TRANSCRIPT OF EPISODE 16 OF BREAKING DOWN MENTAL HEALTH
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Dr. Heidi Burns:

Hello and welcome to our podcast Breaking Down Mental Health with myself, child and adolescent psychiatrist, Dr. Heidi Burns, nurse practitioner Dr. Christina Cwynar, and social worker Syma Khan. We are joined this week by social workers Breana Lewis and Martha Kerr to discuss Child Protective Services in the state of Michigan.

Syma Khan

Breana Lewis has a master of social work degree from Wayne State University and a bachelor of social work degree from Western Michigan University. She has extensive experience in providing social work and mental health services. She previously worked for Child Protective Services in Wayne County as a CPS investigator for three years. During this role, she investigated alleged abuse, neglect, and/or abandonment of children to determine if abusive or unsafe conditions exist and took the appropriate actions to ensure safety of children in accordance with state mandated timeframes.

She also conducted the removal of children and arranged emergency placement for any children that could not safely remain in their home. After working for CPS, she worked as a medical social worker at Harper Hutzel University Hospital for one year. Currently, she is a part-time psychotherapist at International Therapy Solutions where she provides mental health counseling, crisis intervention, individual therapy, substance use prevention, and utilizes a variety of therapeutic interventions such as person-centered, psychodynamic, family systems, solution-focused, CBT, DBT, and trauma-informed care. Along with being a therapist, she's also employed at Michigan Medicine as a clinical social worker on the child psychiatry consultation and liaison psychiatry service.

Dr. Christina Cwynar:

Martha Kerr is a child protective team coordinator for Michigan Medicine University of Michigan. She has been a social worker for almost 40 years, having graduated with her master's degree in social work from Wayne State University. For the past 17 years, she has worked specifically in the field of child abuse between Children's Hospital of Michigan and Michigan Medicine as Child Protection Team coordinator for both health systems.

Prior to this, Ms. Kerr worked for 16 years in the field of HIV/AIDS. Her work ranging from community case management to being manager of the HIV/AIDS prevention program for the Detroit Health Department. Other work has included being a mental health therapist, substance abuse counselor, and pediatric social worker. Ms. Kerr resides in Detroit with her family and cat. None of the speakers here today have any conflicts of interest or financial disclosures. Thank you both for joining us today.

Breana Lewis:

Thank you for having us.

Martha Kerr:

Yes, thank you.

Dr. Christina Cwynar:

Let's get started with a very basic question. Breana, what is Child Protective Services?

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Breana Lewis:

Yes, thank you. Child Protective Service is a service where specialists utilize child welfare practice skills to ensure children are protected from abuse and neglect. When child abuse or neglect is indicated, specialists work closely with families in the legal system toward a goal of reunification, independent living or other permanent living situations.

Martha Kerr:

I'd also like to add that Children's Protective Service is an act that requires the reporting of child abuse and neglect by certain persons to provide for the protection of children who are abused or neglected. It is important that people understand or our audience understands the importance of mandated reporting and how Children's Protective Service works.

Dr. Heidi Burns:

Can you explain to us who is a mandated reporter?

Martha Kerr:

The Child Protection Act requires the reporting of suspected child abuse and neglect by certain persons who are called mandated reporters and it permits the reporting of child abuse and neglect by all persons. Sometimes, there's the thinking that only mandated reporters have to report suspected child abuse or neglect, but in reality, we are all reporters. If there's any suspicion of abuse or neglect, a community person, a neighbor can make a report. As defined, a mandated reporter can be a physician, a nurse, a social worker, a law enforcement officer, clergy, daycare provider, a mental health therapist, a dentist, a teacher. Those are some examples, and mandated reporters, due to their expertise and having direct contact with the child can identify many times suspected abuse or neglect. But as I said before, anyone can make a report to Children's Protective Service.

Syma Khan:

Thank you both for starting us off with some definitions and understanding what is Child Protective Services and who is a mandated reporter. I think it is really important to reflect that not only do health professionals have this responsibility, but many other people in the community and the CPS is available to community members as well to explore if there're concerns about abuse or neglect. I think one question that oftentimes healthcare providers have is how do we report?

Breana Lewis:

Yes. Anyone, including a child who suspects child abuse or neglect, can make a report by calling the number (855) 444-3911. After you call to make that report, you would need to fax a form called the DHS-3200 to centralized intake, which is located on the michigan.gov website. If you want to eliminate the requirement of filling out the 3200 and calling to report, another way to file a CPS complaint is through the Michigan Online Reporting System.

