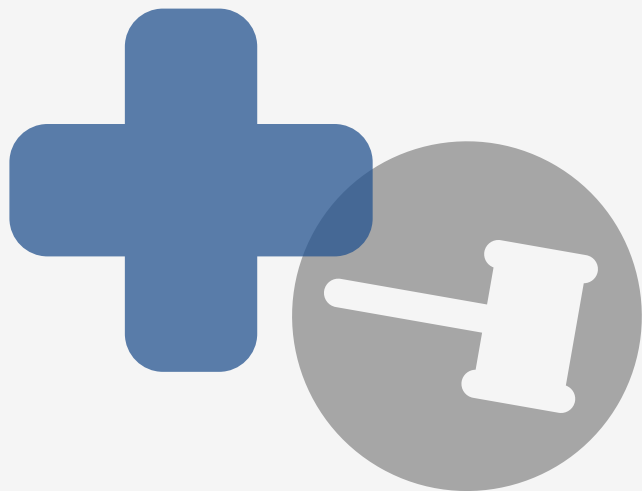


SECTION 3

NAVIGATING THE HEALTH CARE + LEGAL SYSTEMS



We believe seeking pregnancy care and treatment for substance use disorders should never be dangerous. But we know it can be.

When you find out you're pregnant you may feel happy, afraid, excited, hopeful, unprepared, and confident - all at once. **Whatever you feel is ok, even if you have feelings that contradict each other.**

You may be worried about **what could happen if you are open and honest with your providers about your substance use.** Sometimes telling providers about your substance use can begin the CPS reporting process.

On the other hand, **you might be worried that if you don't disclose your use, someone may find out anyways.**

And if you have a history of substance use, you know that providers' attitudes and biases can affect the care you get. **You may have experienced discrimination.**

In this section, we talk about both the federal laws and Michigan laws around pregnancy, parenting, and substance use. We will also share some information about what might happen if you do or do not tell your provider about your substance use.

Please understand that laws and statutes will **vary widely by state** and some providers, hospitals, and agencies might **interpret the law differently than it is written.** Please **consult with local agencies** that have expertise in how things work where you live.

You can use this information to:

- understand the risks
- weigh the benefits
- make a plan



FINDING THE CARE YOU NEED

Getting prenatal care improves outcomes for both you and your baby.

Ideally, every healthcare decision you and your providers make - you make together. And you make them with your best interest in mind.

We know that substance use and dependence can cause health problems that may or may not be obvious. **We believe that a provider that is informed about all aspects of your health - including your substance use - is better able to provide the care that is most appropriate for you.** But you need to trust each other.

BUILDING A RELATIONSHIP

If your provider understands your substance use they may be able to provide support, offer you better care, and connect you with services to help you reach your goals.

For example, if you're dependent on opioids, you may be ready to start treatment with **methadone** or **buprenorphine** - which can help **keep you safe from risks of illicit use and reduce your risks for overdose or relapse.**

Having a **provider you can trust** is the first step in creating an effective, collaborative relationship. **Tell your provider that this is the type of care you want - and need.**

DRUG TESTING + INFORMED CONSENT

Many providers test urine or other body fluids without asking or even informing clients. This is bad practice and is not ethical.

You have a right to know what tests are being performed on you, why they're being done, and how the results will be used.

Ideally, you should be given a written document to sign before any tests are done. Before you sign, you should have the opportunity to get any questions you have answered.

You have the right to decline any test or procedure.

But if you decline a drug screen (test), some providers will assume it would be positive. This can lead to biased treatment.

See [PSM 716-7](#) and [OPEN: Overdose Prevention Engagement Network \(2024\). Urine Drug Testing – Ordering and Interpretation Guide.](#)



Drug screen was discussed.

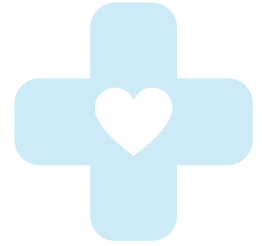


Patient gave informed consent.



LEARNING ABOUT WHAT TO EXPECT

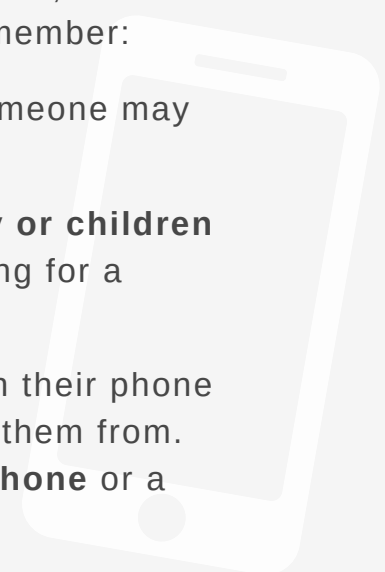
If you are pregnant, are using substances, or are in recovery **you will want to find out what kind of care is available where you live - and how the hospitals, clinics, or providers treat the people who are in their care.**



♥ **One way to gather information is to call and ask questions.**

If you decide to call a doctor's office, hospital, treatment center, or Child Protective Services (CPS) office for information, remember:

- **You do not have to give them your name.** If you do, someone may decide to make a report.
- **You don't need to share details about your pregnancy or children** to get your questions answered. You can say you're calling for a friend and that you're not sharing their name.
- **You don't need to share your phone number** - although their phone system may be able to identify the number you're calling them from. So **you might want to consider calling from a public phone** or a number that is not linked to your name.



Where Can I Get Prenatal Care?

There are lots of places to go for pregnancy care. Some clinics and Planned Parenthood health centers can give you low-cost or free prenatal care.



www.plannedparenthood.org/learn/pregnancy/prenatal-care/where-can-i-get-prenatal-care

MiSUD Locator

It is a priority in the State of Michigan to increase access to prevention, treatment, harm reduction, and recovery options for individuals using substances - including during pregnancy.



www.michigan.gov/opioids/find-help/misud-locator

You may want to ask providers and programs these questions:

- **IMPORTANT:** Do they have experience working with people who are pregnant and postpartum?
- Do they prescribe medications for opioid use disorder (MOUD), alcohol use disorder, or substance dependence?
- Is their care **inpatient** (where you stay there overnight) **or outpatient** (where you come in for services at the hospital or clinic but then go home every day) and **can you bring your children with you?**
- What are their **policies on drug testing and reporting?**
- **When would they make a report to CPS?** How would that report be made?
- **How many babies go home with their parents after treatment** - and how many end up in foster care placement?

* Don't assume that care will look the same everywhere you go.

Even when the program is state-wide, policies can be different in each county. Facilities in the same county - and even in the same town - may follow different rules. So it's always helpful to ask what their policies are.

Programs to Help You Have a Healthy Pregnancy

Resources from the Michigan Department of Lifelong Education, Advancement, and Potential

www.michigan.gov/mikidsmatter/programs/prenatal-programs



Programs for Children

MI Kids Matter is your place to find what you need to give your child their best chance at health, happiness, and success later in life.

www.michigan.gov/mikidsmatter/programs



DISCLOSURE

Talking To Your Healthcare Providers About Substance Use

It is not mandatory for healthcare providers to test pregnant people for drugs. In most states, **it is not mandatory to report pregnant or parenting clients' substance use to child welfare agencies.**

However, **many healthcare providers are poorly informed about the laws** around mandatory reporting - or they are following guidelines developed by their hospital which are not based on the law.

This means that if a pregnant client tells their provider they're using drugs, **there's a chance this information will be shared with Child Protective Services (CPS)** or even law enforcement without their consent.

And unfortunately, anyone can make a report to CPS - even if they are not directly involved in your care. This includes nurses, doctors, lactation consultants, friends, family members, neighbors, or strangers.

Sometimes people make reports because they think it will help. **Ideally, a report should lead to parents being provided with extra resources and support.** However, that's not what typically happens.

In most cases the result is **agency surveillance** (for example: unannounced home visits, speaking with friends and family) and **removal of the baby and any other children** from the parent's custody. **THIS CAUSES HARM.**



Because of this, people often choose not to disclose their substance use to their providers. Instead of building confidence and trust, our past experiences, the experiences of our friends and family, and media stories lead us to fear for our safety and mistrust healthcare systems.

It can be difficult to decide when and if you want to tell a healthcare provider about your substance use.

