



# 2026 Conference

*Context & Connection: Reframing Childhood Adversity*

## Breakout Session Three

Moving the Needle on ACEs – Policy Levers that Drive Meaningful Change

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*Facilitated by: Lisa Farnum & Kadi Prout*

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# A view of ACEs from home

JASON SROUFE | WELLSPRING LUTHERAN SERVICES

**Community-Based Prevention as a Policy Lever**



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# ACEs are not inevitable.

They are shaped by the systems we design, fund, and implement.



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# Community-based organizations are the system

100% of family preservation services in Michigan

- are delivered by community-based organizations.
- Not a supplement — the delivery infrastructure.

Why CBOs are essential to reducing ACEs

- Trusted in the communities they serve.
- Embedded in local resources families actually use.



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# FFPSA changed the rules

## Families First Prevention Services Act (2018)

- Federal Title IV-E dollars can now pay for prevention services.
- Mental health, substance use, in-home parenting — without requiring a child to enter foster care first.

## A paradigm shift

- Federal dollars move upstream — funding prevention, with CBOs at the center.
- Michigan operates under a federally approved Title IV-E Prevention Plan.



# Michigan's family preservation programs

## Crisis & in-home support

- FFM (Families First) — Short-term crisis intervention.
- FRP — Supports reunification after foster care.

## Sustained & integrated

- FTBS — Moderate-intensity, longer-duration in-home.
- MFT — Two-generation pilot, flexes across risk levels.



# What makes MFT different

- **Two-generation model** — The child and the caregiver are both clients.
- **One team, one plan** — No handoffs as the family's needs change.
- **Home-based and flexible** — Adapts to the family, not the other way around.
- **Built for ACEs at the root** — Caregiver mental health, economic stability, parenting.



“

95% of children in MFT remained safely at home with their caregivers.

– *MiFamily Together pilot data, as of 02/28/26 (1,395 families and 3,801 children enrolled since 10/1/24)*

”



“

“I learned how to set goals and achieve them, so I've been able to set my own personal goals going forward.”

– *Parent and MFT participant*

”



# Where MFT is today — and where it's going

## The footprint:

- 25 counties served today.
- 83 counties by FY2027 (target).
- **Several counties already have waitlists.**

## Adding additional services:

- **Parent Partners**— An employee with lived experience in the child welfare system that provides advocacy and support.
- **Brief Strategic Family Therapy** – Wayne County



# FY25: A historic state investment

## \$8.5M FY25 increase

- Largest investment in the Family Preservation line in over a decade.
- Result of years of collective advocacy by agencies and the Federation.

## FY26: Public Act 22 of 2025

- Sec. 529: Funding floor for FFM, FRP, and FTBS at FY21 levels.
- Sec. 523: Strengthened reporting on utilization and outcomes.





# And yet — we still have work to do

45% of costs covered | 5x more spent on out-of-home care | 40%  
of eligible families served



| Family Services

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# Moving forward

- **Amplify family voice** — Lived Experience and Trusted Advisors Collective and increase of parent partners statewide.
- **Return on Investment** — Volatile funding streams create even more emphasis on high quality service delivery.
- **Build cross-system collaboration** — Courts, CBOs, Medicaid, schools, behavioral health in the same direction.





# Thank You



ANY QUESTIONS?

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# Early Childhood Courts Moving the Needle on ACEs

Michele Hall, LMSW, IMH-E®  
Statewide Coordinator, Infant Toddler Court Project



**Michigan's  
Early  
Childhood  
Courts**

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*This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant #5 U2ZMC46639-02-00, Infant Toddler Court Program as part of an award totaling \$3,199,364 with 0 percent financed with state government resources. This information or content and conclusions are those of MDHHS and should not be construed as the official position or policy of, nor should an endorsement be inferred by HRSA, HHS, or the US government.*



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# Goals of Early Childhood Courts

- The primary goal of the Michigan's Early Childhood Courts (ECC), affectionately known as *Baby Court*, is family preservation.
- The hope is that families stay together and receive the supports and services they need to thrive.
- ECC seeks to address underlying issues within communities that may threaten family stability.



# What is ECC?

- Focuses on the unique social and developmental needs of babies.
- Prioritizes strengthening caregiver-child relationships.
- Addresses trauma and promoting healthy attachments.
- Uses a collaborative, multidisciplinary approach.
- Enhances reunification efforts and reduces time in care.



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We are born with billions of neurons, but they are “mostly” not connected.

