

Progress of the Michigan Department of Human Services

Period Two Monitoring Report for
Dwayne B. v. Granholm

April 1, 2009—September 30, 2009

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public catalyst group

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I. Introduction and Overview

This document serves as the second 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. Granholm*. On July 3, 2008, the parties, the State of Michigan, the Michigan Department of Human Services (DHS), and Children's Rights (CR), signed an Agreement to resolve pending litigation regarding 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 involved in child welfare systems.

The court formally approved the Agreement on October 24, 2008, and appointed Kevin Ryan of the Public Catalyst Group (PCG) as the monitor charged with overseeing and reporting on DHS' progress implementing its commitments. In turn, he assembled the Michigan monitoring team composed of members of PCG with experience with child welfare reform in other jurisdictions, both as former administrators and advocates. The monitoring team is responsible for assessing the State's performance under to the Agreement. The parties have agreed that the monitoring team shall take into account timeliness, appropriateness, and quality in reporting on DHS' performance.

The Agreement is structured into six month periods with public reporting following each period by the monitoring team. This report is for Period Two – April 1, 2009 through September 30, 2009. Subsequent reports will issue approximately every six months until such time as DHS complies with the terms of the Agreement and Court jurisdiction ends.

The Agreement reflects the parties' joint desire to improve outcomes for children and families in Michigan's child welfare system as quickly as possible. The parties stressed several goals in the Agreement:

- Achieving permanent homes for more than 6,000 legally-free children and youth;
- Safely reuniting more than 4,000 children and youth with their families;
- Investing in infrastructure and developing practices designed to improve well-being and outcomes for children in foster care;
- Enhancing investigative practice to better identify, address and reduce instances of child abuse and neglect in the community and in foster care; and
- Providing increased supervision, services and support to children in foster care who are placed with relatives, rather than non-relative foster families.

In order to accomplish these goals, the Agreement also provides for a series of necessary foundational elements, including:

- Supporting the workforce by lowering caseloads and enhancing training;
- Expanding and focusing services for children and families;
- Building planning, data, and continuous quality improvement capacity; and
- Developing an organizational structure to better support child welfare service delivery and to build stronger links and improved accountability among the public offices in the counties, the private agencies, and central office leadership.

A. Summary of Progress and Challenges Ahead

While there were certainly significant accomplishments in Period Two, DHS' overall performance weakened from Period One. DHS made progress in returning children home; lowering the rate of entry into care; reducing the inappropriate use of detention; maintaining lower caseloads for foster care staff; and developing the placement and permanency policies they will need to improve outcomes for children. The commitment to relative and family placement remained high with reduced use of institutional placements.

However, thousands of children continue to linger in care without permanent families; too many youth continue to age out of care without healthcare or a permanent home; and too many children remain in unlicensed relative homes. The need for additional foster homes remains high without a solid plan for the capacity to recruit, license and retain those homes, and safety, especially for children in placement, needs high-level attention and focus. Critical services for children and families have been cut at a time when they were expected to grow.

The comings and goings and changes in reporting lines among critical DHS leadership staff has prevented the agency from forming a cohesive leadership team that is sufficiently planful and consistently communicates effectively internally and externally. The child welfare reform process is a struggle and it takes time – but other places have done it and Michigan can, too. The State must refocus its efforts to make the reform real for Michigan's children and families.

Highlights

Children long awaiting reunification with their families went home.

- DHS committed to achieving permanency for 50 percent of the more than 5,000 children who had been awaiting reunification with their families for more than one year. In the first year of the reform, DHS succeeded in reunifying 2,620 children with their families – exceeding their target at 52 percent.

- Over Period Two, entries into placement continued to decrease, and the number of children in DHS' custody declined by five percent, from 17,115 to 16,224.
- In Period Three, DHS will begin reporting on such critical federal measures as youth aging out of placement without permanency, re-entries into placement, and safety once children return home, providing important insights into the quality of DHS decision-making.

DHS maintained its progress in reducing foster care caseloads.

- After exceeding the foster care caseload standards in Period One, DHS and the private agencies maintained that progress in Period Two.
- DHS committed to meeting and maintaining two foster care caseload standards. The first standard was to ensure that 95 percent of staff engaged in foster care work had caseloads of 30 children or fewer. In Period One, DHS met that standard at 96 percent. In Period Two, DHS met that standard at 97 percent.
- With respect to the second and more challenging standard, that of ensuring that 60 percent of staff doing foster care work had caseloads of 25 children or fewer in Period One, DHS exceeded that standard by 30 percent, achieving 90 percent. In Period Two, DHS again exceeded the standard at 91 percent.

Commitment to relative and family-based placement remained high while use of institutional care declined.

- As in Period One, 82 percent of children in placement at the end of Period Two were living with a relative or in a foster home.
- Use of institutional placement declined from 1,217 children and youth in March to 1,023 in September, a drop of 16 percent.
- Leadership brought intense focus to reviewing some long-term residential placements and working together with stakeholders to begin step-down of children to community-based alternatives or return home. New therapeutic homes are starting to come on line. There has been good thought given to planning for new supports for youth with mental health needs, but no funding was redirected in Period Two to make that thinking real.
- DHS leadership, particularly in Wayne County, focused on reducing the inappropriate use of detention as a placement for children. The number of children who ran away from placement and were subsequently incarcerated in a jail or detention center upon their return declined from Period One to Period Two, and no children were identified in Period Two as having been detained in contravention of the terms of the Agreement.

DHS aligned their permanency goals with the federal goals and generated several of the policies necessary to support positive changes to placement and permanency practice.

- DHS committed to assign only federally-recognized case goals for children in foster care, moving away from an acceptance of children aging out of care without support (reflected in the pre-existing goals of emancipation and independent living) and focusing on outcomes, rather than process (reflected in the pre-existing goal of filing a termination of parental rights petition).
- DHS began to define new permanency practices that reflect the state's commitment to older youth at risk of aging out of foster care. When implemented, these practices will ensure that no youth ages out of foster care without a family or a committed adult in their life. This is an important change and one that holds great promise for youth.
- DHS created the policy necessary to encourage positive placement practices such as placing children with their siblings, placing them closer to home, and committing to family-based placement with an emphasis on relative placement whenever possible.

Challenges

DHS fell short on its safety commitments in Period Two.

- Deeply troubling are a series of reports by the licensing office which appear to document maltreatment of children in placement – but DHS could not demonstrate follow through and resolution. The new maltreatment in care units will begin in Period Three but will not be fully implemented until at least Period Four. These units have the promise of improving identification and redress of maltreatment – but that will take time. In the interim, DHS is aware of the need to improve coordination between licensing, the field, and Children's Services to ensure a focused, swift, and consistent response to allegations of maltreatment for all children in placement, regardless of the placement setting.
- DHS missed the targets for lowering caseloads for investigative staff by more than 30 percent. With a commitment that 95 percent of investigative staff would have caseloads of 16 or less, DHS was at 42 percent in April, rising only to 60 percent in August, when demand is at its lowest. Similarly, only 63 percent of on-going staff had 30 children or fewer on their caseloads in August, far short of the required 95 percent.

Thousands of children and youth continue to wait too long for adoption.

- DHS did not fulfill its commitment to achieve permanency for 50 percent of the longest waiting children who were legally free. Only 33 percent achieved permanency while nine percent of youth left care without a home. That leaves 2,551 of these children and youth still in care in need of a permanent home.

- DHS missed the target for improving adoption caseloads. With a commitment to have 95 percent of staff with 30 or fewer children, DHS fell short by six percent. Thirty children are many more than any one adoption staff person should have. It is not surprising that the end result was fewer adoptions than were needed.
- The private agencies added capacity and completed 29 percent more adoptions in FY2009 than in FY2008 but it was not enough. The loss of public sector capacity offset much of that gain. Together they needed a 23 percent increase in adoptions – but had only a two percent increase, leaving many children waiting for a permanent home.

Too many youth left placement without having a home, an adult to provide guidance and support, or health insurance.

- 367 or eight percent of the youth in the legally free cohort aged out of care without a permanent home. Having been removed from their homes, moved into care, and made legal orphans, the promise they would have a family was never realized.
- The number of older youth in care ages 18 to 20 grew slightly between Period One and Period Two, from 1,240 to 1,260. There is still tremendous potential to offer continuing placement to youth who might otherwise age out and provide them with the time and support they need to achieve a more permanent outcome.
- DHS improved the number and percentage of older youth enrolled in Medicaid from four percent in the first three months of 2009 to 34 percent during the next six months. While an increase, the majority remain un-enrolled.
- The number of youth in independent living has grown 13 percent. They are at high risk of leaving care without permanency. DHS has created new units of workers focused on older youth. They have written new policy for services, referrals, and goal setting for these older youth but resources to implement that policy remain scarce.

DHS continues to struggle with its commitment to provide support to children living in relative homes.

- Prior to the Agreement, DHS made extensive use of relative homes as a placement option, considered a best practice, but did not license those homes. The parties agreed all relative homes should be licensed as a means to ensure the children in those homes receive the same level of financial support, oversight of their safety, and access to services. The Agreement defined strict circumstances under which waiver from licensure could be granted. But if the home could not be licensed or receive a waiver, the parties agreed the child or children would be moved.
- DHS continues to use relative placements at a high rate with 5,688 children living in relative homes as of the end of Period Two – 41 percent of the children living in out of home placement.

- For children living in unlicensed relative homes at the time the Agreement was signed, DHS agreed to review 50 percent of those homes by the end of Period Two to achieve one of three resolutions – licensure, waiver, or moving the child. DHS met this goal. There were 6,315 children in this cohort. Of those children, 2,754 exited from care without licensure, waiver or being moved. For the remaining 3,561, 27 percent (951) were moved, 1 percent (29) received a waiver, and 22 percent (794) were licensed. At the end of Period Two, there were 1,787 children (50 percent) from this cohort living in unlicensed relative homes.
- There were 4,025 children placed in new relative care during Periods One and Two. Among those, 518 (13 percent) were closed without licensure, waiver, or being moved. There were 361 children (9 percent) whose home received a license. Nine children lived in homes with a waiver. Another 843 (21 percent) were moved. There were 240 children (6 percent) who moved into their relative home in September 2009 and so those homes would not yet have been subject to licensure at the time DHS reported. At the end of Period Two, there were 2,054 children (51 percent) living in unlicensed relative homes.
- DHS tripled its relative licensing performance in Period Two compared to Period One, but that still left them far short of their commitment. The thousands of relative homes remain unlicensed and without a waiver from licensure requirements.
- DHS did not meet its commitments to develop the staff capacity they needed to license relative homes. For example, they agreed to hire 40 full-time staff but decided instead to substitute 80 public agency staff to do this work part-time. They focused these staff on a relatively minor role and spread the rest of the licensing tasks among other staff. That substitution did not work. As a result, most children living in relative homes are not receiving the support that they need.

DHS has lost foster homes for more than five years. While it looks like 2009 may be a better year than previous years, the projected result is still a net loss when a net gain is needed.

- It is to the credit of DHS that they embarked on a data-based analysis to begin to assess how many more foster homes they need in the five largest counties. In those five counties alone, DHS believes they need an additional 2,160 foster homes.
- They also looked at three special sub-populations: they identified 7,442 siblings who were placed apart; 1,011 children with disabilities, and 1,312 adolescents in non-family settings. They concluded they need 750 additional homes for 2010, with that target increasing each year for the next four years, to address the needs of these three populations.
- Given the tremendous need in this area, DHS has to identify how they are going to recruit, license, and retain thousands of new homes. The current plan is to have existing

staff do more. Leadership has to address workload, prioritization, and training challenges for these staff.

There are significant challenges facing DHS over the coming months. A series of important commitments to change and improve care for children and youth begin with Period Three. Those include use of Team Decision-Making meetings (TDMs, also referred to as Permanency Planning Conferences or PPCs) with children, their families and advocates; improving children’s healthcare; launching specialized units to investigate abuse in care; strengthening permanency practices to spark better outcomes for children and youth in placement; improving caseloads for foster care, adoption, and child protective services staff and their supervisors; better delivering and coordinating staff training; and growing much-needed services for children and youth. In Period Three, DHS begins to report for the first time on outcomes for children and youth. That reporting will coincide with federal feedback in response to the Child and Family Service Review which occurred in September 2009, with the federal report due in 2010, followed by the drafting of the State’s Program Improvement Plan.

In sum, Michigan approaches a critical crossroads. As the reform continues, DHS leadership must bring a laser-like focus to safety, permanency, and well-being, and stakeholders play a critical role in holding the agency accountable but also in partnering to achieve results. The monitoring team remains hopeful that DHS in partnership with its stakeholders can move forward, can recognize the challenges that exist, and can improve on the results of Period Two.