Some providers say they are more likely to be helpful, supportive, and understanding when you tell them about your substance use. Others distrust people who use drugs and treat them poorly no matter how they find out about your substance use.


TYPES OF DRUG TESTING (TOXICOLOGY)


There are many ways to learn if somebody has used drugs - including taking a verbal history, asking questions, or performing drug tests (hair/blood/urine).


The most common is a **urine drug screen**. Most drug screens work by checking for the byproducts of drug metabolism - not the drugs themselves. These tests can sometimes be inaccurate. **False positives or false negatives are common** - meaning the test might show a substance when none was actually taken or might not show a substance even if one was present. ¹⁻⁵

The Substance Abuse and Mental Health Services Administration (SAMHSA), the American College of Obstetricians and Gynecologists (ACOG), and other expert medical associations agree that **any positive screening result should be confirmed with a more accurate test**. For example, a urine test might require additional confirmatory urine and/or blood tests. ^{2, 3, 5-9}

Drug screens are not good evidence and should not be used as such in legal matters. ^{4, 8} Despite this, they are often held against people – whether or not confirmatory results have been completed. A confirmatory test takes longer and costs more, but is more accurate than a screening test.

ACOG Committee Opinion: [Substance Abuse Reporting and Pregnancy: The Role of the Obstetrician-Gynecologist](#) 

SAMHSA: [Clinical Guidance for Treating Pregnant and Parenting Women With Opioid Use Disorder and Their Infants](#) 

video: [Treating Pregnant People for Opioid Use Disorder: Clinical Challenges with Dr. Hendréé Jones of the UNC Horizons Program in Chapel Hill](#) 

URINE DRUG TESTING

- A urine drug screen doesn't detect psychoactive substances directly.
- It looks for their metabolites.
- False positive and negative results are common.
- If it is positive, confirmatory tests must be done.



MAKING A PLAN

You can make a plan with your support system before engaging in care and decide the pros and cons of sharing information about your substance use with your provider. This is a case-by-case decision that only you can make based on how you think your provider will respond.

In situations like this, it is especially helpful to have a **doula, friend, family member, or trusted advocate** with you to weigh these decisions. If they can be with you during your appointments, while you labor, and when you give birth it may also help to **demonstrate that you have a strong support system.**

It is important to note though, that **your prenatal provider may not be the provider that is present during your labor and delivery.** Any member of the medical team could file a report, even if other providers on your team do not want a report filed.

If a report is made and it becomes an investigation, your **prenatal providers could be required to talk** about your substance use. But this can also be an opportunity for them to advocate for you.

A good provider will talk about your strengths, share your successes, and collaborate with you to help you plan for your and your family's safety.

Deciding whether to consent to a drug test is a very personal decision and there is no right or wrong answer.

AFTER YOUR BABY IS BORN

Once your baby is born, **if any of the providers suspect the baby might be substance exposed, they may legally test the baby without informing you - even though this is unethical.** If your baby's bodily fluids or tissues test positive for a substance or metabolites, it could be used against you.

It is important to think about this decision before birthing in a hospital. **During labor it can be very difficult to have these conversations** with providers, or to even remember that this may occur.

FREE DOWNLOAD

MY BIRTH PLAN

You can print this worksheet that we created or use it to start building your own unique plan.



www.perinatalharmreduction.org/create-a-birth-plan



IF THERE ARE PROBLEMS

If you get a result on a drug screen or any test that you disagree with, **you have the right to ask for a confirmatory test.**

If the results of the test are to be used in legal matters - such as criminal prosecution or child custody - **the test should be a forensic test.** A forensic test is more accurate and every step of the process is documented. This is the only kind of test which technically can be used as evidence, but unfortunately this is routinely disregarded.⁸

If you are concerned that you are being mistreated, it is important to keep records of your **appointment dates**, the **names of your providers**, and **what happened at each appointment.**

It can be helpful to have another person present with you throughout this process to help advocate.

Few births go as planned... but that doesn't mean you shouldn't have a plan.

If things go differently than you planned, you still deserve support. Ask for help.

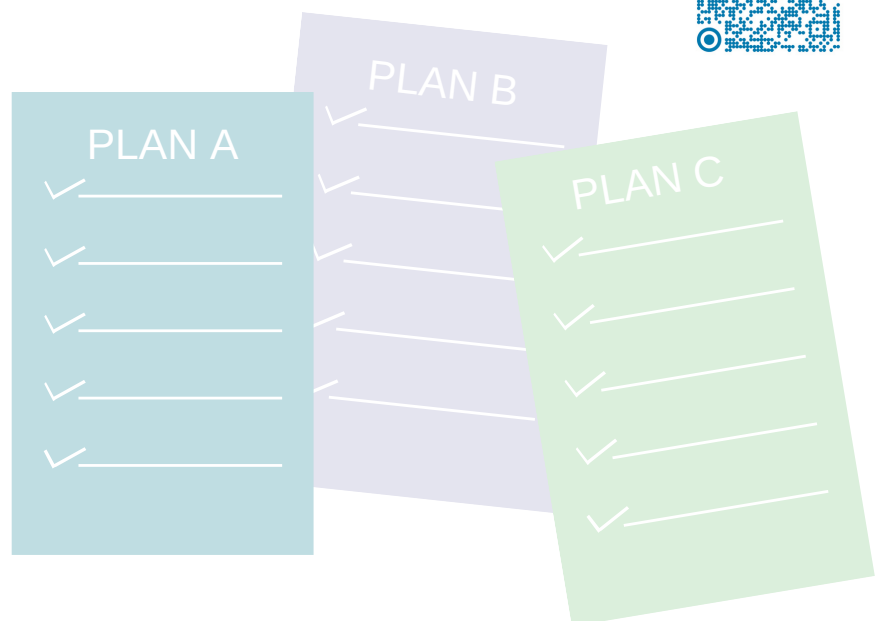
Having a **record of what happened** will help you advocate for yourself if your rights have been violated.

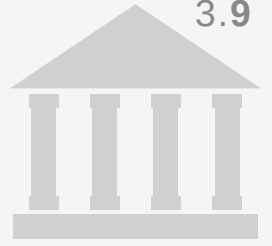
Contact the **patient advocate** associated with the facility - their job is to help patients when there is a problem. However, you should know that many people find the patient advocates unhelpful because, after all, they work for the facility. So the grievance process can sometimes be unsatisfying.

If your concern is not resolved, you can **file a grievance** with the government or the facility.

To file a grievance, go to the website for the **Michigan Bureau of Community and Health Systems:**

www.michigan.gov/lara/bureau-list/bchs/file-complaint





FEDERAL LEGISLATION THAT MAY AFFECT YOU:

CHILD ABUSE PREVENTION AND TREATMENT ACT

"The Child Abuse Prevention and Treatment Act (CAPTA) is the key Federal legislation addressing child abuse and neglect. CAPTA provides Federal funding to States in support of prevention, assessment, investigation, prosecution, and treatment activities and also provides grants to public agencies and nonprofit organizations, including Indian Tribes and Tribal organizations, for demonstration programs and projects."



Many states' laws - including Michigan's - do not require drug testing of pregnant and postpartum people or newborns and **do not mandate reporting of positive drug tests or evidence of prenatal exposure** to criminalized substances, alcohol, or tobacco.

But some child welfare workers may open a case and start an investigation based solely on use of criminalized substances and not because there is evidence of abuse or neglect.

If you have already had **children in the system**, or if you were **involved in the system as a child**, it is more likely that a case will be opened based on your substance use.

There is no federal law requiring all pregnant people be tested for drugs.

CAPTA is a federal law directed only to states - not to hospitals or individual healthcare providers.

CAPTA requires that states have a mechanism for notifying the department of public health and child protective services when babies are born with certain conditions if they want federal funds. Those conditions are:

- when Infants are born **“affected by substance abuse”** (a term not defined in the statute)
- when infants have **“withdrawal symptoms resulting from prenatal drug exposure”**
- when infants are diagnosed with **“a Fetal Alcohol Spectrum Disorder”**

If a report is made to child welfare, it should be done with your consent and your participation - and it should highlight your strengths.