Dr. Christina Cwynar:

Thank you, Breana. I think people forget how to do this sometimes and are a little intimidated by it. I know the first time that I called CPS, I was not sure what to expect, but the person who answered the

phone on the other side was very nice, but they're also looking for some very specific information and often ask things like, who are you calling about, what's their age, where they live, who do you think is causing the abuse? As a person who's made the report or is trying to make a report, we don't always have all that information. I think remembering that that's okay as well. Throwing another question out there, generally people think of CPS as a negative thing, but what are some of the things that CPS can do other than just remove children from their families?

Breana Lewis:

Yes, CPS does a wide variety of things and it's not all negative. It's definitely a lot of positives that come with having an open CPS investigative case. Some of the things that Child Protective Services can do is they can recommend or require services for parents to attend on classes regarding parenting skills, help substance abuse issues, family violence, job search and training services, counseling to help manage anger, stress or other problems.

They also recommend services for children with developmental delays and refer them to early on programs. Working with CPS is not always a negative thing. They're able to put services in place that can be able to help the family and also, the goal is to help the family, so usually, they don't have to worry about them getting another CPS case filed against them because there's also times where a lot of families can have multiple CPS complaints due to them not having the right services put in place.

Martha Kerr:

If I can add, I think that many times in our collective experiences when working with families, if you mention, "Because I am a mandated reporter and I have to file a 3200," many families get very upset or scared and they will say, "Oh my God, CPS is going to remove my children." If one thing I have learned in my years of experience in being trained through DHS is that the goal of Children's Protective Service is to keep families together. Removal is going to be an extreme.

The situation has to be very dire for that to happen, and so, as Breana was explaining, there are many services that they can provide and there's also a program which is escaping my memory right now, but where parents have successfully completed services and have been reunified with their children and they talk about how they serve as advocates for other parents that are going through the same thing. It's a really good service.

Breana Lewis:

Absolutely, and one thing to always remember is the goal is for reunification with the families when working with CPS.

Dr. Heidi Burns:

I think it's really good to just remind ourselves of that because the whole process sometimes can be quite traumatic for even providers as well as the families involved, but it's nice to hear that really, we're working to help people, give them access to resources and keep them together. Now that we've talked a little bit about how to actually do the CPS reporting, what can we expect after a report is filed?

Martha Kerr:

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When someone calls in a report to Children's Protective Service's centralized intake, it is reviewed by a supervisor and then the determination is made whether to actually assign it for investigation, and so, many reasons sometimes why it may not be assigned has to do with... There may have been a referral that was already made. It may have been made by several sources. It could have come from the hospital, it could have come from the police, it could have come from EMS. If it does not get assigned, it's not necessarily a bad thing. It just could be that someone else has called it in, but the CPS worker has up to 72 hours and of course, more crucial referrals are done much sooner within 24 hours. Many times within hours, they'll show up at our hospital, and so, that is the timeline that we look at for investigative purposes.

Dr. Heidi Burns:

What about for the provider who actually made the initial report? What could they expect following the submission of the report?

Breana Lewis:

Yes. What they can expect after filing their report is the CPS worker will reach out to them between 72 hours because they are the reporting source, just to provide any... And get any additional information regarding why they filed the report, anything that they found after they filed the report that they want to add and include, like any other additional abuse or neglect concerns that they may have. Once they reach out to the reporting source, which is a provider, after that, it's pretty much left up to the CPS worker to conduct the investigation.

Once the investigation is complete, they will send a letter to the provider or whomever called in the report to let them know that the case has been substantiated or not substantiated, meaning they did find a preponderance of evidence saying that abuse or neglect did occur within this child or unsubstantiated, meaning they did not find a preponderance of evidence of abuse or neglect against the child.

Syma Khan:

Something we hear a lot is different levels of CPS or investigations, and then I think also how things are sometimes screened in or out, whether cases are assigned. I think if there's any insight that you could share with our audience on that, it would be really helpful.

Martha Kerr:

As I mentioned before, many times when a referral is made, it can get screened out because other referrals have been made or it's possible that this has already been investigated, and so, there's no need to reassign it. Many times, what will also happen is that when reports have been screened out and the mandated reporter really feels that this really merits more attention, they will contact us, the Child Protection Team and we will advocate for them. It is not unusual for us to call centralized intake and speak with one of the managers and maybe provide more information or provide more clarity.

Actually, I was involved in a situation like that last week and it took some time, but they did overturn it and they did assign it, and by the end of the day, the supervisor from the county office was calling and was taking this very seriously and she said, "We are sending somebody out right away. We're going to have someone go out and look at the home," and she says, "I just want you to know that we're taking

this very seriously." A word of encouragement is that if it is rejected, there are avenues or there are ways to advocate.

