessments, psychological evaluations, parenting classes, mental health/substance use counseling, supervised parenting time, vocational/employment services, budgeting, Foster Parent Support, Parent Mentor Program, Supportive Parenting Visitation. Family Reunification Program (FRP) is frequently used when children are being returned home. Occasionally referrals are made to Families First or Families Together Building Solutions.

Referrals to other community services may be made as needed.

Specialized Foster Care Services

Young Adult Voluntary Foster Care (YAVFC): This optional program allows youth to remain in foster care through age 21. The youth must be working or in school or a combination of both.

Michigan Youth Opportunity Initiative (MYOI): services and opportunities for youth “aging out” of foster care (approaching age 18 with an appropriate permanency goal). Youth Board, recreational activities, educational opportunities, and service projects are offered for youth.

Youth in Transition (YIT): On or after the youth’s 14th birthday, the foster care case manager initiates the process in MiSACWIS.

Family Reunification Program (FRP): Foster care case manager makes a referral to this program. A court order is needed for this program to begin.

Are Services Voluntary or Involuntary?

Compliance with a Parent Agency Treatment Plan is voluntary, yet necessary, in order for reunification with one’s children to remain an option. Some services may be court ordered.

How are Services Accessed?

Once a child is removed from the care of his/her parents via CPS proceedings, the case is assigned to a foster care agency, which assigns an individual foster care worker/case manager.

Eligibility Determination

All residents of Muskegon County are served by Muskegon County Foster Care agencies.

Consents

Please refer to MDHHS Foster Care policy/private agency foster care policy.

Language Translation Availability

Translation services are available for use.

Commonly Asked Questions

Q: What are the different wardship/legal statuses in the abuse/neglect system?

A: There are several different legal statuses and combinations therein. Below are the most common legal statuses, but please refer to the legal status section of the DHHS Foster Care Manual (in appendix) for comprehensive list.

Temporary Court Ward (Abuse/Neglect): A child who has been determined by the family court to come within its jurisdiction due to the parents' unwillingness or inability to provide adequate or appropriate care. In this situation, parental rights to the child have not been terminated. The court may issue an order making the youth the responsibility of DHHS for placement and care while retaining the responsibility for judicial review.

Permanent Court Ward (Neglect): A child whose parents' rights have been terminated by the family division of the circuit court with jurisdiction over the child. Following termination, the child is referred to DHHS for adoption planning and services. *The court retains legal authority and responsibility* for the permanent court ward.

State/MCI (Michigan Children's Institute) Ward: A child who has been committed to DHHS following termination of parental rights by a family division of the circuit court with jurisdiction over the child.

Upon termination of parental rights of both parents, *the court commits the child to the DHHS*. Such a child is considered a ward of the Michigan Children's Institute (MCI). The MCI Superintendent is the child's legal guardian.

Dually Involved Ward: A child with legal statuses in both the neglect court and delinquency court.

Q: What are the different permanency outcome goals?

A: There are 5 allowable permanency outcome goals:

- 1) **Reunification:** Being reunified with parents.
- 2) **Adoption:** Requires termination of parental rights.
**At age 14 a child can say they will not consent to adoption, which leads to one of the following permanency goals:*
- 3) **Placement with a Fit and Willing Relative**
- 4) **Guardianship:** A judicially-created relationship between child and caretaker that is intended to be permanent and self-sustaining. The guardian/caretaker will have the following parental rights with respect to the child: protection, education, care and control of the person, custody of the person, and decision-making.
- 5) **APPLA:** Another Permanent Planned Living Arrangement. Child age 15 and up resides with an identified supportive person.
 - **Independent Living (IL):** Child resides with a foster parent or in another approved living arrangement; however, child receives payment to support himself. The Independent Living program is intended to improve success of foster youth transitioning to adulthood from the state’s foster care system. The goal is to empower youth to be able to take care of oneself physically, socially, economically, and psychologically.
 - **Semi-independent living (SIL):** Foster placement where the parent still receives payment from the state.

Role in MiTeam

To have Family Team Meetings (FTM) with service providers, family and informal supports present whenever is called for on a case (within 30 days prior to Updated Services Plan (USP) report or when there is a crisis on a case or an identified need).

Role in Wraparound

Attend at least monthly Wraparound meetings.

Role in Pathways to Potential

Refer families to community based preventative services through the Pathways to Potential school site.

Glossary of Common Phrases/Acronyms

AWOL: Absent without legal permission. Aka “runaway.”

CANS: Child Assessment of Needs and Strengths. Section of an Initial/Updated Service plan which identifies a child’s needs and strengths.

Concurrent (Permanency) Planning/ “CPP”: The process of working towards reunification while at the same time planning an alternative permanency plan in the event that reunification efforts are unsuccessful.

Dual Order: Within the court order, the foster care agency is given discretion to decide whether youth can remain in licensed foster care or returned home before the next 90 day review hearing.

FANS: Family Assessment of Needs and Strengths. Section of an Initial/Updated Service plan that identifies a family’s needs and strengths.

FTM: Family Team Meeting

FRP: Family Reunification Program. A home-based program that provides individualized in-home, solution based interventions that focus on child safety. Program duration is usually 4-6 months. FRP teams are in the home 4-6 hours per week.

ICPC: Interstate Compact for Placement of Children

PAFC: Private Agency Foster Care

YIT: Foster Youth In Transition. This is a funding source available to cover expenses NOT covered by other government or community resources. Available to children who are/were in foster care on or after 14th birthday. (e.g.: educational, employment support, daily living skills, transportation, services for physical/mental/social well-being)

Court Specific Terms

Adjudication Hearing: Evidence will be presented to the court and witnesses will testify and be cross-examined. Sometimes parents admit to the allegations or plead “no contest,” in which case a full hearing will not be necessary. Other times, parents tell the court they have done nothing wrong. At the conclusion of the trial, the court will decide whether the child(ren) should stay in foster care or should be returned to the parent(s).

Dispositional Review Hearing (“Dispo”): At this hearing, the court will hear progress updates of both the parents and children. The court will order expectations of parents in order for child(ren) to be returned home safely.

