STATE OF MICHIGAN
DEPARTMENT OF HUMAN SERVICES
LANSING

RICK SNYDER
GOVERNOR

MAURA D. CORRIGAN
DIRECTOR

March 10, 2014

The Honorable Bruce Caswell, Chair
Senate Appropriations Subcommittee on DHS
Michigan State Senate
Lansing, Michigan 48933

The Honorable Peter MacGregor, Chair
House Appropriations Subcommittee on DHS
Michigan House of Representatives
Lansing, Michigan 48933

Dear Senator Caswell and Representative MacGregor:

This report is provided pursuant to the Department of Human Services' (DHS') Fiscal Year 2014 Appropriations Act, PA 59 of 2013, Article X, Section 588 (1). This section requires that DHS transmit all reports from the court-appointed settlement monitor, concurrent with public release. *The Progress of the Michigan Department of Human Services Monitoring Report for Dwayne B. v. Snyder MSA 4 January to June 2013,* issued on March 10, 2014, is attached.

If you have any questions, please contact Steve Yager, Children's Services Administration director, at (517) 241-9859.

Sincerely,

Susan Kangas
Chief Financial Officer

Attachment: The Progress of the Michigan Department of Human Services Monitoring Report for Dwayne B. v. Snyder MSA 4 January to June 2013
cc: Senate and House Appropriations Subcommittees on DHS
Senate and House Fiscal Agencies
State Budget Office

Progress of the Michigan Department of Human Services

Monitoring Report for *Dwayne B. v. Snyder*

MODIFIED SETTLEMENT AGREEMENT

MSA 4

JANUARY TO JUNE 2013

ISSUED MARCH 10, 2014

PUBLIC CATALYST

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Introduction

This document serves as the eighth report to the Honorable Nancy Edmunds of the United States District Court for the Eastern District of Michigan in the matter of *Dwayne B. v. Snyder*. On July 18, 2011, the State of Michigan and the Michigan Department of Human Services (DHS) and Children's Rights (CR), counsel for the plaintiffs, filed with the court a Modified Settlement Agreement (MSA) that establishes a path for the improvement of Michigan's child welfare system. DHS is a statewide multi-service agency providing cash assistance, food stamps, and child protection, prevention, and placement services for the State of Michigan. Children's Rights is a national advocacy organization with more than two decades of experience in class action reform litigation on behalf of children in child welfare systems. The court formally approved an initial Agreement among the parties on October 24, 2008, and accepted the parties' MSA the day it was filed.

In sum, the MSA:

- Provides the plaintiff class relief by committing to specific improvements in DHS' care for vulnerable children, especially with respect to their safety, permanency and well-being;
- Requires the development and implementation of a comprehensive child welfare data and tracking system, with the goal being to improve DHS' ability to account for and manage its work with vulnerable children;
- Embeds a new case practice model designed by the current DHS management in consultation with the monitors and counsel for the plaintiffs; and
- Establishes benchmarks and performance targets that the administration has committed to meet in order to realize sustainable reform.

Pursuant to the MSA, the court appointed Kevin Ryan and Eileen Crummy of Public Catalyst as the monitors charged with reporting on DHS' progress implementing its commitments. The monitors and their team are responsible for assessing the state's performance under the MSA. The parties have agreed the monitors shall take into account timeliness, appropriateness, and quality in reporting on DHS' performance. Specifically, the MSA provides that:

> "The Monitors' reports shall set forth the steps taken by DHS, the reasonableness of these efforts, and the adequacy of support for the implementation of these steps; the quality of the work done by DHS in carrying out those steps; and the extent to which that work is producing the intended effects and/or the likelihood that the work will produce the intended effects."

This report to the court reflects the efforts of the DHS leadership team and the status of Michigan's reform efforts as of June 30, 2013, including progress for the first half of 2013, defined as Period Four in the MSA (MSA 4). The monitors recognize that the pace and progress of reform described in this report reflects fledgling efforts that in many instances are newly underway, are challenging and have yet to take root. At the conclusion of MSA 4, DHS was just 21 months into its implementation of the consent decree. Even as of the submission of this report to the court in March 2014, DHS is in the very early stages of implementing its case practice model statewide and has not yet implemented its statewide automated child welfare information system (SACWIS). Immediately after the court's last status hearing in this matter on October 8, 2013 for MSA 3, the monitors were advised by DHS that full MiSACWIS implementation was to be delayed by six months. As of the writing of this report, the MiSACWIS implementation deadline has been extended to April 30, 2014. While the implementation is delayed six months, the time by which MiSACWIS will produce fully operational reports will most likely be delayed even further. Once those reports are available from DHS, the court, the parties and the public will have a first look into the agency's performance in many areas.

There is a wide range of commitments contained in the MSA that DHS cannot presently track. These include:

- A series of commitments regarding children's well-being, including their physical and mental healthcare, dental care and timely enrollment in school
- A series of commitments regarding the administration and oversight of psychotropic medication
- Children's visits with their brothers and sisters in care
- Children placed together with their brothers and sisters in care
- DHS' commitment regarding the placement of high risk youth
- A series of commitments regarding residential care placements
- Assessments, service plans, and provision of services, including supervisory oversight of this work

Summary of Progress and Challenges Ahead

As of the conclusion of MSA 4, the monitoring team highlights several significant accomplishments DHS made in certain areas including:

- *New Staff Qualifications and Training:* Of the 440 new caseworkers hired during MSA 4, virtually all had a bachelor's degree in social work or a related human services field and all of the 417 new workers scheduled for training in the period completed pre-service training within 16 weeks of their hire date.
- *Caseloads:* The attention paid by DHS leadership to improve hiring, training and case allocation has led to significantly improved caseloads for most child welfare staff across Michigan, including Children's Protective Services (CPS) investigators, CPS ongoing staff, Foster Care staff, and Child Welfare supervisors.
- *Post-Adoption Services and Support to Children and Families*: At the outset of this reform effort, DHS had a very thin – and often nonexistent – set of supports available for adoptive children and families. In April 2012 DHS awarded eight contracts to private adoption agencies throughout the state for the creation of post-adoption resource centers which offer services and support to children and youth who were adopted from Michigan's foster care system. During SFY2012, funding for the eight contracts totaled $1,433,964. In SFY2013, DHS increased the contracts by $144,539 to $1,578,503 in order to expand services in three regions. DHS reported that 922 adoptive families throughout Michigan received services from the post-adoption resource centers during MSA 4.
- *Centralized Intake*: DHS has built and staffed a statewide child abuse and neglect Centralized Intake that received 141,495 calls from the public, which resulted in 44,615 CPS complaint referrals assigned for investigation by DHS staff. When compared to MSA 3, there was an increase of 1,450 investigations. This is a very large and critical operation: at the conclusion of MSA 4, Centralized Intake was staffed with 119 workers, 15 more than at the conclusion of MSA 3, as well as 26 supervisors, two more than at the conclusion of the prior period. When all allocated positions are filled, the staffing at Centralized Intake will be 121 workers and 26 supervisors. During MSA 4, DHS hired and trained 22 staff to serve as lead workers at Centralized Intake. These lead workers assist in the training of new staff, transferring complaints to field offices, and answering complaint calls to lower call wait times.
- *Guardianship for Children in CY2013*: DHS agreed to finalize 165 juvenile guardianships during CY2013. At the conclusion of MSA 4, at the midpoint of the calendar year, DHS reported it had already met its commitment by finalizing 250 juvenile guardianships.

There are reforms contained in the MSA, which are vital to children's interests, but have not taken hold. The monitoring team observes, in particular, these challenges that DHS needs to confront as it continues to steward the reform effort forward:

- *Relative Care*: At the end of MSA 4, there were more than 4,600 children placed by DHS with their relatives in 2,733 homes. The majority of relative homes, 63 percent or 1,713, were not licensed at the end of MSA 4. The expectation of the parties was that the number and percentage of relative homes licensed would grow over time and that virtually all relative homes would be licensed. Unfortunately, by the end of MSA 4, DHS took a step backward, with a smaller number of relative homes licensed than at the end of MSA 3 – 1,020 in MSA 4 compared to the 1,077 in MSA 3. And fewer children were living in licensed relative homes at the end of MSA 4 than at the end of MSA 3, down from 3,428 to 3,227 – 201 fewer children receiving the support and/or safeguards identified by the parties as critical via licensure.
- *Overuse of Shelters for Children:* For the fourth consecutive period, DHS did not place all children consistent with the commitments in the MSA limiting the use of temporary and emergency placements such as shelters. DHS continues to place hundreds of children, including very young children, in shelters, and for longer than the parties agreed in the MSA.
- *Visitation:* According to the best data available from DHS for all children in its care, DHS did not meet the worker-child and worker-parent visitation commitments set forth in the MSA, nor the commitment to assure two face-to-face contacts between parents and their children in any month during the monitoring period.
- *Monitoring and Oversight:* Again in MSA 4, the monitoring team often did not find documentation that concerns identified by the Bureau of Children and Adult Licensing (BCAL) with certain foster homes and private agencies were followed up on and/or rectified. In fact, these concerns were often not included as an integral part of the DHS inspection assessment for continuance or renewal of licensure. The monitoring team brought to DHS' attention child safety issues with homes supervised by 54 different agencies and asked for an updated status regarding these homes and assurance that safety and risk issues had been resolved.

Summary of Commitments Monitored in MSA 4

Section	MSA Commitment	Deadline	Achieved	Page
I.H&I	Request state and federal funding.	10/1/11	Yes	15
V.A	Ensure DHS system for receiving, screening and investigating reports of abuse and neglect is adequately staffed; commencements are timely; and investigations are completed pursuant to policy requirements. Extensions of the timeframes in policy for completion of investigations are subject to review/approval of Monitors. DHS shall monitor commencements through reviews of DHS data-driven reports.	10/1/11	DHS unable to demonstrate compliance	62
V.B	Establish statewide centralized CPS hotline: Adequately staffed for timely commencement, adequate telecommunications equipment and information technology.	4/30/12	Yes	61
V.D.1	In designated Counties, DHS will maintain separate Maltreatment in Care (MIC) units responsible for MIC investigations.	10/1/11	Yes	63
V.D.2.a	In non-designated counties DHS will maintain 3 separate regional MIC units for all investigations of abuse or neglect occurring in CCIs.	10/1/11	Yes	63
V.D.4	DHS Child Welfare Field Ops shall ensure dedicated supervision, oversight and coordination of all MIC investigations.	10/1/11	Yes	63
VI.A.1	Entry level caseworkers have a bachelor's degree in social work or a related human services field.	10/1/11	Yes	20
VI.A.2	All caseworkers who do not have the University-based Child Welfare certificate will complete pre-service training that includes a total of 270 hours of competence based training which must be completed within 16 weeks from date of hire; training must include minimum of 4 weeks of classroom instruction and 5 weeks of field instruction.	10/1/11	Yes	20
VI.A.3	New caseworkers with the University-based Child Welfare certificate will complete program specific training. The program specific training curriculum must be reviewed by the monitors.	10/1/11	Yes	22
VI.A.4	Each trainee will shadow an experienced child welfare caseworker and build practice knowledge from classroom and field training. Experienced caseworker (mentor) will shadow each trainee for key activities in a case. Mentor with a trainee must have a caseload within current caseload standards.	10/1/11	Yes	21
VI.A.5.a.i	Caseload Progression for CPS: No cases will be assigned until the completion of the first 4 weeks of pre-service training (PSI).	10/1/11	Yes	22
VI.A.5.a.ii	Caseload Progression for CPS: Upon successful completion of week 4 PSI and successful completion of Competency Test One, up to 5 total cases may be assigned with supervisory approval using the CWTI case assignment guidelines.	10/1/11	Yes	22
VI.A.5.a.iii	Caseload Progression for CPS: Final caseload may be assigned after 9 weeks of PSI, successful completion of Competency Test Two and satisfactory review by the trainer and supervisor.	10/1/11	Yes	22
VI.A.5.b.i	Caseload Progression for FC: Three training cases may be assigned on or after day one of PSI at the supervisor's discretion using CWTI case assignment guidelines.	10/1/11	Yes	22

Section	MSA Commitment	Deadline	Achieved	Page
VI.A.5.b.ii	Caseload Progression for FC: Upon successful completion of week 3 PSI and successful completion of Competency Test One, up to 5 total cases may be assigned with supervisory approval using CWTI case assignment guidelines.	10/1/11	Yes	22
VI.A.5.b.iii	Caseload Progression for FC: Final caseload may be assigned after 9 weeks of PSI, successful completion of Competency Test Two and satisfactory review by the trainer and supervisor.	10/1/11	Yes	22
VI.B.1	Supervisor Qualifications: All staff promoted or hired to a child welfare supervisory position shall possess either: 1) master's degree and three years of experience as a social service worker in a child welfare agency, CCI or in an agency performing child welfare function or 2) bachelor's degree and four years as a social service worker.	10/1/11	Yes	23
VI.B.2	Implement a competency based supervisory training program at least 40 hours in length and address specific skills and knowledge.	10/1/11	Yes	23
VI.B.3	All supervisors promoted or hired must complete the training program and pass a written competency based exam within 3 months of assuming the supervisory position. Failure to achieve a passing grade on written portion within two sittings requires additional training within 45 days of last failed exam. A third failure renders individual ineligible for supervisory position.	10/1/11	Yes	23
VI.B.4	University-Based Training Opportunities: Develop and maintain relationships, joint programs with schools of social work to expand training and education for DHS and private CPA caseworkers and supervisors.	10/1/11	Yes	22
VI.C	Licensing Worker Qualifications and Training: Requirements include bachelor's degree in social work or related human services field.	10/1/11	Yes	22
VI.C	Licensing Worker Qualifications and Training: Requirements include training type and amount provided as indicated in plan submitted to the monitors on 3/5/09.	10/1/11	No	22
VI.E.10	Caseload Tracking & Reporting: DHS will provide quarterly reporting on the percentage of supervisors and caseworkers in each of the categories. Upon implementation of SACWIS, each worker's monthly average caseload will be used to determine compliance.	10/1/11	Yes	16
VI.E.2.a	Supervisors: Each supervisor of foster care, CPS, adoption, POS, licensing will not be responsible for more than five caseworkers.	10/1/11	Yes	18
VI.E.2.b.ii	Supervisors: 80% of child welfare supervisors will supervise no more than 5 caseworkers.	9/30/12	Yes	18
VI.E.3.b	Foster Care Workers: 90% of foster care workers will have caseloads of no more than 15 children.	9/30/12	Yes	17
VI.E.4.b	Adoption Workers: 90% of adoption workers will have caseloads of no more than 15 children.	9/30/12	No	17
VI.E.5.b	CPS Investigation Workers: 75% of CPS investigation workers will have caseloads of no more than 12 open investigations.	9/30/12	Yes	18
VI.E.6.b	CPS Ongoing Workers: 75% of CPS investigation workers will have caseloads of no more than 17 families.	9/30/12	Yes	18
VI.E.7	POS Workers: 95% of POS workers will have a caseload of no more than 90 children.	9/30/11	No	17

Section	MSA Commitment	Deadline	Achieved	Page
VI.E.7.a	POS Worker model will remove responsibilities for: Review/approve case plans; attend court hearings unless so ordered; enter social work contacts into SWSS; attend quarterly visits with CPAs; attend PPCs.	9/30/11	Yes	19
VI.E.8.b	Licensing Workers: 90% of licensing workers will have a caseload of no more than 30 licensed foster homes or homes pending licensure.	9/30/12	Yes	18
VII.A	Assessments & Service Plans: Written assessments within 30 days of entry (ISP); updates quarterly (USP); treatment plans signed by caseworker, supervisor, parents and children if of age or a written explanation of no signature.	10/1/11	DHS unable to demonstrate compliance	2
VII.B	Supervisory Oversight: Supervisors will meet at least monthly with each assigned worker to review status and progress of each case on the worker's caseload. Supervisors will review and approve each service plan which can only be approved after a face to face meeting with worker which can be the monthly meeting.	10/1/11	DHS unable to demonstrate compliance	2
VII.C	Provision of Services: Services in plans must be available in a timely and appropriate manner, monitor for quality/intended effect; assist parents, children and foster parents identify appropriate, accessible and compatible services; assist with transportation, resolve barriers, intervene to review and amend service plans when services are not provided or are not effective.	10/1/11	DHS unable to demonstrate compliance	2
VII.D	Family Engagement Model: DHS will develop policies, procedures and structure to implement a family engagement model which includes family engagement, child and family team meetings, and concurrent planning.	10/1/11	Yes	52
VII.D.5.d	Pre-Implementation of FTM: Identify Peer Coaches in county offices and CPAs.	10/1/11	Yes	51
VII.D.5.e	Pre-Implementation of FTM: Conduct training for peer coaches, management, and caseworkers	10/1/11	Yes	51
VII.D.6.a	Implementation of FTM model, including concurrent planning to Big 14 counties.	3/1/13	Yes	52
VII.E.1	Maintaining a permanency planning goal of reunification beyond 12 months requires written approval from supervisor, justifying the goal, identifying the additional services needed to occur to accomplish goal; no goal of reunification longer than 15 months without documentation in the record, approved by supervisor, of compelling reasons.	10/1/11	Yes	46
VII.E.6	APPLA: This goal may not be assigned to a child unless specific requirements in MSA exist.	10/1/11	Yes	47
VII.E.6.e.iii	Immediate Action APPLA: Reduce the number of children with the goal of APPLA/APPLA-E to 9% of the total foster care population, excluding youth over 18 years of age with a voluntary foster care agreement.	9/30/12	Yes	47
VII.E.7.b	Immediate Action Adoption/Guardianship: Finalize 165 juvenile guardianships for calendar year 2013.	12/31/13	Yes	50
VII.E.9	Disrupted Pre-Adoptive Placements: DHS will monitor the number of cases in pre-adoptive placement that disrupt before finalization; QA unit will sample these cases annually.	1/1/12	Yes	49
VII.F.1	Special Reviews: Provisions apply to children in DHS foster care from 10/1/11 that a) have been legally free for more than 365 days or b) have a goal of reunification for more than 365 days.	10/1/11	No	53

Section	MSA Commitment	Deadline	Achieved	Page
VII.F.2	PRMs: DHS will maintain an adequate number of PRMs to review cases of children in care more than one year as indicated in VII.F.1. PRMs will have specialized training, raise awareness of establishing permanency, possess expertise in community resources and collaborate with case managers and supervisors to identify new strategies to focus permanency for these children.	10/1/11	Yes	52
VII.G.2	Worker-Child Contacts: 2 face to face visits during first month of placement and 1 visit per month thereafter and include a private meeting between the child and case worker.	10/1/11	No	55
VII.G.3	Worker-Parent Visits: For children with goal of reunification, (a) 2 face to face caseworker-parent visits (with each parent) during first month the child is in care, one of which must be in their home; (b) for each subsequent month, 1 face to face visit and phone contact as needed; (c) one contact in each 3-month period must occur in parent's home.	10/1/11	No	56
VII.G.4	Parent-Child Visits: For children with goal of reunification, at least twice monthly visits with parents unless reasonable exceptions & documentation noted in MSA apply.	10/1/11	No	56
VII.G.5	Sibling Visits: Children in foster care with siblings in custody but in a different placement will visit at least monthly unless reasonable exceptions and documentation noted in MSA apply.	10/1/11	DHS unable to demonstrate compliance	54
VIII.A	Access to Services: Ensure access to appropriate services including medical, dental, mental health and education; assist parents, children, foster parents connect, engage with and make use of services; monitor services to determine appropriate quality and intended effects.	10/1/11	DHS unable to demonstrate compliance	64
VIII.B.2.a	Ensure each child receives emergency medical, dental and mental health care.	10/1/11	DHS unable to demonstrate compliance	66
VIII.B.2.b.ii	Ensure 95% of children entering care receive a full medical exam and screening for potential mental health issues within 45 days of entry to placement and refer for further assessment as necessary.	6/30/12	DHS unable to demonstrate compliance	64
VIII.B.2.b.iii	Ensure 75% of children entering care receive a full medical exam and screening for potential mental health issues within 30 days of entry to placement and refer for further assessment as necessary.	12/31/12	DHS unable to demonstrate compliance	64
VIII.B.2.c.iii	Ensure 80% of children have dental examination within 90 days of entry into foster care.	9/30/12	DHS unable to demonstrate compliance	65
VIII.B.2.d	Ensure children receive all required immunizations as defined by AAP at the appropriate age.	10/1/11	DHS unable to demonstrate compliance	66
VIII.B.2.e.ii	Ensure 70% of children have received periodic medical, dental, and mental health exams.	9/30/12	DHS unable to demonstrate compliance	2
VIII.B.2.f	Ensure any needed follow up medical, dental, mental health care as identified.	10/1/11	DHS unable to demonstrate compliance	66