ADVOCATING FOR YOURSELF

We believe that people who use drugs (PWUD) love their children and deserve the same rights as any other parent, including:

- the **right to bodily autonomy** - to have power and agency over how we use our bodies
- the **right to have children**
- the **right not to have children**
- the **right to parent in a safe and healthy environment** that we choose

We believe these rights are not conditional; **we don't lose these rights because of what we put in our bodies.** A drug test is not a parenting test.

You deserve to be seen as whole person who is worthy of dignity and respect - and you deserve a supportive community. That is the basis of Reproductive Justice. www.sistersong.net 

PLANS OF SAFE CARE

If you have used substances during your pregnancy, it helps to build a **supportive network of people who can help you navigate both the legal and family surveillance systems.** This can include friends and family, social service providers who work with people who use drugs, as well as doulas and birth workers.

Deciding to disclose your substance use to your provider is a personal decision. **Your healthcare provider may become aware of your substance use even if you don't share this information with them,** so it can be helpful to prepare a Plan of Safe Care before delivery.

This plan outlines your **strengths as a parent** and your **plans for once your baby is born.**

Preparing this ahead of time can help show your providers what a great parent you will be - and can help to **provide evidence that they do not need to make a report to CPS.**

If you believe that a report will be made and a case will be opened, **reach out to a legal group in your area to get connected to a lawyer.**

See more about Plans of Safe Care and legal help in Michigan in the rest of this section.



PLANS OF SAFE CARE IN MICHIGAN

Congratulations on your new baby!

Pregnancy and parenthood are special times when you make plans to care for yourself and your baby. If you use substances like alcohol or drugs, it can be especially helpful to create a plan to safely care for yourself and your infant. You can develop this plan, called a Plan of Safe Care, on your own or work with the help of a professional to help create your personalized plan. The goal of a Plan of Safe Care is to strengthen the family, help pregnant people have a healthy pregnancy, and keep children safely at home.

What is a Plan of Safe Care?

- A personalized guide to connect you with the resources you want to help your family thrive.
- A tool designed to address the health, development, safety, and well-being needs of infants born exposed to substances as well as their family members and caregivers. A tool to help you coordinate your care between providers.
- A tool that communicates your strengths, needs, and accomplishments to your providers.
- A one-page informational about the Plan of Safe Care can be found [here](#).

PLAN OF SAFE CARE

What is a Plan of Safe Care?
 A personalized guide to ensure the necessary resources are provided to help families thrive.
 • A "recovery resume" or diary that helps communicate your strengths, needs, and accomplishments to your providers.
 • A tool to help with care coordination.
 The goal of a Plan of Safe Care is to strengthen the family, help pregnant people have a healthy pregnancy, and keep children safely at home.

Who Can Benefit from a Plan of Safe Care?
 The Plan of Safe Care tool was designed to address the health, development, safety, and well-being needs of infants born exposed to substances and their caregivers and family members.

Who Should be Involved in Helping me to Create and Update my Plan of Safe Care?
 A Plan of Safe Care should include input from all care providers involved in your care and the care of your children. This could be:
 • Pregnancy Care Provider
 • Primary Care Provider
 • Substance Use Treatment Provider or Recovery Coach
 • Home Visitor
 • Child Welfare Staff
 • Mental Health Provider

When do I Make a Plan of Safe Care?
 A Plan of Safe Care can be developed anytime. Ideally, it's developed during pregnancy. If a Plan of Safe Care has not been started during pregnancy, it can be developed after delivery but before leaving the hospital. The earlier you start a Plan of Safe Care, the more time you have to prepare for your baby with support.

Will a Referral be Made to Children's Protective Services (CPS)?
 Substance use during pregnancy and after birth, and a referral will be made to Child Welfare Services (CPS). Creating a Plan of Safe Care provides you the ability to advocate for yourself while taking the steps to build a safe and healthy environment for your children.

You are NOT Alone.
 Many people struggle during pregnancy and after birth. Help and resources are available and many are low-cost or free. The Plan of Safe Care can help you advocate for yourself and your children. Talk to your care provider today to build your Plan of Safe Care. Sharing your Plan of Safe Care with all of your care providers will help them help you!

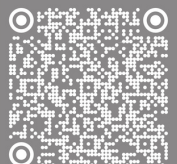
Download icon and QR code.

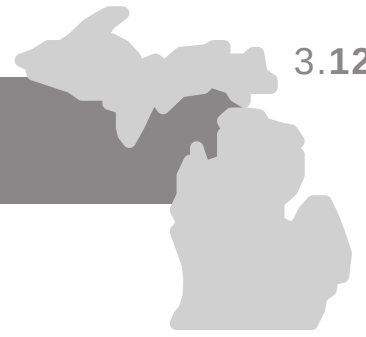
When do I make a Plan of Safe Care?

A Plan of Safe Care can be developed anytime. Ideally, it is developed as soon as possible during your pregnancy. If a Plan of Safe Care has not been started during pregnancy, it can be developed after you have your baby. The earlier you start a Plan of Safe Care, the more time you have to prepare for your baby with support.

The text on this page was taken directly from the State of Michigan Department of Health and Human Services' website in December 2025.

www.michigan.gov/mdhhs/keep-mi-healthy/plan-of-safe-care/posc-for-parents





PLANS OF SAFE CARE IN MICHIGAN

Who could be involved in helping me to create and update my Plan of Safe Care?

A Plan of Safe Care should include input from all care providers involved in your care and the care of your child(ren). This could be:

- Pregnancy Care Provider
- Primary Care Provider
- Substance Use Treatment Provider or Recovery Coach
- Home Visitor
- Child Welfare Staff
- Mental Health Provider

Will a referral be made to CPS?

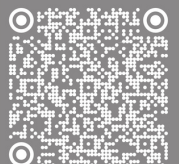
Substance use alone by a parent or caregiver should not result in a referral to Children's Protective Services (CPS). If there are concerns a parent or caregiver's substance use is impacting the safety or well-being of an infant or child, or there are other concerns for abuse and/or neglect, a referral may be made to CPS to assess further. Creating a POSC provides you the ability to advocate for yourself while taking the necessary steps to build a safe and healthy environment for your child(ren).

You are NOT alone!

Many people struggle during pregnancy and in early parenthood. Resources are available to help you support and care for your family. Many of these resources are low-cost or free. The Plan of Safe Care can help you advocate for yourself and your children. Talk to your care provider today to build your Plan of Safe Care. Sharing your Plan of Safe Care with all of your care providers will help them help you!

The text on this page was taken directly from the State of Michigan Department of Health and Human Services' website in December 2025.



www.michigan.gov/mdhhs/keep-mi-healthy/plan-of-safe-care/posc-for-parents





PLANS OF SAFE CARE IN MICHIGAN


Develop your personalized Plan of Safe Care

You can develop your own Plan of Safe Care or connect to a [home visiting provider](#) or [substance use treatment provider](#) who can support you in developing your plan.

Michigan Home Visiting in Pregnancy and Early Childhood
mi211.org/home-visiting   211

MiSUD Locator from the Michigan Department of Health and Human Services (MDHHS) www.michigan.gov/opioids/find-help/misud-locator 

Learn about [Medication for opioid use disorder \(MOUD\)](#) from the Overdose Prevention Engagement Network (OPEN)
michigan-open.org/initiatives/medications-for-opioid-use-disorder 

The [OPEN Warmline](#) offers same-day telehealth prescribing for buprenorphine for people in the State of Michigan who use opioids. Telehealth visits can be done by a video visit or phone.
michigan-open.org/programs/open-warmline 

Resources

[Resources for Parents](#) 

Community Driven Plan of Safe Care

“The goal of a Plan of Safe Care is to strengthen the family, support a healthy pregnancy, and keep child(ren) safely at home.”

[Download the information sheet for providers here.](#)



COMMUNITY DRIVEN PLAN OF SAFE CARE

What is a Plan of Safe Care?
 A Plan of Safe Care (POSC) is a personalized tool to support pregnant and parenting people supported by community services, their partners, and any other household members. The goal of a Plan of Safe Care is to strengthen the family, support a healthy pregnancy, and keep children safely at home.

Background
 In 2018, the passage of the **Child Abuse Prevention and Treatment Act (CAPTA)**, federal legislation required that every child with a substance use disorder and their caregiver develop a Plan of Safe Care in place that also addresses the needs of any household members. Each state is able to develop what their POSC looks like.