Relevant Links/Resources

Foster Youth in Transition: <http://www.michigan.gov/fyit>

MDHHS Children’s Foster Care Manual: <https://dhhs.michigan.gov/olmweb/ex/FO/Mobile/FOM/FOM%20Mobile.pdf>



Role within the Community

HealthWest is the Community Mental Health and Certified Community Behavioral Health Clinic for Muskegon County.

HealthWest provides so much more than mental health care; Services are also provided in the areas of developmental disabilities, substance use, physical health, and early intervention and prevention. HealthWest knows that caring for the “whole person” is the key to wellness and recovery.

Phone: 231-724-1111 24-Hour Warmline: 231-722-HELP (4357)

Locations

**HealthWest
Mental Health Center**
(Main Campus)
376 E. Apple Avenue
Muskegon, MI 49442
231-724-1111

Youth & Family Services
154 McLaughlin
Muskegon, MI 49442
231-724-6050

**Transition Age and Juvenile
Justice Services**
(South Campus)
131 E. Apple Ave
Muskegon, MI 49442
231-724-6050

Youth Services
1352 Terrace Street
Muskegon, MI 49442
231-724-6050

**Autism Program and
HealthWest Training Room**
(Folkert Community Hub)
640 Seminole
Muskegon, MI 49441
231-332-3849

MYalliance SOC Administration
133 E. Apple Ave
Muskegon, MI 49442
231-724-6050

Crisis Residential Center
1364 Terrace Street
Muskegon, MI 49442
231-724-6040

Who does HealthWest Serve?

HealthWest, as the Community Mental Health services provider, serves those with Medicaid and those with no insurance. Individuals with commercial insurances may be eligible for HealthWest services depending on severity of their diagnosis, but this is considered on a case by case basis.

Services Provided

HealthWest offers services to youth with behavioral health concerns through a variety of approaches and strategies in partnership with youth and families. Youth ages birth-26 with a serious emotional disturbance and/or developmental disability and who have Medicaid or MI Child may qualify for services. The Youth Services Department has interdisciplinary teams consisting of clinicians, nurses, parent support partners, peer supports and other positions that work together in partnership with the family to provide therapy, parent and peer support, respite, and community living support services. The various teams/services are as follows:

Youth Mobile Response and Stabilization: Crisis Response Clinicians respond to a child's mental health crisis at preferred location of the family. They aim to defuse the immediate crisis that threatens the safety of those involved and keeps the youth in their community setting. For youth and families who are being connected to another community provider or HealthWest services, the stabilization team will establish a follow-up plan to assure these services are engaged and meeting the presented need.

SED (Serious Emotional Disturbance) Outpatient:

SED outpatient is designed to provide time-limited services to youth and their families including youth and parent groups, individual therapy along with case management. Group therapy is a best practice for youth. SED outpatient provides case management, parent educational groups, along with group and individual therapy. Case management provides assessment, treatment planning, coordination of services, linking, coordinating, and monitoring of internal and community-based services. Parent education groups include Parenting Through Change, which is an evidence-based treatment model for parents of youth with a serious emotional disturbance. Group therapy is a best practice model for youth and this program offer multiple groups with various topics. Individual therapy supports a youth's need for a safe environment in which to share, explore, and process any variety of stressors, experiences and symptoms while developing an improved

understanding of themselves and strategies toward recovery. This program implements evidence-based practices whenever possible.

School Based Services: Community services are being offered in several school districts by multiple agencies. Services include mental health, parent outreach, attendance support, connection to resources and prevention education.

Home Based Services (HBS): This is the most intensive home and community-based services for youth and families, with the majority of the services being provided in the family home and community. HBS offers a family driven and youth guided approach that addresses the needs of the youth and the overall family functioning through the development of related treatment goals. To ensure adequate intensity of services, the program requires a minimum of four contacts per month with the youth and family. This program is specifically designed to keep youth and families together, avoiding unnecessary out of home placement (hospital, child welfare, incarceration, residential, family placements, etc.), allowing families to develop safety and recovery within their own homes.

Transition Age Services (TAT): The Transition Age Team (TAT) holds an accreditation in the Transition to Independence Process (TIP) model. The TIP model is the foundational approach used by all staff within this program. This program is specifically designed to assist in keeping high risk young people, ages 16-23, in the community through assisting the young person in developing a natural and professional support system that they can navigate successfully to meet their needs and desires. Service delivery is intensive due to frequency of intervention and multidisciplinary team approach.

Juvenile Justice (JJ): The Juvenile Justice Team (JJ Team) supports youth and families at risk of legal intervention who display risk factors for involvement in the juvenile justice system or on probation. Through the use of braided funding with Family Court, this team provides intensive, home and community based services for families with complex needs and are at risk of juvenile justice intervention. The JJ team can work with the family court team when youth are on probation and the Juvenile Detention Center staff to support you who are placed at the JDC or other out-of-home/out-of-community placements. When a youth is placed out of the community, the JJ team provides a high level of care coordination with the residential facility and continues family therapy to improve the success of a transition from residential back into the community before discharge occurs. A significant focus

for this team is developing healthy relationships between youth and their communities, decreasing the amount of out-of-home/out-of-community placements, and shortening length of stay at out-of-home/out-of-community placements.

Infant Mental Health (IMH): This home based service is an intervention program for children from birth to 6 years of age designed to support early attachment relationships, which form the basis of future relationships and healthy overall functioning. Infants, toddlers, and young children who are exhibiting symptoms of trauma, attachment disturbance, or are showing signs of concerning social or emotional development, are eligible for IMH services. The youths parent may also be the recipient of services. This would be based on the parent's own mental health concerns, which could be having an adverse impact on parent/child relationship.

Autism Services: Provides each enrolled child (18 months to 20 years) and their family with individualized treatment and support using the principles and techniques of Applied Behavior Analysis (ABA). It is the philosophy that participation by parents and caregivers is integral to the success of each child, and the program strives to provide education and training that will allow parents and caregivers to become equal members of the child's treatment team.