Section	MSA Commitment	Deadline	Achieved	Page
VIII.B.4.a.ii	Medical Care & Coverage: DHS will ensure 95% of children have access to medical coverage within 30 days of entry into foster care by way of a Medicaid card or an alternative verification of the child's Medicaid status/number.	6/30/12	DHS unable to demonstrate compliance	66
VIII.B.4.b.iii	Medical Care & Coverage: DHS shall assure 95% of children have access to medical coverage upon subsequent placement.	12/31/12	DHS unable to demonstrate compliance	2
VIII.B.5.c	Psychotropic Medications: DHS will maintain processes to ensure documentation of psychotropic medication approvals, documentation of all uses of psychotropic medications, and review of such documentation by appropriate DHS staff, including the medical consultant. The Health Unit Manager and medical consultant will take immediate action to remedy any identified use of psychotropic medications inconsistent with the policies and procedures approved by the Monitors.	10/1/11	No	68
VIII.B.6.a-d	SED Waiver Implementation in the twelve identified counties in the MSA. For all remaining counties, DHS shall continue to engage the Michigan Department of Community Health, Community Mental Health Service Providers, and Medicaid Health Plans to ensure that all children with mental health needs are assessed and served.	10/1/11	Yes	69
VIII.C.1.a.vii	Immediate Action for Youth Transitioning to Adulthood: DHS will support higher education for older foster youth through partnerships with Michigan colleges and universities and through collaboration with community partners to create and expand scholarships and onsite programs, supports, and mentorships.	10/1/11	Yes	70
VIII.C.1.a.viii	Immediate Action for Youth Transitioning to Adulthood: DHS will support the Seita Scholars program at Western Michigan University.	10/1/11	Yes	70
VIII.C.1.c.i	Youth Transitioning to Adulthood: DHS will continue to implement policy and resources to extend all foster youths' eligibility for foster care until age 20 and make IL services available through the age of 21.	10/1/11	DHS unable to demonstrate compliance	70
VIII.C.1.c.ii	Youth Transitioning to Adulthood: DHS will continue to implement a policy and process by which all youth emancipating from foster care at age 18 or older are enrolled for Medicaid managed care coverage so that their coverage continues uninterrupted.	10/1/11	No	67
VIII.C.2.a	Education: DHS will take reasonable steps to ensure that school-aged foster children receive an education appropriate to their needs.	10/1/11	DHS unable to demonstrate compliance	69
VIII.C.2.b	Education: DHS will take reasonable steps to ensure that school-aged foster children are registered for and attending school within 5 days of initial placement or any placement change, including while placed in child care institutions or emergency placements. No child shall be home schooled.	10/1/11	DHS unable to demonstrate compliance	69
VIII.C.2.c	Education: DHS will make reasonable efforts to ensure the continuity of a child's educational experience by keeping the child in a familiar or current school and neighborhood when in the child's best interests and feasible, by limiting the number of school changes.	10/1/11	DHS unable to demonstrate compliance	69

Section	MSA Commitment	Deadline	Achieved	Page
VIII.D.1	Immediate Action for Recruitment of Foster/Adoptive Homes: DHS will license 1,450 new non-relative foster homes between July 1, 2012 and June 30, 2013.	6/30/13	DHS unable to demonstrate compliance	31
VIII.D.2.a	Foster Home Capacity: Ensure each county has a sufficient number and adequate array of homes capable of serving the needs of those children coming into care for whom foster home placement is appropriate.	10/1/11	No	58
VIII.D.2.b	Foster Home Capacity: Ensure relatives of children in foster care and non-relatives whom a child has a family-like connection are identified and considered as placements for children; when appropriate, ensure steps are taken to license them.	10/1/11	No	36
VIII.D.2.c	Foster Home Placement Selection: Develop a placement process in each county that ensures the best match for the child irrespective of whether the foster home is a DHS or private CPA operated home.	10/1/11	No	57
VIII.D.3.a	Foster Home Capacity for Special Populations: For the Big 14 counties, DHS will develop and provide to the Monitors and Plaintiffs recruitment plans to increase the number of available placements for adolescents, sibling groups and children with disabilities.	6/30/12	No	44
VIII.D.3.b	Treatment Foster Homes: Maintain 200 treatment foster home beds.	10/1/11	Yes	69
VIII.D.4	State Oversight of Recruitment: A designated person or unit within DHS central office will be responsible for monitoring the development and implementation of the foster and adoptive foster home recruitment and retention plans by county offices; providing or arranging for technical assistance; report to CSA Director on progress and problems in achieving goals.	10/1/11	Yes	44
VIII.D.6.c	Relative Foster Parents: Not previously licensed relatives must have a home assessment for safety before placement; law enforcement and central registry check within 72 hours of placement; complete home study determining whether the relative should be licensed.	10/1/11	No	39
VIII.D.6.f	Relative Foster Parents: With documented, exceptional circumstances, relatives that do not desire to be licensed may forego licensing. Approval for this waiver for licensure must be approved by the Child Welfare Director in designated counties and by the County Director in non-designated counties.	10/1/11	No	40
VIII.D.6.j	Relative Foster Home Licensing: DHS will maintain a position of Relative Licensing Coordinator with overall responsibility for development of a combined family home assessment for relative providers; monitoring and reporting on number of unlicensed relative homes and children in those homes; ensure availability of adequate training staff to develop curriculum and training for and to train Relative Licensing staff.	10/1/11	No	44
VIII.D.8	Provision of Post-Adoption Services: DHS will develop, implement and maintain a full range of post-adoption services to assist all eligible special needs children adopted from state foster care and their permanent families.	10/1/11	Yes	50
X.B.1	Placement Outside 75-Mile Radius: DHS shall place all children within a 75-mile radius of the home from which the child entered custody.	10/1/11	No	58

Section	MSA Commitment	Deadline	Achieved	Page
X.B.2	Separation of Siblings: Siblings who enter placement at or near the same time shall be placed together, unless doing so is harmful to one or more of the siblings or other exceptions in this section are noted. In the case of separation, efforts must be made to locate/recruit a family and efforts must be documented and reassessed quarterly.	10/1/11	DHS unable to demonstrate compliance	59
X.B.3	Number of Children in Foster Home: No child shall be placed in a foster home if that placement will result in more than three foster children in that foster home, or a total of six children. No placement shall result in more than three children under the age of three residing in a foster home.	10/1/11	No	59
X.B.4.a	Time Limitations for Emergency or Temporary Facilities: Children shall not remain in emergency or temporary facilities, including but not limited to shelter care, for a period in excess of 30 days.	10/1/11	No	59
X.B.4.b	Number of Placements in an Emergency or Temporary Facility: Children shall not be placed in an emergency or temporary facility, including but not limited to shelter care, more than one time within a 12-month period.	10/1/11	No	59
X.B.5	Placement in Jail, Correctional, or Detention Facility: Unless pursuant to a delinquency charge, no child in DHS foster care custody shall be placed by DHS in a jail, correctional, or detention facility.	10/1/11	No	60
X.B.6	Placement of High Risk Youth: DHS shall not place any child determined to be at high risk for perpetrating violence or sexual assault, in any foster care placement with foster children not so determined without an appropriate assessment concerning the safety of all children in the placement.	10/1/11	DHS unable to demonstrate compliance	2
X.B.7	Residential Care Placements: No child shall be placed in a child caring institution unless there are specific findings, documented in the child's case file, that: (1) the child's needs cannot be met in any other type of placement; (2) the child's needs can be met in the specific facility requested; and (3) the facility is the least restrictive placement to meet the child's needs.	10/1/11	DHS unable to demonstrate compliance	2
XI.B.1	Corporal Punishment & Seclusion/Isolation: DHS shall prohibit the use of Positive Peer Culture, peer-on-peer restraint, and any other forms of corporal punishment in all foster care placements. All uses of corporal punishment in any placement, and all uses of seclusion/isolation in child caring institutions shall be reported to the Quality Assurance (QA) unit. Such reports shall be made available to the state's licensing agency for appropriate action.	9/30/11	No	27
XII.A.	Contract Requirements: DHS's contracts with private CPAs and CCIs will be performance-based.	10/1/11	Yes	24
XII.B	Substantiated Incidents of Abuse, Neglect, and Corporal Punishment: DHS will give due consideration to any and all substantiated incidents of abuse, neglect, and/or corporal punishment occurring in the placements licensed and supervised by a contract agency at the time of processing its application for licensure renewal. A repeated failure to report (suspected abuse or neglect of a child) within one year shall result in a review of the contract agency's violations by a designated Administrative Review Team.	10/1/11	No	27

Section	MSA Commitment	Deadline	Achieved	Page
XII.C	Contract Evaluations: At least once a year, DHS will conduct contract evaluations of all CCIs and private CPAs. DHS shall prepare written reports of all inspections and visits, detailed findings. DHS shall require corrective actions and require private CPAs and CCIs to report to DHS on the implementation of these corrective action plans, and shall conduct follow-up visits when necessary. Such reports shall routinely be furnished to the Monitors.	10/1/11	Partial	25
XII.C.2	DHS shall visit a random sample of each agency's foster homes as part of the annual inspection. Agencies with fewer than 50 foster homes shall have three foster homes visited. Agencies with 50 foster homes or more shall have 5% of their foster homes visited.	10/1/11	Yes	12
XIII.A	DHS will generate from automated systems and other data collection methods accurate and timely data reports and information until the full implementation of SACWIS.	10/1/11	Partial	2, 26, 53, 57, 58, 69, 70
XIV.A	DHS will, in consultation with the monitors, develop and implement a statewide Quality Assurance (QA) program.	10/1/11	Yes	29

Methodology

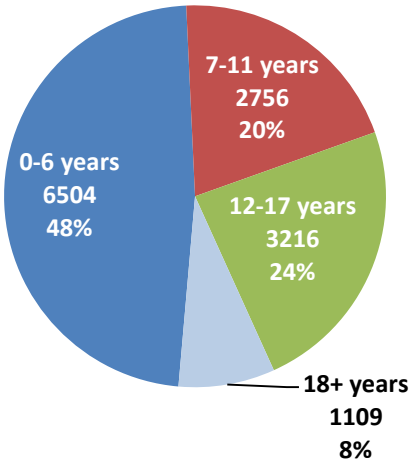
To prepare this report, the monitoring team conducted a series of verification activities to further evaluate DHS' progress implementing its commitments in the MSA. These activities included: regular meetings with DHS leadership, private agency leadership and child welfare stakeholders; discussions with senior staff from BCAL; a visit to a local child welfare office to observe the Child Placing Network placement process in practice; discussions and direct oversight work with the Division of Continuous Quality Improvement (DCQI) staff; observing a training session on MiSACWIS; meeting with senior management of the Michigan Adoption Resource Exchange (MARE); and extensive reviews of individual case records, BCAL licensing records, analyst and consultant reports, foster home studies and other documentation. During office visits, the monitoring team interviewed staff and supervisors and talked to public and private managers about the pace, progress, and challenges of the reform work. The monitoring team also reviewed and analyzed a wide range of aggregate and detail data produced by DHS, and reviewed policies, memos, and other internal information relevant to DHS' work during the period.

Demographics

DHS reports there were 13,585 children in custody as of June 30, 2013, a decrease of 24 children (.2 percent) during MSA 4.[1,2] DHS saw more child exits (3,958) than entries (3,937), explaining the decline (some children may enter and exit more than once during the period). Though young children aged zero to six years make up the largest portion (6,504 or 48 percent), Michigan continues to have a large population of older youth in custody. Twenty-four percent (3,216) are 12 to 17 years, and eight percent (1,109) are 18 years and over, as detailed in the following chart:

Figure 1: Age of Children in Custody on June 30, 2013[3]

n=13,585



With regard to gender, the population is split equally — 50 percent male and 50 percent female. With regard to race, the population of children is 36 percent African-American and 62 percent White. In addition, seven percent of children are identified with Hispanic ethnicity (and can be of any race).

As the following chart demonstrates, 84 percent of children in DHS custody live in family settings, including with relatives (34 percent), foster families (34 percent), with their own

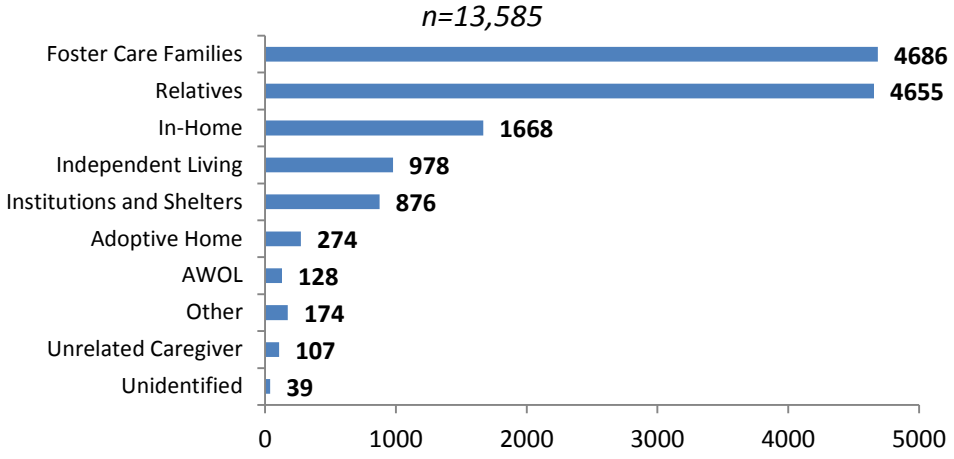
[1] The references in this report to children and youth placed in DHS' supervision, custody, or care refer to the child welfare responsibilities of the Department and do not include children and youth who are the responsibility of DHS through the juvenile justice system unless those children and youth also have an open child welfare case.

[2] DHS recently submitted updated information reporting on children in custody on December 31, 2012. The MSA 3 report (released in October 2013) indicated that 13,348 children were in DHS custody on December 31, 2012. The updated file indicates that 13,609 children were in custody on that date. This report uses the updated figure in describing changes in the custody population.

[3] For full detail by county, see Appendix A: Age Range of Children in Care by County on June 30, 2013.

parents (12 percent), in homes that intend to adopt (two percent) and in homes of unrelated caregivers (one percent). Of children in custody, 876 (six percent) live in institutional settings, including residential treatment and other congregate care facilities. Another 978 children, or seven percent, reside in independent living placements, which serve youth on the cusp of aging-out of care. The remaining two percent reside in other settings, are AWOL, or in unidentified placements.[4]

Figure 2: Placement Types of Children in Custody on June 30, 2013[5]



Of the children in care on June 30, 2013, 48 percent were in care for less than one year, while 16 percent were in care for more than three years:

[4] The placement percentages add up to 99% instead of 100% due to rounding.

[5] *In-Home*: In Michigan, when the state court handling the dependency case places a child in the custody of DHS, DHS can elect to place the child in her parents' home. More commonly, the court permits the return of a child from placement to the home but keeps custody with DHS as a form of supervision. The child is in the legal custody of DHS but the physical custody of the parents.

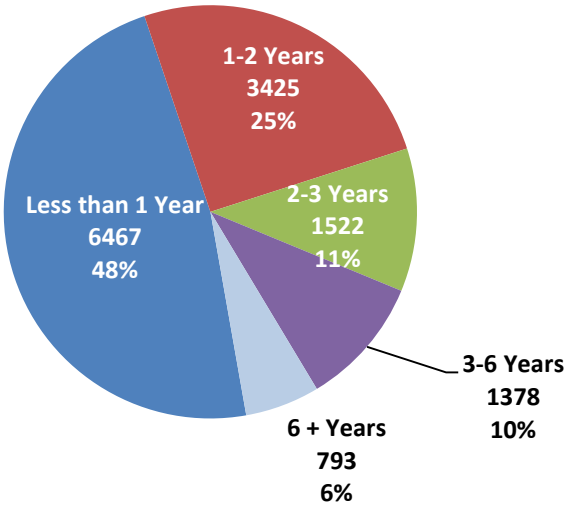
The data above for *In-Home, Relatives*, and *Foster Care Families* include placements both in-state and out-of-state.

Institutions and Shelters includes emergency shelters (51), out-of-state child placement institutions and agencies (12), and private child care institutions (813).

Other includes detention (27), jail (20), community justice centers (5), court treatment (6), legal guardians (52), mental health hospitals (9), boarding schools (46) and DHS training schools (9).

Figure 3: Length of Stay of Children in Care on June 30, 2013[6]

n=13,585



Organizational Capacity

The FY2014 appropriations act, Public Act 59 of 2013, was signed by Governor Snyder in June 2013. The Department of Human Services appropriations can be found in Article X, page 136 of the Act. Funding decreases in family preservation lines, homeless youth and runaway contracts and central office full-time equivalent positions were part of an overall budget reduction plan to enable Michigan to absorb reductions caused by the federal sequestration and to continue rate increases for foster parents and adoptive parents. The foster care line also includes $2.5 million in additional funding for Michigan's Title IV-E Waiver prevention program, Protect MiFamily.

Caseloads and Supervision

The MSA sets forth caseload standards for staff and supervisors performing critical child welfare functions. The MSA includes final caseload standards, the last of which are scheduled to be met by December 31, 2013, the end of MSA 5. In the interim, the parties agreed to a set of staggered standards tied to specific dates with both the standards and the dates varying by function. The standards in effect during MSA 4 include the original purchase of service (POS) standard established at the initiation of the MSA and interim standards for supervisors, investigators, and CPS ongoing, foster care, adoption and licensing workers to be met by

[6] For full detail by county, see Appendix B: Length of Stay of Children in Care by County on June 30, 2013.

September 30, 2012. To summarize, with respect to the obligations for caseloads for MSA 4, based on the July 2013 data,[7] DHS met five of the seven caseload standards.

Reporting Methodology

DHS had intended to automate caseload reporting by December 2013 after the new SACWIS became operational. As the initiation of MiSACWIS has been delayed, the automation of the caseload counting will also be delayed. As of the writing of this report, it is not yet clear when fully electronic caseload reporting will be implemented. In the interim, caseload reporting is a hybrid of both electronic and hand-counting. DHS begins by generating electronically a list of staff and cases assigned to those staff, as well as a list of supervisors and the staff assigned to those supervisors. That information is then sent out to each local office and private agency for corrections to staffing information and for additional information which cannot be collected electronically. The count of cases, however, is fixed – which can be problematic for agencies that have not updated their case information electronically, as well as problematic for achieving an accurate caseload count. To remedy this issue, DHS engaged in technical assistance with the offices and agencies with the greatest disparities and resolved a significant number of these challenges between the May and July 2013 caseload counts. DHS also added additional levels of central office review to resolve data disparities which have improved the accuracy of the caseload reporting.

As the court has stressed, all work by staff must be taken into account in assessing caseloads. Performance against the standards set forth in the MSA is assessed based on the aggregated data across both the public and private sector. To compile the MSA 4 caseload data, DHS collected information from 45 public agency offices and 66 private agencies.[8] Staff in both sectors can either perform a single function (spending 100 percent of their time as foster care workers, for example) or multiple functions (foster care and licensing, for example) which requires applying the appropriate standards on a pro-rated basis. Similarly, some supervisors, in addition to supervising, may also carry cases directly. Those hybrid supervisors' caseloads are also assessed on a pro-rated basis against the applicable standards.[9]

Based on the monitoring team's data review, the quality of caseload reporting by DHS improved over this last reporting period.

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[7] The July 2013 caseload data is the first data available after the conclusion of MSA 4.

[8] The number of public agency offices remains stable from period to period but the number of private agencies can vary as agencies close or cease to do child welfare work and new agencies contract with MIDHS.

[9] Detailed descriptions of this pro-rated assessment process are set forth in preceding reports. See, for example, MSA 3, pages 15-16.

Purchase of Service Caseloads

Purchase of service (POS) work comprises the support and oversight that DHS staff provide with respect to foster care and adoption child welfare cases assigned to the private sector. The MSA established the full-time POS standard at 90 cases. However, there are some DHS staff who do a hybrid of POS and other work including licensing, foster care and adoption. For those staff, the standard of 90 POS cases is pro-rated based on their other responsibilities.

During MSA 2, DHS streamlined POS reporting functions with more staff dedicated solely to POS work. Over the four periods since the MSA began, the number of staff engaged in POS work has continued to shrink. In MSA 1, DHS reported 556 staff engaged in POS work. By MSA 4, that number has decreased to 382, a decline of more than 30 percent.

As of September 30, 2011, DHS committed that 95 percent of DHS staff engaged in POS work would meet the final MSA standard of 90 cases. As of July 2013, 356 of the 382 staff engaged in POS work or 93 percent met the standard, missing the agreed-upon target by two percentage points. If seven additional POS staff had managed appropriate caseloads during MSA 4, DHS would have achieved its commitment.

Foster Care Caseloads

DHS agreed that full-time staff, public and private, solely engaged in foster care work, would be responsible for no more than 15 children each. Staff who perform foster care work as well as other functions are held to a pro-rated standard. On September 30, 2012, the interim standard set by the parties was 90 percent. For MSA 3, DHS reported missing the standard, with 1,076 of 1,253 staff or 86 percent. However, for MSA 4, DHS reports meeting the standard, with 1,151 of 1,278 staff or 90 percent. Note the increase in both the overall number of staff engaged in foster care work as well as the number of staff who met the standard.