A baby’s brain is developing at a rate of 1 million neural connections per second between birth to three.

The neurological connections are already happening at birth. By 1 month of age, they have doubled and almost tripled by their 3rd month

By age three years a child’s brain has already completed 85% of its development

Connections between synapses (signals sent through the brain) are strengthened through repeated Positive experiences.

Connections are vital to help babies learn what they need to survive in their family, community, and culture.

# Why Are ECCs Needed?

- Babies are overrepresented in care.
  - Infants and toddlers make up 31% of removals;
  - Spend longer periods in care; and
  - Face lower rates of reunification with biological caregivers.
- These experiences are traumatic and increase risk of adverse developmental and emotional outcomes.
  - Infants and toddlers are at a higher risk of unaddressed developmental delays.
  - A baby's attachment system is especially sensitive making prolonged separations more harmful compared to older children.



# A Brief History



2005

First Michigan Baby Court teams established.

2008

Baby Court starts in Wayne County.

2012

Wayne County Baby Court expansion & evaluation.

2022

Michigan and 11 other states receive federal funding to expand and support Infant Toddler Court teams.

2023

ECC is active in Wayne, St. Clair and Saginaw counties.

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# Wayne County Evaluation: Pilot (2008-2012)



## Reunification

69.6% of children were reunified (compared to 45.5%)

## Improved Parenting

Insight into their children's needs (d = 1.55)

Positive affect toward their children during interactions (d = .66)

Sensitive responses to children's behavior (d = .55)

Sensitive responses to children's emotional needs (d = .52)

## Improved Child Behavior & Development

Expressive language (d = 1.06)

Receptive language (d = .57)

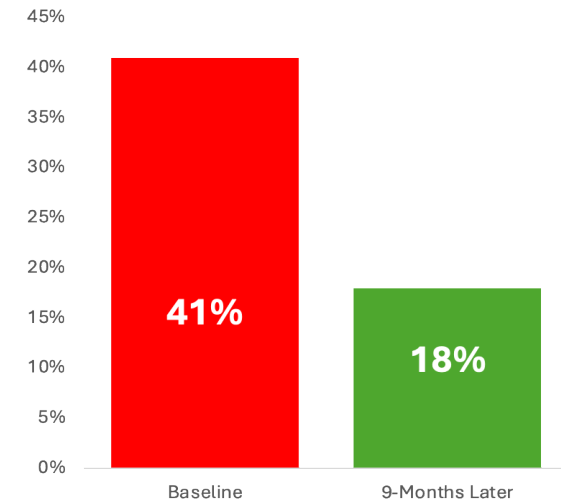
Cooperation/follows directions (d = .60)

Persistence at difficult tasks (d = .48)

Enthusiasm in solving tasks (d = .80)

Positive affect toward parents (d = .60)