Substance Use Disorders (SUD): Minors who seek recovery/assistance with their use of drugs/alcohol and its effect on their lives can voluntarily consent for substance use services without the written or verbal consent of a parent. Youth/family should contact one of the following providers:

Wedgwood: 616-942-2110

Trinity Life Counselling: 231-726-3582

Wraparound: This evidence based program is designed for families when there is a high need for intensive mental health services and other youth serving system (Mental Health, Juvenile Justice, Child welfare (foster care/CPS), School based) integrated care management. A wraparound coordinator is assigned to assist in creating and monitoring an overall family plan, communicating with the family's team around youth and family's needs and progress, and creating a sustainable, natural support network. The Wraparound planning process emphasizes empowering youth and families and crisis stabilization.

Accessing Wraparound can be done through a referral process in place for youth serving system partners or by accessing an intake assessment through HealthWest assessment and stabilization services. For information regarding this service please call, 231-722-HELP.

Adult Services: Information in this manual is specific for HealthWest youth services. For information regarding adult services, visit www.healthwest.net or call [231-722-HELP \(4357\)](tel:231-722-HELP).

Where are Services Delivered?

Services are delivered in a variety of locations based on service authorization and the family's needs. Services may take place at home, at a HealthWest campus, in the school on a limited basis, or other locations as needed.

Contracted Services

HealthWest has contracts with many area agencies. Individuals are given a choice of provider if more than one offers the service.

Are Services Voluntary or Involuntary?

HealthWest services are voluntary and the individual must have a desire to participate. The individual can decline a service or discontinue participation at any time under any circumstance.

The following exception applies:

Involuntary Inpatient Hospitalization: In the instance where an individual is believed to be an imminent threat to themselves or others or the individual's judgment is so impaired he/she is unable to understand the need for treatment, another party can request an involuntary hospitalization of this individual. Certain conditions need to be met, which are assessed by a clinician and psychiatrist.

How are Services Accessed?

If a youth is requesting services, or a parent/guardian is requesting services on behalf of a youth, a member of the Mobile Response and Stabilization team will come to the home, school, or wherever is most convenient to conduct an assessment and make a referral for services.

To have the Mobile Response and Stabilization team schedule an assessment, or if the youth is in crisis, [call 231-722-HELP \(4357\)](tel:231-722-HELP).

Adults seeking services are encouraged to walk in to HealthWest during business hours where a member of the Adult Assessment and Stabilization team will meet with the individual, complete an assessment and make a referral for services. Those services could be within HealthWest or with one of the various providers with which we contract. [To walk in, visit the HealthWest Main Campus: 376 E. Apple Ave., Muskegon, MI 49442](#) Or call [231-722-HELP \(4357\)](tel:231-722-HELP).

Crises: Crises happens for a reason. Helping the family understand those reasons is the difference between a family, child, or young person feeling helpful or hopeless in being able to make change happen. There are solutions to every problem and crisis, no matter how painful. Focus needs to be on what is important to the child and family working through the crisis. HealthWest understands that a crisis is whatever the child and family say it is. Collaborating with families is key to resolving crises as opposed to making decisions on behalf of families. If a crisis occurs, call the [HealthWest 24-hour mental health warmline at 231-722 HELP \(4357\)](#) and trained staff will assist.

Eligibility Determination

As previously mentioned, HealthWest primarily serves those with Medicaid and those with no insurance depending on the severity of their illness. Individuals with commercial insurances may be eligible for HealthWest services depending on severity of their diagnosis, though this is on a case-by-case basis.

Private or Commercial Insurance: Individuals with private or commercial insurance may be eligible for HealthWest services. This will depend on several factors including the severity of their diagnosis or behavioral health needs.

Everyone who walks through the door will be provided an assessment regardless of insurance or ability to pay.

Consenting to Services

Screening for Services: Parent/legal guardian/foster care worker/foster parent will need to provide consent for a minor to receive services. However, an individual aged 14 and up can consent to a mental health screening. In some cases a minor child, aged 14 and up, could consent to and receive some services on a time limited bases.

Substance Use Assessment/Service for Minors: Individuals aged 14 and up can consent to an assessment as well as services for a substance use concern.

Psychiatric Services and Medications: Once a medical doctor/ Psychiatrist is involved in the treatment of a young person, consent will be needed from a biological parent or legal guardian*. In case of foster care: both foster care worker and biological parent must be present for psychiatric appointment. A foster care worker should complete DHHS form 1423 when medications are started/changed or discontinued along with the treating psychiatrist. A judge can intervene if a parent is not available/willing to consent to medications.

**A court appointed legal guardian is considered the legal parent and thus is able to sign for consent. Guardianship encompasses all decisions, unless otherwise noted in the guardianship papers.*

In cases where a parent refuses to sign a consent for medication treatment it may be possible to seek a court order through a judge.

Inpatient Hospitalization (including consent for medication): A parent, legal guardian, or Judge would need to sign a consent for treatment. The parent, legal guardian, or Judge is expected to sign a minor child into a facility and provide written consents for medications and changes in medications. (That information can be faxed or provided face-to-face.)

Language Translation Availability

Translation services are available upon request at no cost to the individual. HealthWest will work to be sensitive to these needs and ask if an interpreter is needed. If the individual knows in advance that an interpreter is needed, ask a HealthWest staff member to provide one.

Key Contacts

24-Hour Mental Health Warmline 231-722-HELP (4357): This number is answered by local, live trained staff who can assist in developing a safety plan, and/or refer to Mobile Crisis and Stabilization Services. This number can also be called for any mental health support included requests for service, accessing psychological first aid services, or general HealthWest or mental health questions.

Customer Services 231-720-3201 or customer.services@healthwest.net: The HealthWest Customer Services Department is dedicated to providing a positive and welcoming experience for anyone who enters the doors. If you have questions regarding anything referenced in this guide, you're encouraged to reach out to the Customer Services team.

Relevant Links/Resources

HealthWest Website: www.healthwest.net

Suicide Prevention Hotline: Call or text 988. www.988lifeline.org

The Trevor Project: 24/7 crisis intervention and suicide prevention for LGBTQ youth. www.thetrevorproject.com or 1-866-488-7386.



Function within the Community

Hackley Community Care has been providing quality health care services since 1992. In the beginning, our services were primarily centered on pregnant moms and new moms with infant children.

While we continue to serve mothers and children, we have grown to provide care for all ages and offer more services. Hackley Community Care was developed with the belief that the best way to address the healthcare needs of the community is to address the needs of the individual.