B. Summary of Commitments

Settlement Agreement Commitment	Due Date	Completed	Comment
I.H & I Funding: Defendants shall request funds sufficient to effect the provisions in this Agreement in connection with any budget, funding, or allocation request to the executive or legislative branches of State government. <i>See page 37</i>	Ongoing	No	
IV.A.5 CSA Oversight: The Children’s Services Administration shall hold responsibility for evaluating the performance of contract providers of children's services. <i>See page 36</i>	Ongoing	Yes	
IV.A.6 Bifurcation: Individuals within the Children's Services Administration shall not hold responsibility for any of DHS's other functions, such as cash assistance, Medicaid, and adult services. <i>See page 34</i>	Ongoing	Yes	

Settlement Agreement Commitment	Due Date	Completed	Comment
IV.B CSA Structure: DHS, Plaintiffs, and the Monitor will meet to review the progress of implementation of the organizational changes from the organizational structure section. <i>See page 33</i>	Ongoing	Yes	
V.A. CA/N System: DHS shall ensure that its system for receiving, screening, and investigating reports of child abuse and neglect is adequately staffed and that investigations of all reports are initiated and completed within the time periods required by state law. <i>See page 48</i>	Ongoing	No	
V.C CPS QA: DHS shall establish and implement a quality assurance process to ensure that reports of abuse and neglect are competently investigated and addressed. <i>See page 60</i>	4/30/2009	Yes	
VI.A.1 & 4 BSW Requirement: Entry level caseworkers in both DHS and private agencies will have a bachelor's degree in social work or a related human services field. <i>See page 40</i>	Ongoing	Yes	
VI.A.2 & 4 Pre-service Training: All entry level DHS and CPA caseworkers will complete an eight week pre-service training that includes a total of 270 hours of competence-based classroom and field training followed by a competency-based examination. <i>See page 41</i>	Ongoing	No	
VI.A.2 & 4 Pre-service Training: As part of pre-service training, a trainee may be assigned specific tasks or activities with an experienced worker & may have a "training caseload" not to exceed three cases. <i>See page 42</i>	Ongoing	No	

Settlement Agreement Commitment	Due Date	Completed	Comment
VI.A.3 In-Service Training: All DHS caseworkers shall receive a minimum number of hours of in-service training for FY09: CPS workers: at least 16 hours and foster care & adoption workers: at least 24 hours <i>See page 44</i>	Ongoing	No	
VI.B.1 Supervisor Training Program: DHS shall develop and implement a competency-based supervisory training Program consisting of at least 40 class hours. <i>See page 46</i>	Ongoing	Yes	
VI.B.2 & 6 Supervisor Training: All newly hired or promoted supervisors in both the public and private agencies shall complete the supervisory training program and pass a competency-based performance evaluation within three months of assuming the supervisory position. <i>See page 46</i>	Ongoing	No	
VI.B.4 MSW Requirement: Beginning February 1, 2009, all staff hired from outside DHS or promoted from within DHS to fill positions including responsibility to supervise child welfare casework will have earned a master's in social work from an accredited school of social work or a master's or higher degree in a comparable/equivalent field or receive an approved waiver as a condition for such hiring or promotion. <i>See page 41</i>	2/1/2009	Yes	
VI.B.5 University Based Training Opportunities: DHS shall encourage staff to pursue master's level work under a tuition reimbursement program. DHS shall develop relationships, joint programs and other programs with Universities to enhance and improve existing training opportunities. <i>See page 44</i>	Ongoing	Partially	No, DHS has not implemented tuition reimbursement; Yes, DHS has developed relationships with universities.

Settlement Agreement Commitment	Due Date	Completed	Comment
VI.C Licensing Worker Training: DHS shall ensure all staff responsible for conducting home studies, licensing inspections, annual evaluations & other activities related to licensing of foster homes or residential facilities are trained. <i>See page 89</i>	Ongoing	No	
VI.D Training Oversight: There will be a designated individual within the DHS central office who is solely responsible for overseeing and ensuring compliance with all training requirements for both DHS and private agency workers and supervisors.	Ongoing	Yes	Reported in Period One.
VI.E.3.a Foster Care Worker Caseloads: 95% of Foster Care workers will have caseloads of no more than 30 children and 60% of Foster Care workers will have caseloads of no more than 25 children. <i>See page 51</i>	Ongoing	Yes	
VI.E.4.a. Adoption Caseloads: 60% of Adoption workers will have caseloads of no more than 25 children. <i>See page 52</i>	Ongoing	Yes	
VI.E.4.b. Adoption Caseloads: 95% of Adoption workers will have caseloads of no more than 30 children. <i>See page 52</i>	4/30/2009	No	
VI.E.5.a.(i) CPS Intake Caseloads: 95% of CPS workers will have caseloads of no more than 16 open cases. <i>See page 48</i>	4/30/2009	No	
VI.E.5.b.(i) CPS On-Going Services Caseloads: 95% of CPS workers will have caseloads of no more than 30 families. <i>See page 48</i>	4/30/2009	No	
VI.E.9 Caseload Tracking and Reporting: DHS will provide regular reporting, at least quarterly, on the percentage of supervisors and workers in each of the categories whose workloads meet the standards. <i>See page 46</i>	Ongoing	Yes	

Settlement Agreement Commitment	Due Date	Completed	Comment
<p>VII.F.1-7 Permanency Planning Goals (All): A child shall be assigned only one permanency goal at any time and this goal shall be a federally recognized permanency goal. Where appropriate, a child shall also be assigned a concurrent goal in conformity with federal regulations and section VII.F.2 of this Agreement. <i>See page 93</i></p>	Ongoing	Yes	
<p>VII.F.2 Concurrent Planning: Strategic planning and preparation for possible adoptive placement of a child shall occur concurrently with the delivery of reunification services to the child's birth parents unless clearly inappropriate for documented case specific reasons. <i>See page 96</i></p>	Ongoing	Yes	
<p>VII.F.3 Goal Change to Adoption: If a child's goal is changed to adoption, DHS and the assigned contract agency shall within 30 days of the goal change: a. Assign a worker with adoption expertise to the case; b. Determine whether the child's foster parents or relatives are prepared to adopt the child and if so, take appropriate steps to secure their consent to adopt; c. If no adoptive resource has been identified, register the child on adoption exchanges; and d. Develop a child specific recruitment plan if no adoptive resource has been identified. <i>See page 104</i></p>	Ongoing	Partially	DHS has amended private agency contracts to include these provisions but in Period Two had not yet issued instructions to the public agency.
<p>VII.F.3 Barriers to Adoption or Guardianship: Beginning Nov. 15, 2008, DHS in consultation with the Monitor shall develop a process that will identify barriers to adoption and guardianship in cases in which a permanent home has not been identified within six months of the child's permanency goal becoming</p>	Ongoing	Yes	

Settlement Agreement Commitment	Due Date	Completed	Comment
adoption or guardianship. <i>See page 104</i>			
VII.F.4 TPR Petition: The process of freeing a child for adoption and seeking and securing an adoptive placement shall begin as soon as the child's permanency goal becomes adoption, but in no event later than as required by federal law. A TPR petition shall be filed within two weeks of the date on which the goal is changed to adoption. <i>See Page 104</i>	Ongoing	Partially	DHS has amended private agency contracts to include this provision but in Period Two had not yet issued instructions to the public agency.
VII.F.8 Adoption Subsidies: Notification process. Upon identification of an adoptive family for a child legally freed for adoption, DHS shall within 14 days provide the putative adoptive family with an adoption subsidy application and explanatory material regarding the adoption subsidy program in Michigan and related federal Title IV-E regulations and DHS policies. DHS shall include a written record of the delivery of such materials in the child's file. <i>See page 109</i>	Ongoing	Yes	
VII.F.9 Tracking Disrupted Pre-Adoptive Placements: DHS shall track and report on children whose pre-adoptive placements disrupt prior to finalization. <i>See page 109</i>	Ongoing	No	
VII.G.2f PPS Training: DHS will hire sufficient training staff to develop curriculum for training and train Permanency Planning Specialists. <i>See page 114</i>	10/24/2008	Yes	
VII.G.3a, b PPS Hiring: DHS will hire and/or contract for and train 200 Permanency Planning Specialists, including related supervisory and support staff, to review and pursue legal permanency for Backlog Cohort cases. <i>See page 114</i>	9/30/2009	No	

Settlement Agreement Commitment	Due Date	Completed	Comment
VII.G.3c Permanency Backlog Cohort: By September 30, 2009, DHS shall achieve legal permanency for at least 50% of the children in the legally free backlog identified in Section VII.G.1. <i>See page 110</i>	9/30/2009	No	
VII.G.3c Permanency Backlog Cohort: By September 30, 2009, DHS shall achieve legal permanency for at least 50% of the children in the reunification backlog identified in Section VII.G.1. <i>See page 110</i>	9/30/2009	Yes	
VIII.A.2 Health Services Plan: By June 2009, DHS shall provide to the Monitor and Plaintiff a detailed Health Services Plan, which shall set forth the specific action steps DHS will implement in order to ensure that each child entering foster care receives the screenings, examinations and immunizations set forth in the Settlement Agreement. The Health Services Plan shall be subject to the approval of the Monitor in consultation with the parties. The Monitor shall establish timeframes for implementation of these subsections in consultation with the parties. <i>See page 118</i>	6/30/2009	No	
VIII.A.2d Medicaid Card: Beginning November 15, 2008, each child entering care will be assigned a Medicaid number and the foster parent or other placement provider will receive a Medicaid card, or an alternative verification of the child's Medicaid status and number, within 30 days of the child's entry into care. <i>See page 118</i>	Ongoing	No	
VIII.A.3 Mental Health Spending: Beginning October 2008, DHS shall redirect at least \$3 million to fund mental health services and will analyze services available in each county to ensure that children in	10/24/2008	No	

Settlement Agreement Commitment	Due Date	Completed	Comment
<p>care have access to necessary services. If they do not, DHS will reallocate those funds accordingly as follows: a. By October 2009, in Wayne, Kent, Oakland, Genesee, and Macomb Counties; b. By October 2010, in Berrien, Calhoun, Ingham, Jackson, Kalamazoo, Muskegon, Saginaw, St. Clair, and Washtenaw Counties; and c. By October 2011, in all remaining counties. <i>See page 119</i></p>			
<p>VIII.A.4.a Youth in Transition (YIT) Supports: DHS will ensure that children age 14 and older in foster care and youth transitioning from foster care to adulthood have access to the range of supportive services necessary to support their preparation for and successful transition to adulthood. <i>See page 116</i></p>	Ongoing	Partially	<p>Yes, DHS has adopted a new practice model for older youth in care and expanded some services; No, DHS has not offered IL services to all eligible youth.</p>
<p>VIII.A.4.b(i) Michigan Works Referrals: Beginning November 15, 2008, DHS will refer all children age 14 and older in foster care and youth transitioning from foster care to adulthood to Michigan Works! Agencies for participation in youth programs and services administered under the Workforce Investment Act, 29 U.S.C. 2801 et seq., designed to assist youth in developing job skills and career opportunities, and will refer suitably qualified children for summer training, mentorship, and enrichment opportunities. <i>See page 117</i></p>	11/15/2008	No	
<p>VIII.A.4.b(ii) Placement to 20/Services to 21: By November 15, 2008, DHS will have developed and implemented a policy and the necessary resources to extend all foster youths' eligibility for foster care custody until age 20 and to</p>	11/15/2008	Partially	<p>Yes, DHS has changed policy as required; No, DHS has not made available IL services through the age of 21 to all eligible youth.</p>

Settlement Agreement Commitment	Due Date	Completed	Comment
<p>make available independent living services through the age of 21. <i>See page 116</i></p>			
<p>VIII.A.4.b(iii) Medicaid Enrollment for YIT: Beginning November 15, 2008, DHS will develop and implement a policy and process by which all children emancipating from the foster care system at age 18 or beyond are enrolled for Medicaid managed care coverage so that their coverage continues without interruption at the time of emancipation. <i>See Page 117</i></p>	<p>Ongoing</p>	<p>No</p>	
<p>VIII.A.4.b(iv) Housing Referrals for YIT: Beginning November 15, 2008, DHS will refer all children without an identified housing situation at the time of emancipation from the foster care system at age 18 or beyond to the Michigan State Housing Development Authority for rental assistance and services under the Homeless Youth Initiative. <i>See page 117</i></p>	<p>11/15/2008</p>	<p>No</p>	
<p>VIII.B.1a Foster Home Capacity: DHS shall ensure that each county has a sufficient number and adequate array of foster homes capable of serving the needs of those children coming into care for whom foster home placement is appropriate. <i>See Page 83</i></p>	<p>Ongoing</p>	<p>No</p>	

Settlement Agreement Commitment	Due Date	Completed	Comment
<p>VIII.B.1b Foster Home Capacity: DHS shall ensure that relatives of children in foster care and non-relatives with whom a child has a family-like connection are identified and considered as potential foster home placements for children; where a relative or non-relative with whom the child has a family-like connection is an appropriate foster home placement for a child, DHS shall ensure that appropriate steps are taken to license the relative or non-relative as a licensed foster home as set forth in VIII.B.7 <i>See page 76</i></p>	<p>Ongoing</p>	<p>Partially</p>	<p>Yes, DHS considers relatives as potential placements for children and has issued policy to that effect; No, DHS has not successfully ensured that all appropriate steps were taken to license relative homes.</p>
<p>VIII.B.1c Foster Home Capacity: DHS shall develop a placement process in each county that ensures that a child entering foster care for whom a suitable relative foster home placement is not available is placed in the foster home that is the best available match for that child. <i>See page 68</i></p>	<p>Ongoing</p>	<p>No</p>	
<p>VIII.B.2 Recruitment Plan for Special Populations: By December 15, 2008, DHS shall develop and provide to the Monitor and Plaintiffs a recruitment plan to increase the number of available placements for adolescents, sibling groups, and children with disabilities. The recruitment plan shall include, for each category of placements, the number of placements to be developed; the strategies to be followed in developing such placements; and specific timetables with interim targets. Within 30 days of receiving the proposed plan, the Monitor shall, in consultation with the parties, either approve the plan or, if the Monitor determines that the plan is not appropriate, convene the parties for the purpose of</p>	<p>9/1/2009</p>	<p>Partially</p>	<p>Yes, plan submitted. The monitoring team and Plaintiffs have provided feedback. DHS to respond in Period Three.</p>