## Reduction in Serious Developmental Delays

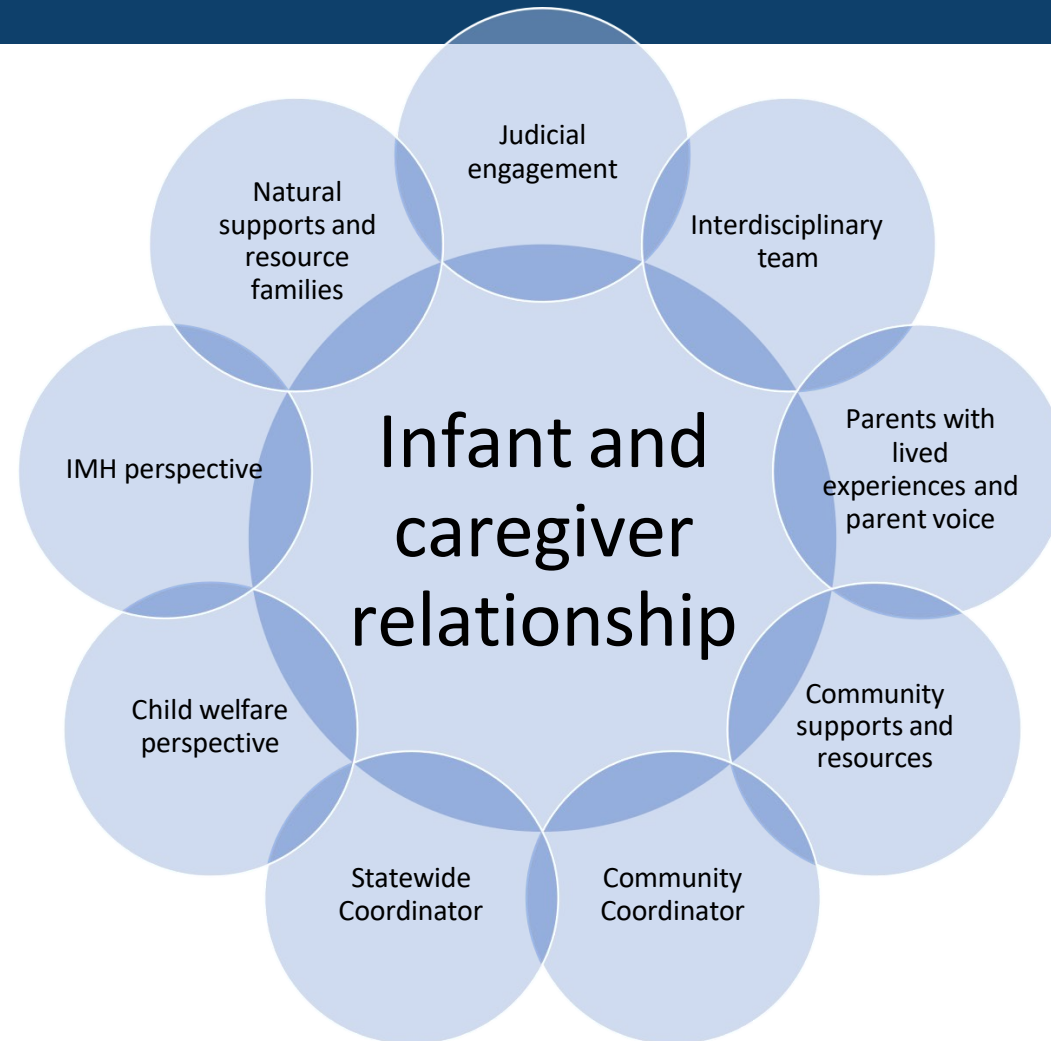


Stacks, A.M., Barron, C.C., & Wong, K. (2019) Infant Mental Health Home Visiting in the context of an infant-toddler court team: Changes in parental responsiveness and reflective functioning. *Infant Mental Health Journal*

Stacks, A.M., Wong, K., Barron, C.C. & Ryznar, T. (2020). Permanency and well-being outcomes for maltreated infants: Pilot results from an infant-toddler court team. *Child Abuse & Neglect*.

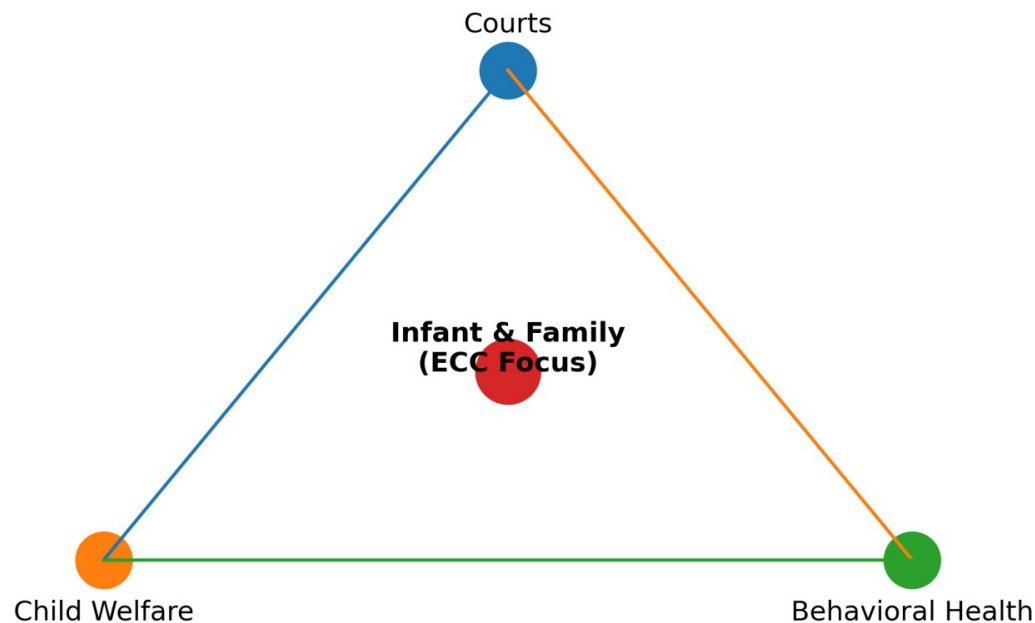
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# ECC Ecosystem