Our philosophy is to serve the whole person in every aspect of their lives that includes medical, dental, economic, social, psychological and spiritual. We treat each of these areas for an individual to achieve overall health.

Our mission is to support and promote our patients' total health with quality, integrity, respect, and compassion.

Who does Hackley Community Care Serve?

Hackley Community Care serves all ages from newborn to geriatrics. FQHCs are “safety net” providers whose main purpose is to enhance the provision of primary care services in under-served urban and rural communities in Muskegon County.

Locations

Medical Baker Site

2700 Baker Street - Muskegon, MI 49444
(231) 737-1335

Medical Leahy Site

1675 Leahy Street - Suite 103 - Muskegon, MI 49440
(231) 737-1335

NowCare, Medical and Mental Health Services - Clinton Site

1550 Clinton Street - Muskegon, MI 49441
(231) 733-6740

OB / Women's Health Baker Site

2700 Baker Street - Muskegon, MI 49444
(231) 733-6678

OB / Women's Health & Pediatrics Forest Site

172 E. Forest Avenue - Muskegon, MI 49442
(231) 733-6678

Dental Services Baker Site

2700 Baker Street - First Floor - Muskegon, MI 49444
231-737-8603

Community Care Pharmacy

2700 Baker Street - First Floor - Muskegon, MI 49444
(231) 737-9510

Integrated Health Clinic (IHC)

376 E. Apple Ave. - Muskegon, MI 49441
(231) 724-1335

Oakridge Teen Health Center

251 S. Wolf Lake Rd. - Rm 14 - Muskegon, MI 49442
(231) 733-6868

Muskegon Teen Health Center

80 W. Southern Ave - Room E113 - Muskegon, MI 49441
(231) 733-6868

Mobile Dental and Medical Services

2700 Baker Street
(231) 737-1335



All other School-Based Health Locations

Bunker Elementary (MH)

**Edgewood / Fruitport
Elementary (MH)**

**Fruitport Middle
School (MH)**

Holton Elementary (MH)

Holton Middle School (MH)

Marquette Elementary (SWP)

**Martin Luther King
Elementary (MH)**

Muskegon Middle School (SWP)

Muskegon Heights Academy (MH)

*SWP= Nursing and Mental Health Services

*MH= Mental Health Services

**Oakridge Lower
Elementary (MH)**

**Oakridge Upper
Elementary (MH)**

Oakview Elementary (MH)

**Orchard View Middle
School (MH)**

Ravenna Middle School (MH)

Three Oaks Academy (MH)

Whitehall Middle School (MH)

Services Provided

Medical

- Preventive care including physicals for all ages, flu shots, immunizations, screenings, evaluation and treatment of acute and chronic conditions
- Treatment for all ages, from newborn to geriatrics
- Minor office surgeries and procedures
- Hearing and vision testing
- On-site lab

Dental

- Preventative care including cleanings, fluoride, sealants, education, nutrition
- Emergency care including extractions and pain management
- Restorative care including fillings and dentures
- Oral exams
- X-rays
- Mobile dental van - screening and treatment services

Mental Health

- Mental health assessments and referrals
- Depression screening
- Substance abuse screening and counseling
- Community referral services
- Ongoing therapy

School Based Health Programs

- Evaluation and treatment of acute and chronic conditions
- Dental care
- Mental health counseling
- Immunizations
- Sports physicals
- Pregnancy testing
- Sexually transmitted infection diagnoses and treatment
- HIV screening and referral

OB and Women's Health

- OB and gynecological exams
- Health screenings
- Risk assessment
- Post-partum care
- Education and counseling
- Breastfeeding support


Mobile Programs

- Dental
- Medical
- Mental Health
- Can be arranged onsite with adequate numbers of anticipated users

Pharmacy: Answer any questions you may have about medications and assist with your prescription needs.

Service Access and Eligibility

We are delighted to provide care to you and your family! Please call our [New Patient Access Line at 231-733-6750](tel:231-733-6750). The registration process can be done over the phone or in person. You will be asked to provide your insurance information at the time of registration.

 Our Patient Advocate will ask questions about your past medical care and any current medical issues you are experiencing to best assist in scheduling your New Patient appointment.

No patient will be turned away due to the inability to pay. If you're uninsured, HCC offers a Sliding Fee Schedule. This program (not an insurance plan) is based on your family size and income and offers reduced fees to eligible HCC patients.

Commonly Asked Questions

Q. What programs and services does Hackley Community Care offer?

A. We offer Medical, Dental, OB, Maternal Infant Health, Mental Health, Patient Assistance Program, Pharmacy, Grandparents Raising Grandchildren Program, Breast & Cervical Cancer Program, as well as School Based Health Program

Q. How do I schedule an appointment?

A. Appointments can be scheduled during regular office hours.
[Medical: 231.737.1337](tel:231.737.1337) | [OB: 231.733.6678](tel:231.733.6678) | [Dental: 231.737.8603](tel:231.737.8603)
Please be specific when scheduling your appointment and inform us of any forms or papers you may need to have filled out. Please check in at the front desk and inform the receptionist of any changes of address, telephone number, insurance or email address.

Q. What should I bring with me at the time of my visit?

A. Please bring your insurance card, personal ID, copay or sliding fee scale payment and any past due owed, and a list of your current prescriptions.

Q. I currently receive care at another physician office. Can I transfer to Hackley Community Care? How do I get my records?

A. If you are looking to transfer your care to Hackley Community Care, call the [New Patient Access Line at 231-733-6750](tel:231-733-6750). A Patient Advocate will be able to address all of your questions and concerns. Once you are established as a patient and have your first appointment, your Hackley Community Care provider will decide what records will be needed from your previous provider. We will have you sign a Release of Records form to get your records from that office.

Muskegon Family Court: Friend of the Court



Function within the Community

The Friend of the Court is part of the circuit court and is supervised by the Chief Judge. The Friend of the Court makes recommendations regarding divorce, paternity, custody, and support matters and helps the court administer those types of cases, while protecting the rights and interests of children. It is tasked with helping resolve domestic relations disputes and establishing, enforcing, and modifying court orders for custody, parenting time, child care expenses, uninsured medical costs, child support, and spousal support. The Friend of the Court does not give legal advice.