Settlement Agreement Commitment	Due Date	Completed	Comment
<p>revising the plan so that the plan can be approved within an additional 30 days. DHS shall implement the approved recruitment plan consistent with the timetable and interim targets set forth therein. <i>See page 84</i></p>			
<p>VIII.B.3 Treatment Home Expansion: DHS will have 50 treatment foster home beds available. <i>See page 86</i></p>	7/7/2009	Yes	
<p>VIII.B.4 Foster Home Needs Analysis: As part of Needs Assessment process, DHS will gather, analyze, and report relevant data and identify the extent to which its present array of available foster and adoptive homes is appropriate to the characteristics and needs of the foster care population. This review will focus on issues relating to both recruitment and retention of foster and adoptive homes. The assessments of foster and adoptive home capacity will be completed for the following counties: Wayne, Oakland, Macomb, Kent, and Genesee. <i>See page 83</i></p>	7/15/2009	Partially	Yes, plan submitted but does not address adoptive homes.
<p>VIII.B.5 State Oversight of Foster Home Recruitment: A designated unit or person within the central office shall be responsible for monitoring the development and implementation of the foster and adoptive home recruitment and retention plans by county offices; providing or arranging for technical assistance to the county offices concerning recruitment and retention; and reporting to the Children's Services Cabinet on progress and problems in achieving the goals set forth in the recruitment and retention plans.</p>	Ongoing	Yes	

Settlement Agreement Commitment	Due Date	Completed	Comment
VIII.B.6 Determination of Care: In order to ensure that payments to foster parents are sufficient to meet the needs of the children in foster care, DHS shall ensure that the Determination of Care (DOC) process is applied consistently and appropriately across all counties and offices. <i>See page 35</i>	6/12/2009	Insufficient information available to evaluate	
VIII.B.6 Determination of Care: DHS shall identify, after consultation with the Monitor and Plaintiffs, a state office responsible for ensuring that Determinations of Care and decisions regarding payment of a specialized administrative rate to contract providers are made uniformly across the state and in accordance with DHS policy. <i>See page 35</i>	6/12/2009	Yes	
VIII.B.6 Determination of Care: DHS shall also establish procedures by which a foster parent or CPA may obtain review by a designated official in the central office of a DOC or administrative rate (general or specialized) decision. <i>See page 35</i>	6/12/2009	Yes	
VIII.B.7b Placement with Unlicensed Kin: When placing a child with a relative who has not been previously licensed as a foster parent, DHS shall: i. Prior to placement, visit the relative's home to determine that it is safe; ii. Within 72 hours following placement, check law enforcement and child abuse registry records for all adults residing in the home; and iii. Within 30 days, complete a home study determining whether the relative should, upon completion of training and submission of any other required documents, be licensed as a foster parent. Other than pursuant to a waiver, no child shall be placed in an unlicensed foster	Ongoing	No	DHS has issued policies to support these changes. Completing the home studies within 30 days remains a challenge. The waiver process was only slowly being implemented towards the end of the period and so children continue to be in unlicensed placements without a waiver or court order.

Settlement Agreement Commitment	Due Date	Completed	Comment
home unless there is an order of the juvenile court that the child be so placed. <i>See page 80</i>			
VIII.B.7c Foster Care Rates-Licensed Kin: All licensed relative foster care providers shall receive the same foster care maintenance rates paid by DHS to similarly situated unrelated foster care providers, including the ability to qualify for enhanced DOC rates.	Ongoing	Yes	Reported in Period One.
VIII.B.7d Foster Care Rates-Permanent Wards: All permanent wards living with relative caregivers shall be provided foster care maintenance payments equal to the payments provided to licensed foster caregivers.	Ongoing	Yes	Reported in Period One.
VIII.B.7e Relative Licensing Waiver: If it is in a child's best interest to be placed with a relative who desires to forego licensing, the exceptional circumstances for waiving licensing must be documented in the child's record, and must be approved by the county child welfare director in the designated counties or the Children's Services Field Manager for any other county. <i>See page 80</i>	Ongoing	No	
VIII.B.7j Licensing: DHS shall designate sufficient licensing staff to review all current unlicensed foster homes and to complete the licensing process for each family within 90 days. <i>See page 86</i>	Ongoing	No	
VIII.B.7k Relative Licensing - New: Beginning October 1, 2008, with regard to all children entering DHS foster care custody as of that date, relatives providing foster care for children in DHS foster care custody will be licensed unless exceptional circumstances have been	Ongoing	No	

Settlement Agreement Commitment	Due Date	Completed	Comment
documented and approved. <i>See page 80</i>			
VIII.B.7m Relative Licensing: Create and fill, or provide sufficient funds to contract providers to fill, 40 Relative Licensing Positions. <i>See page 86</i>	Ongoing	No	
VIII.B.7n Relative Caregiver Backlog Cohort: By September 30, 2009, review of at least 50 percent of the relative caregiver backlog cohort shall have been completed, and all homes reviewed shall have been duly licensed as foster care providers, or specially waived from licensure, or if not licensed or waived, children placed in such homes shall have been re-placed within 30 days of the decision not to license or waive licensure. <i>See page 78</i>	9/30/2009	Yes	
VIII.B.8 Child Placement Process-Wayne Pilot: Prior to implementing the child placement process, DHS shall conduct a review and analysis of the Child Placement Network (CPN) currently in place in Wayne County, and submit to the Monitor a report indicating the results achieved by the CPN pilot in Wayne County. <i>See page 68</i>	9/30/2009	Yes	
VIII.B.8.a Child Placement Process-Statewide: DHS shall submit for review and approval by the Monitor plans for implementation of adequate child placement processes in the remainder of the state, along with any modifications to the CPN process in Wayne County. <i>See page 68</i>	9/30/2009	No	
VIII.B.9 Post Adoption Services: DHS shall develop and implement a full range of post-adoption services to assist all eligible special needs children adopted from foster care	Ongoing	Yes	

Settlement Agreement Commitment	Due Date	Completed	Comment
and their permanent families and shall maintain sufficient resources to deliver such post-adoption services to all children and families who qualify. <i>See page 109</i>			
IX.E Needs Assessment: Beginning November 15, 2008, DHS will begin an Assessment of the need for additional services and placements, including the need for family preservation services, foster and adoptive placements (including placements for children with disabilities or other behavioral needs), wraparound services, reunification services, and medical, dental, and mental health services, for children in foster care throughout the state. The assessment will also address the need for flex funds. <i>See page 39</i>	Ongoing	Yes	
X.B.1 Limitations on Out of County Placements: DHS shall place all children within their own county or within a 75 mile radius of the home from which the child entered custody (whichever is greater) except as provided in the Agreement. <i>See page 70</i>	7/7/2009	Insufficient information available to evaluate	
X.B.2 Limitations on 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 siblings, one of the siblings has exceptional needs that can only be met in a specialized program or facility, or the size of the sibling group makes placement impractical despite diligent efforts to place the group together. <i>See page 71</i>	Ongoing	No	

Settlement Agreement Commitment	Due Date	Completed	Comment
<p>X.B.3 Limitations on Number of Children in Foster Home: Beginning in March 2009, For children entering the foster care system, no child will 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 natural and/or adopted children. No placement will result in more than three children under the age of three residing in a foster home. Exceptions to these limitations may be made in a child's best interest by the county Administrator of Children's Services in a "Designated County" and in any other county by the Children's Services Field Manager. <i>See page 72</i></p>	<p>7/7/2009</p>	<p>Insufficient information available to evaluate</p>	
<p>X.B.5 Detention, Jail, Correctional Facility: No child in DHS foster care custody will 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. Within 90 days of the signing of this Agreement, DHS will notify the State Court Administrative Office and the Michigan State Police of this prohibition, and provide written instructions to immediately notify the local DHS office of any child in DHS foster care custody who has been placed in a jail, correctional, or detention facility. <i>See page 73</i></p>	<p>Ongoing</p>	<p>Yes</p>	
<p>X.B.6 Limitations on Placement of High Risk Youth: DHS shall not place any child determined by a DHS assessment to be at high risk for perpetrating violence or sexual assault in any foster care placement with foster children not so</p>	<p>Ongoing</p>	<p>No</p>	

Settlement Agreement Commitment	Due Date	Completed	Comment
determined. <i>See page 74</i>			
<p>X.B.7 Limitation on New Residential Care Placements: No child shall be placed in an RTC or any other group care setting with a capacity in excess of 8 children (campus wide) without express written approval by the designated county director or children's services field manager. The need for a residential placement shall be reassessed every 90 days. Children may not be placed in a residential placement for more than six months without express authorization. No child may be placed in a residential placement for more than 12 months without the express authorization of the Director of the CSA or a higher-ranking official. <i>See page 74</i></p>	7/7/2009	Insufficient information available to evaluate	
<p>XI.A.1 Prohibition on Psychotropic Medications: Psychotropic medication shall not be used as a method of discipline or control for any child. <i>See page 64</i></p>	Ongoing	Yes	
<p>XI.A.3 Medical Director: By November 15, 2008, DHS shall create and as soon as possible thereafter hire or contract for the services of a full-time Medical Director. <i>See page 118</i></p>	8/1/2009	Yes	
<p>XI.A.5 Psychotropic Medication Documentation: By January 15, 2009, DHS shall establish and implement processes to ensure documentation of psychotropic medication approvals, documentation by contract agencies of all uses of psychotropic medication, and review of such documentation by appropriate DHS staff, including the Medical Director, on an ongoing basis. <i>See page 64</i></p>	1/15/2009	No	

Settlement Agreement Commitment	Due Date	Completed	Comment
<p>XI.B.1 Prohibition on Physical Discipline: DHS shall prohibit the use of Positive Peer Culture, peer-on-peer restraint, and any other forms of physical discipline in all foster care placements. All uses of physical restraint for children in any placements, and all uses of seclusion/isolation in group, residential, or institutional placements, shall be reported to the QA unit. Such reports shall be made available to the licensing unit and the Medical Director for appropriate action. <i>See page 64</i></p>	<p>Ongoing</p>	<p>Partially</p>	<p>Yes, DHS has articulated the necessary policies; No, DHS has not implemented the necessary tracking, reporting and quality assurance activities.</p>
<p>XI.B.2 Restraint & Seclusion Policies & Procedures Review: DHS shall undertake a review of the policies and procedures surrounding all forms and use of physical restraint and seclusion/isolation of children in foster care. This evaluation will be designed in close collaboration with the Monitor and any additional experts on the use of physical restraint and seclusion/isolation of children it deems appropriate. The Monitor shall make recommendations, which shall include timetables for implementation, promptly upon reviewing the results of the evaluation, which DHS shall implement. <i>See page 64</i></p>	<p>7/7/2009</p>	<p>Yes</p>	
<p>XII.B Performance Based Contracting: By November 15, 2008, all DHS contracts with CCIs or private CPAs that provide placements and child welfare services to Plaintiff class members shall be performance-based contracts that require an annual review of the CPAs' and CCIs' performance. <i>See page 36</i></p>	<p>6/1/09 for CPAs; 7/31/09 for CCIs</p>	<p>Yes</p>	<p>DHS using FY10 data to establish baseline performance; evaluation will begin 10/1/2010.</p>

Settlement Agreement Commitment	Due Date	Completed	Comment
<p>XII.C Maltreatment in Care & CPAs: 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. <i>See page 65</i></p>	Ongoing	No	
<p>XII.C Maltreatment in Care & CPAs: The failure of a contract agency to report suspected abuse or neglect of a child to DHS will result in an immediate investigation to determine the appropriate corrective action up to and including termination of the contract or placement of the provider on provisional licensing status, and a repeated failure within one year will result in termination of the contract. <i>See page 65</i></p>	Ongoing	No	
<p>XII.D CPA Data Reporting: DHS will ensure that all CCIs or private CPAs that provide placements and child welfare services to Plaintiff class members report to DHS accurate data on at least a six-month basis in relation to the requirements of this Agreement. <i>See page 53</i></p>	3/31/2009	Partially	Yes, DHS has implemented these requirements by contract with private agencies; No, DHS is still developing the process for private agency data collection.
<p>XII.F DHS Staffing Capacity for Contract Oversight: DHS shall maintain sufficient resources to permit its staff to undertake timely and competent contract enforcement activities. <i>See page 36</i></p>	Ongoing	Yes	
<p>XII.G POS Function Review: By April 2009, DHS will, in coordination with the Monitor, review the effectiveness of the DHS POS monitoring function in providing case-level oversight of private CPAs. <i>See page 34</i></p>	Ongoing	Yes	

Settlement Agreement Commitment	Due Date	Completed	Comment
<p>XIII.B Permanency Tracking: In consultation with the Monitor and in coordination with Children’s Services Administration, Field Operations Administration, private CPA representatives, and Local/Regional DHS office representatives, DHS will design a permanency tracking system and associated reports. The system will, at a minimum, be capable of reporting pertinent status information sorted by individual child, DHS worker/CPA, and county, for all children in foster care. <i>See page 99</i></p>	<p>9/30/2009</p>	<p>No</p>	<p>DHS has created initial reports but still needs web dissemination capacity.</p>
<p>XIII.C Federal Data Reporting: Both leading up to and subsequent to the full implementation of a SACWIS, DHS shall at all times satisfy all federal reporting requirements and shall maintain data integrity and accuracy on a continuous basis. <i>See page 63</i></p>	<p>Ongoing</p>	<p>Partially</p>	<p>Yes, DHS has improved its federal data reporting. No, DHS still cannot satisfy all federal reporting requirements or maintain data accuracy on a continuous basis.</p>
<p>XIV.A QA Program: DHS shall, in consultation with and subject to the approval of the Monitor, develop and implement a statewide QA program that will be directed by a QA unit established within the DHS central office. <i>See page 55</i></p>	<p>Ongoing</p>	<p>Yes</p>	
<p>XIV.C QA Capacity: The QA unit shall be adequately staffed, and its staff shall receive specialized training to fulfill all unit responsibilities. <i>See page 55</i></p>	<p>Ongoing</p>	<p>No</p>	
<p>XIV.F.2 Special Review Plan: DHS shall develop, subject to the approval of the Monitor and in consultation with the Plaintiffs, a plan setting forth: a. The dates and processes by which DHS shall have compiled an accurate list of children subject to review; b. The number and type of special reviews DHS proposes to undertake in the</p>	<p>Ongoing</p>	<p>Yes</p>	