Michigan POSC Protocol
 Michigan is working to ensure that families are best supported through a POSC. This includes:
 • Beginning the POSC prenatally.
 • Including the POSC through care providers such as home visitors, substance use treatment providers, and pregnancy healthcare providers.
 • Utilizing a common template.

Why is a POSC Important for Families?
 • For all pregnant children under age 13 that are involved in child abuse, have parental substance use as a condition of release, or are in pregnancy associated health care, and are related to substance use.
 • In states that are utilizing a parental agreement to POSC, there has been a reduction in child removal due to substance use.
 • A POSC provides comprehensive and coordinated support for the parent, child, and other family members.

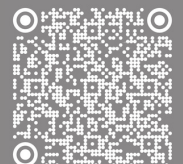
What Does This Mean for My Work?
 As Michigan moves toward implementing the national Plan of Safe Care Protocol, community based providers, including home visitors, can support families impacted by substance use by:
 • Understanding the importance of having a personalized POSC.
 • Initially, notify or complete their personalized POSC.
 • Coordinate their care with other providers.
 • Update their personalized POSC as an advisory tool.

1. Ensure you are working with pregnant and parenting people with a substance use disorder and their caregiver. 2. Complete the Michigan POSC template when you are available. 3. Review the POSC with the parent and caregiver. 4. Update the POSC as needed.



Most of the text on this page was taken directly from the State of Michigan Department of Health and Human Services' website in December 2025.

www.michigan.gov/mdhhs/keep-mi-healthy/plan-of-safe-care/posc-for-parents



PLANS OF SAFE CARE

A Plan of Safe Care (POSC) is a plan designed to ensure the safety and well-being of an infant with prenatal substance exposure following their release from the care of a healthcare provider. This plan addresses the health of the infant and the substance use treatment needs of any affected family member or caregiver.

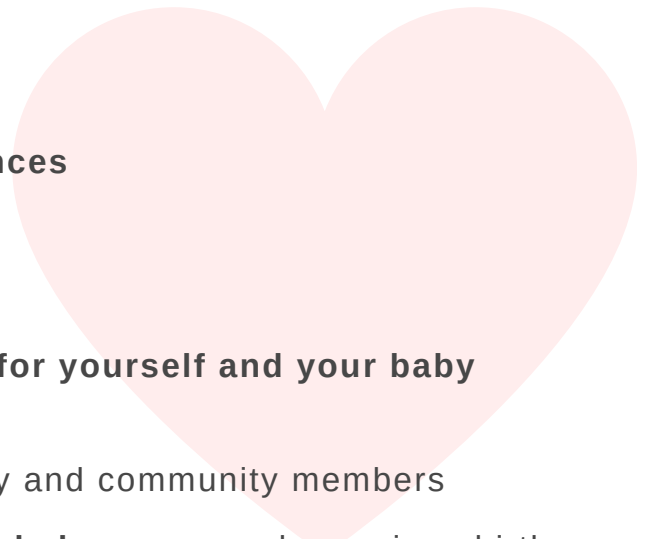


Ideally a Plan of Safe Care is created to ensure that you and your family have the support you need to not just keep your family together - but to thrive.

A good Plan of Safe Care is one that is created by you and people you trust - like supportive family members and care providers.

Your plan should:

- be created by **you and your care team**
- reflect your **goals, values, and preferences**
- be **family-centered**
- outline **your strengths as a parent**
- document **what you have done to care for yourself and your baby** during your pregnancy
- describe **your support network** of family and community members
- include a **plan of care for you and your baby** once you have given birth and gone home together
- include **services** for you and your baby after discharge
- help you get **appropriate, evidence-based treatment** for substance dependence or substance use disorders
- be monitored by a **provider, agency, or community-based program** you have a relationship with and are comfortable with
- be **voluntary**, not coercive



PLANS OF SAFE CARE

Preparing this plan early in your pregnancy demonstrates to everyone the steps you have taken to be a great parent. It can also provide the evidence everyone needs to **reassure them that they do not need to make a report to CPS.**

Unfortunately, many providers still mistakenly believe that reporting you to CPS won't cause harm - and will only lead to you and your family getting the services and support that you need. This is not always true.

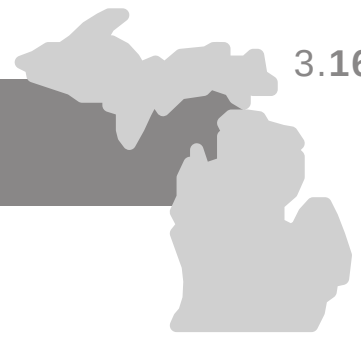
Your Plan of Safe Care is proof that you are already have a plan in place for getting what you need and reaching your goals.



If you haven't started it yet, that's ok! **You can start anytime** and if you haven't done it by the time the baby is born, you can do it at the hospital or birth center.

NOTES:

PLANS OF SAFE CARE IN MICHIGAN



Creating Your Plan of Safe Care

You can develop your own Plan of Safe Care or [use the template](#) developed by the state of Michigan.

Your plan is:

- a personalized guide to ensure the necessary resources are provided to help your family thrive
- your “recovery resume” or diary that helps communicate your strengths, needs, and accomplishments to your providers
- a tool to help with care coordination

from [What is a Plan of Safe Care](#)

MICHIGAN’S TEMPLATE FOR A PLAN OF SAFE CARE (POSC)



DOWNLOAD your copy and begin your plan.

en español

Arabic عربي



RESOURCES AND TOOLS



Child Welfare Information Gateway

When case managers and child welfare workers look for guidance on what they should do, they often go to the Child Welfare Information Gateway at www.childwelfare.gov to see what the laws, statutes, and policies are in their state. You can go there too. Seeing the sources that they consult can help you know what to expect. See [Plans of Safe Care Infants With Prenatal Substance Exposure and Their Families - Michigan](#)

www.childwelfare.gov/resources/plans-safe-care-infants-prenatal-substance-exposure-and-their-families-michigan

Plan of Safe Care Protocol



In 2021 the State Of Michigan Governor’s Task Force on Child Abuse and Neglect and the Michigan Department of Health and Human Services wrote a manual to help set guidelines and standards for how Plans of Safe Care (POSC) should be created in Michigan. You can use the POSC protocol with your doula, home visitor, or other healthcare provider to make sure that your plan meets the standards set in this protocol.

www.michigan.gov/mihp/-/media/Project/Websites/mihp/MIHP-Initiatives/MI-Plan-of-Safe-Care-Protocol---Final.pdf

NOTES:

MICHIGAN LAW

3.19




The following information is not intended to be a substitute for professional legal advice.

Always seek legal counsel for any questions you may have regarding a legal situation.

Never disregard professional legal advice or delay in seeking it because of something you have read in this toolkit.

HOW TO USE THE INFORMATION IN THIS SECTION

In this section we talk about **Michigan state laws** - and **policies for how those laws are interpreted and enforced**.

A law is a legal rule passed by the government that describes standards, procedures, and principles that must be followed. If a law is not followed - or broken - those who break the law can be arrested, charged with a crime, and taken to court. If someone is found guilty in court, certain rights and freedoms can be taken away from them. When we cite Michigan laws - those citations typically begin with “**MCL**” - which stands for [Michigan Compiled Laws](#). 

A policy is a rule or regulation created by an organization, agency, or government to guide how they will both follow laws and run things within their organization. In other words, a policy is the written plan for doing what the law requires. We cite Michigan’s Children’s Protective Services Policy Manual as “**PSM**” - which stands for the [Protective Services Manual](#) - or as “**PSB**” which stands for Protective Services Bulletins. PSBs are temporary updates, changes, or announcements that modify or clarify the PSM.

A policy should meet the minimum requirements of the law - but in most cases policies go further. **A policy might be more specific and more strict than what the law says you must do**. For example, the law might say that employees must wash their hands - but policy can go beyond that by saying employees must wash their hands with antibacterial soap.

 **The law tells you what to do, and policy tells you how to do it.**

WHY WE SHARE THESE LAWS AND POLICIES

The laws and policies in Michigan governing substance use, pregnancy, and parenting can sometimes be contradictory and confusing - even for experts. This makes it difficult to know what to expect.

But **it's important to know what the laws say and understand that there are things you can do to prepare** - including collaborating with your support team to create a [Plan of Safe Care](#).