Location & Contact

Muskegon County Friend of the Court
990 Terrace St. (third floor of the Hall of Justice)
Muskegon, MI 49442

Questions: Call 1-877-543-2660

Calls are answered Monday-Thursday from 8am to 5pm. Follow the prompts to the State Disbursement Unit, and if they are unable to assist, request to be forwarded to the Muskegon FOC Hotline.

SMILE Program

Parents may complete the SMILE program at: <https://micase.state.mi.us/micaseapp/public/partnertools.html> At the end of the program, please enter your name and indicate you would like Muskegon County Friend of the Court to be noted that you completed the program.



Family Court Services will deny requests for parenting time assistance from a party who has not completed the SMILE Program.

Relevant Links

Access your child support case online: www.micase.state.mi.us/micaseapp

Apply for Child Support

- Obtain case information
- View Case Payment Summary
- View forms sent to you online
- View next court date
- Update your information
- Contact your local FOC
- Sign up for email or text communications

**You will need your Social Security # and IV-D Case # for each case to complete the sign-up process. To locate your IV-D #, please check your paperwork or contact us for assistance.

Make a payment online: www.misdu.com or www.allpaid.com

For Child Support: Enter 4-Digit Location Code #1915

For Bench Warrant Fees, Driver's License Suspension: Enter #5127

Family Division of the Circuit Court: www.co.muskegon.mi.us/458/Family-Division

Michigan Legal Self-Help Center: muskegon.michiganlegalhelp.org

SCAO Approved Domestic Relations Court Forms: www.courts.michigan.gov/SCAO-forms/Domestic-Relations

Circuit Court Records Search (domestic and criminal public case info): www.courts.michigan.gov/case-search

Court Forms and Publications: www.co.muskegon.mi.us/419/forms-publications

Muskegon Family Court: Juvenile Court



Function within the Community

Juvenile Probation is a branch of the 14th Judicial Circuit Court - Family Division.

The Family Division of the Circuit Court was formed by the legislature in 1998. The operating principle is “one judge for one family”. The Family Division has four judges and combines resources from Friend of the Court and Juvenile Court within Family Court Services. Cases heard in the Family Division include adoption, child abuse and neglect, child support, alimony, child custody, parenting time, divorces, and juvenile delinquency.

Key Contact Information

Muskegon Family Court

Michael E. Kobza Hall of Justice,
990 Terrace St, 3rd Floor, Muskegon, MI 49442
FamilyCourtServices@co.muskegon.mi.us
231-724-6234

Juvenile Detention Center

205 E Apple Ave, Muskegon MI 49442
231-724-8850

Positions within System

Intake Worker: Specialized probation officer who meets with the youth and parent(s) at the beginning of a court case.

This worker has authority in some cases to authorize sanctions such as diversion. Some youth referred to the

juvenile justice system may not require intervention beyond this.

Services Provided

Diversion: Diversion is a suspension of legal proceedings against a delinquent action. Typically, a referral to a private agency or other programming is included to address the delinquent action.

Probation: If the youth is placed on probation, a family court officer from the Family Division will be assigned. A Case Service Plan Meeting will be held with the youth, their parents, and other service providers to determine specific services and terms of probation. This plan is individualized and intended to rehabilitate the youth. The plan may include, among other things, mental health counseling, substance abuse treatment, random drug testing, school programs, group programming, or community service. The youth and their parents work directly with the family court officer to update the plan and ensure that the terms of probation are completed as ordered by the Court.

Juvenile Detention Center (JDC): The Muskegon County Juvenile Detention Center is a secure 32-bed, co-ed, court operated facility which functions under the auspices of the Muskegon County Family Court. Youth are referred to the JDC by Family Court or one of its designates. Only youth who are accused of, or adjudicated for law violations, are placed in detention. The facility assures that all legal rights of the youth are protected while in custody. Detained youth live free from fear of assault or intimidation by staff or other juveniles. JDC personnel are responsible for the care, guidance, and supervision of youth placed in their custody. Youth are released only upon authorization of the Court or its designees.

Voluntary religious services are provided regularly, and there is emphasis on incorporating social skills and character development. The facility provides an initial health screening and ongoing medical care. All youth are given a physical examination within seven days of admission. An emergency mental health assessment is available and case workers/clinicians are expected to maintain regular on-site contact with their clients. Education services are provided to youth while in the custody of the JDC.

Who Provides Services?

Family Court Officer (Probation Officer, or “PO”): A court officer who gathers information on a youth offender in order to make recommendations to the court. They help develop a treatment plan for youth. The PO helps a family and youth execute orders of the court and provides referrals to programs in the community. If out of home placement is needed, the PO will coordinate that.

Surveillance Officer: A surveillance officer is a court officer assigned to make random personal and phone checks with youth on probation in their homes, at schools, or other community locations.

Contracted Services

Wedgewood Substance Abuse Groups: Services are part of the JDC and community probation. Participation in groups is directly referred by the PO and assessed by the clinician/facilitator to determine their eligibility to participate.

Mediation & Restorative Services: Provides impact panels and mediation services for youth referred from Family Court. Impact panels are a one-session presentation that lasts approximately two hours where parents/guardians attend with the youth. Mediation Services provide victims an opportunity to meet their offender, in a safe and structured setting where they can engage in a mediated discussion about the crime. Mediation & Restorative Services additionally offers services for truancy issues, parent/child disputes and reducing long-term suspensions and expulsions.

Juvenile Justice Mental Health Program in partnership with HealthWest: See page 26 for program description.

How are Services Accessed?

Only a judge or referee can place a youth on probation. Probation officers will access community based services as needed.

Eligibility Determination

All Muskegon County youth are eligible to be served by the Muskegon County Juvenile Justice system.

Consents

Parental consent should be sought and releases signed prior to certain activities, events or inter-agency communication.

Language Translation Availability

Translation services are available for court hearings.

Commonly Asked Questions

Q: Why would a youth be assigned a probation officer before going to court?

A: Part of a PO's job is to gather information about the youth and family. In doing so, the court will know more about the youth prior to the court hearing. This way a case service plan can be customized to the youth and family's needs.