Settlement Agreement Commitment	Due Date	Completed	Comment
<p>upcoming 90-day period, and the rationale for these choices; and c. The data to be reported at the conclusion of the 90-day period. <i>See page 55</i></p>			
<p>XIV.F.3 Special Review Reporting: At the conclusion of the initial 90-day period, DHS will report to the Monitor and Plaintiffs the results of the reviews conducted during the period, and will develop and implement a corrective action plan, as appropriate, to address the findings. <i>See page 55</i></p>	<p>Ongoing</p>	<p>Yes</p>	<p>DHS to make its first special review report public in Period Three. Corrective Action Plan due in Period Three.</p>
<p>XIV.G Fatalities: Beginning March 31, 2008, DHS shall ensure that a review, conducted by qualified and competent individuals and independent of the county in which the fatality occurred, has been conducted, and the findings and recommendations of that review conveyed to the Monitor and Plaintiffs, of each child who died while in the foster care custody of DHS, as follows: 1. For such children who died during the three-year period ending March 31, 2008, no later than November 15, 2008; 2. For child fatalities occurring after March 31, 2008, within six months of the date of death. Findings and recommendations of these reviews will be incorporated into all relevant QA activities, program improvement, contract agency oversight, and other related policies and practices. <i>See page 57</i></p>	<p>3/31/2008</p>	<p>Yes</p>	
<p>XV. Implementation Plan: DHS will develop a detailed implementation plan, approved by Plaintiffs and the Monitor, that will become part of this Agreement and fully enforceable. The implementation plan will set forth the steps,</p>	<p>Ongoing</p>	<p>No</p>	

Settlement Agreement Commitment	Due Date	Completed	Comment
timetables, and persons responsible by which DHS will achieve compliance with the terms of this Agreement. The parties will review this implementation plan on an annual basis to determine whether modifications are necessary to ensure that DHS achieve compliance in the manner and within the time periods contained in this Agreement. <i>See page 58</i>			
XVI. Named Plaintiffs Updates: DHS will provide Plaintiffs’ counsel with regular quarterly updates of the individual Named Plaintiffs’ case records until such time as the Named Plaintiffs are no longer in DHS foster care custody. Each quarter thereafter, the parties will meet and confer in good faith regarding the Named Plaintiffs’ case plans and placements and services.	Ongoing	Yes	

C. Methodology

During this period, the monitoring team conducted extensive verification activities to evaluate DHS’ progress implementing its commitments in the Agreement. These activities included regular meetings with DHS leadership, verification visits to DHS offices and private agencies throughout the state, and reviews of individual case records and other documentation. During field office visits the monitoring team interviewed staff (CPS, foster care, adoption, and supervisors), reviewed with those workers their current data regarding workloads and training, and talked to office leadership about the pace, progress, and challenges of reform. The monitoring team also reviewed a sample of cases in the reunification and legally-free backlog cohorts, including cases that were managed by the public agency and by private agencies.

During Period One, the monitoring team visited DHS operations in the five largest counties (Genesee, Kent, Macomb, Oakland and Wayne, referenced in the Agreement as the “Designated Counties”); three of the nine next largest counties; and three of the remaining counties. To ensure geographic representation while still building on that work, for Period Two the monitoring team conducted repeat visits to two of the larger counties (Genesee and Wayne), including a repeat visit to the Western Wayne office to compare progress in that office over time; visited Kalamazoo, Calhoun, and Berrien counties in southwestern Michigan; and visited two offices that cover four of the smaller counties, Alpena, Iosco, Presque Isle, and

Alcona. The monitoring team also continued to visit private agencies. The team focused on the larger counties and agencies to reach more caseworkers and, ultimately, the children they serve. To date, the monitoring team has visited offices and agencies that include more than half of those staff serving children in the care of Michigan’s child welfare system. The monitoring team also completed extensive verification work at DHS’ central offices regarding relative home and foster home licensure, adoption subsidies and subsidized guardianships, and waiver processes.

The monitoring team reviewed extensive aggregate and detail data produced by DHS. All of the data cited in this report was produced by DHS, unless otherwise noted. The monitoring team analyzed these data for internal consistency and cross-verified them against other data sets produced by DHS to assess data quality. The monitoring team utilized the detail data provided by DHS with respect to caseloads, the backlog cohorts (both relative and permanency), foster homes, and demographics to do the analyses provided in this report. DHS and its Data Management Unit (DMU) produced an unprecedented amount of data for Period Two. There are major and minor issues with data quality that should be a priority for DHS leadership to resolve in the next monitoring period.

D. Demographics

The table below illustrates the Michigan DHS’ children’s services functions over the last five years and for the first nine months of 2009:

Table 1 – DHS Children’s Services Functions

MICHIGAN DHS	2004	2005	2006	2007	2008	1/09 - 9/09
CPS Complaints	135,775	128,854	126,690	123,149	124,716	89,209
CPS Investigations	76,694	72,286	71,784	77,012	72,418	55,123
Substantiated Reports	17,847	16,889	17,534	18,893	17,630	15,310
Families Served by FFM ¹	2,813	2,696	2,864	2,732	2,830	2,702*
Children in Foster Care (point in time, last day of period)	19,140	18,733	18,347	18,771	17,946	16,224
Adoptions	2,744	2,883	2,589	2,602	2,585	1,870
Adoption Subsidies	23,984	25,029	25,840	26,652	27,021	Data not provided

*Data through November 25, 2009.

For the most part, the trends evident between 2004 and 2008 continued through the first nine months of 2009. During that period, 62 percent of complaints were referred for investigation,

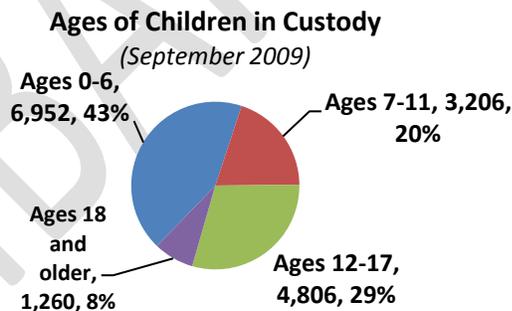
¹ FFM is an intensive family preservation program funded by DHS.

similar to 2007, but a slight increase compared to 2008. Similarly, DHS concluded that children had been maltreated in 28 percent of those cases, a slight increase from the historical rate of 24 percent. Even as the trends largely remained consistent statewide, there was nonetheless significant variance across the state in both the percentage of complaints that were referred for investigation and percentage of investigations that resulted in substantiations. With regard to complaints referred for investigation, the minimum percentage was 36 percent (Chippewa and Luce Counties), while the maximum was 86 percent (Wayne County). With regard to substantiations, the minimum substantiation rate was eight percent (Leelanau County) and the maximum rate was 43 percent (Branch County). For full detail by county, see Appendix B.

Significantly, the decline in the number of children in foster care has continued. Between March 31, 2009 (the end of Period One) and September 30, 2009 (the end of Period Two), the number of children in DHS' custody declined by five percent, from 17,115 to 16,224.² The number of children entering foster care in Period Two also declined, by approximately two percent, from the number of children who entered during Period One. During State Fiscal Year 2008, children entered care at a rate of just over three per thousand in the general population.³

As of September 2009, of the 16,224 children under supervision, the largest group (43 percent) was under the age of seven. Michigan continues to have a significant population of older youth – 4,806 youth in custody ages 12-17 (29 percent) and 1,260 youth 18 and older (eight percent) as of September 2009.

Figure 1



² The references in this report to children and youth placed in DHS' supervision, custody or care refer to child welfare 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.

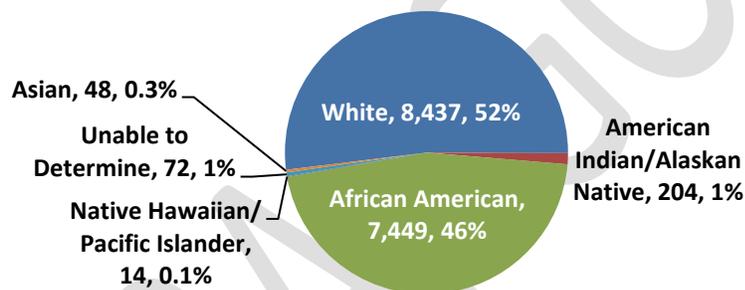
³ This measurement calculates the number of entries into foster care as a function of the general population of children using census data from the 2008 American Community Survey from the United States Census Bureau. There are multiple methodologies that experts use to measure this, but for simplicity's sake this methodology has been selected.

There are significant variations across the state in terms of the ages of children in custody. For example, when calculated as a percentage of the county’s total foster care population, one county has no children between the ages of 12 and 17, while 86 percent of another county’s foster care population consists of children between those ages. The statewide median is 26 percent. For a full table of ages of children in custody by county, see Appendix C.

With regard to gender, the population of children in foster care is equally female and male at 50 percent each. With regard to race, the population is primarily split between White (52 percent) and African-American (46 percent); Native American children comprise one percent; and the remaining one percent includes children who are Asian, Native Hawaiian/Pacific Islander, and unidentified.

Figure 2

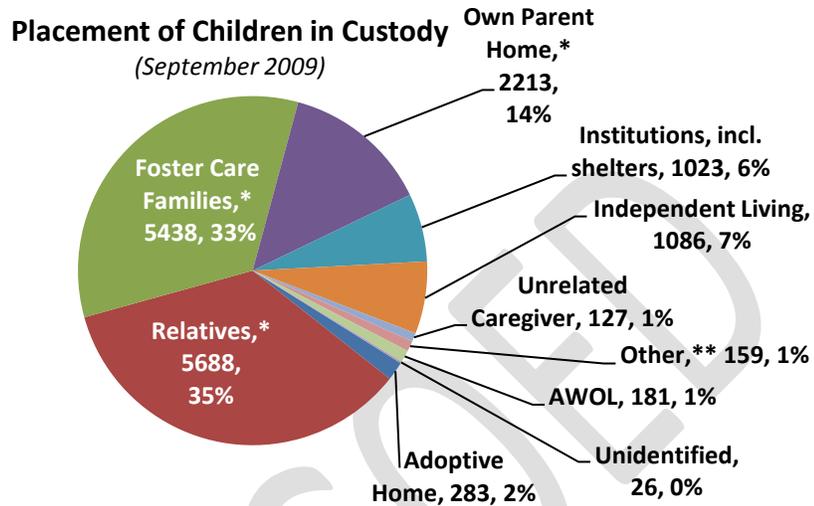
Race/Ethnicity of Children in Custody
(September 2009)



As noted in the Period One report, and as acknowledged by DHS, racial disparity remains a significant issue in Michigan’s child welfare system. According to 2007 Census estimates, African-American youth between the ages of 0 and 17 are 20 percent of the children in the State of Michigan, compared to 46 percent of the children and youth in foster care as of September 2009.

As the chart below demonstrates, 84 percent of children in DHS custody live in family settings, including foster families (33 percent), with relatives (35 percent), with their own parents (14 percent), and in homes that intend to adopt the child (two percent). Just over one thousand children (1,023, or six percent) live in institutional settings, including residential treatment and other congregate care facilities. Another thousand (1,086, or seven percent) reside in independent living placements, which serve youth on the cusp of aging-out of care. The remaining three percent reside in other settings, with unrelated caregivers, or are AWOL or unidentified.

Figure 3

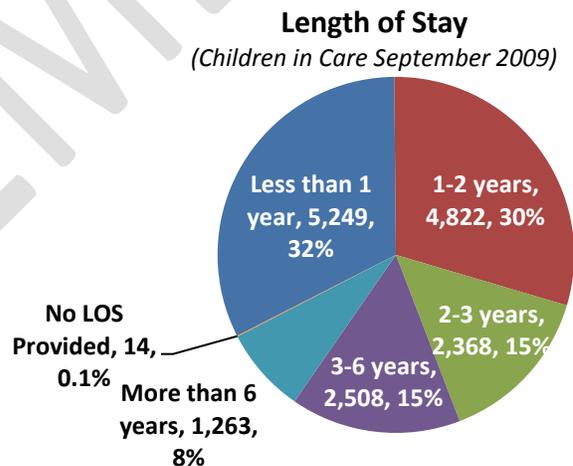


*Includes in- and out-of-state

**Includes out-of-state facilities (21), detention, jail, community justice & court treatment (66), legal guardians (27), mental health hospitals (15), and other placements (30)

In terms of length of stay, 62 percent of the children in Michigan's custody have been in the system for two years or less. Another 15 percent of the children have been in the system for between two and three years. The remaining 23 percent (3,771 children) have been in the system more than three years, as detailed in chart below. For county-by-county detail, see Appendix D.