If you know what policies [Children's Protective Services \(CPS\)](#) is supposed to follow and understand [Michigan's Child Protection Law](#), **you are more likely to be able to preserve and protect your parental rights.**

This includes understanding what [Mandated Reporting](#) is because Michigan Child Protection Law requires certain people to report their suspicions of child abuse or neglect to Children's Protective Services - including all medical providers, anyone who accepts Medicaid, and anyone who works for the Department of Health and Human Services (DHHS).

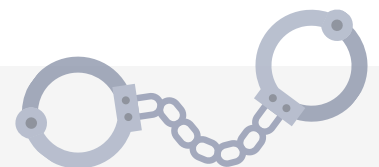
However, doulas are considered mandated reporters for adults but not children. See the [Doula Provider Frequently Asked Questions Guidance](#) from the DHHS Doula Initiative.



See a list at www.michigan.gov/mdhhs/adult-child-serv/abuse-neglect/childrens/mandated-reporters/mandated-reporters-list



CAN I BE CHARGED WITH A CRIME?



Unfortunately, yes. Even though there is broad consensus that **criminalization and punishment make things worse** and that **substance dependence should be treated as a medical issue** - and not at criminal matter - some prosecutors will choose to file charges against pregnant and parenting people who use drugs. This is because of a principle called "**prosecutorial discretion**" which gives prosecutors wide latitude to decide whether or not they charge a person with a crime - and which charges to file. Pregnant people and parents have been charged with a wide range of crimes.

Learn more at Pregnancy Justice www.pregnancyjusticeus.org

THE SOURCES WE USED

Michigan's Child Protection Law (PA 238 of 1975)

See at www.legislature.mi.gov



Children's Protective Services Policy Manual (PSM 2025)

This is the manual written by the State of Michigan's Department of Health and Human Services to guide the enforcement of Michigan's Child Protection Law.



Child Welfare Information Gateway

When case managers and child welfare workers look for guidance on what they should do, they often go to the Child Welfare Information Gateway at www.childwelfare.gov to review the laws, statutes, and policies in their state. You can go there too. Seeing the sources that they consult can help you know what to expect.



- [Plans of Safe Care Infants With Prenatal Substance Exposure and Their Families](#) - Michigan
- [Parental Substance Use as Child Maltreatment](#) - Michigan



CPS and Your Family

When Child Protective Services (CPS) gets involved with your family, it's important to understand your rights and responsibilities. Read this resource from [Michigan Legal Help](#) to learn more about the role of CPS and about the child removal process in Michigan.



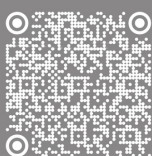
Children's Protective Services Investigation Process from Michigan DHHS



A Parent's Guide to Working with Children's Protective Services (2006) - DHS-PUB-460



A Parent's Guide to Working with Children's Protective Services (2016) - DHS-Pub-137



We are grateful to Corey Davis, JD, MSPH; Ashleigh Dennis, JD and Amy Lieberman, JD from Harm Reduction Legal Project at the Network for Public Health Law.

CPS PROGRAM OVERVIEW

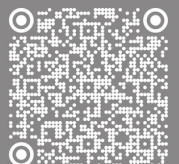
The Children's Protective Services (CPS) program is committed to keeping children and families together safely, strengthening families, and preventing further harm. In collaboration with children, families, communities, and other key partners, CPS is dedicated to upholding a system rooted in prevention, family preservation, and equity.

By law, the department is responsible for investigating allegations of child abuse and child neglect. This includes harm or threatened harm to a child's health or welfare that occurs through nonaccidental physical or mental injury, sexual abuse, sexual exploitation, or maltreatment by a parent, a legal guardian, any other person responsible for a child's health or welfare, a teacher, a teacher's aide, a member of clergy, or an individual 18 years of age or older who is involved with a youth program and neglect by a parent, legal guardian, or any other person responsible for the child's health or welfare.

The Michigan Department of Health and Human Services (MDHHS) embraces the following tenets in the delivery of CPS services:

- Most parents have the strength and ability to care for their children and keep them safe when adequately supported by family or other social supports.
- CPS strives to end all forms of racism and assure racial and ethnic equity and justice.
- Families who need help from CPS are diverse in family structure, culture, race, ethnicity, religion, economic status, beliefs, values, and lifestyles.
- The presence of poverty does not mean a child is unsafe or the parent lacks the ability to care for their child(ren).
- CPS services should be accessible, strength-based, culturally relevant, and delivered with compassion and respect.

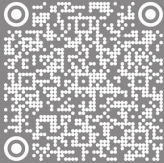
The text on this page was taken directly from the State of Michigan's CHILDREN'S PROTECTIVE SERVICES POLICY MANUAL in December 2025.



CPS PROGRAM OVERVIEW (CONTINUED)

- CPS proactively helps families by building protective capacities before maltreatment occurs.
- Except in the most extreme circumstances, involuntary separation of children from their families is not an acceptable solution for families in need.
- When investigation of the referral finds there is a preponderance of evidence of abuse or neglect by a person responsible for the child's health or welfare, the department must assess the needs and strengths of the family and refer the family to services commensurate with the risk level.

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NOTES:

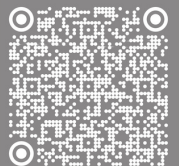
LEGAL DEFINITIONS

Child Abuse - Harm or threatened harm to a child's health or welfare that occurs through nonaccidental physical or mental injury, sexual abuse, sexual exploitation, or maltreatment, by a parent, a legal guardian, any other person responsible for the child's health or welfare, a teacher, a teacher's aide, a member of the clergy, or an individual 18 years of age or older who is involved with a youth program, [MCL 722.622\(g\)](#).

Child Neglect - Harm or threatened harm to a child's health or welfare by a parent, legal guardian, or any other person responsible for the child's health or welfare that occurs through either of the following, [MCL 722.622\(k\)](#):

- Negligent treatment, including the failure to provide adequate food, clothing, shelter, or medical care, though financially able to do so, or by the failure to seek financial or other reasonable means to provide adequate food, clothing, shelter, or medical care
- Placing a child at an unreasonable risk to the child's health or welfare by failure of the parent, legal guardian, or other person responsible for the child's health or welfare to intervene to eliminate that risk when that person is able to do so and has, or should have, knowledge of the risk.

The above text on this page was taken directly from the State of Michigan's CHILDREN'S PROTECTIVE SERVICES POLICY MANUAL in December 2025.



WHY DEFINITIONS ARE IMPORTANT

When definitions are vague or unclear, it leaves things open to interpretation. That means that different CPS workers who are looking at the same facts, the same allegations, and the same evidence can draw different conclusions. When we don't have clear, shared definitions - bias becomes an issue. People will come to different decisions based on the their values, their experience, and the depth of the information they collect.



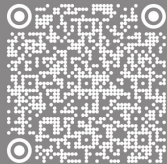
CONTROLLED SUBSTANCE

A drug, substance, or immediate precursor. Controlled substances include illicitly used drugs or prescription medications.

MEDICATION ASSISTED TREATMENT (MAT)

The use of medications, in combination with counseling and behavioral therapies, to provide a holistic approach to substance use disorders. Examples include Suboxone and Methadone.

The text on this page was taken directly from the State of Michigan’s CHILDREN'S PROTECTIVE SERVICES POLICY MANUAL in December 2025.



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POLICIES ON SUBSTANCE USE

CASES INVOLVING SUBSTANCES

A referral involving only substance use is insufficient for investigation or confirmation of child abuse or child neglect. Parents and caregivers may use legally or illegally obtained substances and prescribed medications to varying degrees and remain able to safely care for their children.

Substance use by a parent/caregiver may be a risk factor for child maltreatment. For cases involving known substance use, case managers must evaluate its impact on child safety. Substance abuse is a mental health disorder. Case managers should assist the parent/caregiver in accessing relevant supports and services.

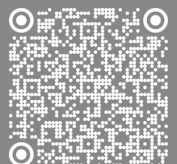
SUBSTANCE USE BY CARETAKER

Allegations only involving substance use by a parent, guardian, or person responsible, is not sufficient for CPS investigation.

To assign for investigation, referrals containing allegations of substance use must meet Child Protection Law (CPL) definitions of suspected child abuse and/or neglect.