Q: Are youth assessed fees as part of their court proceedings?

A: Yes. The state requires that our court charge two different fees. One fee is called a Crime Victim’s Rights Assessment Fee, or “CVRA”. This \$25.00 fee is charged one time for every adjudication, with the exception of status offenses.

The other fee is a State Minimum Cost Fee, or “SMC”. The SMC is charged for each offense to which a child enters a plea of responsibility, or for which they are found guilty. Misdemeanor = \$50.00, Felony = \$68.00.

Q: Are parents charged court costs?

A: Yes. Families will be given fee schedules on court costs. Court costs are dependent on services youth receive.

Q: What if a family can’t afford to pay court costs?

A: Payment plans can be established with the court. The court finance department is located on the 3rd floor of the courthouse or can be reached at [231-724-6402](tel:231-724-6402) or muskegoncourtcollections@co.muskegon.mi.us.

Q: How are restitution payments made?

A: All restitution payments are paid through the court system so that a record can be kept.

Q: What is the process to visit a youth while at the Juvenile Detention Center?

A: Only parents and guardians are authorized to visit the residents, unless ordered by the judge or approved by JDC Administration.

Detention visitation times are:

Saturday	Sunday
A1 Pod: 1:00pm - 2:00pm	B1 Pod: 1:00pm - 2:00pm
A2 Pod: 2:15pm - 3:15pm	B2 Pod: 2:15pm - 3:15pm

Q: If a service provider wants to contact a youth while he/she is in the Juvenile Detention Center, who do they contact?

A: The service provider should contact the Juvenile Detention Center at [231-724-8850](tel:231-724-8850) and ask to speak with the Shift Lead.

Q: Will a youth receive medications while in juvenile detention?

A: The youth will meet with the nurse within 24-hours of intake. Parents should inform the Probation Officer or Shift Lead on duty of any medication requirements. Prescribed medications will be assessed and provided under the care of a Licensed Physician while youth are placed at the JDC.

Q: What services do PO's have access to?

A: PO's try to utilize any court run or community-based resources they believe to be beneficial to helping a youth and/or family be accountable and successful.

Q: Do PO's require youth to participate in services or do they just have to report and stay out of trouble?

A: PO's may request probationers do certain activities. Court orders are the focus of the treatment plan and are subject to judicial scrutiny and decision making.

Glossary of Common Phrases/Acronyms

Adjudicated: Court process that determines if the youth committed the offence for which they are charged.

CVRA: Crime Victim's Rights Assessment Fee

Disposition: Court process in which a Judge decides the best course of action for a youth adjudicated of a crime. This is comparable to a sentencing hearing in adult criminal court.

Dual ward: If a youth is both a temporary court ward of the delinquency system and the abuse/neglect system.

File Review: The court reviews a written report prepared by the probation officer. No one has to appear in person.

JDC: Juvenile Detention Center

Status Offense: The least serious type of juvenile offense. These include running away, truancy, curfew, and incorrigibility.

Petition: A written document, prepared by the prosecutor, detailing what the youth is being charged with.

Probation: Supervision and monitoring of a justice-involved youth in the community. Youth on probation must comply with the terms and conditions imposed by the court.

Summons: A notice about upcoming court proceedings.

Restitution: If there is a financial loss to the victim, the court can require the youth/parents to repay the victim for the loss.

SMC: State Minimum Cost Fee

Joint and Several Restitution: When there are more than one offenders involved with a crime which results in financial loss to a victim, the court expects each offender to be completely responsible for the financial loss. (ex: if there is a \$900 loss to a victim, each adjudicated offender is responsible for all \$900. The court will not collect more than \$900, but it does not care or assist in making equal the payment of the \$900.

Temporary Ward: A term that indicates that while the youth is involved with the court, the judge has a certain level of control over the youth.

Educational Services: Special Education



Special Education:

Specially designed instruction, at no cost to the parent, to meet the unique needs of a child with a disability.

How are Special Education Services Accessed?

School staff or a parent can identify the potential need for a special education assessment. A parent should contact their school administrator if concerns about their child's development exist.

Evaluation Process:

Existing information on the child is gathered and reviewed by an Individualized Education Program (IEP) team. This may include current classroom assessments, observations and information from parents and school staff.

Standardized testing may be done individually with a qualified staff person and the child. If a child is found eligible, an IEP team comprised of parents, school professionals and sometimes the student develop an IEP plan together.

Parental Consent (most common situations):

Evaluations and Services: Separate parental informed consent is required before evaluating a student to determine eligibility for special education services. It is also required prior to special education/related services being provided for the first time.

For temporary court wards, parental consent for evaluation and service provision should always be sought first.

Parental consent is not needed IF:

- 1) Parental rights have been terminated.
- 2) A parent is unable to be located despite reasonable efforts.

OR

3) A judge/public agency has assigned the right to make educational decisions/consent to an evaluation to someone other than the parent.

Medicaid Information Release: If a child is eligible for Medicaid and any of the services provided per an IEP are Medicaid billable, with parent consent Medicaid may be billed for these services at no cost to the family. A parent has the right to refuse consent to bill Medicaid. In this case, the school district will provide the services without State Medicaid assistance.

Special Education Program Categories:

Autism Spectrum Disorder (ASD): Children with a restricted range of interests and impairments in social and communication skills.

Cognitive Impairment (CI): Children who are delayed in their mental development.

Deaf-Blindness (DB): Both hearing and visually impaired.

Early Childhood Developmental Delay (ECDD): Children through age 7 whose impairment cannot be identified in another category.

Emotional Impairment (EI): Children with behaviors or emotional issues which interfere with their learning.

Hearing Impairment (HI): Deaf or hard of hearing.

Learning Disability (LD): Disorders in the process of learning.

Other Health Impairment (OHI): Other health impairments that interfere with learning.

Severe Multiple Impairments (SXI): Children who have both physical and mental impairments.

Speech and Language Impairment (SLI): Speech, language or communication has not developed appropriately.

Traumatic Brain Injury (TBI): A head injury that interferes with learning.

Visual Impairment (VI): Blind or partially sighted children.