Adoption Caseloads

DHS agreed that full-time staff, public and private, solely engaged in adoption work would be responsible for no more than 15 children each. Staff who perform adoption work as well as other functions are held to a pro-rated standard. On September 30, 2012, the interim standard became 90 percent. For MSA 3, 212 of 277 or 77 percent of staff met the standard, below the target. For MSA 4, DHS reports that 214 of 255 staff met the standard, 84 percent, again below the target. Note that two more staff met the standard in MSA 4 compared to MSA 3, while the overall number of staff engaged in adoption work declined by 22.

Licensing Caseloads

DHS agreed that full-time staff, public and private, solely engaged in licensing work would be responsible for a total of no more than 30 licensed foster homes or homes pending licensure. Staff who perform licensing work as well as other functions are held to a pro-rated standard. On September 30, 2012, the interim standard became 90 percent. For MSA 3, DHS reported that 333 of 388 staff or 86 percent met the standard, below the target. However, for MSA 4, DHS reports that 359 of 395 staff or 91 percent met the standard, exceeding the target.

Investigations Caseloads

DHS agreed that full-time staff solely engaged in investigations, a public sector function, would be responsible for no more than 12 open investigations. Staff who perform investigations work as well as other functions are held to a pro-rated standard. As of September 30, 2012, the interim standard was established at 75 percent. For MSA 3, DHS reported that 934 of 1,070 staff or 87 percent met the standard, exceeding the target. For MSA 4, DHS reports that 1,087 of 1,145 staff or 95 percent met the standard exceeding the interim target and matching the final standard. Note that DHS' data reflects an increase in both the number of staff performing this function and the number of staff meeting the standard.

Children's Protective Services Ongoing Caseloads

DHS agreed that full-time staff solely engaged in CPS ongoing services, a public sector function, would be responsible for no more than 17 families each. Staff who perform CPS ongoing work as well as other functions are held to a pro-rated standard. As of September 30, 2012, the interim standard rose to 75 percent. For MSA 3, DHS reported that 726 of 835 staff or 87 percent met the standard, exceeding the target. For MSA 4, DHS reports that 854 of 902 staff or 95 percent met the standard, exceeding the target and matching the final standard. Note that DHS' data reflects an increase in both the number of staff performing this function and the number of staff meeting the standard.

Supervisor Caseloads

DHS agreed that full-time supervisors, both public and private, would be responsible for no more than five caseload carrying staff each. As detailed in the MSA 1 report, supervisors can oversee a wide variety of staff – some of whom are performing the functions detailed in the MSA as well as staff performing other functions. For MSA 1, DHS submitted a complex but reasonable methodology for assessing different types of supervisor oversight. That methodology went into effect during MSA 2. In addition, the supervisor methodology requires accounting for the practice among some of the private agencies of assigning both supervisory and direct caseload responsibilities to the same person, which requires pro-rating both

supervisory and caseload performance for these hybrid supervisors. This reporting has been a struggle in the past but appears to have improved in MSA 4.

On September 30, 2012, the interim standard for supervisors was established by the parties at 80 percent. For MSA 3, DHS data indicated that 675 of 802 supervisors or 84 percent met the standard, exceeding the target. For MSA 4, DHS reports that 745 of 831 supervisors or 90 percent met the standard, again exceeding the target. Note the increase in both the number of supervisors and the number reported meeting the caseload standard.

POS Monitoring Model

DHS continued to implement the POS model throughout this monitoring period. The model shifts responsibility for completing particular case practice activities from POS staff to private agency staff. DHS and private agency directors continued to meet with jurists and court staff to address worker performance, adequacy of reports, and any concerns/issues regarding implementation of the model. DHS reports implementation of the following strategies to improve oversight of foster and adoptive services and to mitigate identified challenges:

- Child Welfare Field Operations (CWFO) held quarterly regional meetings with private agency executive directors to discuss expected performance and accountability in all practice areas.
- An electronic reporting process was created by CWFO to record monthly Child Welfare Financial Specialist (CWFS) activities in the six pilot counties where CWFS staff, rather than POS workers, troubleshoot financial issues and ensure timely foster parent payments. The reporting process ensures more accurate and consistent data collection for analysis of CWFS activities.
- The six CWFS pilot counties have identified four core CWFS caseload activities to help determine future staffing allocations for statewide expansion of the project. Each core activity is weighted and reflective of the time and effort required to complete the task. The initial analysis indicates that the pilot counties are not equally allocated staff. However, since this is based on a single month, DHS will evaluate additional data in MSA 5 to determine validity. This analysis will then be used to advocate for a CWFS caseload-based staffing formula for FY2015.
- DHS is cognizant that implementation of MiSACWIS will impact CWFS and POS staffing allocations. Specifically, private agency staff will have direct access to MiSACWIS and therefore can enter their own case related documentation rather than relying on POS staff. Additionally, CWFS staff will have a workload increase due to an ability and need to update Title IV-E reimbursement eligibilities more frequently and to enter all court orders to ensure Title IV-E compliance. Consideration of these shifting responsibilities also will factor into DHS' analysis for adequate CWFS staffing.

In comparing the 2010 and 2013 federal Title IV-E reviews, DHS reports that there was substantial progress made in the latter review in reducing the number of funding determination errors and financial penalties. DHS concludes that the progress in the most recent review supports the development of a statewide CWFS staffing formula.

Staff Qualifications and Training

DHS committed to ensuring that public and private agency staff serving Michigan's at-risk children and families have appropriate qualifications and receive adequate training. These commitments continued to be applicable during MSA 4. Specifically, caseworkers must have a bachelor's degree in a designated field and receive pre-service and in-service training; supervisors must have a master's or bachelor's degree in a designated field, possess child welfare experience and receive supervisory training; and staff performing licensing functions must also have a bachelor's degree in a designated field and will receive training targeted to those tasks.

Caseworker Qualifications

DHS reported 440 new caseworkers were hired during MSA 4 – 310 in the public agency and 130 in private agencies. All were required to have a bachelor's degree in social work or a related human services field. DHS identified one private agency caseworker who did not have a qualifying degree and reported that worker has been moved to a non-child welfare position. DHS reported the qualifications commitment was met for the remaining new caseworkers hired during the period.

Pre-Service Training

All new child welfare caseworkers, both in DHS and in private agencies, must complete a total of 270 hours of competency based training. The pre-service training program offered by DHS' Child Welfare Training Institute (CWTI) includes 320 hours of training using a combination of classroom instruction, field instruction, and e-Learning that is expected to occur within 16 weeks of the new worker's hire date.

As noted, there were 440 new caseworkers hired during the period. DHS reported that all of the 417 new workers scheduled for training in the period completed pre-service training within 16 weeks of their hire date. The remaining 23 workers were hired into their positions late in the period and enrolled in training that ends during MSA 5. As was the case in MSA 3, the median number of days to complete training during the period was 73, or 10.4 weeks; well within the 16 weeks agreed upon in the MSA.

As part of pre-service training, DHS also committed to team new workers with experienced workers who would serve as mentors to trainees as they learn to complete key activities in a case and progressively build case practice knowledge. DHS provided information regarding the assignment of mentors to trainees during MSA 4. The report indicates that every new trainee during the period had a mentor assigned, a significant improvement from prior periods.

In addition to the commitment to assign mentors to new staff, DHS also agreed that mentors would maintain the current caseload standards and DHS piloted an online training for mentors during the period. Although the MSA does not limit the number of new caseworkers that may be assigned to a single mentor, the monitoring team noted that 18 mentors were responsible for three to six new caseworkers each, which could impact the mentor's ability to adequately support the trainees assigned to the mentor. The monitoring team reviewed training and caseload compliance for those 18 mentors and found that 16 of the 18 mentors met the caseload standards during the period and that most participated in some form of training related to mentoring or peer coaching either at their agency or at DHS. The monitoring team also requested interviews with a sample of these mentors to discuss implementation of the program. Six of the mentors responded to the monitoring team's request for an interview. The mentors interviewed by the monitoring team gave very positive feedback about mentoring, including their ability to manage their workload while serving as a mentor, and deemed mentoring vital to the development and retention of new staff.

The MSA allows a trainee to be assigned responsibility for a "training caseload," under appropriate supervision, that gradually increases as the trainee successfully completes a series of competence-based examinations, as depicted in the following table.

Table 1: Training Caseload Progression

Worker Function	Training Week(s)	Maximum Caseload	Conditions to be Met
Children's Protective Services	1-4	0	N/A
	5-9	5	Pass competency test one and supervisor approval
	10+	12-investigations 17-ongoing	Pass competency test two and satisfactory review by trainer and supervisor
Foster Care & Adoption	1-3	3	Supervisor discretion using assignment guidelines (may be assigned on first day of training)
	4-9	5	Pass competency test one and supervisor approval
	10+	15	Pass competency test two and satisfactory review by trainer and supervisor

Workers in pre-service training are evaluated for caseload compliance separately from other caseload carrying staff due to the nature of the caseload progression calculations. Applying the agreed upon caseload methodology, a point-in-time electronic case count was done on May 29, 2013. There were 138 child welfare caseworkers in pre-service training on that date. Of those workers, all were compliant with trainee caseload progression standards.

Child Welfare Certificate Program

DHS partnered with Michigan universities that offer a Bachelor of Social Work (BSW) program to create the Michigan Social Work Child Welfare Certificate (CWC) program. Embedded in Michigan schools of social work curriculum, the program is designed to prepare social work students to provide effective child welfare services. The curriculum is aligned with DHS' pre-service training competencies and includes a 400-hour structured field placement in a DHS office, private agency or tribal child welfare agency, providing students with a foundation of child welfare experience and knowledge. Graduation from the program will enable new staff to enter pre-service training at a later phase than new hires that do not possess a Child Welfare Certificate.

The monitoring team reviewed and approved the CWC curriculum in January 2013 and DHS announced the launch of the program in February 2013. In June 2013, DHS received applications from ten universities seeking endorsement for their current social work programs as well as those universities planning to commence their program in the fall of 2013. Ferris State University, Cornerstone University, Grand Valley State University, and Oakland University were granted endorsement by DHS, with the remaining six applications still under review at the end of MSA 4. DHS anticipates that all Michigan schools of social work will offer a child welfare certificate program over the next several years and the monitoring team will report on these programs in subsequent reports as they rollout.

University-Based Child Welfare Training

DHS continued its productive partnership with the seven accredited Michigan graduate schools of social work in MSA 4 to offer an extensive array of knowledge and skill-based in-service training opportunities at no cost to public and private child welfare staff.[10] DHS reported that universities are providing training on targeted topics to meet the emerging needs of the Department. New to the program is the development of a core curriculum of in-service

[10] The seven participating schools of social work are: Andrews University, Eastern Michigan University, Grand Valley State University, Michigan State University, University of Michigan, Wayne State University, and Western Michigan University.

trainings as well as the opportunity for staff to attend elective courses that address a number of specialized issues in child welfare

Michigan State University (MSU), the coordinating university of this training partnership, issued university in-service usage data for MSA 4. The report indicates that over 676 DHS and private agency caseworkers and supervisors were trained in 33 different topics. The topics included motivational interviewing, special education advocacy, working with youth involved in the child welfare and juvenile justice systems, and understanding cognitive behavioral therapy with children and adolescents. MSU also offered online courses to supplement the classroom trainings.

Supervisory Qualifications

In the MSA, DHS agreed that new child welfare supervisors will possess either a master's degree in a human behavioral science and three years of child welfare experience or a similar bachelor's degree with three of four years of child welfare experience as a social service worker. DHS provided information that 61 supervisors were newly appointed during MSA 4 and certified that all supervisors had the appropriate degrees. However, DHS found that three private agency supervisors did not have the necessary years of experience and DHS instructed they be removed from their supervisory positions until the requisite experience is attained.

Supervisor Training

DHS committed to implement a competency based training program of at least 40 hours in length, and agreed that supervisors must complete training and pass a written competency exam within three months of assuming a supervisory position. DHS reported that it has begun work to redesign child welfare supervisor training. The plan is to develop a curriculum path to help supervisors gain the necessary skills and knowledge needed to begin their job and would support their development throughout their career. The redesigned training is expected to be scenario-based and allow supervisors to practice essential skills and receive immediate feedback on the competencies examined. The monitoring team will report on the progress of the training redesign in future reports.

DHS provided information regarding training of new supervisors in MSA 4. Of the 61 newly appointed supervisors in MSA 4, 57 met the three-month requirement for training completion. Four supervisors were non-compliant with the timeframe, but two had completed training during the period, albeit, late and the other two supervisors completed training early in MSA 5. Additionally, of the four supervisors who were pending training at the end of MSA 3, all completed training in March 2013 — two were timely and two were outside the timeframe.

Licensing Worker Qualifications and Training

DHS agreed that licensing workers will have a bachelor's degree in social work or a related human services field and will receive training targeted to licensing functions and tasks. DHS provided information based on the May 29, 2013 caseload count and reported that there were 381 staff identified as licensing workers in MSA 4 — four more workers than in MSA 3. With respect to training, 91 percent of the licensing workers completed both certification and complaint trainings as required, with nine percent, or 34 staff, still in need of training in one or both required areas.

Table 2: Completion of Training Requirements by Licensing Staff

Type of Training Completed	Number of Staff	Percentage
Certification and Complaint	347	91%
Complaint only	9	2%
Certification only	14	4%
None	11	3%
Total	**381**	**100%**

Additionally, DHS reported that one licensing worker in MSA 4 did not meet the required degree qualifications and has been removed from her position.

Accountability

Outcomes

DHS reports that the latest federal outcome data available at the time the agency submitted its data to the monitors is the updated FFY2012 data profile, provided to DHS on July 24, 2013, shortly after MSA 4 concluded. This information was analyzed in the MSA 3 report.[11] Information on outcomes for MSA 4 will be incorporated into the MSA 5 report.

Contract Oversight

Contract Evaluations and Performance-Based Contracting

DHS has agreed that contracts with child placing agencies (CPAs) and child caring institutions (CCIs) will be performance-based. DHS has continued its efforts to embed clearly defined and

[11] See pages 25-31 and 82-85 in the MSA 3 report.

measurable performance-based outcomes in contracts, and contracted with an independent third party to conduct an assessment and make recommendations regarding rate structures for CPAs and CCIs. The reports were completed and provided to DHS during MSA 4. The monitoring team will be reporting on DHS' response to the reports and any subsequent follow-up and systemic changes in MSA 5.

DHS reports that during MSA 4, consultants with the BCAL conducted 108 interim and renewal CPA inspections, with 28 occurring at DHS offices and 60 at private agencies. Twenty additional inspections were conducted at non-DHS facilities.[12] As part of the consolidated contract monitoring model, BCAL field analysts conduct visits to foster and unlicensed relative homes. There currently are eight field analysts and two office analysts to compile and evaluate data. Previously DHS had reported that two additional field analysts would be hired, but DHS now reports that the current staffing level is adequate to meet their needs. DHS also reports that now there are two office analysts, rather than the three originally hired, who can adequately do the job.

During MSA 4, the BCAL field analysts visited 244 foster and 135 unlicensed relative homes supervised by 74 CPA agencies.[13] Home visits by the analysts are scheduled in advance, with adequate notice given to the foster parent to prepare for the visit. The monitoring team reviewed the 74 analyst reports for MSA 4, as well as 32 analyst reports involving visits to 112 foster homes and 67 unlicensed relative homes for MSA 3, which were not received in time to be included in the monitors' previous report. The 106 analyst reports that were reviewed were thorough and provided valuable information about the agencies, service delivery, foster and unlicensed relative families, children in their care, engagement and support of biological parents, and physical conditions of the homes. Some of the analyst findings relevant to safety included: children not having appropriate cribs and beds to ensure safe sleeping arrangements; children being exposed to weapons; medication not adequately secured; unprotected heating sources; lack of entrance ramps for wheelchairs; stairs without railings; residual cigarette smoke; pools and ponds adjacent to homes without necessary safeguards such as fences or door alarms; and cluttered, dirty living situations. Additional issues included: unlicensed relatives not receiving financial support or services; families not being given pertinent information about the children placed with them, such as fire setting history and types of

[12] DHS submitted to the monitoring team two documents with conflicting counts as to the number of private agencies and non-DHS facilities inspected. The monitoring team used the numbers that were consistent with other supporting documentation provided by DHS.

[13] DHS submitted conflicting counts regarding the number of agencies and homes that were visited by the analysts. The monitoring team used the analyst summary reports in validating the number of agencies and homes visited.

medication children are prescribed; a delay or lack of therapeutic services for youth in placement; missing medical passports and medical authorization cards; lengthy licensure processes; and lack of parent and sibling visits.

With these and other issues or concerns identified by the field analysts, recommendations were made for the consultants to follow up with the agency to ensure that the issues were addressed and rectified. In reviewing the licensing consultant reports and other information, there was scant documentation that concerns were routinely followed up on, nor were the issues routinely included as an integral part of the consultant's inspection assessment for continuance or renewal of licensure.

As indicated in the previous report, the monitoring team had requested that DHS provide an update regarding the homes visited during MSA 3 where there were safety and risk issues, and documentation that the issues were rectified. DHS' response to the monitoring team regarding safety, risk, and other issues indicated that it is seeking variances for concerns such as children residing in bedrooms with adults, and looking into policy and systemic changes regarding delayed visits, and the lack of financial and medical assistance. In three situations, investigations led to the removal of the children. One foster home removal was due to physical neglect and improper supervision. At the time of removal, there was still no entrance ramp for the wheelchair bound child who had been in the home for five months. The other two removals from unlicensed relatives were due to the relative allowing the birth mother to have unsupervised contact with her children, and the second due to disarray in the home and the caregiver refusing to meet the child's medical needs. During MSA 4 verification activities, the monitoring team reviewed reports in which the field analysts identified additional safety and risk issues. The monitoring team has requested that DHS report on actions that have been taken to resolve these safety and risk issues.

DHS reports that BCAL investigated 87 complaints in 47 CPAs during MSA 4. There were 241 rule allegations documented, and 134 were substantiated as violations.[14] The most frequent violation cited, occurring 16 distinct times, involved staff qualifications. Eighty of the substantiated violations required a corrective action plan, with 52 in one agency resulting in a recommendation for license revocation. Two were corrected on site and therefore required no additional action. The license for the CPA with a revocation recommendation was administratively closed through a settlement agreement. Four private CPAs and one DHS

[14] There were multiple revisions of the data submitted, and the last submission still contained inconsistencies.

county office were issued a provisional license status due to non-compliance during the renewal period.

During MSA 4, DHS reported that BCAL conducted 88 unannounced renewal or interim visits to CCIs. There were 297 unannounced complaint investigations at 84 facilities related to a variety of allegations. One CCI license was revoked and all children moved to different living arrangements due to significant and ongoing violations. Four CCIs were issued provisional licenses due to rule non-compliance during the renewal period. The most frequently cited rule allegation (60 times) was for inappropriate child or youth discipline and behavioral management. Of these 60 allegations, 26 were substantiated with 24 resulting in corrective action plans, one resulting in a provisional license, and one being corrected on site. There were 52 allegations related to corporal punishment and violations were found in six of the special investigations.

The consolidated contract monitoring process is still relatively new, and there is good work being done by the field analysts in identifying issues during their home visits and interviews. DHS' primary focus in this effort moving forward should be to ensure that the model is operationalized as intended, with integration and follow-up among the analysts, consultants, and agencies on a routine and systemic basis.

Substantiated Abuse, Neglect, Corporal Punishment and Seclusion in Contract Agencies

BCAL has the responsibility for reviewing all licensed programs at regular intervals. This responsibility also involves monitoring of the contract and specific requirements related to contract enforcement. To meet these responsibilities BCAL conducts in person unannounced inspections of the programs/facilities; interviews with staff, residents and clients; review of agency and client records and meets with leadership/administration of the programs/facilities. As part of the BCAL interim and regular evaluation reports, DHS agreed that all incidents of abuse, neglect and corporal punishment would be given due consideration. This review is an integral part of the licensing renewal process. The monitoring team reviewed a sample of the interim and renewal evaluations conducted by BCAL during MSA 4 and found that the reports did include the due consideration provision. While some reports were more detailed and evaluative than others, the practice in this area continues to improve.

In addition to the due consideration provision, DHS is required to conduct an immediate investigation in the event an agency/facility fails to report a suspected incident of abuse, neglect or corporal punishment. During MSA 4 DHS reports that there was one failure to report at a private CPA and there were three CCIs cited for failure to report. All four programs were required to submit a corrective action plan. The reports all indicate that additional staff training would be occurring and internal reporting policies and procedures were being revised.

The MSA requires that for any agency that has a repeat failure to report violation within one year, DHS is to conduct a high level review of the agency's contract. DHS reported that there were no CCIs or CPAs that were cited for repeated failures to report suspected child abuse, neglect, or corporal punishment. However, during verification work, the monitoring team discovered that one CCI was cited for three failures to report suspected child abuse, neglect, or corporal punishment (December 22, 2012; January 27, 2013 and March 30, 2013).

As part of the consolidated contract monitoring process, BCAL and DCQI are to review and analyze all use of corporal punishment and seclusion. It is the responsibility of DCQI to identify trends and report the trends to BCAL for further review with the placing agency. If necessary, BCAL must review individual case situations and a sample of these cases at their routine on-site inspections. DHS reports that the notification system for the CPAs and the CCIs is managed through the JJOLT system. The agencies are required to enter the use of corporal punishment and seclusion on JJOLT. The DHS internal review process depends on these entries occurring. DHS reports that since this policy was implemented in December 2012, agencies have been very slow to follow the policy. BCAL and DCQI staff indicate that they have spent significant time working with providers emphasizing the new reporting requirements and consequences for failure to comply. DHS indicates that its work with the providers has resulted in better compliance.