Note: Medical marijuana and medication assisted treatment are considered medical treatment.

See [PSM 716-7](#), Cases Involving Substances, for information on infants exposed to substances and alcohol.



POLICIES ON SUBSTANCE USE

LABORATORY SCREENING

There may be situations in which case managers determine that substance/alcohol screens for parents or other persons responsible are necessary. Screening frequency should not exceed twice monthly; unless there is a need to verify use or abstinence, or a court order requiring additional screening. Substance use screening should not be completed as punitive action.

Regardless of the outcome of the drug screen, case managers should continuously engage with the parent, provide the parent with applicable services, and assess the impact of the parent's substance use.

CONSENT

Federal regulations require the civil rights of a client be protected. Informed consent is a mandatory component of screening procedures and case managers should ensure that a consent form is signed. If a client is screened, they must be provided with information on the potential subsequent action of screening.

If a client refuses to consent to screening, the case manager should engage with the client and continue to assess for potential risks to the child(ren).

RELEASE OF INFORMATION

Because of the highly confidential status given to information concerning substance use disorder treatment, case managers must follow policy and only release this type of information under the provisions given; see [SRM 131, Confidentiality - Substance Abuse Records](#).

Child Protection Law, [MCL 722.621](#) et seq.

Questions about this policy item may be directed to the Child Welfare Policy Mailbox at Child-Welfare-Policy@michigan.gov



POLICIES ON SUBSTANCE USE

Infants Exposed to Alcohol or Substances - CPS will investigate referrals alleging an infant was born exposed to substances not attributed to medical treatment when exposure is indicated by any of the following:

- Positive urine screen of the newborn
 - Positive result from meconium testing.
 - Positive result from umbilical cord tissue testing.
 - Confirmation by a medical professional of withdrawal symptoms in a newborn that are not the result of medical treatment.
-

INVESTIGATIONS INVOLVING INFANTS

Along with standard investigation activities that apply in all other cases, investigations involving infants exposed to substances or alcohol must also include:

Contact with medical staff to obtain the following information, if available.

- Results of medical tests indicating infant exposure to substances and/or alcohol.
- The health and status of the infant.
- Documented symptoms of withdrawal experienced by the infant.
- Medical treatment the infant or birthing parent may need.
- Observations of the parent's care of the infant and the parent's response to the infant's needs.
- To be considered serious physical abuse, a medical practitioner must confirm the infant's exposure and any related symptoms meet the definition of serious physical harm.
- Interview with the infant's parents and any relevant caregivers to assess the need for a referral for substance use disorder prevention, treatment, or recovery services.



INVESTIGATIONS INVOLVING INFANTS (CONTINUED)

Assessment of the parent's capacity to adequately care for the infant and other children in the home.

Coordination between the case manager, medical professional(s) and family to co-develop an Infant Plan of Safe Care (POSC) if necessary.

Contact with substance use treatment providers, if applicable, to determine the parent's level of participation.

INFANT PLAN OF SAFE CARE

In an investigation involving an infant born exposed to substances or having withdrawal symptoms, or Fetal Alcohol Spectrum Disorder (FASD), the case manager must develop an infant plan of safe care that addresses:

- The health and safety needs of the infant.
- The health and substance use treatment needs of the birthing parent or caregiver.
- The needs of all household members, including caregivers who reside outside of the home. For example, a parent involved in the care of the infant who does not reside in the home or other consistent caregivers, like babysitters.

Regardless of case disposition, in addition to a referral to Early On, services must be provided to the infant and family by MDHHS or another service provider, including, but not limited to, one of the following services:

- [Michigan Home Visiting Program](#).
- [Families First](#).
- [Families Together Building Solutions \(FTBS\)](#).
- Substance use disorder prevention, treatment, or recovery.
- Family Preservation. See [Prevention and Family Preservation Services](#).

The referral and implementation of these services must be documented by the case manager in the Newborn Toxicology section located in CPS History and Trends.



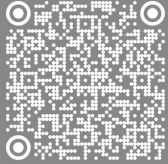
INVESTIGATIONS INVOLVING INFANTS (CONTINUED)

Assessment of the parent's capacity to adequately care for the infant and other children in the home.

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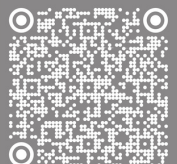
DECISION MAKING FOR INVESTIGATIONS INVOLVING SUBSTANCES

Parental substance use and/or positive toxicology in an infant does not in and of itself indicate that child abuse and/or neglect has occurred or that the infant has experienced serious physical harm.

For investigations involving allegations of parental substance use or infant exposure, case managers must reach conclusions based on the presence or absence of evidence of child abuse and/or neglect as defined; see [PSM 711-4, CPS Legal Requirements and Definitions](#).

For guidance in assessing parenting capacity, whether child abuse and/or neglect occurred and how to best address safety, case managers should consider the following:

- Does the use extend to the point of intoxication, unconsciousness, or inability to make appropriate decisions for the safety of their child(ren)?
- Does the use of substances cause reduced capacity to respond to the child's cues and needs?
- Is there evidence to demonstrate difficulty regulating emotions or controlling anger?
- Are the following emotions regularly demonstrated? - Aggressiveness. Impulsivity.
- Is there an appearance of being sedated or inattentive?
- Is there demonstrated ability to consistently nurture and supervise the child(ren) according to their developmental needs?
- Do co-occurring issues exist which would impact parenting or exacerbate risk such as: social isolation, poverty, unstable housing, domestic violence?
- Are there supports such as family and friends who can care for the child(ren) when the parents are not able to? Are the parents willing to use their supports when necessary?



DECISION MAKING FOR INVESTIGATIONS INVOLVING SUBSTANCES

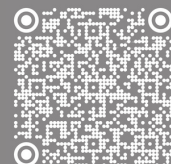
- Has the use of substances caused substantial impairment of judgement or irrationality to the extent the child was abused or neglected?
- Any other factor which demonstrates inability to protect the child(ren) and maintain child safety.

For more information on CPS policies on how they conduct investigations involving substance use see [CASES INVOLVING SUBSTANCES PSM 716-7](#).



NOTES:

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SERVICES FOR FAMILIES

SUBSTANCE USE DISORDER SERVICES

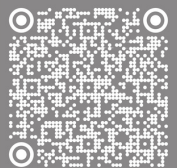
Under [MCL 330.1275\(1\)](#), substance use disorder treatment agencies that have a waiting list for services must give priority to a parent whose child has been removed or is in danger of being removed due to substance use disorders. Concerns with treatment agency providers should be forwarded to the identified treatment coordinator in your region.

SUBSTANCE USE DISORDER FAMILY SUPPORT PROGRAM

The Substance Use Disorder Family Support Program (SUDFSP) provides intensive services for substance affected families that are at risk of experiencing a removal due to child abuse and/or neglect. SUDFSP provides skill-based interventions and support for families when a parent is alcohol- or drug-affected or has a cooccurring disorder.

A family support specialist works directly with participating families in their home and community. Interventions may focus on communication, family functioning, increased awareness of the impact that alcohol and/or substance abuse has on the parenting relationship with children, reduction of the use of substances, physiology and cognitive functioning, and recovery supports.

The text on this page was taken directly from the State of Michigan's CHILDREN'S PROTECTIVE SERVICES POLICY MANUAL in December 2025.



PREVENTION AND FAMILY PRESERVATION SERVICES

Prevention-focused child welfare agencies partner with MiDHHS to provide services that prevent maltreatment and family separation, strengthen families' capacity to thrive, and promote children's well-being.



WHAT TO EXPECT IN HEALTHCARE SETTINGS

WHY A MEDICAL PROVIDER MIGHT MAKE A REPORT

According to Michigan's Children's Protective Services Policy Manual

“Mandated reporters who know, or from the infant's symptoms have reasonable cause to suspect that an infant has any amount of alcohol, a controlled substance, or a metabolite of a controlled substance in the infant's body, not attributed to medical treatment, must make a referral of suspected child abuse to Children's Protective Services (CPS).”

However...