Figure 4



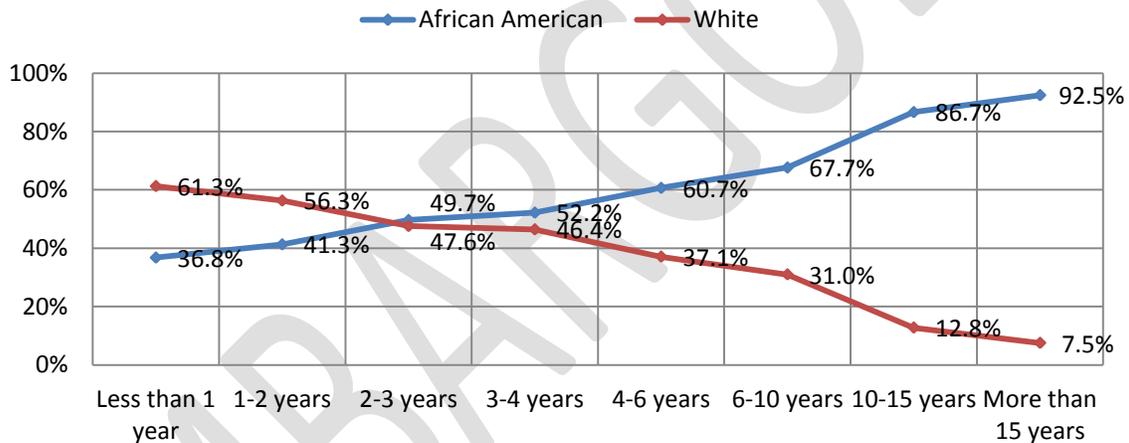
African-American children are more likely to stay in foster care for longer periods of time. The following chart shows the lengths of stay for children in foster care as of September 2009, and indicates the percentage of those children who are African-American and who are White. As the chart demonstrates, 61 percent of the children who have been in care for less than one year are White, while 37 percent of those children are African-American. (As mentioned above, African-American children make up approximately 20 percent of Michigan’s child population.) As children stay longer in care, the percentage of those children who are African-American continually increases until it reaches 92.5 percent of the children remaining in custody for more than 15 years, while White children only comprise 7.5 percent of that same group.

Figure 5

Length of Stay by Race

(September 2009)

(Total n=15,872; includes African American and White children for whom length of stay was provided. There were 5,149 children in care less than 1 year; 1,241 for 4-6 years; 40 for more than 15 years)



II. Building the Organizational Capacity to Support Reform

A. Building a Children’s Services Organization and Structure

In the Agreement, DHS committed to a number of organizational, structural, and functional changes to better drive and manage reform. Those include modifications to DHS’ organizational structure, implementing a clear division between DHS’ child welfare and other responsibilities (referred to as “bifurcation”); creation of a high-level coordination entity to ensure consistency in the application of child welfare programs; evaluation of the capacity to assess the on-the-ground relationship between the public and private agencies through the public staff that monitor private agency casework; and creating a structure charged with ensuring equity in financial support to children in foster care.

In Period One, DHS implemented numerous organizational changes consistent with the Agreement and made a series of leadership changes to advance its work on the reform of the

child welfare system. During Period Two, there were more changes in leadership personnel, as the acting Children's Services Field Manager (overseeing child welfare work in 78 counties) returned full-time to her position as county director of Genesee County and the Director of Children's Field Service Operations (overseeing child welfare work in the five largest counties) became a county director. Those two field positions, both reporting to the agency's Chief Deputy Director, were re-filled by experienced child welfare professionals, one of whom left and the position was re-filled again.

Following the close of Period Two, the Department's Chief Deputy Director resigned; and the Director of Children's Field Service Operations stopped reporting directly to the Chief Deputy Director and began reporting to the Deputy Director for the Children's Services Administration (CSA). DHS continues to strive for a stable leadership team overseeing implementation of the Agreement, as they restructure responsibilities and integrate new leaders, helping them up the learning curve. These changes have added to the challenge of planning and managing the reform.

As noted in the Period One report, DHS has a number of responsibilities for at-risk children and families including both cash assistance for the poor and child welfare and protection services. In the Agreement, DHS committed to bifurcate those responsibilities rather than having the same staff responsible for both.⁴ DHS initially began to implement bifurcation in the five largest counties (Wayne, Genesee, Oakland, Kent, and Macomb). After meetings with the plaintiffs and the monitoring team during Period Two to review DHS' organizational changes, DHS decided to implement bifurcation in Ingham County as well. This process is underway.

DHS also committed as part of the Agreement to convene the Children's Services Cabinet, headed by the CSA Director. Comprised of key DHS leadership, the Cabinet was established for the purpose of more uniformly administering all child welfare programs, policies, and practices. The Cabinet formally began meeting in December 2008 and convened three meetings during Period Two.

Finally, DHS also committed to review the Purchase of Service (POS) monitoring function that public agency staff perform. This role is an outgrowth of Michigan's partnership with the private sector. Even as case responsibility is contracted out to a private agency (a Child Placing Agency, or CPA), DHS retains legal responsibility for the child and exercises that responsibility by assigning a POS worker to provide oversight and support to the private agency caseworker. POS workers review service plans, assess progress toward permanency, and perform all of the

⁴ There are two types of bifurcation referenced in the Agreement. One concerns setting up separate child welfare units within DHS (the CSA and the bifurcation of responsibility in the five largest counties, soon to be joined by Ingham County.) The other type of bifurcation is by worker. Workers doing child welfare responsibilities are to be distinct from workers doing other DHS work. With respect to the latter, the monitoring team overwhelming found DHS to be in compliance. A few exceptions, in the smallest counties, are noted in the county caseload reports.

data entry into DHS' information technology system regarding the work that CPA staff do on cases (CPA workers do not have access to the system).

The POS role, however, is not uniform across the state. For example, some counties expect POS workers to conduct more frequent visits with children and families, and some county courts require POS workers to attend review hearings in addition to CPA staff. Some CPAs that work in multiple counties have raised concerns about these county-by-county differences, explaining that they are required to comply with different expectations for the same work depending solely on which county is responsible for the child. The CPAs also shared the perspective that the POS function can be duplicative, particularly in light of the Agreement commitments and new CPA contractual provisions that hold CPAs to the same standards as DHS regarding hiring, training, caseload limitations and casework practice. Moreover, the CPAs also noted that the POS monitors' review and approval of case practice decisions can be a cumbersome process that delays providing services to families and achieving permanency.

Evaluating the effectiveness of the POS monitoring function is complex and will require DHS to engage in careful and thoughtful assessment and planning. The monitoring team will continue to engage in discussions with DHS as it proceeds with this assessment.

Determination of Care

One of the principles of this reform is that DHS should provide good quality services and supports equally to similarly-situated children regardless of where they live in the state; whether they live with relatives or in foster homes or in some other form of placement; and whether it is a private agency or the public agency responsible for their planning and care. To that end, the parties agreed that there needed to be equity statewide in the determination of care (DOC) process, which establishes the rate to be paid for support of a child. The rate itself is also called the DOC. There is a standard rate and then there can be enhancements to that rate based on age and circumstance, particularly with respect to children with special needs.

The Agreement (VIII.B.6) states:

In order to ensure that payments to foster parents are sufficient to meet the needs of children in foster care, DHS shall ensure that the Determination of Care ("DOC") process is applied consistently and appropriately across all counties and offices. DHS shall identify, after consultation with the Monitor and Plaintiffs, a state office responsible for ensuring that Determinations of Care and decisions regarding payment of a specialized administrative rate to contract providers are made uniformly across the state and in accordance with DHS policy. DHS shall also establish procedures by which a foster parent or CPA may obtain review by a designated official in the central office of a DOC or administrative rate (general or specialized) decision.

DHS has named the Federal Compliance Office, a unit of the Child Welfare Improvement Bureau within the Children's Services Administration, as the lead central entity responsible for ensuring uniform payment of DOC. Prior to the implementation of the Agreement, DHS automated the DOC process. DHS public agency staff enter data into an electronic protocol which uses a formula to give each child a score that correlates to a DOC rate. Private agencies must depend on public agency staff to enter the information for the children in their care. As described by the field staff the monitoring team interviewed, this is a standardized process that is designed to limit staff discretion in an attempt to ensure standards are applied consistently. The monitoring team will be assessing the application of this system in future periods.

DHS has also created a new centralized appeal process that is to be fully implemented in Period Three. The revised process removes the administrative review of DOC appeals from the local office and creates a centralized process for review, also housed in the Federal Compliance Office. DHS allocated 12 staff to that office during Period One. Eleven positions were filled during Period Two. In addition to handling the oversight of the DOC process and DOC appeals, those staff are also responsible for handling the CFSR and focusing on Title IV-E eligibility. Since early 2008, DHS also added 97 eligibility specialists⁵ to the offices to review each case to ensure the required data is entered and that DHS is maximizing federal support. Field interviews suggest these staff have been helpful, improving data entry and assisting public agency staff with completing the DOC protocols.

DHS is only just beginning to build a database tracking and reporting system on DOC levels across counties, private agencies, and DHS. That system will be used to detect trends and patterns of reimbursement levels in order to test that decisions are being made equitably across the state. DHS hopes to have that database and tracking system begin to collect and generate data in Period Three. DHS has also committed to engaging in a quality assurance process in which they will sample DOC case decisions which will inform an annual evaluation of the DOC process.

DHS met the terms of the Agreement with respect to the centralization of the DOC process. DHS also appears to have a viable plan for ensuring accountability with the statewide equity commitments, but as that plan has not yet been implemented the monitoring team cannot yet assess DHS performance in those areas.

B. Strengthening Contract Oversight

In the Agreement, DHS committed to implement performance-based contracting – *i.e.*, to include in its contracts with providers of child welfare and placement services provisions that hold the agencies accountable to achieve the outcomes for children and families that DHS

⁵ Eighty of these staff split their time between the funding specialist work and providing some support to the relative home licensing effort. See discussion below.

committed to in the Agreement. DHS also agreed to conduct annual reviews of each provider's performance against those provisions. Because implementing performance-based contracting requires thoughtful deliberation, planning, and collaboration with providers, DHS and private agencies created a committee that began meeting in January 2008 to review performance-based contracting practices for foster care services. The National Child Welfare Resource Center for Organizational Improvement facilitated the discussion and provided technical assistance and research on states that had implemented performance-based contracting. That process included a review of Michigan's performance in meeting the national measures established as part of the federal Child and Family Services Review (CFSR) (which are incorporated into the Agreement) and measures established in agreement with the federal Administration for Children and Families as part of the state's Program Improvement Plan (PIP).

Based on that discussion, the committee established a set of performance-based measures to be applied equally to the public and private sector. DHS requested and was granted an extension to amend the contracts to include performance-based provisions until Period Two so that the contracts could be revised on the contract renewal schedule. DHS amended foster care and adoption contracts in June 2009 and residential facility contracts in July 2009. DHS will begin evaluating private agencies on these performance measures in October 2010, and will establish baseline performance in the interim.

In order to conduct these evaluations, DHS has hired 12 additional staff in its Office of Child Welfare Contract Compliance (CWCC), increasing the unit's capacity from five to 17 staff. Formerly known as the Purchased Services Division, CWCC is now part of the Children's Services Administration and is the lead unit responsible for monitoring DHS' contracts with private agencies. CWCC developed draft policies and procedures to assess contracted providers for compliance with Department policy, administrative and contractual requirements, state statutes and federal regulations. The monitoring team reviewed the draft policy and procedures manual and provided feedback to DHS. CWCC established evaluation criteria and began testing its data systems to ensure performance measures and compliance can be properly tracked. Ahead of schedule, CWCC started conducting reviews of adoption, foster care, and residential providers under contract with DHS. Because the Agreement does not require these evaluations to begin until October 2009, the monitoring team will report on implementation of the evaluation process in future reports.

C. Assessing the Adequacy of Resources for Reform

The Agreement includes a set of necessary commitments to improve the Michigan child welfare system for children and families, many requiring additional investment. With the current economic climate, DHS continued to face intense pressure throughout Period Two to further lower expenses, reduce services, and cap or even decrease the number of staff funded in the public and private agencies that serve children and families. Faced with declining revenues, DHS was able to implement some of its commitments in Period Two by shifting funds within the agency to support the priorities of the Agreement. However, in some instances, those funds were diverted from other Agreement commitments. In sum, over Period Two, DHS has

struggled to access the resources needed to support its commitments and has cut services to children and families.

DHS reassessed its funding needs for FY2009 after execution of the Agreement and proposed a supplemental appropriation in the amount of \$52,327,000: \$37,751,800 in State General Fund aid and authorization to spend \$13,188,500 in matching federal aid and \$1,386,700 in county support. After extensive discussions with the State Budget Office (SBO) and leadership of the Michigan Legislature, DHS was advised that new funds would not be appropriated to the agency in FY2009, and the agency was directed to reallocate existing resources in order to fund the commitments in the Agreement. DHS primarily focused its redirected funds in FY2009 on additional public staff.

In May 2009, the Governor issued Executive Order 2009-22, which was subsequently adopted by the House and Senate Appropriations Committees, reducing expenditures in FY2009. The Order created six furlough days for DHS staff and other State employees in FY2009 and reduced State General Fund spending in DHS by an additional \$92,429,200. County-based CSA directors were instructed by DHS leadership to reduce certain budgeted services to families by 20 percent in FY2009. Some of these eliminated services are identical to those that both DHS and Michigan State University have identified, as part of needs assessments in the Agreement and discussed more fully later in this report, as critical – but scarce – for children and families involved with Michigan’s child welfare system. The State Budget Office and DHS did not ask the Legislature for funds to prevent these cuts in services to children and families involved with the child welfare system. These cuts are not consistent with DHS’ pledge to build “additional services and placements” in the Agreement (and, more specifically, in the Needs Assessment section). (IX.A).