According to DHS there are 50 licensed CCIs that are approved to utilize a behavior management room and, of the 50 programs, 31 reported the use of seclusion/isolation.[15] During MSA 4, DHS reports that seclusion was utilized on 1,020 separate occasions for DHS supervised children. It should be noted that this represents a drastic increase from the number of seclusions reported during MSA 3, where there were 667 incidents reported. In addition, six CCIs were cited for the use of corporal punishment. During MSA 4, DHS reports that there were 27 CPAs cited for the use of corporal punishment, with 35 confirmed rule violations. Although the reported numbers in both seclusion and corporal punishment have increased between MSA 3 and MSA 4, DHS attributes this to an increase in agencies understanding the reporting criteria.

DHS indicates this is a new initiative that will take time to fully operationalize. In the meantime, DHS is beginning to analyze the material submitted by the private agencies and is starting to identify trends. DHS further reports that BCAL staff can offer training to agencies if issues are identified.

[15] According to DHS, not all of these facilities had DHS children placed during the monitoring period.

Continuous Quality Improvement

During MSA 4, DCQI undertook a range of evaluative exercises to continue to grow, internal to DHS, the ability to assess the quality of its child welfare practices in a range of areas using a small subset of selected cases. The monitors agreed to review components of DCQI's work to continue to evaluate the rigor, accuracy, and reliability of DCQI qualitative reviews, and did so in two particular areas. In general, where the monitoring team was able to form an independent judgment of DHS performance through its own case record reviews, the monitoring team has compared its findings with DCQI's findings, analyzed results and occasionally cited to both in this report.

First, the monitors worked closely with the DCQI leadership team to develop some of the child health and well-being reading instruments, then reviewed DCQI's evaluation of 130 DHS-selected cases. In the context of these health, mental health and dental case record reviews, described in greater detail later in this report, the monitoring team's findings frequently aligned with the findings of the DCQI team.

In the second instance, the monitoring team's review focused on DHS' representation that the agency had licensed 1,533 new non-relative foster homes between July 1, 2012 and June 30, 2013, which DCQI reviewed for accuracy and quality before the data was submitted to the monitoring team. DHS made a commitment in the MSA to recruit and license 1,450 new foster homes during that period. The monitoring team's review, based on a statistically significant and randomly selected sample of 151 homes, chosen by the monitoring team, sought to confirm that DHS had licensed at least 1,450 safe and appropriate non-relative homes for children in the *Dwayne B.* class during MSA 3 and MSA 4. The review, as detailed later in this report, found an error rate of more than seven percent. The review also surfaced for the monitoring team questions about the safety and appropriateness of an additional three percent of the identified homes, which were not satisfactorily resolved by DHS prior to licensure, based on the monitoring team's review of the documents provided by DHS. Certain errors identified by the monitoring team were missed by DCQI reviewers because they did not access all of DHS' licensing information during their review. Furthermore, although instructions to DCQI reviewers directed that they surface concerns about the appropriateness of homes for children, the primary focus of their work evolved, due to time and staffing limitations, into a confirmation process that a non-relative home had been licensed, not whether it was appropriate and ready for children in the class. Since the monitoring team in this review identified some placements that appeared unready for children or involved unresolved safety concerns, the monitoring team recommends that DHS undertake a comprehensive DCQI-led review of licensure and placement quality in 2014.

In an effort to integrate both its emerging qualitative and quantitative capacity, DHS in April 2013, moved the Data Management Unit (DMU) to become housed within DCQI. DHS reports this restructuring reflects DHS' view that a successful CQI system requires a strong data management component.

Finally, in MSA 4, DHS entered into an agreement with the Child Welfare Policy and Practice Group to design and help DCQI implement a quality assurance and improvement protocol, including the Michigan Quality Service Review (MiQSR) which offers a thorough, individual case-based assessment of practice quality, and an opportunity for organizational and frontline learning from a small collection of cases. Over time, the MiQSR should provide an additional qualitative methodology for DHS to evaluate its practice, learn, and improve its care for children.

Permanency

Developing Placement Resources for Children

The great majority of children in placement in Michigan (83 percent) reside in family-based care – with kin, in a foster home, a pre-adoptive home or on a trial basis with their parent or parents. In negotiating the MSA, the parties agreed that Michigan would improve family-based placement resources in a few significant ways. With regard to kinship care, DHS agreed that it would screen all relative homes for safety prior to placing children in those homes. DHS also agreed that it would license all relative homes in order to ensure those homes were safe and those children had financial support, the same financial support as children placed in foster homes. With regard to foster care, Michigan agreed to recruit additional homes in order to expand the pool of placement options. To that end, between July 1, 2012 and June 30, 2013, Michigan agreed to license 1,450 new foster homes. All of these provisions in the MSA were established to improve the safety and quality of the homes in which children were placed.

Ensuring that the placements for children entering care are safe and appropriate, supporting their well-being and permanency, is a pivotal element of the reform. However, as of MSA 4, the quality of the screening, recruitment, and licensing of both relative and foster homes by DHS is inadequate to meet the standards set forth in the MSA. With relative homes, the monitoring team finds DHS has not met its commitments with respect to safety screens and licensure. With new foster homes,[16] the monitoring team's review identified issues with the

[16] The references throughout to foster homes are to non-relative foster homes.

number, type and quality of homes listed as licensed. These problems were significant enough that the monitoring team cannot verify that DHS met its commitment to license the requisite number of safe, appropriate homes for children in the class.

In all, the monitors' review of the licensing practices by DHS – relative and non-relative – support the need for DHS to revisit its approach to screening, recruiting and licensing prospective homes for the children who come into care. These are all children who have already been abused or neglected. They need to have homes which are safe and can provide for their well-being and promise permanency, if necessary. It is troubling that children were placed with relatives who are already financially strained – and those relatives were then denied the financial support through licensure. It is troubling that homes were licensed for children's placement where there are issues with septic systems, or where there are no available beds in the home, particularly given the terrible sleeping arrangements (hallways, dressers, couches, infested basements) endured by some of the children described in the monitoring team's last report.

Foster Home Recruitment and Licensure

DHS made a commitment to recruit and license 1,450 new foster homes between July 1, 2012 and June 30, 2013. DHS originally asserted it licensed 1,533 new homes during that period. After review, the monitoring team confirmed that the number of homes eligible to meet the goal is less than 1,533 – no more than 1,495. The monitoring team disallowed the inclusion of 37 refugee homes as they are intended for children who are refugees, a category of children not in the *Dwayne B.* class, and one additional home that was not newly licensed during the review period. In examining a statistically significant sample of 151 randomly selected placements chosen by the monitoring team from among the remaining 1,495 homes, the monitoring team found an error rate of more than seven percent. The monitoring team surfaced questions about the safety and appropriateness of an additional three percent of the identified homes, which were not satisfactorily resolved by DHS prior to licensure, in the judgment of the monitoring team. The review leads the monitoring team to the conclusion that DHS did not meet its burden to demonstrate it had achieved this commitment.

DHS classified the 1,495 licensed foster homes into numerous categories. They are:

A. Relative Homes
   i. "Relative no longer a relative" (9)
   ii. "Relative that will take others" (52)

If a relative has proven to be well suited to fostering, it can be a good strategy to work with that relative to become available, if the relative is able and willing, to open their home for unrelated children. Those converted relative homes can be included in the count of new foster homes.

However, homes that are reserved only for relative children, including homes that only have capacity for the relative children already living in that home, will be included in the relative home count but they should not be included in the foster home count.

DHS reports that homes labeled as "relative no longer a relative" means homes that previously were licensed and/or housed only relative children; there are no relative children currently living in that home; and the caregiver(s) has agreed to maintain their license and accept non-relative children.

The second category, relative that will take others, is defined by DHS to cover two sub-categories of homes. The first are homes that currently have relative child(ren) but there is space for a non-relative child or children. DHS includes in this sub-category a caretaker who is not biologically related to one of the children in the home but that child has a biological relationship to the other children in the home who are biologically related to the foster parent.[17] Most of these homes can be included in the count. An issue arises, however, when the relative is clear they are not willing to take non-relative children while the relative child or children are in the home. These homes are effectively not available and should not be included in the count.

The second sub-category is relatives who are not currently able – often because of space – to accommodate non-relative children. The documentation may state that there is the possibility, down the road, after the relative child or children leave, that they might take a non-relative. As those homes are not currently available to non-related children, they are effectively relative homes and so should not be included in the count of new foster homes. In the event the day comes when the relative children leave and the relative does agree to accept non-related children, those homes can be counted in keeping with the "relative no longer a relative" category above.

In future periods, in counting new foster homes, the monitoring team expects DHS to improve the screening of which relative homes are included in the count of new foster homes, and in reporting to the court, exclude relative homes which are not effectively available to non-relatives.

[17] The monitoring team finds the inclusion of these homes, in which all of the children are related even if all of those children are not related to the caretaker, to be straining the definition of a non-relative foster home. However, for the purposes of the count for MSA 4, those homes are included in the non-relative foster home count. The monitoring team will discuss this issue with DHS for future periods.

B. Select Homes

i. Fictive Kin (105): DHS' formal definition of this category includes homes where the caregivers have a pre-existing relationship with the child entering placement, although they are not technically a relative. This category can include godparents, grandparents of a child's siblings, teachers, coaches, etc.

ii. Child-Specific (47): DHS defined these as potential caregivers who knew of a particular child but lacked a pre-existing relationship with the child. The example given by DHS is of a potential caregiver who sees a child listed on MARE and reaches out to inquire and agrees to foster that child. However, the monitoring team's review found homes listed under this category where there were families that had a bond with a child (like a former teacher, or a family who had previously provided foster care to the same child).

Because these two categories blur together in practice, the monitoring team's review treated them as one category, select homes. In either case, these prospective foster parents must be pre-approved and pre-screened prior to placement and then licensed in keeping with the same process as would be employed with respect to any other foster parent. The only exception to the pre-placement licensing requirement is when a court orders the placement, which is a relatively rare event.

Additionally, if the home is licensed only for a specific child, this child must be included in the class protected by the MSA in order for the home to count towards this immediate action commitment.

With regard to placement, these homes are more akin to relative homes in that they are not available to the general population but only to the children with whom the caregiver(s) has a relationship or the child or children specifically selected by the caregiver.

C. Non-Relative Foster Homes, Community Mental Health Homes, Court Homes, and Foster Group Homes

i. Community Mental Health Homes (2): These are homes which have been recruited to serve children with identified mental health needs by mental health licensing staff. A review of the licensing staff databases indicates these staff have gone through the appropriate licensure training and are listed as caseload carrying staff.

ii. Non-Relative Foster Homes (1,273): This category is the traditional foster home in which the caregiver has no pre-existing relationship with any of the children in care, and the caregiver is open to placement of other than a specific child or children in the home.

iii. Court Homes (5): This category includes homes made available through the courts in select counties for children in the class. The monitoring team has more to learn regarding the court home program, including training requirements for licensing staff who evaluate these homes and the training received by the caregivers. The monitoring team has included these homes as available to the *Dwayne B.* class for the purposes of this review.

iv. Foster Group Homes (2): The monitoring team has more to learn about this category of foster homes but included them for the purpose of the review.

In addition to analyzing the documentation provided by DHS and reviewing licenses in the BCAL database, the monitoring team reviewed three categories constituting the majority of homes: non-relative foster homes, select homes, and relatives who will take other children. The review focused on the last month of the period, June 2013, when the largest number of homes was licensed, 320 (21.4 percent) of the 1,495. The review encompassed a statistically significant and randomly selected sample of 151 homes. The monitoring team focused on whether the non-relative homes were appropriate, safe, properly screened, licensed, and ready for children in the class during MSA 4, and with regard to the relative homes, also whether they were appropriate for and available to non-relative children in the class. More than seven percent of the homes did not meet these criteria in the judgment of the monitoring team. As a result, the monitoring team cannot verify DHS met the standard.

Examples of issues which surfaced during the monitoring team's review include:

- At least two of the homes listed as foster homes were relative homes with no documentation of availability for non-relative children in MSA 4.
- Documentation does not support licensure during the period.
    - Multiple licensing records indicate the home was continuously licensed since November 2011. During June 2013, the home closed and reopened the next day changing the home type from a regular home to a group home, and therefore was not a new resource licensed during the period. In September 2013, the home closed and remained so as of December 2013.
    - The BCAL website indicates the licensure date was in August 2013, after the period ended.
    - The BCAL website indicates the licensure date was in July 2013, also after the period ended.
- The caregiver sought licensure only for children not in the class and is not interested in caring for children in the foster care custody of the Michigan Department of Human Services. These children – classified in Michigan as "OTI" ("Out of Town Inquiry") are expressly not within the *Dwayne B.* class as defined by Judge Edmunds in her

certification order in the matter. These children are not in the legal custody of the Michigan Department of Human Services pursuant to a court order and remain in the custody of their sending agency.[18]

  - One of the homes listed was licensed only for two children from Nevada who are not in the class.
  - Another home was licensed specifically for a child who is also from Nevada, and will not take other placements.
  - One of the homes listed was licensed only for a child from Massachusetts who is not in the class.

- Several of the placements did not have appropriate beds, cribs or bedroom arrangements for non-relative children, but were licensed and included by DHS nonetheless. The monitoring team strongly believes that a home should include appropriate bed arrangements for a child before it may be licensed and available for that child's placement. DHS can play a critical role in financing or securing that bedding in advance of licensure. The monitoring team's current review, like the monitoring team's review in MSA 3, identified placements where there were no available, appropriate beds or cribs.

Relative Placement

The level of financial support and safety screening for Michigan children placed by DHS in relative care continues to be an area of significant concern for MSA 4. While placing children in relative homes, rather than in non-relative foster care, is a preferred social work practice, the decision to place a child in a relative home should not compromise either a child's safety or access to resources. Through MSA 4, DHS did not meet its commitments with the relative placement safeguards and processes set forth in the MSA.

With regard to safety, DHS committed to: pre-screening relative homes prior to placing children in those homes by visiting the home prior to placement; screening all of the adults in the home with child welfare and criminal background checks within 72 hours of placement; and completing a home study to ensure the home was appropriate within 30 days of the placement. On all of these fronts, DHS has not met its commitments.

With regard to financial support, DHS decided relative homes must be licensed before being approved to receive the same level of financial support available to non-relative providers who

[18] Dwayne B. v. Granholm (now Synder), Case Number 2:06-CV-13548, 2007, WL 1140920, E.D. Mich. February 15, 2007 (Order granting Plaintiff's Motion for Class Certification and Appointment of Class Counsel).

care for children in foster care. As established by research and confirmed in the monitoring team's review of relative home waivers, many relatives need financial support. Children are often placed with relatives on an emergency basis. Those relatives are often willing to extend themselves to care for the children but may not have the space, the beds, the clothes, or the ongoing resources to support the additional children in the family. In part to ensure children in relative care have the same resources and safe homes as children not placed in relative care, the parties agreed that all relative homes would be licensed.

Unfortunately, more than four years after this commitment was made, it remains the case that only a minority of Michigan's children placed in relative homes are ensured of the safeguards that licensing should provide. As of the end of MSA 4, the majority of relative homes, 63 percent or 1,713, were not licensed. The expectation of the parties was that the number and percentage of relative homes licensed would grow over time and that virtually all relative homes would be licensed. Unfortunately, by the end of MSA 4, DHS took a step backward, with a smaller number of relative homes licensed than at the end of MSA 3 – 1,020 in MSA 4 compared to the 1,077 in MSA 3. And fewer children were living in licensed relative homes at the end of MSA 4 than at the end of MSA 3, down from 3,428 to 3,227 – 201 fewer children receiving the support and safeguards identified by the parties as critical via licensure.

As of the end of MSA 4, the largest group of relative homes – 1,060 or 39 percent – had neither a license nor a waiver. DHS has 45 days from the date of placement with the relative to begin the licensing process. DHS then has another 135 days (180 days total from the date of placement with the relative) to resolve the license. In some exceptional circumstances, described further below, a relative can request that the requirement for licensure be waived. That request for a waiver must be resolved within those first 45 days of placement with the relative. The commitments to timely licensure and if not licensure, in exceptional circumstances, waiver, were designed by the parties to ensure the safeguards for relative placements were firmly in place early after a child entered care.

Instead of increasing the number and rate of licensure over time as the parties envisioned in constructing the MSA, DHS has leaned increasingly on waivers from licensure. Waivers from licensure mean a child with a relative family will not receive the same level of financial support provided by DHS to a child placed with a non-relative.[19] Pursuant to the MSA, waivers from

[19] The exception to the absence of financial support is when a child's parents' rights are terminated and that child becomes a ward of the state. That child can then receive the same level of financial support whether placed with a relative or non-relative. But unless and until the full termination of parental rights occurs, that same level of financial support is not available to the child placed with a relative.

licensure for relative homes can be issued in exceptional circumstances, but the burden to approve a waiver is steep. The MSA provides that if the waiver rate exceeds ten percent, it triggers a higher level of review by the monitors. DHS exceeded that threshold in MSA 3. As of the end of MSA 4, there are now a full 24 percent or 653 relative providers with a waiver, up from 20 percent in MSA 3. The MSA 3 report detailed a wide range of concerns among the monitoring team about DHS' quality of practice in granting waivers, and those concerns have only grown with further review of additional waivers granted in MSA 4. Interviews with staff and stakeholders, supported by documentation in the files, indicate there is confusion in the field about the purpose and practice of seeking a waiver for a relative. In particular, some staff believe they must secure a waiver for a relative who desires licensure where the licensure process is taking more than the targeted time of 180 days. This approach to a waiver is intended to secure more time to get the license – which is not a permissible use of a waiver under the MSA.

After the review required by the MSA, the monitoring team concludes that DHS has not adequately instituted and followed the relative waiver provisions required by the MSA.

As of June 30, 2013, DHS approved waivers for 653 relative providers. The reasons provided by DHS for the waivers are as follows:

Table 3. Relative Caregivers with Waivers by Reason on June 30, 2013

Waiver Reason Description	Number	Percent
Caregiver declined licensure	287	44%
No waiver reason	101	15%
Caregiver is not able to become licensed	84	13%
Other	72	11%
Adoption pending	71	11%
Reunification imminent	22	3%
Court orders placement against DHS recommendation	6	1%
ICWA	5	1%
Unsubsidized guardianship pending	5	1%
Total	**653**	**100%**

Relative Home Review

The relative home review focused on the waivers that were requested and granted in MSA 4 in order to assess the relative home process in effect during that period and to see if practice improved compared to prior periods. The monitoring team reviewed DHS' implementation of the safety procedures detailed in the MSA, including pre-screening of the home; screening of all adults in that home; and home studies completed within 30 days. These safety procedures are

important for all relative homes but they are of even more importance with respect to relative homes which receive a waiver and so do not have the safeguards that come with the licensure process.

In total, 356 providers were granted a waiver during MSA 4. These 356 represent 54 percent of all the waivers that were active at the end of MSA 4 or 13 percent of all relative providers active at the end of MSA 4. The review focused on the nine counties with the highest volume of waivers during MSA 4 and the highest rate of waivers among their providers. The nine selected counties – Allegan, Clinton, Genesee, Ingham, Kalamazoo, Macomb, Monroe, Oakland, Wayne – approved 55 percent of all waivers granted during MSA 4.

The monitoring team focused on the two most-utilized categories of reasons given for waivers: "Caregiver declined licensure" and "Caregiver is not able to become licensed" which together account for 67 percent or two out of every three waivers granted. In eight of the nine counties, all except Wayne, the monitoring team reviewed every waiver approved in those two categories during the selected time period. In Wayne, the monitoring team reviewed 100 percent of all waivers approved on the basis that the caregiver was not able to become licensed and 50 percent of the waivers approved on the grounds the caregiver declined licensure. The monitoring team selected the latter through a random sampling process. In total, the monitors reviewed homes for 111 providers granted a waiver during MSA 4 – 31 percent of the waivers approved during MSA 4.

Safety Requirements

As detailed above, the parties agreed to three safety requirements, aside from the licensure process, for relative homes – pre-screening of the home; checks on all of the adults in the home within 72 hours of the placement; and home studies, which are to be completed within 30 days of the placement. It is important that all of these processes be completed and completed timely but it is also important that the quality of the execution of these practices be such that they address and resolve any safety issues which arise. A review of these processes and the results indicate that DHS has work to do to improve both the execution and the quality of their practice in this important area.

Pre-Screens: Prior to placing the child in the home, DHS must ensure the chosen relative home is safe, meeting the same safety standards as are required of homes provided by non-relative providers. In the MSA, DHS agreed to ensure relative homes are safe by conducting a home inspection to ensure that the home meets basic safety and licensing standards prior to a child's placement. However, in practice, the review revealed that among the 111 homes selected, 49 percent (54) were not pre-screened; in 20 percent of the cases, the record was not clear as to

whether or not the home had been pre-screened; and 32 percent were pre-screened in keeping with the MSA.