Breana Lewis:

Yes, and to add, sometimes the cases may get rejected because us as providers put too much information in the reports and what's too much information is saying community referrals were given to the family, patient is currently connected with outpatient providers, et cetera. It could look like interventions have already been put in place and there are only minimal concerns versus severe concerns that the outpatient treatment team could possibly handle. Sometimes, we can call in a report and list everything that we're doing and then it doesn't count as a safety concern for the family, for them, for the patient to be able to discharge to go home.

Syma Khan:

I think it may be helpful for our audience to be aware of if there is a situation, if they're in a hospital setting and they're worried about safety and they've filed that 3200, which is the term that we often use informally when we talk about CPS reporting, what can that healthcare provider do if they are really worried?

Martha Kerr:

One of the things that I would recommend is that anybody, whether it's inside our health system or outside in the community, can call our Child Protection Team. We are available 24 hours, 7 days a week and I will give that information in a few minutes, but we can do many things. First of all, if we are talking with a provider who has never filed before, we can explain our policy, our hospital policy, we can explain how to file, what to put down in the 3200, answer any questions, provide clarity.

On occasion, there have been times when I will say to the provider, "I will walk with you step by step on this." They're doing it online and they're talking to me at the same time, but we are a consult service. It's more than just helping fill out a 3200 or calling it in. Sometimes, I get a call from a mental health therapist who says, "I just saw this family in therapy and they disclose this information, should I file?" We will discuss and sometimes, if there's not enough information or if I have additional questions, I will instruct the mandated reporter to go back and get more information so that if we have to file, we have more thorough complete information.

I just would like people to know that we are available. We are social workers, but we also have board-certified child abuse pediatricians who specialize and they can talk with physicians or nurses who have even more maybe complicated questions pertaining to the health or the injuries of the child or a medical diagnosis. It's just good to know that we are available. Our phone number is (734) 763-0215, and for those who know how to page us, my pager number is 2750. Like I said, there's always one of us. There's another social worker that works with me and we are available to answer any questions.

Dr. Christina Cwynar:

I think having the child protective team within the University of Michigan has been a really helpful resource. I know I've called you guys many times and been like, "Can you walk through this case with me?" Because it's not always black and white of what needs to be done to support a child or adolescent

when something doesn't seem right and there's a lot of gray area and how do we best protect this individual? We appreciate that and we're always thankful to have you guys around for sure.

Dr. Heidi Burns:

On that note, I think it might be helpful given the vast amount of experience that our two guests have today to talk about some of the fear and anxiety that can come with filing a report like that and discussing it with a family and how to manage that in the moment with a patient who may be at risk as well as the parents who you're still working with and trying to provide care for in the hospital setting. How can we manage both that awkward conversation of, "Hey, I've had to do this as a mandated reporter. There are some concerns," but also, "I'm still working with you. Want to have the best experience possible as your provider."

Breana Lewis:

I would say the best way to do that is walking them through the process of letting them know, saying that, "I'm going to have to be able to file this report. This is not saying that your child will be removed right away," because sometimes, when you tell parents CPS, they automatically think that, "Okay, they're going to come in and take my child." Just sitting down with them and just explaining the process like, "I'll file the report. They'll contact you and then they have 30 days to investigate the case," and then if they need further questionings, then I will say referred to this child protection consult team to be able to help for any further questions that they may or may not be able to be clear on.

Dr. Heidi Burns:

It sounds like giving clarity about the process is really helpful to let families know what to expect and that can maybe stem some of those fears that they might have.

Martha Kerr:

If I can also add that for the providers, many times they will say, "I know if I file, this is going to impede the therapeutic relationship that I have with this family," and so, we're human and people have reservations about filing and we understand that. This is a really good opportunity for us to provide education to the provider that... The consequences of what happens when we don't file, and I don't want to go into a whole lot of discussion about that, but if you do not file a CPS report and abuse is substantiated, it could come from another referring source or the child dies, you as the provider have to live with that and it can impact your license. You can be imprisoned. I think it's 93 days and $500, which to me, I don't know what 93 days and $500 is, but-

Syma Khan:

That number exactly.

Martha Kerr:

But having worked in the situations that I've worked in and talking with mandated reporters, when things like that happen, it's devastating. Let's not get to that point. Our job is to protect children. Filing is what we do and that's where we can fall back on the law and say, "We are mandated reporters. By law, we have to file, but I will work with you. We will work with you," and I said before, I can tell you some

really good stories where our Child Protection Team has been very instrumental in disproving abuse, and so, we had situations where everybody was really... It was not here, but was really convinced that this parent was guilty of abuse and our doctor was able to prove it was not, and think about that, because they were getting ready to terminate parental rights and we were able to help.