Moreover, DHS committed in the Agreement that it would, at a minimum, request of the Michigan Legislature “state funds and any federal/special fund authorization sufficient to effect the provisions and outcome measures set forth in this Agreement in connection with any budget, funding, or allocation request to the executive or legislative branches of State government.” (I.H). However, during Period Two, DHS and the State Budget Office did not advance to the Michigan Legislature a request for funds or spending authorization to fully replace the significant cuts in services to children and families that the administration implemented in FY2009 or to fully fund the commitments in the Agreement.

In June 2009, the State Budget Director submitted to the Michigan Legislature a revised FY2010 funding recommendation for DHS that eliminated slightly more than \$20 million and 197 child welfare staff positions originally requested to implement the Agreement. DHS indicated these positions were no longer necessary to satisfy its commitments in the Agreement due to reductions in the overall caseload managed by DHS. However, as described later in this report, DHS did not meet several of its caseload commitments in Period Two, standards which are only the starting point in a multi-year process of reducing caseloads from excessive to appropriate levels.

Assessing the Needs of Children and Families

While the Agreement identifies a number of specific services the parties deemed necessary to improve outcomes for children and families, they also acknowledged the reform would benefit from a more in-depth study of the entire continuum of service needs. To that end, they embedded a Michigan Child Welfare Needs Assessment (Needs Assessment) process in the Agreement.

DHS asked the Michigan State University Child Welfare Resource Center to conduct the first Needs Assessment. They began in November 2008 and concluded the process as scheduled on May 15, 2009. As the parties agreed, the Needs Assessment evaluated the adequacy of existing services and placements, including the need for family preservation services, foster and adoptive placements, wraparound services, reunification services, and medical, dental and mental health services for children in foster care throughout Michigan, as well as the need for flex funds.⁶ As part of the Agreement, DHS agreed to make available additional funds of at least \$4 million in FY2010 to address the service and placement needs identified by the first Assessment, and also committed to make available additional funds of at least \$4 million to develop the services and placements identified by a second Needs Assessment in 2011.

Once complete, the Agreement requires that the monitoring team review the Needs Assessment and issue recommendations. To that end, the monitoring team issued the following recommendations in July 2009:⁷

- DHS should invest \$1.5 million in FY2010 in new, independent, transitional and trans-permanent housing for exiting foster youth in the five largest counties, which must be funded and operational by February 1, 2010;
- DHS should invest \$1.5 million in services designed to support youth stepping down from residential care, including flexible funds, in-home supports and step-down levels of care, in the five largest counties. As a result of this investment, the monitoring team expected that DHS should be able to reduce the number of youth placed in residential care settings in these largest counties. An allocation plan and budget for these new services was due to the monitoring team by September 30, 2009, and such services were to be available by January 1, 2010.
- DHS should invest an additional \$1 million in new family preservation services in the five largest counties. An allocation plan and budget for these new services was due to the

⁶ See Michigan Child Welfare Needs Assessment, <http://www.pcg4change.com/2008finalreport.pdf>

⁷ See Needs Assessment Recommendations, <http://www.pcg4change.com>

monitoring team by September 30, 2009, and such programs were to be funded and operational by February 1, 2010.

DHS advised the monitoring team that it will divert \$4 million in existing family preservation funds, beginning in Period Three, to fund this expansion. Although DHS is not responsible for implementing this expansion of services until Period Three, the monitoring team observes that a diversion of pre-existing resources to fund services is not consistent with the Agreement or the underlying Needs Assessment, and will closely assess funding sources for additional services in future periods.

D. Developing the Workforce to Deliver High Quality Services

In the Settlement Agreement, DHS committed to significant workforce development to ensure that staff serving Michigan's at-risk children and families have improved qualifications and receive quality training. These commitments, which apply to staff in both DHS and private agencies, include commitments that caseworkers will have a bachelor's degree in an appropriate field and receive pre-service and in-service training; supervisors will have a master's degree in an appropriate field and receive supervisory training; and specialized workers, such as licensing staff and permanency planning specialists, will receive training targeted to those functions.

Increasing Worker Qualifications

DHS reported 85 new public agency caseworkers were hired during Period Two. All were required to have a bachelor's degree in an appropriate designated field. The monitoring team compared the human resources lists provided by DHS with the DHS training database, JJOLT-OTP, in order to assess compliance. The monitoring team found that eight staff that appeared on the human resources list did not appear on the training reports and a different five workers on the training reports did not appear on the human resources list. DHS was unable to provide information to explain the difference in the data in the two systems. Based on the information provided, all of the DHS caseworkers possessed the requisite degree. Moreover, 18 percent, or 15, of the DHS caseworkers hired during Period Two had a master's degree in social work or in a related human services field, although the higher degree was not required.

DHS also reported that 74 private agency caseworkers were hired during Period Two. Eighty-nine percent, or 66, held the required bachelor's degree and the remaining 11 percent possessed a bachelor's degree but course of study information was not provided to determine if the degree attained was in one of the designated fields. Seventeen private agency staff, or 23 percent, possessed a master's degree in a relevant field.

The table below depicts the results of the monitoring team's review of the documentation provided.

Table 2 – Staff Qualifications

Agency	Workers Hired in Period Two	Workers with Required Bachelor's or Higher Degree		Workers with Unknown Bachelor's Degree	
		Count	Percentage	Count	Percentage
DHS	85	85	100%	0	0%
Private Agencies	74	66	89%	8	11%
Total	159	151	95%	8	5%

As noted, pursuant to the Settlement Agreement newly hired or promoted public agency supervisors are required to have a master's degree in an appropriate designated field. DHS reported hiring or promoting 26 supervisors between April 1, 2009 and September 30, 2009 with responsibility for child welfare work. One supervisor was assigned to administrative functions in central office and is not subject to this commitment. The monitoring team verified performance on this commitment by comparing the human resources reports provided by DHS with the DHS training database. Seventeen DHS supervisors possessed the requisite master's degree. For the remaining eight, DHS waived the master's degree requirement based on their experience, which is consistent with the Settlement Agreement. Together with the nine waivers in Period One, these 17 supervisors represent 4.7 percent of the DHS supervisor allocation – currently 357 – which does not exceed the ten percent threshold needed to trigger a case-by-case review by the monitoring team under the Settlement Agreement.

Expanding Training to Strengthen the Workforce

Pre-Service Training

The pre-service training commitments for new entry level caseworkers in CPS, foster care, and adoption staff and for purchase of service (POS) monitors became effective in April 2009 for both DHS and CPA staff. DHS committed to have entry level caseworkers in the public agency and in private agencies complete an eight week pre-service training program that includes 270 hours of competence-based classroom and field training. As part of pre-service training, a trainee may be assigned specific tasks or activities in connection with a case so long as the primary responsibility for that case remains with an experienced worker. Further, under appropriate supervision, a trainee may be assigned responsibility for a "training caseload" of up to three cases. A trainee must pass a performance-based evaluation (PBE), including a written examination, prior to assuming a full caseload.

The Child Welfare Training Institute (CWTI) revised the pre-service training curriculum for caseworkers during the last monitoring period, increasing training to 300 hours. Pre-service training is offered through the public agency and covers a range of topics including engaging children and families, cultural diversity, safety and risk assessments, forensic interviewing, investigations, legal process, and mental health, substance abuse and domestic violence issues. The monitoring team reviewed a random sample of approximately 30 percent of the evaluations completed by workers at the conclusion of training. The evaluations, which are

anonymously submitted, afford staff an opportunity to candidly express their opinion about the pre-service training experience and offer suggestions for improvement. The evaluations indicate that pre-service training is generally well-received by staff.

Overall, DHS did not meet their commitment to ensure all new caseworkers complete the pre-service training program, pass the performance-based evaluation (PBE), and carry no more than three cases prior to completing training.

There were 159 new public and private agency hires during Period Two. Among those 159, 104 (65%) were enrolled in training during Period Two with another 18 staff (11%) scheduled for training in October 2009. For the remaining 37 (23%), the CWTI had no record that those staff had been trained nor were they scheduled for training in October. Of the 104 staff enrolled in training during Period Two, 42 finished training and passed the competency exam. Two staff began but did not finish training, and the remaining 60 were still in training at the end of Period Two.

Table 3 – Pre-Service Training in Period Two

	New Hire	In Training		Oct 09 Training Date		No Record of Scheduling or Receiving Training	
Public	85	66	78%	11	13%	8	9%
Private	74	38	51%	7	9%	29	39%
TOTAL	159	104	65%	18	11%	37	23%

The parties agreed to focus in the Agreement on ensuring newly hired staff receive the appropriate level of training before they assume responsibility for children and families. Once they begin training, staff can assume between one and three training cases each. Those staff must finish training and take and pass the competency exam before they are allowed to handle their fourth case and go on to assume a full caseload.

During Period Two, DHS struggled to track this information. As a result, among the 159 new hires, CWTI provided caseload information to the monitoring team for only 94 or 59 percent of the new hires. DHS field offices and the contract compliance unit collect the caseload information for all public and private agency staff, respectively – so for Period Three, DHS will need to cross-reference its training records with the caseload data and provide this information for all new hires.

Based on the limited information available during Period Two, both DHS and the private agencies struggled with the training and caseload requirements. Of the 94 new hires for whom caseload information was provided during Period Two, two workers carried no cases, 29 had caseloads between one and three, and 63 had caseloads of four or more. DHS could only document that 14 of those 92 case-carrying staff followed the training caseload protocols and

started training before picking up cases and passed the PBE before assuming more than three cases.

Table 4 – Training Analysis Based on Caseload

	New Hires	Caseload						Compliant*	
		Yes		No		Unknown			
Public	85	25	29%	0	0%	60	71%	8	9%
Private	74	67	91%	2	3%	5	7%	6	8%
TOTAL	159	92	58%	2	1%	65	41%	14	9%
*Compliant means a worker entered training before being assigned the first case and did not pick up the fourth case until completing training and passing the PBE. If a worker was assigned cases before starting training, carried more than four cases before passing the PBE, or the caseload is unknown, that worker is counted as non-compliant.									

Historically, CPA staff had been permitted up to eight months to complete pre-service training and were allowed to have full caseloads during that time – and vestiges of that practice may still linger. Interviews with CPA leaders and managers do indicate that DHS has done a good job of disseminating information about the change in pre-service requirements. They also report improvements in access to training from Period One to Period Two, but that challenges remain, primarily with gaining timely notification and access to training in locations convenient to staff. They report both late notice that staff had been accepted into training, for example, the Friday before a Monday start date, and they report that DHS may require staff to travel to different locations, spread throughout the state, for different training modules. In some instances, the training offered is several hours away, requiring overnight stays, causing staff to have to make last-minute arrangements, if they can, for child-care or other personal responsibilities. They would like to see DHS make further improvements to ensure more predictable access with an increase in the amount of training offered in the locations where training demand is highest. The monitoring team will continue to assess the accessibility to training on an ongoing basis to ensure that sufficient pre-service classes are available to both public and private agency staff.

Although timeliness of training is not a specific commitment in the Agreement, the sooner staff are trained the greater the opportunity for collateral benefits to meet other provisions in the Agreement. If the start of training for newly hired staff is timely, workers will be able to assume a training caseload and then a full caseload sooner rather than later – all of which is beneficial to the public and private agencies. During Period One, for those staff who attended pre-service training and for whom data was available, the median time from the date staff began in the position until the date they began training was 35 days for DHS staff and 49 days for CPA staff. In Period Two, the median time decreased by 40 percent for DHS staff to 21 days, and 49 percent for CPA staff, to 25 days – a tremendous improvement. Gaining access to training quickly is important, especially in a system that continues to struggle with meeting caseload standards. Making access to training predictable and reliable enables coordination of hiring dates and training dates so that neither the public agency nor the private agencies have the burden of paying salaries to staff who are waiting for training to begin.

Timely access also helps agencies manage their workload – and resist the temptation to assign cases to staff who are not yet trained. DHS agreed that staff would not assume a caseload prior to beginning training but that after training began, each staff person could carry up to three cases on a training caseload. Over the first year of the reform, adherence to this requirement improved for both the public and private agencies. Nonetheless, there is still work to be done – particularly for public agency staff hired in rural areas and private agency staff at some agencies. In Period Two, 58 newly hired staff (of those for whom DHS provided information) either carried more than three cases before completing training or in some cases, carried cases without even starting training. The caseloads ranged from two to 24 cases, with 37 staff carrying double-digit caseloads without the requisite level of training.

In-Service Training

DHS also committed that all caseworkers would receive a minimum number of hours of ongoing training annually. The chart below reflects the timetable for implementation of in-service training for caseworkers.