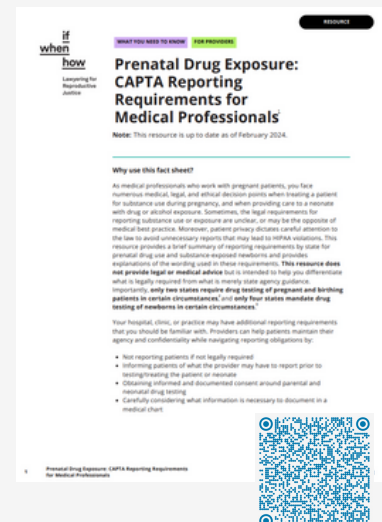
“A CPS referral is not required if the mandated reporter knows the alcohol, controlled substance, or metabolite, or the child's symptoms are the result of medical treatment administered to the infant or the infant's mother ([MCL 722.623a](#)).”

source: [PSM 716-7 CASES INVOLVING SUBSTANCES, PSB 2023-002](#)

THINGS EVERYONE SHOULD KNOW

Recommended Resource: [Prenatal Drug Exposure: CAPTA Reporting Requirements for Medical Professionals](#)

“As medical professionals who work with pregnant patients, you face numerous medical, legal, and ethical decision points when treating a patient for substance use during pregnancy, and when providing care to a neonate with drug or alcohol exposure. Sometimes, the legal requirements for reporting substance use or exposure are unclear, or may be the opposite of medical best practice. Moreover, patient privacy dictates careful attention to the law to avoid unnecessary reports that may lead to HIPAA violations. This resource provides a brief summary of reporting requirements by state for prenatal drug use and substance-exposed newborns and provides explanations of the wording used in these requirements.”



WHAT TO EXPECT IN HEALTHCARE SETTINGS

DRUG TESTING OF PARENTS AND THEIR BABIES

Drug testing in common - but controversial.

Most professional medical organization have written guidelines and position statements **opposing the use of drugs tests in pregnancy and newborn care** - but the practice of **testing urine, blood, and meconium** has become so embedded in the medical system that many people think it's normal.

- ACOG Committee Opinion: [Substance Abuse Reporting and Pregnancy: The Role of the Obstetrician-Gynecologist](#)
- AWHONN Position Statement: [Optimizing Outcomes for Women with Substance Use Disorders in Pregnancy and the Postpartum Period](#)
- Society for Maternal-Fetal Medicine Position Statement: [Decriminalization of Substance Use Disorder in Pregnancy](#)



“Biologic testing of blood, urine, or other specimens should only be undertaken when doing so will change clinical care or management and as part of evidence-based guidelines.”



Guidelines about medical necessity say that **providers should only order tests that are necessary for medical care**. [Michigan recognizes the AAP definition of “medical necessity”](#) as:

“Health care interventions that are evidence based, evidence informed, or based on consensus advisory opinion and that are recommended by recognized health care professionals to promote optimal growth and development in a child and to prevent, detect, diagnose, treat, ameliorate, or palliate the effects of physical, genetic, congenital, developmental, behavioral, or mental conditions, injuries, or disabilities.”

*** CPS should not ask providers to do medical tests - and doctors shouldn't order tests for non-medical reasons.** In fact, billing insurance for a test that has been ordered for a non-medical reason might be considered medical fraud.

See [CLIA \(42 USC 263a\)](#)

IF YOU ARE BEING INVESTGATED BY CPS

THE CPS INVESTIGATION PROCESS

Your interaction with CPS will go through some - or all - of these steps. It starts when someone makes a report and ends when you and CPS agree and are satisfied that you have what you need to keep your family safe.

Anyone can make a report to CPS, not just Mandated Reporters.



1

The report is screened. Within **24 hours** after receiving a report of abuse or neglect, CPS must evaluate the allegations and either open an investigation “**screen in**” or reject the complaint “**screen out.**”

2

Investigation begins. CPS policy is to **begin an investigation within 24 hours** of a screened in report. They will **talk to your providers** - and they will often come to the hospital before you go home with your baby.

3

CPS writes a report. After investigating your case, CPS will write a report based on their **prediction of future risk of harm to your child.** Your case will be classified into one of 5 categories - which informs the next steps.

4

CPS creates a Service Plan. This is different from a Plan of Safe Care. CPS will make a service plan based on your risk category (levels V to I). This plan includes **programs and services** CPS expects you to engage with.

5

Goals are set. After CPS tells you the requirements of your service plan, **they will discuss their goals with you.** You may accept their plan as they’ve written it - or you might work with them to create a plan that fits your needs.

6

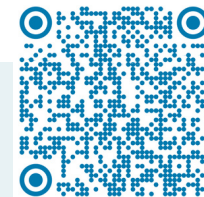
An evaluation is made. Ask for a **list of all the requirements and due dates.** Write everything down. Keep all of your paperwork in one place. The sooner you complete the requirements, the sooner you can close your case.

7

Your case is closed. When CPS is satisfied that your **child is safe - and you don’t need them to keep your family safe - they will notify you** in writing that your case is closed. If they are not satisfied, the process escalates.

IF YOU ARE BEING INVESTGATED BY CPS

THE FIVE DISPOSITIONS FOR CPS INVESTIGATIONS ARE:



V

Category 5 - NO SERVICES NEEDED

CPS did not find evidence of child abuse or neglect.

IV

Category 4 - COMMUNITY SERVICES RECOMMENDED

CPS found there is **not a preponderance of evidence** of child abuse or neglect, but the **child is at risk of harm in the future**.

The department must assist the child's family in locating and **voluntarily participating in community-based services** relevant to the needs of the family and risk to the child as identified in the risk assessment.

III

Category 3 - COMMUNITY SERVICES NEEDED

CPS found a **preponderance of evidence** of child abuse or neglect, and a **low or moderate risk of future harm to the child**.

CPS will ask the family to **participate in services** to make sure the child stays safe.

* If the family does not cooperate, or cooperates but things do not get better, CPS may change the ranking to Category II.

II

Category 2 - CHILD PROTECTIVE SERVICES REQUIRED

CPS found **evidence of child abuse or neglect**, and the child is at **significant risk of harm in the future**. **CPS will open a protective services case** and must assist the child's family in receiving community-based services

* If the family does not cooperate with services, CPS will change the ranking to Category I.

I

Category 1 - COURT PETITION REQUIRED

CPS found **evidence of child abuse or neglect**. CPS has decided that the **child is not safe**, and/or the **abuse was very serious**.

CPS will work with the county prosecutor or attorney general to ask a court to **remove the child from their home and terminate parental rights**.

IF YOU ARE ACCUSED OF ABUSE OR NEGLECT

ESSENTIAL RESOURCE:

Your Rights When Contacted by CPS

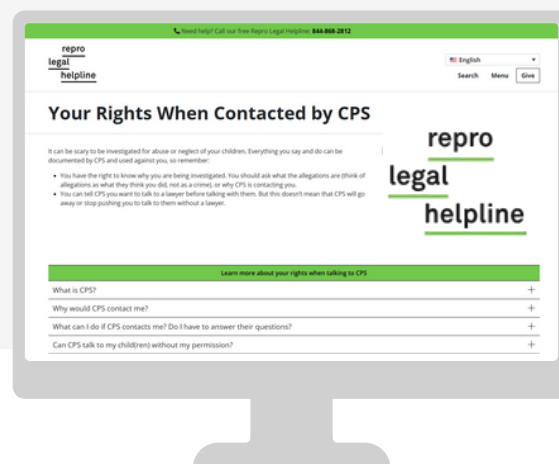
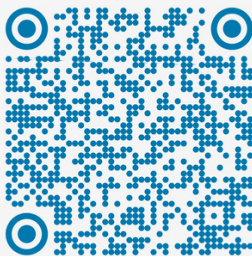
It can be scary to be investigated for abuse or neglect of your children. Everything you say and do can be documented by Child Protective Services (CPS) and used against you, so remember:

- You have the right to know why you are being investigated. You should ask what the allegations are (think of allegations as what they think you did, not as a crime), or why CPS is contacting you.
- You can tell CPS you want to talk to a lawyer before talking with them. But this doesn't mean that CPS will go away or stop pushing you to talk to them without a lawyer.




Use this resource from the [Repro Legal Helpline](#) at [If/When/How](#) to learn more about you rights when talking to CPS, including:

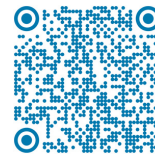
- What is CPS?
- Why would CPS contact me?
- What can I do if CPS contacts me? Do I have to answer their questions?
- Can CPS talk to my child(ren) without my permission?
- What happens if CPS tells me I have to go to court?
- What if CPS tells me they're going to remove my children?
- What id CPS tells me I have to do a service plan?