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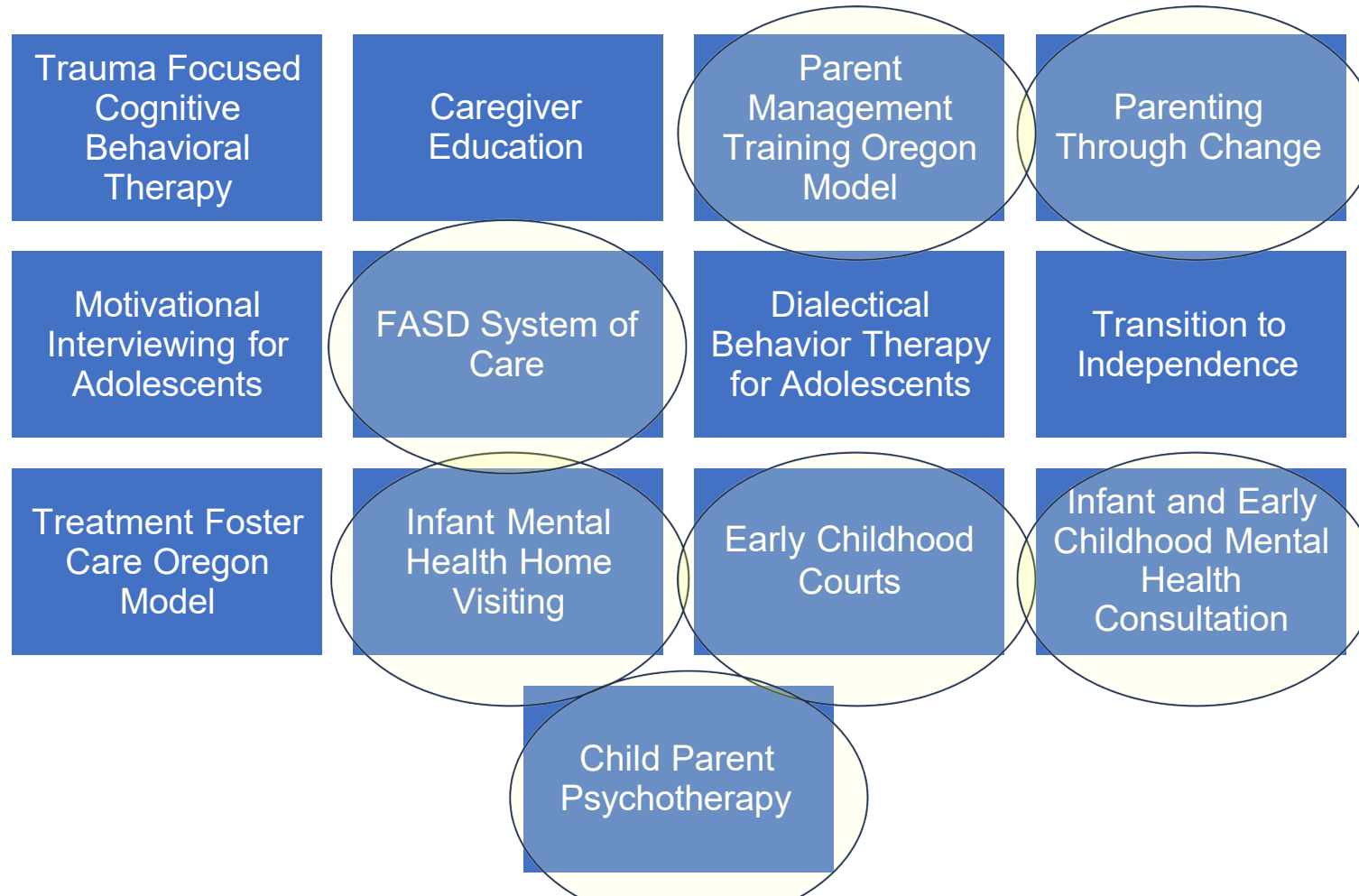
# Core Differences



Cross-System Collaboration Builds Trust and Trauma-Responsive Support

- Focus on the infants, toddlers and their caregivers.
- Parent Voice is front and center.
- Hearings are trauma-informed and scheduled every four-six weeks.
- Dedicated community coordinator.
- Resource families and natural supports are part of the team.
- Increased parenting time whenever possible.
- The courts, child welfare and behavioral health agencies agree to collaborative approach.