Table 5 – Implementation Schedule for In-Service Training

Training Year	CPS Staff	FC & Adoption Staff	Private Agency Staff
October 2008 – September 2009	16 hours	24 hours	N/A
October 2009 – September 2010	24 hours	40 hours	24 hours
October 2010 – September 2011	32 hours	40 hours	40 hours
October 2011 and thereafter	40 hours	40 hours	40 hours

DHS made significant efforts to develop the capacity to provide in-service training, recognizing the importance of developing the skills staff need to do their work quickly and well. DHS issued instructions advising field staff of the tenets of the in-service commitment and the standards for qualifying in-service training. In partnership with DHS, the Michigan State University Child Welfare Resource Center took the lead in bringing together seven graduate social work schools⁸ to develop a Child Welfare In-Service training program, offering a wide array of 31 relevant courses for caseworkers. With the support of Casey Family Programs, the partner schools are able to offer in-service training sessions at no charge to DHS child protective services, foster care, and adoption workers, and often at a reduced fee for private agency staff. DHS also committed to encourage its child welfare staff and the staff of private CPAs to pursue master’s level work under a tuition reimbursement program that has not yet been funded.

⁸ The Michigan Graduate Schools of Social Work participating in the partnership are Andrews University, Eastern Michigan University, Grand Valley State University, Michigan State University, University of Michigan, Wayne State University, and Western Michigan University.

In addition to the university-based training opportunities, CWTI has pre-approved in-service training sessions that are offered by the Prosecuting Attorneys Association of Michigan, the State Court Administrative Office, the Department of Community Health, and several online sites. A total of 179 trainings have been pre-approved by CWTI to qualify as in-service training.

Even with this expansion in training offerings, DHS still has work to do in helping caseworkers access in-service training opportunities – and in tracking training information.

As reported in Period One, DHS established a new computer application, JJOLT-OTP, to give staff in both the private and public agencies information on all available qualifying classes, the ability to register for some of those classes on-line, and record class attendance and completion. This database still needs work. Staff report some trouble with the registration process and consistent problems with recording class attendance and completion.

Utilizing JJOLT-OTP, DHS provided in-service training information to the monitoring team for only 1,166 public agency staff, reflecting an in-service completion rate of only 46 percent. This list excludes many other staff covered by the in-service training provision,⁹ reportedly because they did not complete the registration process to become a JJOLT-OTP user. In visiting local offices and interviewing staff, the monitoring team found each of those offices had a tracking system for training but often it was a system other than or in addition to JJOLT-OTP. The monitoring team compared data from local offices against the JJOLT-OTP and found significant disparities. Staff were interviewed and the monitoring team was able to establish that in-service training occurs at a much higher rate than reported by DHS leadership. Based on that verification activity, it appears that DHS still fell short of meeting the requirement that all covered staff receive the requisite hours of in-service training – but not as far short as DHS' own data would suggest.

In a few offices, staff also suggested they would benefit from more structured access to training, as they struggled to balance the demands of their daily work and registering for classes that can fill up quickly with the increase in training requirements.

Demand is only likely to increase in the upcoming months. While many private agencies already encourage or provide in-service training to their own staff, the obligation to do so pursuant to the Settlement Agreement becomes effective in Period Three. DHS has to improve its tracking systems in order to identify areas of the state where more training opportunities may need to be developed or where offices may need more assistance accessing training. The monitoring team will continue to report on DHS' efforts to improve its online training and qualifications tracking.

⁹ Based on caseload reports, there are more than 2,000 DHS CPS, foster care and adoption workers and POS monitors who are subject to the in-service training requirements.

Supervisory Training

Finally, DHS committed to develop and implement a competency-based supervisory training program for all CPS, foster care, adoption, and POS supervisors that encompasses the skills and technical knowledge fundamental for child welfare professionals who serve as public and private agency supervisors. The training curriculum was adapted from Michigan State University's Staff and Retention in Child and Family Services Training Modules, in conjunction with a team that represented both the public and private sectors of Michigan's child welfare system. The 40-hour training consists of two days of general child welfare supervision and three days of training specific to the CPS, foster care, and adoption programs. Beginning in April 2009, all DHS staff either newly promoted or hired to one of the designated supervisory positions must have completed the training program and passed a competency-based performance evaluation within three months of assuming the supervisory position. The first Child Welfare New Supervisor Training was held on April 13, 2009. The monitoring team reviewed a random sample of approximately 46 percent of the evaluations completed by new supervisors at the conclusion of training which indicates that staff generally consider the supervisory training program effective and beneficial.

DHS reported that 26 public agency staff were promoted or hired into supervisory positions during Period Two. One new supervisor, assigned to an administrative central office position, did not require the training. Thirteen (52 percent) completed training within three months of becoming supervisors, as required. Another five (20 percent) completed training within four months of assuming the supervisory position. The remaining seven (28 percent) new supervisors did not enroll in or attend training during or immediately following the period.

Lowering Caseloads

In the Agreement, DHS committed to lowering caseloads to agreed-upon standards for four types of child welfare casework in Period Two: child protective services investigations; child protective services ongoing cases; foster care cases; and adoption cases. When DHS receives an allegation of child abuse or neglect and decides to investigate, child protective services staff conduct the investigation and determine whether the maltreatment occurred. After the investigation, staff can open a child protective services ongoing case, which involves providing the child and family with services in the family's home to ensure the child's safety; place the child in foster care because he or she cannot safely stay in the home and transfer the case to a foster care worker; or close the investigation because the alleged act was not substantiated. Foster care staff works to achieve permanency for children through reunification, adoption, or guardianship, and if adoption becomes the permanency goal, an adoption worker is also assigned to the case. Each type of work is critical to the efficacy of a child welfare system; as a result, reducing caseloads from excessive to appropriate levels is in many ways a linchpin to a system's success. Systems with excessive caseloads are inefficient and ineffective, leading to negative outcomes for children and families. Systems that reduce excessive caseloads to appropriate levels can work more efficiently to ensure positive outcomes.

The following table details the applicable standards for caseload staff managing child protective services investigations, child protective services ongoing cases, foster care cases, and adoption cases for Periods One and Two:

Table 6 – Caseload Standards

	Period One Standards		Period Two Standards	
Child Protective Services – Investigations	N/A	None	Apr-09	95% of staff will have no more than 16 investigations
Child Protective Services – Ongoing	N/A	None	Apr-09	95% of staff will have no more than 30 families
Foster Care Direct Services	Nov-08	95% of staff will have no more than 30 children; 60% will have no more than 25 children.	Nov-08 standard continues	95% of staff will have no more than 30 children; 60% will have no more than 25 children
Adoption Direct Services	Feb-09 & ongoing	60% of workers will have no more than 25 children	Apr-09	95% of staff will have no more than 30 children; 60% of workers will have no more than 25 children

In order to assess caseload performance during this monitoring period, the monitoring team conducted its own analysis of the August 2009 raw caseload data separate from the analysis offered by DHS. The monitoring team will continue to work with DHS to align these analyses.¹⁰ The monitoring team also engaged in independent verification activities in Period Two, interviewing staff at private and public agencies and conducting on-site checks of caseloads in some of the public agency’s local offices. Those interviews and checks supported the monitoring team’s assessment of Period Two caseload performance.

Note that one of the common practices in Michigan is to have a single staff person provide more than one type of service. There are many possible combinations: for example, one caseworker can provide both CPS and CPS on-going services, foster care and POS monitoring, adoption and licensing services, or licensing and IV-E reviews. Staff providing mixed services are assessed with respect to caseload compliance for each category of service they provide. As a result, the data below should not be understood as counts of unique staff. In order to assess staffing, DHS would have to provide the monitoring team with FTE or full-time equivalent staff information (*e.g.*, this staff person spends 50% of her time on IV-E reviews and 50% on licensing). The monitoring team expects DHS to provide this information in Period Three. For Period Two, the monitoring team cautions that the lack of FTE information may result in an over-count of DHS compliance with the caseload standards.

¹⁰ For a full discussion of the monitoring team’s caseload reporting methodology, please see Appendix A.

Child Protective Services Caseloads

The Agreement commitments include, for the first time this monitoring period, caseload reductions for child protective services. There are two standards in this category: one for child protective services investigations (CPS-I), the initial investigation and finding regarding an allegation of child abuse or neglect, and one for child protective services ongoing cases (CPS-O), in which the agency's determination is that the child or children can remain safely at home but that in-home services and/or monitoring are necessary. As of April 2009, for CPS-I cases, DHS agreed that 95 percent of workers would have no more than 16 open investigations. As of April 2009, for CPS-O cases, DHS agreed that 95 percent of workers would have no more than 30 families. DHS' commitments to reduce CPS caseloads culminate in October 2011, when DHS pledged that it will achieve appropriate caseloads for 95 percent of CPS-I staff, who will have no more than 12 open investigations, and 95 percent of CPS-O staff, who will have no more than 17 families.

At the beginning of the monitoring period, DHS was far from achieving this caseload reduction. As of April 2009, only 42 percent (311 of 747) of CPS-I staff had caseloads of no more than 16 cases, well below the target of 95 percent. Similarly, also as of April 2009, DHS reported that only 40 percent (280 of 698 workers) of CPS-O staff had caseloads of no more than 30 families.¹¹

¹¹ For further explanation of how caseload standards were calculated, please see the methodology section in the Appendix. Note that the DHS caseload information form filled out by the individual offices contains two categories each for CPS investigations and CPS on-going cases – those cases that are pending supervisory review and those cases that are not. On July 9, 2009, in a letter to the Director of the Children's Services Administration, the monitoring team memorialized for DHS earlier discussions in which it was made clear that all CPS investigations and on-going cases are active cases and as such would be counted on caseloads until they close, including both those cases that are pending supervisory review and those that are not. Caseload print-outs in local office reviews listed both pending and non-pending cases so the monitoring team was able to verify that information during numerous on-site visits across the State. Nonetheless, in February 2010, DHS raised the possibility that some offices – they could not document which ones – could have misunderstood the DHS instructions and included pending cases in both the non-pending and pending categories. DHS cannot reconstruct the caseload data from either April or August 2009 in order to ensure that some cases were not duplicated. Moving forward into Period Three, DHS will provide further detail in the instructions in order to ensure no cases are duplicated. Regardless, however, DHS concedes that even if all potential duplication were eliminated, they still did not comply with the caseload standards for CPS investigations or CPS on-going cases in either April 2009, when the standard was to have been met, or in August 2009.

Table 7 – Child Protective Services Caseloads – April 2009

Child Protective Services – Investigations			
April 2009	Staff	1 Staff to 16 Cases Target = 95%	
5 Largest Public Counties	303	83	27%
78 Public Counties	444	228	51%
Total	747	311	42%

Child Protective Services – Ongoing			
April 2009	Staff	1 Staff to 30 Children Target = 95%	
5 Largest Public Counties	284	69	24%
78 Public Counties	414	211	51%
Total	698	280	40%

These initial data demonstrated that DHS had further work to do to achieve the caseload reductions it committed to as of April 2009, particularly in the five largest counties where performance was 27 percent (CPS-I) and 24 percent (CPS-O).

By August 2009, DHS' performance had improved on both standards:

Table 8 – Child Protective Services Caseloads (August 2009)

Child Protective Services – Investigations			
August 2009	All Staff	1 Staff to 16 Cases Target = 95%	
5 Largest Public Counties	312	179	57%
78 Public Counties	440	273	62%
Total	752	452	60%

Child Protective Services – Ongoing			
August 2009	All Staff	1 Staff to 30 Children Target = 95%	
5 Largest Public Counties	314	185	59%
78 Public Counties	460	299	65%
Total	774	484	63%

Between April and August 2009, DHS performance on CPS-I cases improved from 42 percent to 60 percent, an improvement of 18 percent, but still fell well below the agreed upon standard of 95 percent. Similarly, on CPS-O cases, DHS improved from 40 percent to 63 percent, an

improvement of 23 percent, but again, still well below the standard of 95 percent. For detail by county, see Appendix E.

The apparent improvement DHS made in CPS caseload standards over the period warrants an important caveat. Like many child welfare systems across the country, the volume of allegations of child maltreatment reported to Michigan’s DHS fluctuates over the course of each year. Most systems experience a surge in calls during the fall after students return to school because school personnel are often a primary source of referrals, and the data indicates that Michigan’s call volume usually peaks in October.¹² That surge ordinarily trends downward during the school year and ends in significantly decreased volume during the summer months when school is not in session. DHS’ caseload data suggest that it is fluctuating volume – higher in April, lower in August – that accounts for DHS’ improved performance:

Table 9 – CPS Case Volume

	Volume of CPS Cases*			
	April 2009 Compared to August 2009			
	April 2009	August 2009	Difference - #	Difference - %
5 Largest Public Counties	9,940	6,552	-3,388	-34%
78 Public Counties	11,193	9,394	-1,799	-16%
Private Agencies	N/A	N/A	N/A	N/A
Total	21,133	15,946	-5,187	-25%
* Includes CPS Investigation, CPS Investigation - Pending Review (i.e., awaiting supervisory approval), CPS Ongoing, and CPS - Ongoing Pending Review.				

DHS’ caseload reporting for August 2009 included 15,946 cases statewide, a 25 percent drop from the April 2009 total of 21,133. That decline was even more pronounced in the five largest public counties, which saw a 34 percent drop (from 9,940 to 6,552). The decline in cases in and of itself may be appropriate (and, as noted, is consistent with the experience in many other jurisdictions). It is, however, an indication that DHS’ improved performance on caseload

¹² DHS’ data confirms that schools are a primary source of referrals in Michigan as well. In FY2007, DHS investigated 13,295 complaints from school staff (including teachers, nurses, administrators, counselors, audiologists, and other school personnel), seventeen percent of all such complaints. Law enforcement was the second largest referral source, with 9,985, or thirteen percent of all such complaints. See Children’s Protective Services 2007 Trends Report (Michigan Department of Human Services, Feb. 2008), available at http://www.michigan.gov/documents/dhs/DHS-Legislative-Sec514-PA131-2007-CPS_227770_7.pdf. Similarly, in FY2008 DHS investigated 10,532 complaints from school personnel, approximately 15 percent of all such complaints. Law enforcement was again the second largest referral source, with 10,041, or approximately 14 percent of all such complaints. See Children’s Protective Services 2008 Trends Report (Michigan Department of Human Services, September 2009), available at http://www.michigan.gov/documents/dhs/DHS-Sec514-PA248-2008-CPS_291362_7.pdf

standards from April to August may be primarily due to fewer cases to manage, rather than to reform initiatives purposely undertaken pursuant to the Agreement. If that is the case, it suggests that DHS' progress may reverse itself as the seasonal trends progress. That could be particularly problematic in the five largest public counties, which saw the most significant swing between April and August – from 27 percent to 57 percent on CPS-I cases and from 24 percent to 59 percent on CPS-O cases.