The failure to pre-screen creates issues for those relative homes when it comes time for licensure. The monitoring team's review surfaced several examples in which the waiver was granted because the home could not be licensed because of the number of rooms, size of the home, lack of egress, and other elements of the home or the caregivers which are not permitted pursuant to the licensing regulations. Some of these issues could be resolved via a variance, and the MSA explicitly permits variances for relatives so long as safety is not compromised. However, if safety for a child or children would be compromised, the placement should not occur. A waiver is not a permissible resolution for these issues. The pre-screening is the first process and an important opportunity to discover whether or not the relative home is safe. DHS has work to do to improve its practice with regard to pre-screening relative homes.

Child Welfare and Criminal Background Checks: In the MSA, within 72 hours of placement DHS agreed to check law enforcement and central child abuse registry records for all adults in the home to guard against placements where the adults had disqualifying prior child welfare or criminal history. In 61 percent of the homes reviewed, the record indicated the background checks had been completed within the required 72 hours. In another 34 percent, the background checks were completed but completed after 72 hours had expired. In the remaining five percent of homes, there was either no documentation that the background checks had been completed or that all of the adults were screened. This data suggests DHS has work to do to improve the timeliness of these checks.

However, the review indicates the issues with these checks extend beyond a lack of timeliness. In reviewing homes that were waived because the family could not be licensed, the cited bar to licensure in some of those homes was prior child welfare or criminal history. It is not sufficient to do the checks; it is also expected that DHS will act upon the information that surfaces from those checks to ensure children are safe. If the history is not a mandatory bar and it does not place the child at a safety risk, DHS has explicit authority under the MSA to grant a variance. However, if the history does present a safety risk to the child, the child should not be placed there or if placed there, should be removed. A waiver is not an acceptable resolution to a safety issue.

Home Studies: Home studies are being completed but not as timely as was envisioned by the parties in the MSA. With respect to two of the homes reviewed, the home study was completed prior to the placement. Half the homes reviewed had home studies completed within the required 30 days of those homes being approved. Another 46 percent had home studies completed after the requisite 30 days of those homes being approved. In two of the reviewed cases, the conclusion of the home study was that placement was inappropriate but

children remained in the home. The findings with regard to these two homes underline the need to take action based on the findings. A waiver is not an appropriate resolution.

Safety Findings: The purpose of the preceding processes, completed timely, is to flag safety issues early, either prior to placement in the relative home or as quickly as possible after placement, to diminish the risk children will be harmed. Even if those processes are completed, if the processes happen late or the quality of the process is not as it should be, then DHS has not adequately met its burdens with respect to safety in relative homes. The monitoring team's review raised a number of safety concerns, as did BCAL field analyst relative home visits.[20] Examples include: prior child welfare or criminal history; a home that has no potable water; or the offending parent is still residing in the home. In other instances, it is not clear if the reasons raised for barring licensure are safety issues or not, as described with respect to the need for pre-screening and checks above. For all of these reasons, the monitoring team finds DHS has not met its burden with respect to safety procedures with relative homes.

Waivers

The parties agreed that all homes would be licensed. To that end, the MSA details a waiver process from licensure for relative homes establishing a high threshold, with procedural safeguards, to ensure waivers are granted only in exceptional cases. As detailed above, the rate of relative waivers in MSA 4 rose to 24 percent, exceeding the ten percent rate which triggers a higher level of review by the monitoring team. After conducting a review of the data and reviewing waivers as detailed above, as in MSA 3, the monitoring team concludes that DHS has significant work to do to improve its relative licensure and waiver processes.

Permitted Exceptions to Relative Licensure

The MSA explicitly recognizes two exceptions to the waiver provisions as being beyond the control of DHS. The first are Indian Child Welfare Act cases where DHS does not have jurisdiction. The second is when the court orders placement against DHS recommendation.[21] Table 3 on page 37 illustrates that these exceptions rarely apply, as they impacted only 11 homes during MSA 4, less than two percent of relative providers with waivers.

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[20] See Contract Oversight section, page 25.

[21] With regard to court ordered placements over DHS objection, if DHS initially makes the decision to place the child with an inappropriate relative without conducting the required pre-screening of the home or safety checks in advance, DHS assumes responsibility for those relative placements prior to the court order. Given the small number during this period, the monitoring team will reserve a deeper review of these cases for the future.

The third and final permitted reason for an exception from the requirement to license all relatives is that the provider declined licensure, after the provider was fully informed of the benefits. This is the most common reason provided for a waiver – applying to almost half or 46 percent – of the waivers DHS granted. DHS does have to document that the family knowledgeably instigated the waiver request – rather than the waiver being at the instigation of DHS. DHS must also meet its burden by making the licensure process reasonable and accessible to relatives. These waivers are reviewed in more detail below.

Unacceptable Waivers by Category

All of the other reasons provided by DHS – and the lack of a reason – are not permitted pursuant to the MSA. In total, these other reasons account for more than half of all waivers that were active during MSA 4. Given this significant failure to comply with the MSA provisions related to waiver, the monitoring team finds DHS has not met its burden.

No Reason: DHS provided no reason for granting a waiver with regard to 101 relative providers, 15 percent of MSA 4 active waivers. A waiver cannot be granted for no reason. The burden for supporting the validity of a waiver rests squarely with DHS. Failing to submit any information about the reason for the waiver means DHS has not met its burden.

Permanency Pending or Imminent: Pending or imminent permanency is not cited as a permissible exception from the licensing requirement in the MSA, and without further support, these reasons by themselves are not sufficient to support a waiver. Among the waivers active at the end of MSA 4, these reasons included: adoption pending (11 percent); unsubsidized guardianship pending (less than one percent); or reunification imminent (three percent). These permanency-related reasons can suggest that a relative might not be motivated to complete the licensure process because they: are receiving full funding, as in the case of children where termination of parental rights (TPR) occurred and an adoption is pending; do not need funding, as might be suggested if they do not qualify for a subsidized guardianship; and/or do not want to do the work that it would take to complete licensure (fingerprints, health exams, training, etc.). But these are suggestions – not conclusions – and they may very well not apply in several or many of these cases. The decision not to proceed to licensure must be the relative's alone after DHS has fully informed the relative of all of the benefits. DHS must also meet its burden to license all relatives by making the licensure process reasonable. If relatives decline because the relative is not fully informed or the process provided for licensure is too burdensome, DHS is not meeting its burden. The burden to support a waiver is high and these three categories are not sufficient to meet that burden.

Caregiver is Unable to Be Licensed: A significant percentage of waivers active at the end of MSA 4 – 13 percent – were granted on this basis. As noted in the prior report, this is not a

permissible reason for a waiver. In the prior report, the monitoring team recommended eliminating this category. For MSA 4, given the impermissibility of this reason under the terms of the MSA and reviews of these cases from both the last period and the present period, these waivers are disallowed.

Pursuant to the MSA, in assessing why a relative home cannot be licensed, the threshold question for DHS is one of safety. If the provision is not related to safety, the MSA explicitly permits DHS to waive the non-safety related provision (also called a "variance") and grant licensure. If the licensing provision is related to safety, the MSA does not allow DHS to waive the provision or issue a waiver from licensure. With safety-related provisions, DHS must either partner with the family to remediate, eliminating the safety issue as a barrier, and allow licensure to proceed; or if the safety issue cannot be resolved, DHS must remove the child. In either situation, DHS does not have the option to keep that child in that home without resolving the licensure barrier.

For example, there are relative families whom DHS decides cannot be licensed because they do not meet the income threshold required pursuant to the licensing provisions. It is not acceptable under the MSA to issue that family a waiver from licensure, thereby denying that family access to the additional financial support available via licensure, but maintain that child or children in that home. Similarly, one relative could not be licensed: "because of the number of children in the home. Relative desires to be licensed." In either instance, if the home is safe, DHS should issue a variance from the licensing requirement and license the home. If the home is not safe and the safety issue cannot be remediated, DHS should not have placed the child there in the first place but will have to remove the child if the child cannot be safely maintained in that home. DHS does not have the option to leave a child in a relative home that cannot safely be licensed.

The monitors have asked DHS to review these waivers again and resolve these placements in keeping with the MSA.

Other: At the end of MSA 4, there were 72 relative providers with waivers where the only reason given is "Other." This category is where some field staff's confusion about the purpose of the waiver is most evident. The misuse of a waiver as an extension of the 180 day timeframe for licensure is evident when the reason given for seeking and granting the waiver is: "over six months since referred to licensing;" "180 will have elapsed prior to licensure being completed;" and "Awaiting licensure completion. Home has not been licensed as of today. Anticipated licensure date is July 2013." This is not an appropriate use of the waiver process pursuant to the MSA. Leadership needs to re-review these "license extension" waivers as they are disallowed under the MSA. And leadership needs to ensure that such waivers are not approved and

excluded in the future data shared with the court. The burden for screening out such waivers rests with DHS.

In several of the remaining cases, "other" is the reason given in the data submitted to the monitors but the explanation fits one of the other categories detailed here. Some of those are permissible and some are impermissible. Some are not explanations at all – there are, for example, waivers listed as "other" and the explanation given is that it is a renewal waiver with no explanation about why the waiver is being granted. DHS will need to do further analysis of this category prior to submitting this information.

Relative Declined Licensure

At the end of MSA 4, 44 percent of the active waivers – 287 – were recorded as "caregiver declined licensure." The MSA is clear that these waivers cannot be granted at the instigation of DHS. They must be the result of a process in which a relative caregiver is provided with all of the information she or he needs in order to understand the benefits of licensure and then declines.

Moreover, if the burdens created by licensure are created by DHS and could reasonably be resolved by DHS and DHS does not act to resolve them, then cases in which the caretaker declines because of those burdens do not meet the high standard for a waiver. The review revealed several examples: relatives who cited to the location or timing of licensing training or the requirement by DHS that the relative spend his or her own funds in order to modify the infrastructure of their home in order to meet licensing standards (DHS can grant a variance if there is no safety issue and/or assist the relative in identifying financial supports for the modification).

The review revealed several instances in which the reason cited for the waiver was relative declined but the underlying reasons for the decline were not voluntary in keeping with the intent of this provision in the MSA. Many of these examples overlap with the findings discussed above with respect to homes granted waivers on the grounds the home could not be licensed. But in these examples the relative "declines" because the home cannot be licensed. Once again, this includes homes where there is CPS or criminal history; problems with the infrastructure of the home; or issues with a lack of documented income.

Appropriate examples include documentation that the relative has sufficient resources to support the child; has been given every reasonable opportunity by DHS to participate in licensure; and declines. There are examples of such relatives that surfaced in the review and it is only these homes where the granting of the waiver is appropriate under the terms of the MSA.

For MSA 5 and all the periods that follow, DHS will need to return to re-screen all of these waivers and narrow this category down to those homes which meet the MSA requirements. For MSA 4, the monitoring team finds DHS has not met its burden with respect to waivers of relative homes.

Infrastructure

Finally, DHS committed in the MSA to hiring a full-time relative licensure coordinator. With thousands of children and relatives requiring support, the parties knew the task of licensing relatives was significant and would need the coordination and high level support that a dedicated central office position would afford. However, as detailed in the prior report, DHS chose not to fill that position on a full-time basis. Instead, it added this responsibility on to other important responsibilities held by a staff member in the central office. It was only when MSA 4 was complete and the challenges with regard to DHS fulfilling its commitments with regard to licensure continued that DHS agreed to post for a full-time relative licensing coordinator. For MSA 4, however, this obligation is not met.

Recruitment Strategies

DHS continues to employ a full-time staff person in the position of adoptive and foster parent recruitment coordinator. This position is responsible for the statewide implementation of foster and adoptive parent recruitment and retention plans. This includes approving and monitoring of the plans for all 83 counties, as well as providing technical assistance and information to internal and external customers regarding the implementation of recruitment and retention programs, budget monitoring, policy revisions and new initiatives.

DHS reports that during MSA 4 the agency engaged in numerous recruitment activities and that faith communities continued to play a significant role in recruitment and retention. Examples of recruitment activities during this period include a statewide Faith Based Summit attended by 134 faith community leaders, representing 16 denominations. The representatives committed to various activities including hosting recruitment events, hosting the traveling Heart Gallery and posting a link on the faith communities' web sites to the DHS foster and adoptive web site. DHS also partnered with the Department of Natural Resources, to host Family Fun Days at state parks and to distribute over 10,000 recruitment brochures at all the Michigan state parks and campsites. DHS has also utilized public service announcements, billboards, trainings and Adoption and Kinship Navigators to increase inquiries and foster care licensing.

Resource Home Development for Special Populations

DHS agreed to prioritize the recruitment of foster homes for children with special needs, sibling groups and adolescents; and to specifically increase the number of available placements for

these populations in the Big 14 Counties. Recruitment plans were to be developed that would include strategies and timetables with interim targets. DHS reported on their outcomes as it relates to adolescents but did not produce data on the development of homes for siblings and children with disabilities. DHS reports licensing more than 900 homes during the period October 1, 2012 through June 30, 2013 which were willing to accept placement of adolescents. Even with this reported expansion of adolescent homes, the Department has advised the monitoring team that there is a lack of foster homes to place youth between the ages of 13 to 17.

DHS did not report on any targets for homes for sibling groups or homes for children with disabilities. The agency did report that their adoption resource consultants and extreme recruitment staff are providing assistance for children in these groups who are in need of adoptive homes. The Department has advised the monitoring team that there is a lack of foster homes for sibling groups and children with mental health diagnoses or aggressive behavior.

Permanency Case Goals

On June 30, 2013, 13,585 children were in the custody of DHS, 24 (or .2 percent) fewer than on December 31, 2012. The following chart documents the permanency case goals for these children, using federal reporting definitions, and shows the change in the distribution of goals between the two reporting periods. On June 30, 2013, 8,395 children had a goal of reunification, an increase of 258 children or three percent. Children with a goal of adoption declined by two percent to 2,871 children. Eighty-three percent of all children had a goal of either reunification or adoption on June 30, 2013, an increase of one percent from the prior reporting period.

Over the six month period, the number of children with a goal of guardianship increased by 41 children (11 percent). The number of children with a goal of permanent placement with a relative remained constant at 229. One-hundred and forty-six fewer children had a goal of another planned living arrangement (APPLA), a decline of nine percent. The number of children with a missing goal decreased by 122, or 31 percent.

Table 4: Children in Care by Permanency Goal on June 30, 2013 and December 31, 2012[22]

Permanency Goal	June 30, 2013		December 31, 2012		Change	
	No.	Column %	No.	Column %	No.	%
Reunification	8,395	62%	8,137	60%	258	3%
Adoption	2,871	21%	2,926	22%	-55	-2%
Guardianship	431	3%	390	3%	41	11%
Permanent Placement with Relative	229	2%	229	2%	0	0%
Placement in Another Planned Living Arrangement	1,393	10%	1,539	11%	-146	-9%
Missing Goal Code	266	2%	388	3%	-122	-31%
Total*	**13,585**	**100%**	**13,609**	**101%**	**-24**	**0%**

**Percentages may not add to 100% due to rounding*

Reunification

DHS must establish a permanency case goal for every child who enters out-of-home placement. For most children reunification with their families is the preferred goal. There are time limitations to achieving reunification and DHS agreed that in order to track and monitor case progress, there must be supervisory approval and written justification documented in the case record for every child with a reunification goal longer than 12 months. For children with reunification goals longer than 15 months, the supervisor must approve, and the case record must include, compelling reasons why and how the child can be returned home within a specified and reasonable time in order to continue the reunification goal.

DHS established a permanency case goal review process through its annual consolidated contract monitoring, conducted by BCAL. DHS staff read a sample of case records to determine compliance with licensing rules and with private agency foster care contract requirements. The BCAL tool assesses, in part, timely completion and supervisory approval of case plans for children in care more than 12 months with a goal of reunification. BCAL also reviews the written justification for continuing the case goal, including circumstances and services necessary to achieve the child's permanency goal. If non-compliance is determined, BCAL requires the CPA to complete a corrective action plan outlining action steps to obtain and maintain compliance. BCAL also provides technical assistance to public and private child placing agencies to assist in obtaining and maintaining compliance.

[22] For MSA 4, DHS updated the data for December 31, 2012 compared to what they had previously reported in MSA 3. We utilize the updated data here.

DHS reports that during MSA 4, BCAL conducted 108 interim or renewal inspections of child placing agencies. During these inspections, 511 foster home files were reviewed. For children with a goal of reunification beyond 12 months placed in these homes, two violations of the requirement to ensure written approval of the case goal were found and the agency was cited for a violation triggering the requirement for corrective action plans.

APPLA

DHS agreed that APPLA may only be assigned as a permanency goal when children are at least 14 years old and after every reasonable effort has been made and documented to return the child home, to place the child with relatives, or to place the child for adoption or guardianship. The foster parent caring for the child must agree in writing to continue to do so until the child is emancipated, and the permanency goal must receive the documented approval of the CSA designee. APPLA-E may only be assigned for youth age 16 or older for whom there is not a goal for placement with a legal, permanent family and the youth must be preparing to live independently upon his or her exit from foster care.

The following table documents the age of youth with an APPLA goal using federal reporting definitions, and shows the change in the age distribution between December 31, 2012 and June 30, 2013. The number of children with an APPLA goal decreased by 146 (nine percent) during the six month period. Seventy-seven fewer youth, ages 18 and 19 years, had a goal of APPLA, a ten percent decrease. The number of youth in foster care who were age 20 and had a goal of APPLA decreased by five, a two percent decrease.

Table 5: Youth with APPLA Goal by Age on June 30, 2013 and December 31, 2012

	June 30, 2013		December 31, 2012		Change	
Age (Years)	**No.**	**Column %**	**No.**	**Column %**	**No.**	**%**
13	0	0%	1	0%	-1	-100%
14	12	1%	13	1%	-1	-8%
15	37	3%	45	3%	-8	-18%
16	128	9%	147	10%	-19	-13%
17	276	20%	321	21%	-45	-14%
18	395	28%	434	28%	-39	-9%
19	318	23%	356	23%	-38	-11%
20	217	16%	222	14%	-5	-2%
21	10	1%	0	0%	10	–
Total	**1,393**	**100%**	**1,539**	**100%**	**-146**	**-9%**

**Percentages may not add to 100% due to rounding*

DHS committed to reduce the number of youth with APPLA case goals to nine percent of the foster care population, excluding youth over 18 years of age who remained in foster care with a voluntary placement agreement. At the conclusion of MSA 3 DHS successfully reduced the

APPLA population to seven percent of the foster care population. At the conclusion of MSA 4, there were 848 youth (six percent of the foster care population) with APPLA case goals between the ages of 14 and 18. Therefore, DHS met its commitments to both ensure that no child under the age of 14 will be assigned an APPLA case goal in addition to reducing the APPLA population to fewer than nine percent of children in DHS' custody.

Adoption and Guardianship

Adoption

DHS reported that 2,651 children and youth in its custody had adoption permanency case goals on September 30, 2012 and were legally available for adoption. In order for DHS to meet its commitment to complete 77 percent of adoptions for those children by September 30, 2013, DHS agreed to finalize 2,041 adoptions. While there were no specific targets to be achieved during MSA 4, DHS reported that 1,671 adoptions were finalized from October 1, 2012 to June 30, 2013 and that given current finalization trends, the agency is positioned to meet its commitment to finalize 2,041 adoptions during SFY2013. The monitoring team will verify the number of adoptions reported by DHS as finalized from October 1, 2012 to September 30, 2013 when that information is submitted at the conclusion of MSA 5.

The MSA requires that when a child's permanency goal is changed to adoption, DHS or the assigned private CPA must, within 30 days of the goal change: assign an adoption worker, determine if the child's caregiver is prepared to adopt the child, and if they are not then child-specific recruitment planning must commence. Periodic reviews of the recruitment plan are required at intervals described in the MSA with outside experts participating in the reviews for children and youth waiting for adoption for longer than one year.

DHS monitors the progress to permanency for children with adoption case goals through MARE. MARE receives monthly data from DHS and then works with staff in the field to ensure compliance with the tracking provisions of the MSA. The monitoring team had an initial meeting with MARE staff during MSA 3 to discuss the adoption tracking process. MARE staff explained to the monitoring team the tracking process and reported that DHS continues to emphasize the importance of moving children with adoption goals to permanency. Improvements with the adoption tracking process have been evidenced in each of the monitoring periods. The monitoring team again met with MARE and DHS staff after the conclusion of MSA 4 to discuss enhancements to the adoption tracking systems. The monitoring team was impressed with the thoughtful implementation described by MARE staff and will report on outcomes achieved as a result of the enhanced adoption tracking system after data verification is completed in upcoming monitoring periods.