Services That May be Part of a Student's IEP:

- Audiology Services
- Occupational Therapy
- Orientation & Mobility
- Physical Therapy
- Psychological Services
- School Social Work Services
- Speech and Language Therapy
- Transportation
- Other Related Services



Glossary of Common Phrases/Acronyms:

Functional Behavior Assessment (FBA): A process that identifies specific target behavior, the purpose of the behavior, and what factors maintain the behavior that is interfering with the student's educational progress.

Behavior Intervention Plan (BIP): Established procedure/expectations unique to a child's behavior challenges, designed to counteract a particular behavior that impairs learning. These plans are based on the findings of a Functional Behavior Assessment.

Individuals with Disabilities Education Act (IDEA): Federal law that requires each state to provide necessary programs and services to ensure that students with disabilities receive an appropriate education.

Least Restrictive Environment (LRE): Federal and state law requires schools to serve students with disabilities in the general education setting to the maximum extent possible.

Free and Appropriate Public Education (FAPE): Education and related services are provided at public expense, under public supervision and direction.

Individualized Education Program (IEP): A written plan for a student with a disability that specifies special education and related services the student will receive. The IEP is reviewed at least once per year.

Commonly Asked Questions:

Q: What is a 504 Plan?

A: Section 504 of the Federal Rehabilitation Act states that schools that receive public funding should provide accommodations, protections and services to a student with a disability to assist in full participation in school/activities. This differs from an IEP because the definition of a "child with a disability" is broader and covers more disabilities than are provided for in an IEP.

Q: What if a parent disagrees with an evaluation obtained by the school district?

A: The parent has a right to obtain an independent educational Evaluation (IEE) of the student (conditions need to be met). If requested, the school will provide the parent with the district's criteria for IEEs and information about where to obtain IEEs.

Truancy Information

School Attendance: Attendance may be the single most important factor in school success. The U.S. Department of Education reports that for every missed day of school, it takes a student two days to catch up. In addition to academics, children learn valuable lessons about personal responsibility and commitment. Children keep up with their peers and have strong bonds with the school and community. Annually, students who graduate from high school will earn 30% more than those who don't complete high school.

The Law: Michigan law makes it compulsory for all children of certain ages to attend school. When children are excessively absent, the law holds parents/guardians accountable. *If a child is truant (missing scheduled school time without an accepted excused absence), the parent or guardian and/or the child could end up in court with serious consequences.*

Parents or guardians must report every absence and make sure they know the school's policies about absences. If a school contacts parents or guardians about attendance issues, it is important they get in touch with school officials immediately. Delaying response to any letter, phone call, or email will limit the ability to settle truancy issues without further legal implications. If the issue ends up in court, all attendance issues—including tardies—may be considered in the decision of the court.

When a student has too many attendance issues, schools will contact an attendance officer (an officer of the court) for legal resolution. In that case, a parent/guardian may receive a petition/warrant and be brought before the court. Based on the outcome of the hearing, a parent found neglectful could be arrested/jailed or the child could be removed from the home.

If a parent has done everything possible to encourage attendance but the child is not responding and is intentionally truant from school (skipping), charges can be brought against the student and be handled by the juvenile court. The student could be placed on probation or end up in the Juvenile Detention Center.

Additional information is available at <http://www.muskegonisd.org/adminservices/truancy/>

Educational Services: Specialty Schools/Programs



Early Childhood Services

Great Start Readiness® Free preschool program for 4-year-old children who meet state guidelines.

- Prepares children for school
- Learning activities
- Involves parents and families

Early Childhood Special Education (ECSE) Preschool program that meets the educational needs of children ages 3-6 years who meet the entrance requirements as provided by the Michigan Special Education Rules. Learning activities help:

- Speech and motor skills
- Social and emotional development

Licensed Tuition Preschool Fee-based preschool for 3- and 4-year-olds.

- Prepares children for school
- Available nearby

Licensed Childcare Adult caregivers who provide supervised learning and social activities:

- Creative art and music experiences
- Nutritious meals and snacks

Early On® Services that support families with infants and toddlers (birth to age three) who have established medical conditions and developmental delays. We have answers to questions on:

- Growth/development
- Behavior
- Learning
- Speech/language
- Physical impairments

Early Head Start® Home visitation program for pregnant women and families with children birth to age three.

- Weekly home visits
- Access to community services
- Comprehensive early childhood development services

Head Start® of Muskegon/Oceana Free complete child development program that serves income eligible, preschool-aged children and their families.

- Prepares children for school
- Involves parents and families
- Medical, dental, mental health, and nutrition services
- For eligible 3- and 4-year-old children

Specialized Programs:

Adult Education: Services for adults who are seeking their GED, high school diploma, and other certifications. Services include enrichment, educational services, computer training, vocational training, and English as a Second Language (ESL). Adult Education programs run through Fruitport Community Schools, Orchard View Schools and White Lake Community Education.

Early College Muskegon County: Allows selected students to extend high school by one year in order to earn both their high school diploma and up to 62 college credits from Muskegon Community College at no cost to the student.

Linked Muskegon: Free adult education and training program that takes place at the Muskegon Area Career Tech Center to help meet the local need for skilled workers in the areas of health, welding, and machining.

Muskegon Area Career Tech Center: Provides high school juniors and seniors with free, hands-on career and technical training opportunities to ensure their success in both college and careers.

Muskegon Area Promise: Free, two-year-scholarship at Muskegon Community College or Baker College of Muskegon for students who live within the Muskegon Area ISD boundaries and attend school in Muskegon County and graduate with a 3.4 GPA or better.

Transition Campus: Provides instruction, work experience, and guided life skills practice for students age 18-26 with moderate to severe disabilities.

Wesley School: Safe, supportive centralized school for students age 3-26 with cognitive and physical disabilities.

Learn More: www.muskegonisd.org or call 231-777-2637.

Glossary of Common Phrases/Acronyms:

Behavior Intervention Plan (BIP): Established procedure/expectations unique to a child's behavior challenges, designed to counteract a particular behavior that impairs learning. These plans are based on the findings of a Functional Behavior Assessment.

Individualized Education Program (IEP): A written plan for a student with a disability that specifies special education and related services the student will receive. The IEP is reviewed at least once per year.