Need help?
Call the **FREE**
Repro Legal Helpline:
 (844) 868-2812



IF YOU ARE BEING INVESTGATED BY CPS

- **Contact a lawyer or legal aid** organization
 - Michigan Legal Help - [CPS and Your Family](#) 
 - [Child Advocacy Law Clinic](#) at the University of Michigan 
 - Repro Legal Helpline  (844) 868-2812
- **Be polite, direct, and truthful**, but don't help the investigators.
- **If you don't know** the answer or don't understand a question, **don't guess**. Say "I don't know" or "I don't understand."
- **Never invite a CPS social worker or other investigator into your home** unless they have a warrant or court order. If someone insists on searching without that paperwork, say "I do not consent to a search."
- When CPS shows up, **you do not need to open the door and allow investigators to look into your home**. If you do, they may use something they see to escalate the investigation.
- **Record your interactions with CPS**. Although you can record CPS when they're on your private property, it's best to get their consent. Politely ask the CPS worker if they mind being recorded.
- **Take notes about each interaction** including date, time, name of everyone involved, and what happened - If you can, write down the exact words that were said. **Ask your friends, family members, and providers to do the same.**



DOCUMENTING CONVERSATIONS

In Michigan, you can only record a conversation that YOU are participating in. If you are not part of it, you will need permission from EVERY person to record, even if one of them is your child.

It is a good idea to **get their permission *on the recording***, so you have proof it happened. **Recording others without permission is a felony.**

[MCL 750.539a\(2\), 750.539c](#)



IF YOU ARE BEING INVESTGATED BY CPS

IF YOU ARE BEING INVESTIGATED

Share Your Plan of Safe Care

“The goal of a Plan of Safe Care is to strengthen the family, support a healthy pregnancy, and keep child(ren) safely at home.” - Your plan is your “recovery resume” or diary that helps communicate your strengths, needs, and accomplishments.



THE DIFFERENCE BETWEEN “A PLAN OF SAFE CARE” AND A “SAFETY PLAN”

A Plan of Safe Care (POSC) is made by you and your care team before CPS is involved. It can be used for infants with substance exposure when there is no evidence of other abuse or neglect.



www.michigan.gov/mdhhs/keep-mi-healthy/plan-of-safe-care

A Safety Plan is made and enforced by CPS when they think there is evidence of abuse, neglect, or risk of abuse/neglect of an infant. See [The Use of Safety and Risk Assessment in Child Protection Cases](#)



SAFETY PLANNING

According to the [Children’s Protective Services Field Operations Manual \(FOM\)](#) safety plans must:



- Address immediate safety concerns
- Be developed with the input and assistance of parents, family members, and tribe
- Include formal and informal supports and services.
- Include proactive and reactive steps.
- Be realistic, achievable, and understood by the parent/caregiver.
- Specify roles and expectations of pertinent individuals involved in the plan.
- Be modified as other safety concerns arise.
- Build on the strengths of the parent/caregiver.

IF YOU ARE BEING INVESTGATED BY CPS

FAMILY TEAM MEETINGS



Family Team Meetings (FTM) are a deliberate and structured approach to involving children, families, and caregivers in case planning through a facilitated meeting of family and their identified supports.

FTMs should include child welfare staff, parents, caretakers, foster parents, children, youth, and may also include extended family, friends, neighbors, community-based service providers, community representatives, tribal representatives for Native American children, or other professionals involved with the family.

During the FTM, participants work together to create a plan for safety, placement, and permanency tailored to the individual needs of each child.

This process provides a forum to share ideas and opinions and stresses the importance of the family's perspective and involvement. In addition, this process encourages full participation of all participants, honest communication, and promotes dignity and respect. See [FOM 722-06B](#)

IMPORTANT:

Many families have said that they have had problems with receiving their CPS service plan in a timely fashion, understanding the requirements, obtaining the appropriate referrals to service providers, and reaching their caseworkers.

Sadly, this has **resulted in families being separated or in delays in reunifying parents with their children.**

To do what you can to stop unnecessary delays, **keep all of your paperwork in one place, make a plan to complete all your requirements and turn in all your forms and documents** by their due dates. You may decide to contact the:



- Office of **Family Advocate** 📞 (517) 373-2101
- Office of **Children's Ombudsman** 📞 (800) 642-4326



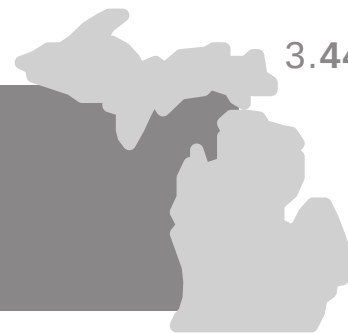
NOTES:

IMPORTANT:

If you become involved in juvenile or family court proceedings:

- Your child(ren) will be represented by a lawyer-guardian ad litem (LGAL). The LGAL represents the child's best interest - which may be different than the family's best interest.
- You will need your own legal representation. Contact your lawyer right away
- If you cannot afford a lawyer, ask CPS or the court for a court appointed attorney
- Wait to consult with legal aid or an attorney before agreeing to a CPS Service Plan or Safety Plan, even if they say it is "voluntary."





FINDING HELP WHERE YOU LIVE

MICHIGAN

If you believe that a report will be made to CPS or a case will be opened, you should reach out to a legal aid group and get connected with a lawyer.

Michigan Legal Help

"Michigan Legal Help has tools and information to help you understand and manage your legal problems."

michiganlegalhelp.org


CPS and Your Family from Michigan Legal Help

"When Child Protective Services (CPS) gets involved with your family, it's important to understand your rights and responsibilities. Read this article to learn more about the role of CPS and about the child removal process."

michiganlegalhelp.org/resources/family/cps-and-your-family

Child Advocacy Law Clinic

"The [Child Advocacy Law Clinic](#) at the University of Michigan Law School is the oldest child welfare law clinic in the country. Law students - under the supervision of experienced faculty members - represent children, parents, and other parties in foster care proceedings."

Contact Jackie Julien at  (734) 763-5000 or jmjulien@umich.edu

State Bar of Michigan

"If you cannot afford a lawyer . . . you may still be able to get help."

www.michbar.org/public_resources/legalaid

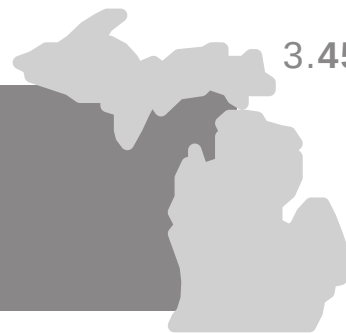
Michigan Legal Aid Offices

"Legal Aid is for people who may not be able to afford an attorney."

www.legalaidoffices.com/state/michigan

FINDING HELP WHERE YOU LIVE

MICHIGAN



Lakeshore Legal Aid

"Lakeshore Legal Aid is a not-for-profit law firm providing a range of free civil legal services to people living with low income, older adults, and survivors of domestic violence and sexual assault in our communities."

lakeshorelegalaid.org/services

Legal Services of South Central Michigan (LSSCM)

"Legal Services of South Central Michigan (LSSCM) provides free legal advice and representation to low-income individuals, families, and older adults in Barry, Branch, Calhoun, Clinton, Eaton, Hillsdale, Ingham, Jackson, Lenawee, Livingston, Monroe, Shiawassee, and Washtenaw Counties. LSSCM also provides legal services to older adults of St. Joseph County."

lsscm.org

Legal Services of Eastern Michigan

"Legal Services of Eastern Michigan makes its mission to provide civil legal services to those who need it the most and have the least access."

lsem-mi.org

Legal Services of Western Michigan

"Legal Aid is a nonprofit law firm providing free legal advice and representation in a broad range of areas including housing problems, family matters, consumer cases, government benefits, and much more."

lawestmi.org

Legal Services of Northern Michigan (LSNM)

"Legal Services of Northern Michigan (LSNM) is a nonprofit law firm providing free, high quality, legal advice and representation for eligible clients in a broad range of areas..."

www.lsnm.org