# Children's Evidence-Based and Informed Practices in Michigan's Public Mental Health System



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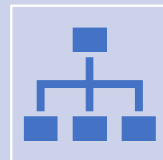
## Children's Evidence Based Practice Infrastructure In Michigan



Funding for EBPs are from a variety of sources including Mental Health Block Grant, Child Care Development Fund, HRSA Grant, and Medicaid



Department of Health and Human Services serves as the hub for training and technical assistance



Individual Community Mental Health organizations apply to the learning collaboratives for these EBPs and have responsibility for meeting model requirements for implementation.



Highlighting  
Early Childhood  
EBPs

- Infant mental health home visiting
- Early childhood courts

Cross-Systems

Promotion  
Prevention  
Intervention

# Purpose of the Collaboration

## Goals of Early Childhood Courts



Achieve permanency



Heal relationships



Promote well-being



Reduce trauma

# Why Integrate Evidence-Based Practices



Improve outcomes



Ensure fidelity



Support decision-making



Enhance effectiveness

# Integrating Infant Mental Health



## Infant Mental Health Lens

- Centers the infant–caregiver relationship.
- Considers the baby’s emotional and developmental experience.
- Promotes attachment, co-regulation, and relational safety.

## Reflective Practice

- Encourages curiosity about the child and family’s experience.
- Supports thoughtful, relationship-based decision-making.
- Helps teams understand behavior through a trauma-informed lens.

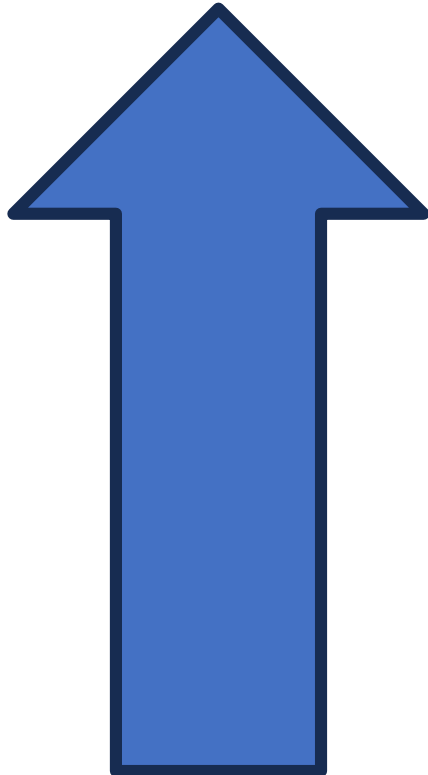
# Prevention and Community Initiatives



- Title V Maternal Child Health
- Michigan Child Care Provider Collective
- Statewide Father Initiative
- Court Improvement Program
- Michigan Model of IMH HV
- Regional Perinatal Collaboratives
- MI-AIMH Social Action
- Head Start/Early Head Start
- Help Me Grow
- Local Community Collaboratives
- Michigan Federation
- Guy Thompson Parent Advisory
- Maternal & Infant Health Collaborative
- Michigan Child welfare Improvement
- Think Babies/ECIC
- Zero to Thrive/Fraternity of Fathers
- Keeping Kids Safe
- Plan of Safe Care

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# Summary of National Evaluation Findings



## Collaboration

- Collaboration between professionals.
- Trusting relationships between professionals.
- Respect for other members of the court team.
- Streamlining of services.

## Safety

- Lower rate of maltreatment one year after case closure.

## Access to Services

- Evidence-based services.
- Developmental screening and early intervention.
- Have a medical home.
- Substance-use treatment.

<https://www.zerotothree.org/resource/resource/safe-babies-approach-evidence-and-impact/>

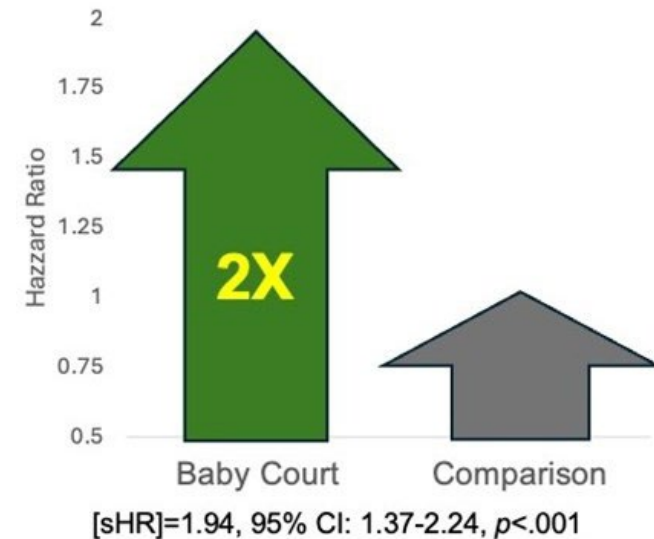
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# Wayne County Retrospective (2016-2022)