Syma Khan:

I think it's really important to, I think, also bring up some of the resources that were shared earlier that I think we definitely view CPS as this negative lens, but that oftentimes, they can help support with identifying additional community resources, connecting families to services that they may not have access to otherwise, where there may be insurance barriers or other types of limitations. Remembering that lens too that they're there to help and that removal's really in those extreme situations and ideally rare, and the focus is on reunification and helping strengthen that bond between the parent and their child.

Dr. Christina Cwynar:

Syma, I think you took the words out of my mouth. I was going to say, a lot of times, I approach the situation as, "Yes, this is what we have to do to protect your child and make sure that your child's in the safest situation, but this is what CPS can do for us," and oftentimes, we've reached out to CPS because they have resources that we don't and this family's in crisis and we need help all around and they're able to get us connected with those resources. We've seen a lot of success stories come from that referral.

Breana Lewis:

Absolutely. Believe it or not, there are more success stories than unsuccessful stories when working with CPS, but we understand parents' anxiety around just the words Children's Protective Services, but there are more success stories than unsuccessful ones.

Martha Kerr:

To piggyback on that, I think it's such a shame that the only thing we hear in the media is when a child dies or when foster care has not gone well, and like you said, Breana, oh my goodness, CPS workers are really wonderful people. They really give their heart and soul into this work and really work hard to reunify families, and for the most part, most families will be cooperative, but we don't read that in the paper, we don't see it on TV.

Dr. Christina Cwynar:

When we see families struggling, whether it's parenting style or neglect, oftentimes, it's a cry for help. We're able to get them connected with food resources or those parenting classes because it's maybe a young person who's struggling behaviorally and just needs a different approach, but the parent just doesn't know how to do that. I think this resource is one of many, but it's a great one that's there.

Breana Lewis:

To add, I also think that a big one that families like to rely on CPS with is children with developmental delays. They can be able to put them in certain programs like I stated before, the early on programs and they can't really get into those programs quickly without CPS involvement. Once they see the behavior

changes of the child and how they have developed in a very, very good way, they're pretty much thankful for CPS versus against CPS.

Syma Khan:

We're all a team and CPS is a member of that team too, and so, maybe approaching it like a partner too that there's care that we can provide here at Michigan Medicine or there's other community resources and just like that, CPS is another one of those members of the team that can help identify things and help connect people to care.

Dr. Christina Cwynar:

I really like that image that this is a team, this is a partner, and just like we call in the cardiologist when we're reading that EKG and it's showing a prolonged QT and we're like, "Oh no, what do we do?" We call in our specialists in child abuse and neglect to make sure we're doing the right things for that as well.

Syma Khan:

Martha, I know you mentioned the Child Protection team here at Michigan Medicine and that this is a statewide resource. I am actually hoping maybe you could just elaborate a little bit on the team and some of the additional services that they can provide and how other people at other healthcare institutions may be able to use that service and support.

Martha Kerr:

I'll start with talking about in the state of Michigan, there are other child protection teams that work in other health systems. Helen DeVos Hospital in Grand Rapids, Children's Hospital in Detroit, Beaumont Hospital in Troy, Bronson Hospital, and I still call them St. John's, Ascension in Detroit. There are child protection teams there, but our team comprises two board-certified child abuse pediatricians. When I say that they're board certified, they have to pass boards just like other physicians in the area of child abuse and they've had special training or having gone through fellowships, and so, we are very lucky to have two board-certified child abuse pediatricians, our medical director, Dr. Bethany Mohr, and Dr. Carla Parkin-Joseph.

In addition to our physicians, we also have two social workers, myself, Donna McMahon, and we have a nurse practitioner. Her name is Andrea Duncan. We have our administrative assistant Sara Castillo. Sara's our front door when you call the Child Protection Team. She's the one that answers the phone and she triages the call in terms of who to direct the call to. In terms of the services that the Child Protection Team provides, we do many things. If a child comes into the hospital and is admitted and there is concern for abuse, we always want to make sure that a 3200 is filed, that CPS is on board, that law enforcement if necessary on board, and then our two physicians will do a very, very thorough evaluation. They will not only examine the child, but they will review all the recommendations that are being made during the course of treatment as well as reviewing records.

If they came from another hospital, they will review those records, they will review the imaging, the x-rays that were done there, and sometimes, we may even have to go a little bit further back, but they will be very, very comprehensive. They will provide a report or an evaluation to Children's Protective Service. Our doctors are willing to testify in court. This is very helpful to the medical team when there

are multiple services involved. We have a clinic that's called SCAN. It's suspected child abuse and neglect. The clinic has two locations. We have one in Mott and the other one is at West Ann Arbor.