Reviewing Disrupted Pre-Adoptive Placements

DHS agreed to monitor the number of pre-adoptive placements that disrupt before adoption finalization and to conduct an annual quality assurance review of a sample of these cases. DHS has defined a disrupted adoption placement as "any adoption in which the child has been legally placed for adoption, as indicated by an Order Placing the Child for Adoption, and the adoption never reached legal finalization, as indicated by a Final Order of Adoption."[23]

DHS committed to review every disrupted adoption that occurs during a calendar year and to provide a summary report regarding findings with recommendations for improving services and permanency outcomes. DHS submitted the first such report for CY2012 at the conclusion of MSA 4. DHS reported that the review process begins with the identification of children whose adoptions disrupted through information in the SWSS system. That data is cross-referenced with adoption disruption information compiled by MARE, the agency responsible for receiving reports from adoption workers when placements disrupt. Thirteen cases were identified for a quality review as a result of the data matching. The 13 cases involved 12 private agencies responsible for providing adoption supervision and services. Three of the cases involved children placed with relatives, seven of the cases involved children who were matched with recruited families and three of the cases involved children in the process of being adopted by their foster parents.

DCQI conducted case file reviews and interviews with adoption agency staff, as well as children and families who were willing to participate in the CQI process. DHS reports that strengths identified in the cases reviewed included the quality of training provided to adoptive parents as well as staff sharing child-specific information with potential adoptive families. The challenges identified by DCQI include: strained relationships between foster parents and pre-adoptive parents, lack of timely initiation of supportive services for both children and parents, and families identifying that services were not relevant or helpful. Importantly, the majority of children involved in a disrupted adoption placement had experienced several changes in foster care case managers throughout their placement experience. Only one child in the review had one worker, five children had between two and four workers, and seven children had between five and nine workers. DHS reports that worker instability can reasonably be construed to be a factor that impacted placement stability in the cases reviewed. DHS further identified adoption worker visits as an area of practice that may need improvement. While adoption workers

[23] "Disrupted Adoption Protocol." DHS Division of Continuous Quality Improvement.

completed weekly home visits with the seven recruited families after the order placing the child was entered by the court, workers indicated that they were able to complete additional visits as often as needed, but there were no additional home visits completed in these cases, limiting the worker's ability to identify and arrange for needed services to support the placement.

DHS concluded that it must review its staff and pre-adoptive family training requirements to address the challenges identified above as well as to address the expectations for the provision of services available for children who have been placed for adoption and their families.

Guardianship

DHS agreed to finalize 165 juvenile guardianships during CY2013. At the conclusion of MSA 4, DHS reported that it had met its commitment early, by finalizing 250 juvenile guardianships throughout the monitoring period. Seventy of these children (30 percent) were enrolled in the guardianship assistance program, a program that provides post-permanency financial support to children's guardians.

DHS provided a data file to the monitors that identified each child for whom guardianship was achieved, and the monitoring team was able to confirm the number of juvenile guardianships reported by DHS through data verification activities.

Providing Support to Adoptive Families

DHS committed to develop and implement a full range of post-adoption services to assist all eligible special needs children adopted from state foster care and their permanent families. DHS also committed to maintain sufficient resources to deliver such post-adoption services to all children in the plaintiff class who qualify for these services along with their permanent families.

DHS reports that the adoption medical subsidy budget allocation for SFY2013 was approximately $5 million. During MSA 4, there were 1,752 children who received services reimbursable through the medical subsidy program totaling $2,584,079 in expenditures. Additionally in April 2012, DHS awarded eight contracts to private adoption agencies throughout the state for the creation of post-adoption resource centers. Children and youth who were adopted from Michigan's foster care system and their families are eligible for services through the post-adoption resource centers. During SFY2012 funding for the eight contracts totaled $1,433,964. In SFY2013, DHS increased the contracts by $144,539 to $1,578,503 in order to expand services in three regions. DHS reported that 922 adoptive families throughout Michigan received services from the eight post-adoption resource centers during MSA 4.

DHS continues to provide post-adoption services through both the medical subsidy program and post-adoption resource centers, meeting its MSA commitment to develop and implement post-permanency services for children who have been adopted as well as their families.

Case Planning and Practice

Family Engagement Model – MiTeam

During MSA 4, DHS continued with MiTEAM implementation, a case practice model that involves family engagement, family team meetings, and concurrent permanency planning. Implementation strategies utilized in MSA 3 that continued through this period included: ongoing training and communication with internal and external partners and staff, case practice and technical support, and an updating of materials based on observations and feedback.

Four MiTEAM leadership trainings were conducted in various parts of the state from March through May 2013. The focus of the training for agency and county directors was cultivating change and demonstrating MiTEAM competencies. Some of the topics presented were: mentoring skills and opportunities, leading through teaming, and components of organizational change and its complexities. Attendees also were afforded the opportunity to discuss strengths, challenges, and next steps.

DHS reported that at the end of MSA 4, a total of 65 DHS peer coaches were covering 78 counties throughout Michigan, with three vacancies existing for five counties. Fifty-four private agency peer coaches were covering 46 agencies, with 22 agencies not having coverage. Ongoing efforts are being made to ensure that peer coach coverage occurs in the remaining counties and private agencies. Central office supports peer coaches statewide through monthly conference calls where information, strengths, and solutions to barriers can be shared.

The pivotal role of the peer coaches was identified by DHS as one of the major MiTEAM implementation strengths during MSA 4 in the Big 14 Counties. Primary responsibilities of peer coaches include: providing refresher courses to staff; observing and giving feedback regarding family team meetings; developing tracking mechanisms to ensure family team meetings occur; providing updates and strategies at program and staff meetings; and helping to link practice with new initiatives.

A Peer Coach Procedure Guide to better define the peer coach role and provide techniques for teaching, observing and giving feedback was released during MSA 4. DHS distributed the guide to county and private agency directors who participated in the leadership practice trainings, as well as to all DHS and private agency peer coaches and their supervisors.

Family team meeting policy for CPS was released on May 1, 2013, and policy for foster care was released on June 1, 2013. The MiTEAM manager, as previously reported in MSA 3, participates in monthly statewide supervisory conference calls to share practice model clarifications and updates.

DHS continued efforts during MSA 4 to have supervisors validate that their front line staff had received MiTEAM training. Statewide, 99 percent of DHS supervisors certified that their front line staff had the training, while 96 percent of private agency supervisors certified their front line staff had been trained.

The following areas were identified by DHS as needing ongoing case practice support for implementation of the MiTEAM model: better understanding of the purpose of pre-meeting discussions; perceiving the model as more than a family team meeting; enhanced support of peer coaches; training for the court system regarding the significance of family team meetings; and a better understanding of the family team meeting process in the context of case planning, instead of a separate independent event.

After the submission of information for this report, DHS advised the monitoring team that it is in the process of implementing an enhanced MiTEAM strategy inclusive of content, training, and support. DHS reports it may be initiated in three champion counties in April 2014, and expand to other counties in six month intervals. The monitoring team will continue to report on DHS' progress, struggles, and revisions with the MiTEAM case practice model during the next monitoring period.

Special Reviews for Children Awaiting Permanency-Reunification and Adoption

In order to maintain focus on children in placement for long periods of time, DHS agreed to conduct special case reviews for children who have been in foster care for more than one year and who have a goal of reunification or are legally free for adoption. DHS also agreed to maintain an adequate number of specially trained staff, Permanency Resource Managers (PRMs) to conduct the special reviews.

During MSA 4 DHS developed written guidelines to define expectations for the special review process. DHS has defined special reviews to be contacts or a series of contacts by the PRM on a case that meets the review criteria. The goal of the contacts is to monitor timely achievement of permanency and to provide technical assistance to workers and other involved parties in order to address barriers to permanency. Contacts include electronic record review, case file reviews, emails, phone calls, and attendance at: family team meetings, annual youth transition meetings, court hearings or face-to-face contacts with workers. At a minimum, PRMs must:

- Make an initial contact within ten business days of case assignment. Contacts include SWSS reviews, case file reviews, email, phone calls or in-person contacts with the child's worker.
- For TPR cases with identified barriers, contact must be made within 30 calendar days of the initial contact and every 30 days thereafter until permanency is achieved.
- For all other special review types PRMs must make, at a minimum, quarterly contacts after the initial contact.
- With timely notice PRMs are expected to attend (in-person or via conference call) all family team meetings in cases where there are barriers to permanency.
- When barriers to permanency continue to exist for TCW cases after the first quarterly contact, PRMs must continue contact every 30 days until permanency is achieved or the case goal changes.
- For children with adoption goals with no identified family, the PRM commences a special review and participates in other reviews, as required.

DHS submitted data files to the monitoring team listing all children in DHS custody subject to the special review provisions during MSA 4. During data verification the monitoring team identified discrepancies in the data provided by DHS. Specifically, DHS reported that there were 2,639 children who met the TCW special review criteria. The monitoring team identified 2,895 children or 256 more than identified by DHS. Further, DHS identified 847 children who achieved permanency during the monitoring period while the monitoring team identified 908 children, 61 more than DHS. Of those children, DHS reported that at the conclusion of MSA 4, 1,214 children continued to have a goal of reunification while the monitoring team identified 1,328 children, or 114 more children than identified by DHS.

The TPR cohort of children subject to special reviews are children whose parental rights have been terminated for more than 365 days and are legally available for adoption. DHS identified 815 legally free children with adoption case goals and excluded legally free children with other case goals. The monitoring team identified all children legally free for more than 365 days and found 1,900 children in the cohort. Of these children, 928 had adoption case goals, 113 more children than identified by DHS. An additional 972 children had other case goals and DHS reported that special reviews are not being conducted on those children contrary to the commitment in the MSA.

In summary, DHS has continued to refine the process for PRMs to conduct special reviews. However, the quality of the special review data provided to the monitoring team is of concern in addition to the practice of DHS to limit TPR special reviews to only those children with adoption case goals.

Caseworker Visitation

A key element of permanency practice involves face-to-face time between various people involved in a child welfare case. There is a substantial body of data and research demonstrating that more frequent visits with caseworkers, parents and siblings improve safety, permanency and well-being for children in care.[24] As such, DHS agreed to the following visitation schedules for all children in the state's custody with their workers, parents, and siblings. DHS also committed to the following visitation schedules for workers with parents and parents with their children:

- Caseworkers shall visit all children in custody at least two times during each child's first month of placement, with at least one visit in the placement setting, and at least one time during each subsequent month.
- Caseworkers shall visit parents of children with a goal of reunification at least twice during the first month of placement with at least one visit in the home. For subsequent months, visits must occur at least once per month, with at least one contact in each three month period occurring in the parent's place of residence.
- All children with a goal of reunification shall visit their parents at least twice monthly unless specified exceptions exist.
- Siblings in custody shall visit each other at least monthly unless specified exceptions exist.

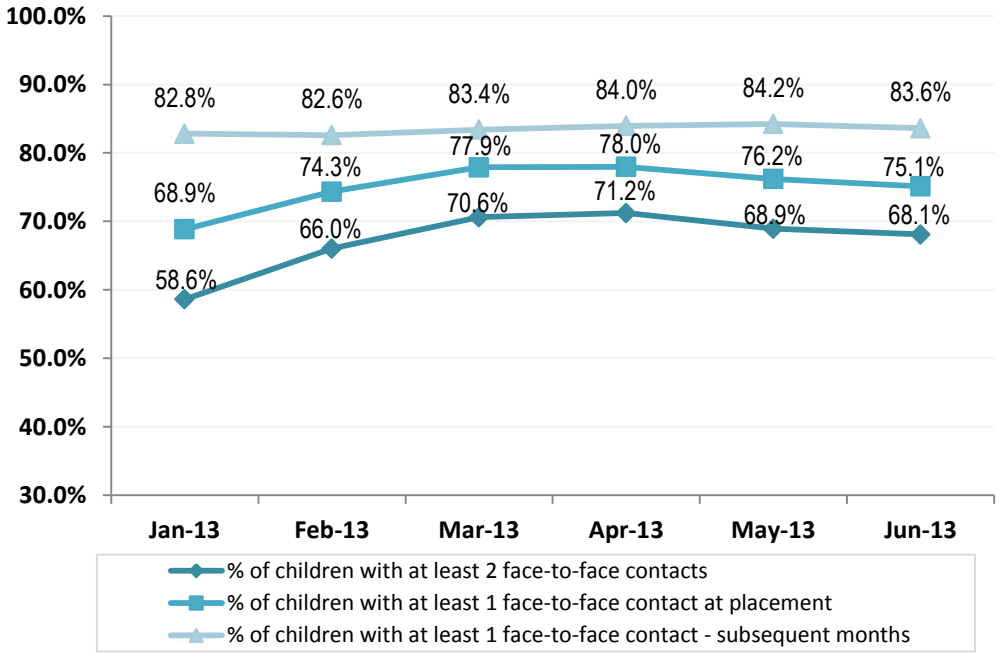
For this monitoring period, DHS produced information generated from its InfoView reporting system regarding performance on worker-child visits, worker-parent visits and parent-child visits. DHS provided compliance data on each provision for each month in the monitoring period but counseled the monitoring team that it believes data entry lapses by DHS staff are contributing to under-reporting of visits by staff with children. DHS is unable to produce data from its information systems regarding sibling visits but will be able to do so when MiSACWIS becomes operational.

[24] United States Children's Bureau (2003). *Relationship between caseworker visits with children and other indicator ratings in 2002 cases*; Child Welfare Information Gateway, *Sibling Issues in Foster Care and Adoption* (December 2006). The importance of caseworker visitation with children in foster care has also been recognized by Congress in the Child and Family Services Improvement Act of 2006, Pub. L. 109-288 (2006), which requires that child welfare agencies ensure that caseworkers visit at least 90% of children in foster care monthly by 2011.

Worker-Child Visitation

Caseworkers must visit all children in custody at least two times during a child's first month of placement with at least one of those visits occurring in the child's placement setting. In each subsequent month of placement, caseworkers must visit at least one time with every child. For the third consecutive monitoring period, DHS did not meet the worker-child visitation commitments set forth in the MSA. The Department's performance is reflected in the following chart.[25]

Figure 4: Worker-Child Contacts from January to June 2013

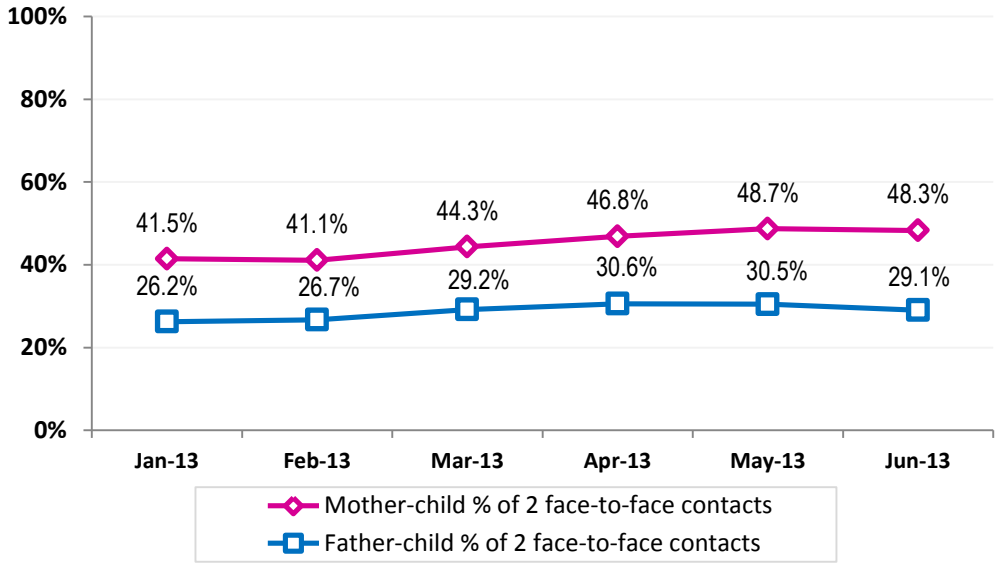


[25] In addition to the information provided by the Department regarding this commitment for all children, DHS reported to the monitoring team results from a federal review of worker/child visitation using a smaller sample of 415 children in FY 2012. Michigan's improvement goal was that 90% of children would receive a monthly worker/child visit. DHS reports that it exceeded that goal, completing 96.4% of monthly visits with 85.3% of those visits taking place in the child's residence. However, it should be noted that DHS agreed to different worker/child visitation standards in the MSA. In addition to monthly worker/child visitation for all children, DHS agreed to an initial standard of two worker-child visits per month in the first month of a child's entry into placement or when a placement move occurs. The MSA increases the enhanced visitation requirement to two visits during the first *two* months of placement or when a placement move occurs, and the monitoring team will comment on the enhanced requirement in the MSA 5 report.

Parent-Child Visitation

DHS agreed that when reunification is a child's permanency goal, parents and children will visit at least two times each month. For the third consecutive monitoring period,[26] DHS did not meet its commitment to assure two face-to-face contacts between parents and their children in any month during the monitoring period as represented in the following chart.

Figure 5: Parent-Child Contacts from January to June 2013

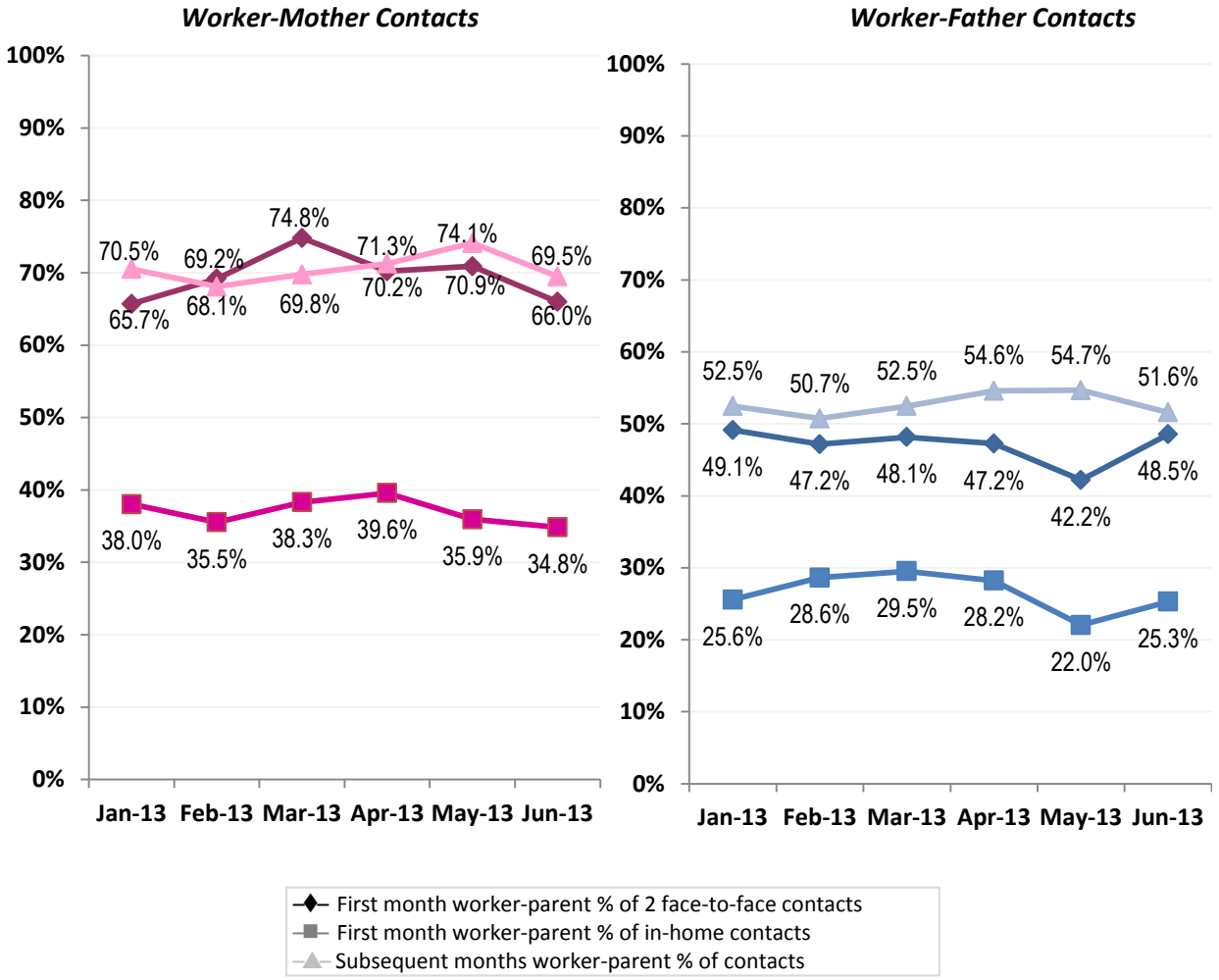


Worker-Parent Visitation

Caseworkers must visit parents of children with a reunification goal at least twice during the first month of placement with at least one visit in the parental home. For subsequent months, visits must occur at least once per month. For the third consecutive monitoring period, DHS did not meet its commitment regarding worker-parent contacts. The following charts represent the percentage of compliance by month for each of the worker-parent visitations.

[26] In MSA 1, DHS was not required to report on the visitation commitments. Therefore, MSA 4 is the third monitoring period in which DHS was required to report this information.

Figure 6: Worker-Parent Contacts from January to June 2013



DHS reported that it continues to undertake a series of activities, including staff training, redesign of data reports, and data entry training, to improve reporting performance with regards to all of the visitation commitments in the MSA and, with the rollout of MiSACWIS in April 2014, more accurate visitation reporting should occur as a result.