Individuals with Disabilities Education Act (IDEA): Federal law that requires each state to provide necessary programs and services to ensure that students with disabilities receive an appropriate education.

Interconnected System Framework (ISF): An emerging approach for building a single system of social/emotional/behavioral supports in schools. Integrating Positive Behavioral Interventions and Supports (PBIS) and school mental health, the ISF deliberately brings together mental health, community, school, and family partners through a single system of support.

Least Restrictive Environment (LRE): Federal and state law requires schools to serve students with disabilities in the general education setting to the maximum extent possible.

Michigan Integrated Behavior and Learning Support Initiative (MIBLSI): Multi-tiered frameworks with proven practices that improve behavioral and academic outcomes for students. The integrated model of support is based on several shared functions across behavior and reading. These functions include: A team approach; Universal screening; Evidence-based practices; Progress monitoring; and Data-based decision making.

Family Educational Rights and Privacy Act (FERPA): A federal law that affords parents the right to have access to their children's education records, the right to seek to have the records amended, and the right to have some control over the disclosure of personally identifiable information from the education records. When a student turns 18 years old, or enters a post-secondary institution at any age, the rights under FERPA transfer from the parents to the student ("eligible student"). The FERPA statute is found at 20 U.S.C. § 1232g and the FERPA regulations are found at 34 CFR Part 99.

Free and Appropriate Public Education (FAPE): Education and related services are provided at public expense, under public supervision and direction.

Functional Behavior Assessment (FBA): A process that identifies specific target behavior, the purpose of the behavior, and what factors maintain the behavior that is interfering with the student's educational progress.

Health Insurance Portability and Accountability Act (HIPAA): The Health Insurance Portability and Accountability Act of 1996 was enacted by the 104th United States Congress and signed by President Bill Clinton in 1996. It was created primarily to modernize the flow of healthcare information, stipulate how Personally Identifiable Information maintained by the healthcare and healthcare insurance industries should be protected from fraud and theft, and address limitations on healthcare insurance coverage.

Multi-Tiered System of Supports (MTSS) & Positive Behavioral Intervention Supports (PBIS): Two terms both refer to a multi-tiered system used to support the needs of all kids. PBIS refers to the behavioral, social, and emotional supports schools put in place. MTSS usually refers to the academic supports schools put in place, but it can be used to talk about behavioral supports as well. Usually someone will say, "Behavioral MTSS."

There are 3 Tiers of support, defined below

Tier 1 is the research-based instruction and classroom interventions that are available to all learners and effectively meet the needs of most (~80%). Academically, this would include the core curriculum and instruction given in the classroom. In the social-emotional and behavioral area this would include schoolwide lessons on behavioral expectations, positive acknowledgement when expectations are followed, re-teaching of expectations, positive relationship building and engaging in positive interactions with students at a ratio of 4 positive interactions to every 1 corrective or negative interaction, as well as correcting behavioral errors.

Tier 2 are supplemental, targeted interventions intended for some learners who require support or extension beyond tier 1 (~15% of students) A Tier 2 team will identify students in need of interventions, connect students to the intervention, and monitor the student's progress. Please note, schools are at different levels of implementation and may or may not have a Tier 2 team.

Tier 3 supports provide intense individual interventions for few learners with highly accelerated, or severe and persistently challenged, academic and/or non-academic needs (1-5% of students) A Tier 3 team will identify students in need of intensive interventions, connect students to the intervention, and monitor the student's progress. Please note, schools are at different levels of implementation and may or may not have a Tier 3 team. The names of Tier 3 teams also vary by school and may include: SST (Student Support Team), Intervention Team, CST (Child Student Team), and others.

PBIS in the Classroom (CHAMPS): CHAMPS stands for Conservation, Help, Activity, Movement, Participation, Success. This is one way PBIS in the classroom can be implemented. This is the model taught at the MAISD. PBIS in the classroom focuses on structuring the environment to be supportive, proactive, and positive. Students are explicitly taught expectations for all routines and activities within the classroom. When students meet these expectations they are positively reinforced. Positive interactions and relationships are emphasized. Teachers pre-teach rules and pre-plan how to correct rule violations and behavioral errors.

Rapid Assessment for Adolescent Preventative Services (RAAPS): A behavioral risk assessment administered to adolescents in School Based Health programs. It identifies risk behaviors that a patient may be engaging in so providers can provide appropriate intervention and health education soothe patient can make better choices.

School-Wide Information System (SWIS): A reliable, confidential, web-based information system to collect, summarize, and use student behavior data for decision making. Schools collect behavioral infractions and may use the system for progress monitoring Check-in, Check-out, a Tier 2 intervention.

Trauma Sensitive Schools (TSS): school setting in which all students feel safe, welcomed, and supported and where addressing trauma's impact on learning on a school-wide basis is at the center of its educational mission. It is a place where an on-going, inquiry-based process allows for the necessary teamwork, coordination, creativity and sharing of responsibility for all students, and where continuous learning is for educators as well as students.



Whole School, Whole Child, Whole Community or Whole Child (WSCC): A term that is used in schools to help define the importance of supporting all of the needs of the

student, including their overall wellness. The model combines and builds upon the traditional coordinated school health model by incorporating the need for community support as well as responding to the call for greater alignment, integration and collaboration between education and health to improve a child's cognitive, physical, social, and emotional development. Schools may use this model as a lens to support the work.

Acknowledgement of Receipt and Review

Cross Systems Manual: An Overview of Muskegon County Child Welfare, Children's Mental Health, Federally Qualified Health Centers, Juvenile Justice, and Education Systems.
(2018 publication)

Review: Please list below two new things you learned about each system in your review of this manual.

MYalliance System of Care

- 1) _____
- 2) _____

Child Welfare (DHHS)

- 1) _____
- 2) _____

Mental Health (HealthWest)

- 1) _____
- 2) _____

Federally Qualified Health Center (FQHC)

- 1) _____
- 2) _____

Juvenile Justice

- 1) _____
- 2) _____

Educational Services

- 1) _____
- 2) _____

By signing below, I verify that I have received and reviewed the *2023 Cross Systems Manual*. Give to your supervisor when completed.

Printed Name

Organization

Signature

Date



MYalliance
System of Care.