This is by appointment only. It's not like you can walk in the door and say, "I want to see the Child Protection Team." These are done by appointment and our referrals can come from other physicians who do exams and maybe have questions or other concerns. We will schedule appointments. They can come from the Washtenaw Child Advocacy Center. When children disclose abuse during a forensic interview and based on that disclosure, we will then see those children in our clinic. If a CPS worker has concerns where there's bruising, they will call us and say, "Should I send this child to the emergency room or can you see the child?"

As you know, the emergency room can be a very busy place. If we need to document something quickly and we have the availability, we will see that child in our SCAN clinic. The one thing I want to be very clear about in terms of sexual abuse is that we do not do evidence collection in our clinic. That has to be done in the emergency room where there's the SANE nurse that can do that. Other things that we do is we do second opinions. I took a second opinion this morning. We get calls from CPS workers in other counties and it could be a situation where the child was seen in a local community hospital that doesn't have pediatric specialists.

That physician may not feel comfortable giving a diagnosis of abuse. Then they will call us and we will review the records. We may see that child in our SCAN clinic or we may do a virtual appointment, but we will look at all the imaging, make recommendations and our doctor will also do a very thorough report to give to Children's Protective Service and testify if needed, and then again, we're just available for consultation. We get calls from law enforcement, the prosecutor's office, other physicians.

We have residents that when they complete their time here and they go on and establish practice somewhere else, they will call us and they will say, "I remember you guys. You were very helpful. Will you help me?" Of course, we will. Again, we have a very nice relationship working with Children's Protective Service, and so many times, we can also contact those different counties and workers and make suggestions and they will be great. Most of the time, they're very receptive to that.

Dr. Christina Cwynar:

I think I've run into this barrier once or twice in calling CPS and one of the questions that they ask, and I'm curious why. I think I know the answer, but they ask about if the individual is living on reservation land and how does that change a child's protection and what is the route for helping those individuals?

Breana Lewis:

It's really based off of case by case basis. If the child is living on a reservation, say for example, an Indian reservation, they have to go through the court system before they can investigate or even see the child. They like be able to ask that first just so they know how they can contact the proper people, because whatever tribe that patient is a part of or affiliated with, they have to contact them first in order to begin their investigation.

Syma Khan:

Thank you so much, Martha, for sharing about Child Protection Team, and I think one thing that I found really helpful in contacting and speaking with the Child Protection Team is that recognizing that oftentimes, the Child Protective Services worker may not have as much of that medical background, and

so, it's really important for us as healthcare providers to be able to communicate that information in a way that's accessible to the workers so that they can understand the medical concerns that our teams may have. Child Protection Team often helps us walk that line of how do we communicate this information to help the agency that's not a medical agency understand the concerns that we have.

Dr. Heidi Burns:

Any additional thoughts that you'd like to share with our audience today?

Martha Kerr:

I think I would just like to say that you can call us at any time, and you don't have to feel like it's a really grandiose or big problem. Sometimes, it's just calling for support and we want to be supportive to our colleagues and by the same token, we have the same type of relationship with our CPS worker colleagues, and they have difficult days and times, and so, they will also call us to pick our brains or give them feedback, "Am I looking at this correctly?" Or, "I just can't quite understand this. Can you explain it to me?" Again, I just want to emphasize the support that we can provide to everybody. I always say there's no question that is stupid or irrelevant or you should never feel embarrassed. That is what we're here for. Whether it's big or small, we want to be that support to you.

Breana Lewis:

I second that. We're all a team.

Dr. Christina Cwynar:

Thank you ladies for joining us today. We really appreciate your time and your expertise. You've educated us a lot about the services available to us both at the University of Michigan but also throughout the state, and now, we want to pause for just a second as we are concluding our season. This is our last episode and we want to thank everyone that has helped make this podcast possible, especially our tech and editing support, Joe Hallisy, Linus Brush-Mindell, Erica Bass, Kat Bergman, Rebecca Priest, and I'm sure many others that I have forgotten to name here.

We also want to thank our colleagues who are covering us clinically while we put this together and record this podcast. Finally, we want to thank all of our speakers that have joined us this season. We truly appreciate everybody's time and expertise. Thank you to our audience for joining us throughout the season and to nurses, social workers and physicians, you can claim CMEs and CEs at uofmhealth.org/breakingdownmentalhealth. You're able to do this any time within three years of the initial air date. We hope that you will join us next season.