Placement Standards

Placement Process

DHS agreed to develop a placement process in each county that ensures the best possible available match for a child entering foster care, irrespective of whether the foster home is a DHS or a private child placing agency home.

DHS provided the monitoring team with county updates and plan modifications, as well as successes and challenges experienced over MSA 4. Continued and newly initiated

enhancements in counties included: licensing workers being more involved in the placement process resulting in better placements, facilitating placement of older youth, and strengthening relationships with foster parents; earlier identification of relatives as potential placement resources by CPS workers; and greater inclusion of MiTEAM protocols and practices improving communication and collaboration among CPS workers, relatives, and licensing and foster care staff. Challenges still exist in finding placements for sibling groups, youth ages 13-17, and children and teens with mental health diagnoses and aggressive behaviors. In many of the counties, the process is not inclusive of both private and DHS agencies so that a best possible match can be made.

DHS reports that it continues to work on a statewide Child Placing Network and implementation is scheduled for MSA 5. In the meantime, little has changed since the last reporting period when DHS acknowledged that there is no uniform source of information for all foster homes available in a community, so they cannot assess placement options for best matches. DHS, therefore, was not able to meet its commitment to develop placement processes in each county, based on the best interest of a child inclusive of both private and DHS foster homes.

Placement Proximity and Settings

Placement Proximity and Settings

For MSA 4, DHS did not meet any of the four MSA placement provisions reviewed by the monitoring team, including commitments with respect to proximity; the number of children in a foster home; restrictions on the placement of children in temporary and emergency facilities such as shelters and the confinement of foster children in jails or detention centers.

Placement Proximity from Removal Home

DHS committed to place all children within a 75-mile radius of the home from which the child was removed, unless one of the exceptional circumstances included in the MSA applies and is approved in writing by DHS leadership. Of the 13,585 children in care on June 30, 2013, DHS reported that 634 children (4.8 percent) were in placements more than 75 miles from their removal home, the first time the percentage has dipped below five percent since the MSA took effect. DHS reports a recorded exception for 291 of the 634 affected children. For the remaining children, DHS maintains that it is not yet able to track accurately whether or not the placement for those children met one of the allowed exceptions. As a result, DHS did not meet its commitment.

Number of Children Residing in a Foster Home

DHS committed that no child shall be placed in a foster home if that placement will result in more than three foster children in that foster home, or a total of six children, including the foster family's birth and adopted children. In addition, DHS agreed that no placement will result in more than three children under the age of three residing in a foster home. An important exception to both of these placement caps is DHS' further agreement to place sibling groups together whenever possible. Exceptions to these caps can be granted on a child-by-child basis.

As of June 30, 2013, DHS reported that 829 children were placed in 191 foster homes that exceeded more than three foster children. According to DHS, ten children were placed in two homes where there were more than three foster children under the age of three. This represents a decrease of 18 children from MSA 1 to MSA 4.

DHS cannot yet reliably count siblings and so cannot report on how many of the children in over-capacity homes are placed together because they are in sibling groups, and thus should be excluded from this measurement. DHS also remains unable to capture the number of birth children who reside in a foster home, an issue that DHS reports will be remedied with the release of the new DHS information system, MiSACWIS. Thus, some of the homes with three or fewer foster children may nevertheless be out of compliance with the MSA standard, depending on the number of birth children who also reside there.

Because there are many children in this category without documented exceptions, DHS did not meet its commitment.

Emergency and Temporary Facilities

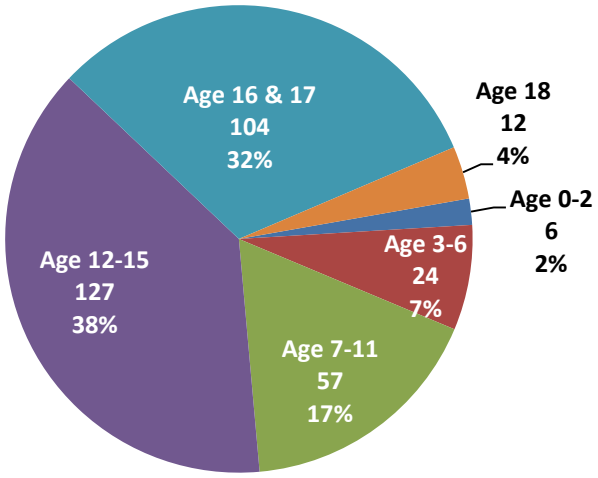
The MSA requires that children not be placed in an emergency or temporary facility more than one time within a 12-month period, with limited exceptions, and those children should not remain in an emergency or temporary facility for more than 30 days unless one of a limited number of exceptional circumstances exists. DHS reports placing 330 children in an emergency or temporary facility at some point during MSA 4, a decrease of 79 children from MSA 3. Of these 330 children, DHS reports 125 (38 percent) experienced placements that exceeded 30 days.

In addition, 60 children in MSA 4 were placed in an emergency or temporary facility more than once within a 12-month period, and 13 children experienced three or more placements within that same period. Forty-five children experienced subsequent placements in an emergency or temporary facility that lasted longer than seven days. Therefore, DHS did not meet its placement commitments for children with respect to emergency and temporary facilities.

Of the 330 children placed in emergency shelter care during MSA 4, 30 were infants and toddlers while almost three-quarters (243) were adolescents age 12 and over. Youth age 16 and 17 were most frequently placed, with 52 children in emergency shelter care from each of these single ages.

Figure 7. Number of Children Placed in Shelters during MSA 4 by Age

n=330



Kent County accounted for a third (33 percent) of these children in emergency shelters, while Wayne County was close behind with responsibility for 30 percent of children placed in shelters during the period.[27]

Jail, Correctional, or Detention Facilities

The MSA requires that "no child in DHS foster care custody shall be placed by DHS or with knowledge of DHS, in a jail, correctional, or detention facility unless such child is being placed pursuant to a delinquency charge" or, obviously, an adult criminal charge. In MSA 4, 214 youth were confined in a jail or detention facility. DHS reports the majority of placements (66 percent) continued to be in detention facilities. Seventy-three youth were placed in jail. The average confinement for these youth was 36 days according to DHS data and information, but the median length of stay was 20 days. The number of youth placed in excess of 100 days dropped 38 percent from 24 youth in MSA 3 to 15 youth in MSA 4.

According to DHS, six youth in the child welfare custody of DHS were detained without any

[27] See Appendix C. Number of Children Placed in Shelters by County and Age.

underlying charge. DHS reports that its staff did not object on the record to the confinement. This does not comport with the commitments DHS made as part of the court's order in this matter and, recognizing the need for improvement, DHS continued to meet with the State Court Administrator's Office in MSA 4 to develop and implement stronger protocols to prevent the confinement of children in the class without an underlying charge and absent objection from DHS.

Safety and Well-Being

Statewide Child Abuse Hotline

During MSA 4 DHS reported that Centralized Intake received 141,495 calls from the public with 75,120 of those calls related to CPS. Fifty-nine percent of the CPS calls resulted in 44,615 CPS complaint referrals sent to DHS field offices for investigation. When compared to MSA 3, there was an increase of 1,450 complaints assigned to field offices. Assignments of CPS complaints to field offices are based on a priority response designation outlined in the DHS Centralized Intake Abuse and Neglect Procedures. Complaints assessed as Priority 1 designations, requiring immediate response, must be referred within one hour of Centralized Intake's receipt of the call. Calls assessed to be Priority 2 or Priority 3, requiring 24 hour response, must be transferred within three hours of the call. DHS reports that during MSA 4 the median time for transfer of Priority 1 calls was 42 minutes and four seconds while the median transfer time for Priority 2 and Priority 3 calls was 40 minutes and 17 seconds.

At the conclusion of MSA 4, Centralized Intake was staffed with 119 workers, 15 more than at the conclusion of MSA 3, as well as 26 supervisors, two more than at the conclusion of the prior period. A second line manager continued to be assigned for both first and second shifts. When all allocated positions are filled, the staffing at Centralized Intake will be 121 workers and 26 supervisors, allowing a supervisory ratio of one to five.

DHS hired and trained 22 staff to serve as lead workers at Centralized Intake during MSA 4. Lead workers assist in the training of new staff, transferring complaints to field offices and answering complaint calls to lower call wait times. As lead workers continue to take on these functions, experienced supervisors will have the time to train and mentor less experienced supervisors while allowing second line managers to complete quality performance reviews.

Newly hired Centralized Intake staff continue to attend four weeks of program specific CPS training provided through the DHS Child Welfare Training Institute with supplementary "on the job" training provided by supervisors at Centralized Intake.

DHS provided the monitoring team with information from its phone system regarding call wait times and abandoned calls at Centralized Intake. DHS reports that during MSA 4 the average call wait time was one minute and 57 seconds, essentially the same as during MSA 3. During MSA 4 the call abandonment rate was ten percent, an increase from under nine percent during MSA 3. Call wait times and abandoned calls are areas of Centralized Intake's operation that are of concern to the monitoring team and DHS must continue to focus on making improvements to both as it is critical for the public to be able to reliably access hotline staff in a timely manner to report concerns regarding potentially abused and neglected children.

Responding to Reports of Abuse and Neglect

DHS agreed to ensure that its system for receiving, screening, and investigating reports of child abuse and neglect will be adequately staffed and that investigations will be commenced as required by state law[28] and completed pursuant to policy requirements. DHS committed to monitor commencement of investigations through regular review of data-driven reports. During previous monitoring periods DHS identified and reported commencement timeliness for Priority 1 investigations, requiring immediate commencement, separate from Priority 2 and 3 investigations, both requiring 24 hour commencement so that performance could be evaluated against the applicable timeliness standard.

During MSA 4 DHS identified issues with the methodology utilized to report the timeliness of Priority 1 commencements in prior reporting periods. The monitoring team met with DHS to address this issue and agency leadership committed to evaluate the agency's current data capacity to track the timeliness of Priority 1 investigations and to assess whether changes can be made to the current data system or will need to be incorporated into the MiSACWIS system. DHS is also undertaking a review of current policies regarding commencement timeliness in order to ensure that expectations are clear for field staff. Until these issues are resolved, DHS is unable to demonstrate compliance with the timely commencement of CPS investigations.

[28] The Child Protection Law (MCL 722.628) compels the Department to commence an investigation of a complaint no later than 24 hours after receipt of a complaint, although the seriousness of the alleged harm or threatened harm to the children may dictate an immediate response. DHS policy PSM 712-4 states that commencing an investigation requires contact with someone other than the reporting person within 24 hours of the receipt of the complaint to assess the safety of the alleged victim. Investigations designated as Priority One require immediate commencement. Priority Two and Priority Three investigations require 24 hour commencement.

DHS further committed to complete CPS investigations pursuant to policy requirements. DHS policy PSM 713-9 – Completion of Field Investigation states that: "The standard of promptness (SOP) for completing an investigation is 30 days from the department's receipt of the complaint. This includes completion of the safety assessment; risk assessment; family and child assessments of needs and strengths; CPS Investigation Report DHS-154; services agreement, as needed; and case disposition on SWSS CPS."

DHS reported to the monitors that the standard of promptness of an investigation starts when a complaint is received by Centralized Intake. During the course of the investigation the worker will complete all the required assessments and case disposition findings in the appropriate modules located on SWSS CPS. These assessments include the safety assessment; risk assessment; and the family/child assessments, when required. The worker is required to complete the case disposition and all the required assessments in SWSS and upon completion all of the information is then populated into the Initial Service Plan (ISP). The ISP (DHS-154) encapsulates all the assessments and other investigation actions taken on a complaint. The worker is required to send their investigative findings to the manager for approval. The manager is required to review the investigation and once approved, the investigation is considered completed.

Upon DHS' submission of the MSA 4 investigation completion data, an issue surfaced regarding DHS' definition of investigation "completion." DHS and the monitors were unable to resolve the definition after discussing the parties' intent when agreeing to include this commitment in the MSA. Therefore, a meeting was held with the parties to discuss their respective understandings of what constitutes an investigation completion. The parties resolved this matter just prior to the issuance of this report by agreeing that beginning with MSA 5 DHS will submit two data sets to the monitors each period: 1) CPS worker completion of the ISP and 2) CPS supervisory review of the ISP. Both data sets will be analyzed by the monitors to assess DHS' performance relative to this provision of the MSA. The monitors may also conduct periodic qualitative reviews to assess performance relative to investigation completion.

Maltreatment in Care Units

Referrals received by DHS that allege abuse or neglect of a child in its custody are investigated by separate Maltreatment in Care (MIC) units located throughout the state. Staff in these units receive specialized training prior to the assignment of MIC cases. There continue to be ten MIC units statewide - six units in each of the designated urban counties and four units that are responsible for the remainder of the state.

During MSA 4, the DCQI unit conducted the first review of MIC practice. A total of 23 cases were selected for the review. Ten cases were selected from the non-urban counties (Barry,

Eaton and Kalamazoo) and 13 cases were selected from an urban county (Kent County). All cases had CPS complaints investigated by MIC units between June 1, 2012 and December 31, 2012.

DHS reports that the investigations were found to be "generally" in compliance with agency policies and practice. DHS also reports that staff excelled at "ensuring coordination between BCAL, certifying agencies and foster care workers" during the investigative stage. Additionally, DHS found that the initial safety and risk assessments were being completed and that supervisors were conducting conferences with staff prior to case disposition. However, DHS also reports that areas needing improvement included MIC investigators verifying that they reviewed all past BCAL or licensing violations and documenting that investigative outcomes and plans for ongoing services are communicated with other workers involved with children. DHS also concluded that improvement is needed in ensuring that MIC staff identify specific protection interventions to address safety concerns identified during the investigation and that additional safety assessments must be completed when required.

During MSA 5 the monitoring team will conduct an independent review of DHS MIC practice, with the focus on child safety interventions and outcomes.

Health and Mental Health

Exams and Follow-Up Care

DHS made a series of commitments to ensure that children in foster care receive the medical, mental health and dental care necessary to ensure their safety and well-being. DHS does not presently have an electronic way to track and monitor its performance with respect to most of these commitments, so it cannot yet demonstrate evidence of performance for all children as anticipated in the court's order. Still, DHS expects its new computer system will address these gaps in the future.

DHS pledged to ensure that children entering care have timely access to an initial medical and mental health examination. For MSA 4 only, there are dual standards in effect: 75 percent of children shall have an initial medical and mental health examination within 30 days of a child's entry into foster care, and 95 percent of children shall receive an initial medical and mental health examination within 45 days. Commencing in MSA 5, the standard grows to 95 percent of all children receive a medical and mental health examination within 30 days. In the absence of a comprehensive data set representing DHS' performance for all children, the DCQI team undertook two case record reviews in January 2013 and July 2013, each comprised of 65 randomly selected children. The first review involved children who entered care between July 1, 2012 and September 30, 2012, and the second review involved children who entered care

between January 1, 2013 and March 31, 2013. To evaluate both the quality of the DCQI team's emerging work and to develop a sense of the agency's performance on timely access to health care for children, however limited, the monitoring team in July 2013 undertook an independent review of the findings of the DCQI team with respect to 40 randomly selected children included in the first review (19 children) and the second review (21 children).

With respect to timely physical examinations, the DCQI team determined that the first MSA goal (75 percent of children received an exam within 30 days) was not met: just under 71 percent of the children included in the record review received medical examinations within 30 days of placement. The monitoring team's independent review confirmed these results. The DCQI team's case record review also determined that the second standard (95 percent of children received an exam within 45 days) was not met: 81.5 percent of children in the sample received an initial medical examination within 45 days, and the monitoring team's independent review confirmed the finding that the target was not met.

DCQI similarly concluded that neither standard was met with respect to timely initial mental health examinations for children entering care. The January 2013 review concluded that 69 percent of the 65 sampled children received an initial mental health examination within 45 days of admission to care, well short of the 95 percent standard. Similarly, the DCQI team concluded in the July 2013 case record review that only 57 percent of the 65 sampled children received a mental health examination within 30 days consistent with the terms of the MSA. DHS foster care policy states that the initial and periodic health exams must include a behavior/mental health screening. During MSA 4, the Michigan Department of Community Health, Medicaid Division implemented a new policy requiring the use of standardized screening tools for behavioral/mental health for all foster children at each comprehensive medical assessment.

DHS pledged to ensure that children entering care have timely access to a dental examination. For MSA 4, the standard in effect requires DHS to take all necessary and appropriate steps to ensure that 80 percent of children shall have a dental examination within 90 days of the child's entry into foster care unless the child has had an exam within six months prior to placement or the child is not yet four years old. The standard grows to 95 percent by June 30, 2013. In the absence of a comprehensive data set representing DHS' performance for all children, the DCQI team undertook a case record review in July 2013 of 46 children who were subject to the dental exam provision. DHS' sample was very small, but with respect to this cohort of randomly selected cases, the DCQI determined that DHS did not meet the MSA standard – only 35 of the 46 children received a timely dental exam. DHS' overall performance may be better or worse than this for all children in care, but DHS does not presently have a way to track or verify this.

When children receive medical, dental and mental health examinations, it is important for them to receive follow-up care as prescribed in the initial and ongoing visits, and DHS committed to do just that for all children. DHS does not presently have a way to track, monitor and verify this for all children. Of 65 children included by the DCQI team in its July case record review, 12 needed follow-up medical care, and DCQI determined 11 of those children received required care and services. The monitoring team's review concluded that in at least one other instance, the required follow-up care was not received. Similarly, DCQI identified 10 children as needing follow-up developmental or mental health care services, and DHS ensured that appropriate services were provided for eight of the ten children. Sixteen children were identified as needing follow-up dental care after their initial examination, and DCQI determined 15 of those children received appropriate follow-up services.

The monitoring team's review of DCQI's case record reviews included 16 children under age four, whose follow-up care required examinations timed developmentally according to the American Academy of Pediatrics. Fourteen of the 16 children received follow-up care timely. DHS does not presently have a way to track, monitor and verify this for all children.

DHS committed to take all necessary and appropriate steps to ensure that each child entering foster care receives any needed emergency medical, dental and mental health care. DHS does not presently have a way to track, monitor and verify its performance for all children during the period. The DCQI team identified a very small sample of 15 children in its July case record review who needed emergency care, and verified that all of them received services but DHS is otherwise unable to describe quantitatively its performance until it rolls out its new computer system.

To aid children's health and well-being, DHS must take reasonable and appropriate steps to ensure children in placement receive all required immunizations, as defined by the American Academy of Pediatrics, at the appropriate age. Again, DHS does not yet have a way to track, monitor and verify performance for all children in care. The DCQI team determined in their July case record review that immunizations were current for 59 of the 65 sampled children (91 percent). The monitoring team reviewed the DCQI team's findings from the July record review, and an earlier January 2013 review, and verified that immunizations were current for 33 of 40 selected children. While DHS cannot demonstrate it has met its immunization commitment for all children, the results of the sample suggest a promising foundation.

DHS is required to ensure that 95 percent of children have access to medical coverage within 30 days of entry into foster care by way of a Medicaid card or an alternative verification of the child's Medicaid enrollment status. DHS does not presently have a way to track, monitor and

verify its performance for all children entering care. Based on its July case record review, the DCQI team determined that 57 of 65 sampled children were enrolled as required, a finding supported by the monitoring team's independent review of the reviews. The DCQI team's findings improved to 61 of 65 children when caregivers were interviewed as part of the process. While this sample does not verify overall performance for all children placed during MSA 4, the results suggest a practice, which if normative across the State, will emerge as an important foundation for child well-being when the State rolls out its new computer system in 2014.

Medicaid for Youth Aging out of Care

The federal government makes significant funds available to Michigan to extend health insurance coverage to these youth. Michigan's program is known as Foster Care Transitional Medicaid (FCTMA). DHS also committed that all older youth exiting custody will have ongoing health insurance, though too many did not during MSA 4.

During MSA 4, DHS reports that 357 youth aged out of foster care. Of these youth, DHS reports that 83 did not have an identified source of Medicaid coverage including FCTMA when they aged out. Of these 83 young people, DHS data and information show that 26 young people were not eligible for insurance due to a variety of reasons and four eligible youth did not receive coverage, which DHS committed to remedy.

The Department has reviewed the circumstances surrounding the 83 youth who did not have a form of Medicaid at exit and determined that:

- One had insurance through the military.
- One applied for the Adult Medical Program but was denied due to income.
- One had insurance through their employer.
- Two were unable to be located at the time of case closure.
- Four applied for the Adult Medical Program but were denied because they did not apply during the open enrollment period.
- Six were incarcerated.
- Seven are no longer residing in Michigan.
- Eight were provided with applications for the Adult Medical Program but DHS reports they did not follow through with completing and submitting the applications.

DHS reports it gave Medicaid applications to the additional 53 youth at discharge and no other information is available. This sharp uptick in the number of youth aging out of foster care without health insurance represents a stark challenge for DHS.