Matching Variables (MISACWIS)	% Baby Court (61)	% Not Baby Court (244)	<i>p</i>
Removal year	2016-2022		.99
Agency type (public)	74	71	.73
Gender (boy)	57	59	.85
Race (Black)	62	66	.85
Age at removal (0-3 months; 4-12 months)	46; 30	47; 32	.81
Prior CPS report (yes)	43	41	.87
Zip Code (North Central)	41	43	.88
Level of risk at investigation (high; intensive)	34; 18	34; 19	.96
First placement type (Kinship)	84	82	.83
Substantiated allegation type			.77-.89

## Families who Receive Baby Court are Nearly Twice as Likely to Be Reunified



Stacks, A.M., Rousson, A.N., Kondor, L., Perron, B.E., Ryan, J.P. & Victor, B.G. (2025). Infant toddler court teams, reunification, time to permanency, and placement stability: Evidence from a study using matched controls in Wayne County, Michigan.

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# Re-entry Study



Source: Victor, B.G., Ludeke, R.D., Kondor, L., Perron, B.E., Ryan, J.P., & Stacks, A.M. *Infant-Toddler Court Teams and Reentry to Foster Care*. Wayne State University & University of Michigan. Supported by the Maternal and Child Health Bureau (1U2ZMC46639-01-00).

## STUDY OVERVIEW



51 ITCT children matched to 145 comparison children



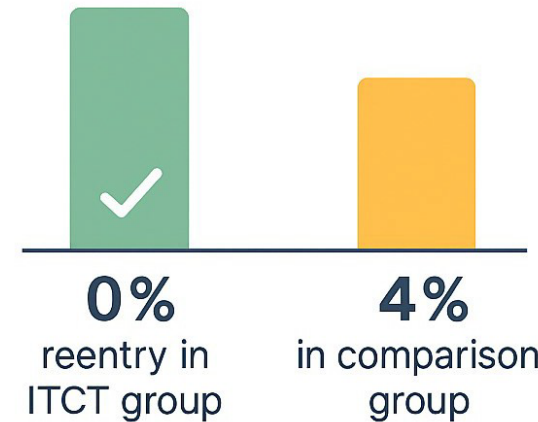
Children ages 0–3 exiting to reunification, guardianship, or relatives



Parenting intervention: Infant Mental Health–Home Visiting

Reentry tracked for 12 months per CFSR standards

## KEY FINDINGS



- Both below the federal target ( $\leq 5.6\%$ ), but only ITCT achieved zero reentry
- ITCT children nearly twice as likely to reunify—without increased instability

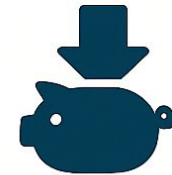
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## IMPLICATIONS FOR CHILD WELFARE SYSTEMS



### **CFSR Performance**

ITCTs help jurisdictions meet or exceed federal permanency stability benchmarks



### **Cost Efficiency**

Reduced reentry lowers downstream court, placement, and service costs



### **Permanency Quality**

Faster reunification does not compromise stability



### **Child Development**

Stable caregiving supports early attachment and social-emotional

A recent benefit-cost report by the Center for State Child Welfare Data, Chapin Hall evaluates the economic impact of implementing ZERO TO THREE's Safe Babies approach.



“  
*Even small reductions in length of stay produce large financial results that favor increasing costs with Safe Babies on the one hand while lowering the time spent in foster care on the other.*

FRED WULCZYN, CENTER FOR STATE CHILD WELFARE DATA, CHAPIN HALL

<https://www.zerotothree.org/resource/distillation/investing-in-babies-how-the-safe-babies-approach-reduces-foster-care-costs-and-improves-outcomes/>

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# EARLY CHILDHOOD COURTS FOR SUSTAINABILITY AND ACCESS STATEWIDE

Ensure consistent, quality supports for infants, toddlers, and their families.

# Video: ECC in Every Community



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# Questions



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# Thank You



## Michigan's Early Childhood Courts

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# Questions?

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