Psychotropic Medications

DHS reports that 3,369 children were prescribed psychotropic medication during MSA 4, including 487 children who entered foster care sometime during the period. Most of those children (403) had been prescribed psychotropic medication prior to placement. DHS agreed to put in place processes to ensure documentation of psychotropic medication approvals, documentation of all uses of psychotropic medications, and review of such documentation by appropriate DHS staff, including the DHS Medical Consultant, who is a physician. The Health Unit Manager and Medical Consultant are charged to take immediate action to remedy any identified use of psychotropic medications inconsistent with the policies and procedures approved by the monitors.

The DHS interim policy for administration of psychotropic medication became effective January 1, 2012. This policy requires review of both (1) the documentation of the process of informed consent between the prescribing physician and the individual who is empowered to provide the consent for psychotropic medication treatment, and (2) oversight of prescribing patterns that have been determined to require further review.

In MSA 4, DHS did not obtain all of the informed consent forms for review by the Medical Consultant and implementation of the State's policy remains a work in progress. In numerous instances, DHS has encountered hurdles from the private healthcare provider community in both documenting informed consent and completing the DHS informed consent form. Gaps in communication between local DHS offices and community provider agencies have added some challenges to the implementation of the DHS policy on psychotropics, which the agencies are working to resolve. DHS acknowledges it must amend practice to ensure all forms are reviewed and tracked to comport with the plan approved by the monitors, and believes it must amend certain protocols and forms in order to improve implementation.

With respect to offering oversight of prescribing patterns, DHS entered into an agreement with the Department of Community Health in order to have access to Medicaid claims data. The DHS Medical Consultant attempted to conduct independent reviews for all foster children who were prescribed psychotropic medication if five years or younger (201 children during MSA 4) or if prescribed four or more concomitant psychotropic medications (393 children during MSA 4, including one child under age six included in the first group). Of all these identified children, forms for only 149 (25 percent) were received by the Medical Consultant. The Medical Consultant's review resulted in one of four possible findings: (1) documentation complete, no clinical concerns; (2) documentation incomplete, no clinical concerns; (3) documentation complete, some clinical concerns; and (4) documentation incomplete, some clinical concerns. Based on the Medical Consultant's review of these 149 children's cases, DHS reports the most common outcome was a communication back to the prescribing physician identifying missing

documentation and expressing no clinical concern. But the second most common outcome was an expression of both clinical concern and missing documentation. Under these circumstances, according to DHS, a specific follow up request/recommendation is coupled with education and outreach.

SED Waiver Services

Pursuant to the MSA, DHS committed to reconfigure mental health spending to expand services for children with special needs pursuant to the federal SED (Serious Emotional Disturbance) Waiver by October 2011 in Muskegon, Washtenaw, Eaton, and Clinton Counties. By MSA 3, DHS had expanded SED Waiver services to children with specialized needs in all four counties. In fact, the SED Waiver Project expanded to 36 counties in MSA 3 and plans are underway to expand the waiver to a 37th county, Oceana, in MSA 5. Services available to children participating in the SED Waiver include: speech therapy, speech and hearing assessment and treatment, occupational therapy, treatment for chronic diseases or health problems, intensive home-based therapy, psychiatric services and wraparound services. For FY2013, DHS was appropriated $3,269,000 by the Michigan Legislature, which leveraged $6,408,068 in federal Medicaid funding for the program. DHS has been appropriated $3,275,800 for FY2014, which will result in the same overall funding availability due to a slight dip in the federal Medicaid match.

Treatment Homes

DHS identified a list of at least 283 treatment homes, consistent with its commitment in the MSA, which included both 250 licensed placements and 33 unlicensed relative homes serving children with severe emotional disorders who are receiving enhanced behavioral health services pursuant to the SED Waiver. The unlicensed placement of a child receiving services through the SED Waiver is considered a treatment foster home due to the broad array of services and supports being provided to the youth and provider, which the monitoring team independently confirmed during MSA 4.

Education

DHS is required to make reasonable efforts to ensure the continuity of a child's educational experience by keeping the child in a familiar or current school and neighborhood, when in the child's best interests and feasible, and by limiting the number of school changes the child experiences. DHS does not have a mechanical or computerized method for tracking its progress with this commitment. Furthermore, DHS pledged to take reasonable steps to ensure that school-aged foster children are registered for and attending school within five days of initial placement or any placement change, including while placed in child care institutions or

emergency placements. DHS does not have a computerized or mechanical way to track its performance for all children.

Seita Scholars Program

DHS agreed to support the Seita Scholars program at Western Michigan University (WMU). DHS reports during MSA 4, 122 Seita Scholars were enrolled and attending WMU. They were awarded nearly $300,000 in scholarship funding through DHS during the Period.

DHS provides WMU with two liaisons located on their campus. The liaisons are foster care workers and assist Seita Scholars' access to DHS services, such as Youth in Transition funds and Education and Training Vouchers. The liaisons also provide courtesy supervision for students who continue to have open foster care cases in other counties. The Kresge Foundation awarded WMU a grant to develop the Fostering Success Michigan (FSM) initiative which is designed to build a consortium of colleges, universities and DHS offices, among others, to improve educational outcomes for children in foster care.

During MSA 4, DHS partnered with the FSM initiative to host two meetings led by FSM staff to discuss program development, data collection, and evaluation for post-secondary institutions that are offering supportive programing. All seven Life Skills Coach contractors attended, along with the other institutions that offer campus-based support programs for foster youth, Aquinas College, University of Michigan – Ann Arbor, and Western Michigan University.

During MSA 4, FSM began utilizing the $750,000 State Grant that was received by DHS from the Michigan Legislature. For the first three months, funding was used for the hiring of two additional Seita Scholar Campus Coaches and the development of a statewide campus coach certification training.

Youth Transitioning to Adulthood

Extending Eligibility and Services

DHS committed in the MSA to continue to implement policies and provide resources to extend foster youths' eligibility for foster care services until age 20 and make independent living services available through the age of 21. During MSA 4, DHS continued to implement the Young Adult Voluntary Foster Care (YAVFC) Act, allowing foster youth to voluntarily remain in the state's care after their 18th birthday if they are in job training or college, are employed, or are disabled. The DHS public website was updated to include information related to eligibility, an overview of services and frequently asked questions, as well as links to other supports available to older youth who are or who have been in foster care. DHS will not have sufficiently reliable

information on this population of youth, including demographic and service information, at least until it rolls out its new computer system, and the monitoring team therefore is unable to determine independently whether all exiting youth have been made eligible for services as required by the MSA.

Appendices

Appendix A: Age Range of Children in Care by County on June 30, 2013

	Age Range of Children in Care on June 30, 2013								
County	0-6 Years Old		7-11 Years Old		12-17 Years Old		18 and Older		Total
	Children	%	Children	%	Children	%	Children	%	Children
Alcona	9	50%	4	22%	5	28%	0	0%	18
Alger	4	57%	0	0%	3	43%	0	0%	7
Allegan	73	50%	36	24%	32	22%	6	4%	147
Alpena	31	62%	5	10%	11	22%	3	6%	50
Antrim	19	40%	13	27%	12	25%	4	8%	48
Arenac	16	43%	12	32%	9	24%	0	0%	37
Baraga	7	41%	4	24%	5	29%	1	6%	17
Barry	40	56%	14	20%	16	23%	1	1%	71
Bay	74	56%	31	23%	23	17%	5	4%	133
Benzie	5	45%	3	27%	3	27%	0	0%	11
Berrien	215	53%	73	18%	94	23%	24	6%	406
Branch	41	55%	17	23%	16	21%	1	1%	75
Calhoun	156	55%	67	24%	53	19%	6	2%	282
Cass	64	46%	31	22%	39	28%	6	4%	140
Central Office	9	60%	3	20%	1	7%	2	13%	15
Charlevoix	16	40%	8	20%	12	30%	4	10%	40
Cheboygan	18	30%	14	23%	23	38%	6	10%	61
Chippewa	60	68%	16	18%	10	11%	2	2%	88
Clare	26	54%	8	17%	9	19%	5	10%	48
Clinton	37	43%	21	24%	22	26%	6	7%	86
Crawford	21	46%	4	9%	20	43%	1	2%	46
Delta	17	74%	3	13%	3	13%	0	0%	23
Dickinson	34	57%	13	22%	12	20%	1	2%	60
Eaton	56	54%	24	23%	18	17%	6	6%	104
Emmet	17	38%	8	18%	13	29%	7	16%	45
Genesee	368	49%	137	18%	161	21%	88	12%	754
Gladwin	20	61%	6	18%	6	18%	1	3%	33
Gogebic	17	50%	5	15%	9	26%	3	9%	34
Grand Traverse	47	55%	19	22%	13	15%	7	8%	86
Gratiot	37	51%	18	25%	11	15%	7	10%	73
Hillsdale	37	54%	16	23%	16	23%	0	0%	69
Houghton	9	45%	6	30%	5	25%	0	0%	20
Huron	11	39%	4	14%	11	39%	2	7%	28

	Age Range of Children in Care on June 30, 2013								
County	0-6 Years Old		7-11 Years Old		12-17 Years Old		18 and Older		Total
	Children	%	Children	%	Children	%	Children	%	Children
Ingham	306	52%	94	16%	135	23%	56	9%	591
Ionia	30	50%	8	13%	17	28%	5	8%	60
Iosco	15	33%	12	26%	16	35%	3	7%	46
Iron	6	67%	2	22%	1	11%	0	0%	9
Isabella	43	54%	23	29%	10	13%	3	4%	79
Jackson	183	54%	72	21%	67	20%	19	6%	341
Kalamazoo	327	51%	136	21%	135	21%	49	8%	647
Kalkaska	11	41%	6	22%	7	26%	3	11%	27
Kent	507	53%	171	18%	213	22%	64	7%	955
Lake	24	46%	11	21%	17	33%	0	0%	52
Lapeer	26	47%	17	31%	11	20%	1	2%	55
Leelanau	12	33%	9	25%	12	33%	3	8%	36
Lenawee	55	50%	30	27%	22	20%	3	3%	110
Livingston	68	46%	32	22%	44	30%	4	3%	148
Luce	4	57%	2	29%	1	14%	0	0%	7
Mackinac	6	35%	6	35%	5	29%	0	0%	17
Macomb	348	46%	151	20%	184	24%	74	10%	757
Manistee	14	42%	6	18%	13	39%	0	0%	33
Marquette	58	47%	25	20%	37	30%	3	2%	123
Mason	27	49%	15	27%	11	20%	2	4%	55
Mecosta	27	43%	18	29%	14	22%	4	6%	63
Menominee	17	47%	12	33%	6	17%	1	3%	36
Midland	37	47%	20	25%	21	27%	1	1%	79
Missaukee	5	45%	2	18%	4	36%	0	0%	11
Monroe	94	57%	32	19%	34	21%	5	3%	165
Montcalm	53	50%	20	19%	29	27%	4	4%	106
Montmorency	4	27%	5	33%	6	40%	0	0%	15
Muskegon	230	50%	98	21%	107	23%	21	5%	456
Newaygo	45	41%	29	26%	33	30%	4	4%	111
Oakland	330	45%	154	21%	179	24%	73	10%	736
Oceana	17	65%	5	19%	2	8%	2	8%	26
Ogemaw	9	50%	4	22%	4	22%	1	6%	18
Ontonagon	1	17%	2	33%	3	50%	0	0%	6
Osceola	30	59%	9	18%	10	20%	2	4%	51
Oscoda	6	67%	1	11%	2	22%	0	0%	9
Otsego	17	46%	6	16%	14	38%	0	0%	37

	Age Range of Children in Care on June 30, 2013								
County	0-6 Years Old		7-11 Years Old		12-17 Years Old		18 and Older		Total
	Children	%	Children	%	Children	%	Children	%	Children
Ottawa	75	41%	46	25%	49	27%	12	7%	182
Presque Isle	9	45%	9	45%	2	10%	0	0%	20
Roscommon	16	37%	11	26%	16	37%	0	0%	43
Saginaw	85	48%	31	18%	42	24%	18	10%	176
Sanilac	20	36%	18	33%	14	25%	3	5%	55
Schoolcraft	14	52%	5	19%	6	22%	2	7%	27
Shiawassee	57	62%	14	15%	17	18%	4	4%	92
St Clair	159	53%	70	23%	50	17%	22	7%	301
St Joseph	72	58%	25	20%	23	18%	5	4%	125
Tuscola	43	42%	25	24%	30	29%	5	5%	103
Van Buren	72	54%	26	19%	31	23%	5	4%	134
Washtenaw	121	48%	61	24%	51	20%	19	8%	252
Wayne	1130	41%	516	18%	748	27%	396	14%	2790
Wexford	28	49%	11	19%	15	26%	3	5%	57
Total	**6504**	**48%**	**2756**	**20%**	**3216**	**24%**	**1109**	**8%**	**13585**

Appendix B: Length of Stay of Children in Care by County on June 30, 2013

	Length of Stay of Children in Foster Care on June 30, 2013										
County	Less than 1 year		1-2 years		2-3 years		3-6 years		6 years+		Total
	Children	%	Children	%	Children	%	Children	%	Children	%	Children
Alcona	13	72%	5	28%	0	0%	0	0%	0	0%	18
Alger	5	71%	1	14%	0	0%	1	14%	0	0%	7
Allegan	78	53%	46	31%	11	7%	8	5%	4	3%	147
Alpena	17	34%	20	40%	6	12%	7	14%	0	0%	50
Antrim	16	33%	17	35%	8	17%	5	10%	2	4%	48
Arenac	29	78%	7	19%	0	0%	1	3%	0	0%	37
Baraga	11	65%	5	29%	0	0%	0	0%	1	6%	17
Barry	52	73%	14	20%	1	1%	4	6%	0	0%	71
Bay	64	48%	54	41%	8	6%	5	4%	2	2%	133
Benzie	8	73%	1	9%	2	18%	0	0%	0	0%	11
Berrien	218	54%	108	27%	34	8%	33	8%	13	3%	406
Branch	40	53%	26	35%	5	7%	4	5%	0	0%	75
Calhoun	153	54%	85	30%	22	8%	19	7%	3	1%	282
Cass	62	44%	59	42%	12	9%	1	1%	6	4%	140
Central Office	3	20%	1	7%	4	27%	6	40%	1	7%	15
Charlevoix	21	53%	10	25%	6	15%	2	5%	1	3%	40
Cheboygan	26	43%	21	34%	8	13%	4	7%	2	3%	61
Chippewa	50	57%	31	35%	5	6%	2	2%	0	0%	88
Clare	27	56%	13	27%	6	13%	2	4%	0	0%	48
Clinton	40	47%	39	45%	1	1%	3	3%	3	3%	86
Crawford	19	41%	13	28%	5	11%	8	17%	1	2%	46
Delta	19	83%	3	13%	0	0%	0	0%	1	4%	23
Dickinson	35	58%	17	28%	1	2%	2	3%	5	8%	60
Eaton	44	42%	29	28%	14	13%	16	15%	1	1%	104
Emmet	19	42%	9	20%	6	13%	10	22%	1	2%	45
Genesee	322	43%	176	23%	82	11%	90	12%	84	11%	754
Gladwin	19	58%	10	30%	0	0%	3	9%	1	3%	33
Gogebic	12	35%	12	35%	4	12%	4	12%	2	6%	34
Grand Traverse	44	51%	21	24%	11	13%	9	10%	1	1%	86
Gratiot	36	49%	23	32%	9	12%	4	5%	1	1%	73
Hillsdale	46	67%	15	22%	3	4%	5	7%	0	0%	69
Houghton	7	35%	7	35%	1	5%	5	25%	0	0%	20
Huron	10	36%	6	21%	5	18%	5	18%	2	7%	28
Ingham	331	56%	131	22%	34	6%	65	11%	30	5%	591
Ionia	27	45%	15	25%	7	12%	8	13%	3	5%	60

	Length of Stay of Children in Foster Care on June 30, 2013										
County	**Less than 1 year**		**1-2 years**		**2-3 years**		**3-6 years**		**6 years+**		**Total**
	Children	%	Children	%	Children	%	Children	%	Children	%	Children
Iosco	24	52%	10	22%	5	11%	3	7%	4	9%	46
Iron	4	44%	0	0%	5	56%	0	0%	0	0%	9
Isabella	50	63%	16	20%	10	13%	1	1%	2	3%	79
Jackson	204	60%	83	24%	28	8%	12	4%	14	4%	341
Kalamazoo	338	52%	163	25%	74	11%	55	9%	17	3%	647
Kalkaska	15	56%	9	33%	0	0%	1	4%	2	7%	27
Kent	473	50%	241	25%	152	16%	62	6%	27	3%	955
Lake	34	65%	4	8%	8	15%	5	10%	1	2%	52
Lapeer	39	71%	11	20%	3	5%	1	2%	1	2%	55
Leelanau	10	28%	4	11%	10	28%	9	25%	3	8%	36
Lenawee	61	55%	32	29%	8	7%	4	4%	5	5%	110
Livingston	83	56%	35	24%	22	15%	4	3%	4	3%	148
Luce	4	57%	3	43%	0	0%	0	0%	0	0%	7
Mackinac	10	59%	0	0%	5	29%	2	12%	0	0%	17
Macomb	303	40%	227	30%	92	12%	107	14%	28	4%	757
Manistee	20	61%	6	18%	5	15%	2	6%	0	0%	33
Marquette	69	56%	34	28%	13	11%	3	2%	4	3%	123
Mason	24	44%	18	33%	9	16%	0	0%	4	7%	55
Mecosta	30	48%	23	37%	5	8%	5	8%	0	0%	63
Menominee	12	33%	13	36%	5	14%	4	11%	2	6%	36
Midland	47	59%	23	29%	5	6%	2	3%	2	3%	79
Missaukee	6	55%	4	36%	0	0%	1	9%	0	0%	11
Monroe	111	67%	42	25%	5	3%	5	3%	2	1%	165
Montcalm	52	49%	39	37%	9	8%	4	4%	2	2%	106
Montmorency	11	73%	3	20%	0	0%	1	7%	0	0%	15
Muskegon	241	53%	126	28%	46	10%	24	5%	19	4%	456
Newaygo	56	50%	29	26%	17	15%	6	5%	3	3%	111
Oakland	363	49%	163	22%	82	11%	79	11%	49	7%	736
Oceana	9	35%	15	58%	0	0%	2	8%	0	0%	26
Ogemaw	8	44%	5	28%	2	11%	1	6%	2	11%	18
Ontonagon	6	100%	0	0%	0	0%	0	0%	0	0%	6
Osceola	26	51%	17	33%	4	8%	2	4%	2	4%	51
Oscoda	3	33%	5	56%	1	11%	0	0%	0	0%	9
Otsego	19	51%	16	43%	0	0%	2	5%	0	0%	37
Ottawa	109	60%	35	19%	20	11%	14	8%	4	2%	182
Presque Isle	17	85%	1	5%	1	5%	1	5%	0	0%	20

	Length of Stay of Children in Foster Care on June 30, 2013										
County	**Less than 1 year**		**1-2 years**		**2-3 years**		**3-6 years**		**6 years+**		**Total**
	Children	%	Children	%	Children	%	Children	%	Children	%	Children
Roscommon	14	33%	14	33%	6	14%	6	14%	3	7%	43
Saginaw	93	53%	36	20%	23	13%	12	7%	12	7%	176
Sanilac	27	49%	19	35%	4	7%	1	2%	4	7%	55
Schoolcraft	10	37%	10	37%	5	19%	0	0%	2	7%	27
Shiawassee	49	53%	19	21%	13	14%	8	9%	3	3%	92
St Clair	138	46%	95	32%	34	11%	23	8%	11	4%	301
St Joseph	58	46%	39	31%	7	6%	18	14%	3	2%	125
Tuscola	73	71%	20	19%	7	7%	2	2%	1	1%	103
Van Buren	56	42%	59	44%	10	7%	7	5%	2	1%	134
Washtenaw	131	52%	60	24%	32	13%	22	9%	7	3%	252
Wayne	980	35%	522	19%	408	15%	512	18%	368	13%	2790
Wexford	24	42%	27	47%	1	2%	2	4%	3	5%	57
Total	**6467**	**48%**	**3425**	**25%**	**1522**	**11%**	**1378**	**10%**	**793**	**6%**	**13585**

Appendix C. Number of Children Placed in Shelters by County and Age from January to June 2013

	Age																			
County	**0**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**Total**
Calhoun																		1		1
Cass												1								1
Genesee										1					2	3	1	1		8
Ingham													2				3	2		7
Ionia																		1		1
Jackson				1			2		1	2	1	2	3	2	2	2	2	1	2	23
Kent	1	2	2	2	7	1	5	6	4	8	4	8	6	10	10	8	14	9	2	109
Macomb							1					2		1	1	2	2	2		11
Muskegon					1			1		1			3	1	2		1	3		13
Non-Spec. County															1					1
Oakland				1		1	1			4	1	1	2	3	3	5	7	7	1	37
Saginaw	1																			1
Sanilac											1									1
Washtenaw									2		1	2	1	2	1	3	1	2	1	16
Wayne							1				1	2	8	7	12	19	21	22	6	99
Wexford																		1		1
Total	**2**	**2**	**2**	**4**	**8**	**2**	**10**	**7**	**7**	**16**	**9**	**18**	**25**	**26**	**34**	**42**	**52**	**52**	**12**	**330**