For child welfare systems, it is critically important to manage the inflow of new cases. If CPS workers are overloaded with cases, they are unable to manage each case and make timely and well-informed decisions about how to proceed. That can create a backlog of cases at the front end of the system, which translates into a backlog of cases at each step through the system, compounding those delays again and again. Managing new cases and ensuring that they are handled well and expeditiously can ensure that cases work their way through the system smoothly; not managing new cases can leave a system overburdened with long-delayed cases and constantly working to catch up, delaying permanency for children and youth.

Finally, over-loaded investigators trigger safety concerns. Over and over again, the Achilles heel of child welfare is under-investment in investigative staff, leading to hurried and potentially less than thorough investigations. Investigative staff are the emergency room of the child welfare system – they have to be able to handle the surge when it comes in and staffing needs to be either maintained at a sufficiently high level to handle that surge or there need to be swing staff who can be delegated to CPS when that uptick occurs, returning to other work when it wanes. Staffing to the average does not work with CPS investigations. Given the fact that DHS missed this initial CPS standard even at the lowest point in the cycle, the monitoring team will be watching closely in Period Three for improvement, particularly as volume increases.

Foster Care and Adoption Caseloads

During Period One, DHS met the foster care caseload standards and maintained that achievement throughout Period Two. In April 2009, 90 percent of all foster care staff met the caseload standard of no more than 25 children, well in excess of the 60 percent that DHS committed to meet. At the same time, 96 percent of foster care staff had caseloads of no more than 30 children, just exceeding the standard of 95 percent.

Table 10 – Foster Care Caseloads – August 2009

August 2009	Foster Care				
	All Staff	1 Staff to 25 Children Target = 60%		1 Staff to 30 Children Target = 95%	
Five Largest Public Counties	362	325	90%	353	98%
78 Public Counties	359	312	87%	343	96%
Private Agencies	450	430	96%	444	99%
Total	1171	1067	91%	1140	97%

In August 2009, there were 1,171 staff providing foster care case management services, with 62 percent working in the public agencies and 38 percent working in private agencies. This is a slight decrease from the overall number of staff providing these services in April 2009 (1,192). The number of private agency staff increased slightly from April to August (431 to 450) as did the number of staff in the 78 public counties (350 to 359). The most significant distinction from the April 2009 data is the reduction in the number of public staff providing foster care services in the five largest counties, from 411 in April 2009 to 362 in August 2009. For county and agency detail for foster care caseloads, see Appendix F.

During Period One, DHS also reduced adoption caseloads, meeting the standards in the Agreement. In April 2009, there were 253 staff reported to have performed adoption work. Eighty percent achieved the standard of 25 or fewer children, exceeding the Agreement’s target of 60 percent. In the Agreement, DHS committed to continue to comply with that standard during Period Two. DHS did so, with 84 percent of staff meeting that standard in August 2009. DHS also committed to achieve another adoption caseload reduction during Period Two – that 95 percent of workers have no more than 30 cases. DHS did not achieve that standard, reporting that 89 percent of workers had no more than 30 cases, six percent below the requirement of 95 percent. For county and agency detail for adoption caseloads, see Appendix F.

Table 11 – Adoption Caseloads – August 2009

	Adoption				
	All Staff	1 Staff to 25 Children Target = 60%		1 Staff to 30 Children Target = 95%	
August 2009					
5 Largest Public Counties	20	15	75%	15	75%
78 Public Counties	33	13	39%	16	48%
Private Agencies	210	192	91%	203	97%
Total	263	220	84%	234	89%

In the course of verification work, the monitoring team identified that DHS’ contracts with private agencies explicitly provide that adoption cases transferred to them do not count on caseloads until termination of parental rights occurs. As discussed later in this report, there is a significant amount of work that the agency is responsible for and may undertake prior to termination, suggesting that these cases should be included on caseloads immediately upon transfer. Caseloads are about ensuring that staff have appropriate levels of work to operate efficiently and achieve good outcomes, and failing to acknowledge required work responsibilities as part of caseloads can create a misleading picture of staff’s level of effort as well as the level of investment in creating manageable caseloads to achieve good outcomes. The monitoring team will continue to assess this practice and engage in discussions with the parties during Period Three regarding the appropriate manner in which to address this group of cases with a focus on the fact that any change in the approach should further the end of achieving more timely adoptions.

The challenge for DHS moving forward is to identify the additional capacity necessary to meet caseload commitments and, even more important, support the significant expansion in adoption finalizations necessary to address the needs of children who are legally free awaiting an adoptive home.

E. Developing the Capacity for Assessment & Implementation

Accessing and Utilizing Data

Successfully implementing the commitments in the Agreement and the reform of Michigan's child welfare system require a growth and maturation of the ability to access and use data to diagnose systemic challenges, plan strategic interventions to remedy those challenges, and execute those strategies in a disciplined fashion. To DHS' credit, Period One saw a sharp increase in access to data, including access to child protective services data regarding investigations and substantiations of child maltreatment for the first time in more than two years. In Period Two, DHS continued to work hard to produce additional data and improve access to that data. Nonetheless, significant challenges identified in Period One continued into Period Two and new issues arose. In particular, the monitoring team is growing concerned about the quality of the data DHS is producing under the strain of increasing demand. Quality data with the time to review and analyze it at the highest levels of the organization are critical to ensuring sound decision-making.

In Period Two the appetite for data sparked in Period One grew, which is a positive development. Requests for data grew and grew to the point that the data management unit (DMU) found itself responsible for hundreds of new reports. As the period came to an end, the increase in volume threatened to overwhelm the DMU staff. The Agreement itself requires the production of extensive data to support the reform. Internal and external stakeholders are making a wide range of other data requests. Budget negotiations demanded significant data production. In addition to the standard NCANDS and AFCARS data (the submission of which has not always gone smoothly for DHS), the federal government's Child and Family Services Review (CFSR) required data in preparation for the on-site review that occurred in September. A relatively new federal requirement to produce monthly visitation data against aggressive targets loomed large throughout the period with a critical due date in Period Three. The upcoming Title IV-E federal fiscal audit and a range of other state auditing activity also increased the strain. A promising performance indicator system developed over the summer is in limbo, stalled at release because of issues with the web-based delivery system outside the control of the DMU. Finally, DMU is preparing to produce the first set of outcome data to be reported in Period Three based on system performance in Periods One and Two.

As detailed in the Period One report, DHS' ability to produce quality data is also constrained by limitations in their primary database, the Services Worker Support System (SWSS). Because of those constraints, DHS has retained an outside vendor, Fox Systems, to assess their database, diagnose challenges, and propose solutions, possibly including modification or even replacement of the system. Fox's report is not due until Period Four. During Period Two, DHS

invested significant time working with the vendor to diagnose system issues and identify the range of proposed solutions.

As the Fox report is being finalized, DHS will confer with the federal government and with the Legislature and State Budget Office (SBO) to identify the funds to invest to fix or replace the system and to ensure that it becomes compliant with federal standards. This process requires careful planning. It will be time-consuming¹³ and it will cost money either way – if DHS decides to fix or replace the system it will cost money, or if DHS decides to do nothing and leave SWSS functioning sub-optimally and non-compliant with federal standards, the federal Administration for Children and Families has a claim for repayment of the tens of millions of dollars that they contributed to the development of SWSS. The monitoring team will be following this process closely not only because DHS committed to ensuring their database becomes federally compliant, but more important, because good information is critical for a child welfare system to keep children safe and ensure permanency and well-being. Not addressing system limitations allows children to spend more time in care, inhibits monitoring of the most expensive forms of placement, and prohibits targeting expensive problems and system inefficiencies.

DHS has also faced the inability to find a suitable candidate to fill the statewide SWSS manager position, which left the DMU manager splitting her time between both responsibilities. Toward the end of Period Two, DHS decided to move her full-time to the SWSS manager position in order to keep that project on track and to name an existing DMU staff member as the acting manager.

DHS and some private agencies have agreed to team up on a pilot that will allow those agencies to do direct input into the SWSS system (currently all private agency data is entered by POS monitors). That pilot is promising and has the potential to address a range of issues identified in the Period One monitoring report. Preparation for the pilot is on-going and it is scheduled for implementation in Period Four. Data collection from the private agencies remains a challenge for all of the reasons described in Period One. Because of those challenges, DHS missed the deadline in Period Two to produce baseline data to assess the performance of private agencies against their new performance-based contract provisions.

The release of a new database for cash and food assistance called Bridges also impacted the reform as challenges with that system, which feeds critical functions in the SWSS system, slowed SWSS and even caused it to crash on occasion. Child welfare staff were trained on the elements of Bridges functionality that impact their work, a challenging task in the midst of the reform.

¹³ The Agreement recognized this process would take time and set a deadline of October 2012 for compliance. Whether the solution is a new system or modifications to the SWSS system, DHS will need all of that time to issue an RFP, make the award, complete the design, build and test the system, and train staff.

DHS' data production, while relying primarily on the DMU, is also dependent on other entities within and outside of DHS. The success of DMU depends heavily on strong and cooperative relationships with the State's Department of Information Technology (DIT). DHS leadership worked hard to partner with DIT throughout Period Two, with good results. The monitoring team will continue to pay close attention to this relationship because it is so critical to DHS' success. In addition, not all data produced to the monitoring team by DHS comes from the DMU. Other units within DHS are producing data – the Bureau of Child and Adult Licensing (BCAL), the Child Welfare Training Institute (CWTI), human resources, the field and the Children's Service Administration have built a range of separate tracking systems. DHS is struggling with mixed success to identify the right information and collect and analyze it. Ideally, the data produced by the other units within DHS would go through a standardized review and validation process and intersecting data sets would be tested against one another for consistency. But DHS has not yet created such a process and doing so would require making decisions about the DMU's capacity – either adding additional staff, prioritizing and reducing the existing workload, or some combination of both.

In the meantime, often because of the lack of coordination, critical data sets produced during Period One – that were represented as complete by DHS – showed flaws during Period Two. Those datasets include the permanency backlog, the relative home backlog, and the special review cohorts. There were also issues with maltreatment in care, failure to report, training, and other data sets necessary for Period Two. The details are discussed in the relevant sections. It is not surprising to the monitoring team that data produced initially in a reform might be flawed. The capacity to identify, input, and report on data needs to be developed – and hand-counting and multiple rounds of verification are a necessity. It takes time to understand the nuances of the existing data and the database. It takes experience to understand what the data means. As a result, it takes much work to produce an accurate data set in the first few years of the reform and the work needs to be approached with care.

In this area, data quality is the most important issue for DHS moving forward. Leadership needs to create an internal data exchange and verification process and that will require decisions about capacity, cooperation, and prioritization.

Implementing Quality Assurance

As reported in Period One, DHS produced a comprehensive continuous quality improvement plan. Work on most of that plan has been on hold as DHS concentrated its available CQI staff on the special reviews and the completion of an integrated fatality overview report.

Staffing remained a challenge throughout Period Two. Optimism that all positions would be filled foundered in the face of turnover, as several newly hired staff left to assume promotions.

At the end of Period Two, DHS reports 7 of the 12 allotted positions were filled.¹⁴ The acting manager of the CQI unit had returned to his underlying position and interviews were underway for a new CQI manager. As a consequence, DHS did not achieve the CQI manager and staffing commitments in the Agreement. DHS did train its staff in CQI processes and provided a concise version of that same training to key child welfare managers. The Quality Council, the membership of which is the same as that of the Children’s Services Cabinet, met during Period Two, received CQI training, and will begin its work in Period Three. The focus for DHS for Period Three must be on hiring a new CQI manager and filling all CQI staff positions.

Given the limited staffing and staff turnover, it is promising that this unit accomplished as many special reviews as it did. Other senior staff partnered with the CQI unit to complete reviews.

Table 12 – Special Review Cohorts

Cohort	Higher Risk Population	Identified Cohort Size*	Reviews Completed	
			#	%
A	Maltreatment - single allegation	345	327	95%
B	Maltreatment - multiple allegations	23	23	100%
C	Multiple placements	2,569	307	12%
D	Long-term residential care	478	105	22%
E	Unrelated unlicensed caregiver	172	36	21%

*These cohorts are the initial datasets and so include over-counts and some under-counts. See below and discussion in maltreatment in care section of this report.

The CQI unit produced its first special review report this period, focusing on the two maltreatment in care cohorts DHS is expected to make that report public during Period Three. The special review reports are due to be produced on a quarterly basis and, as with all quality assurance reports, will be made public.¹⁵

With respect to the other three populations, DHS made some initial findings. The initial review of the multiple placement population cohort surfaced significant data issues with data entry, coding, and changes in provider status that improperly registered as a change in placement. As a result, after reviewing a series of individual cases and refining the data parameters, DHS reduced the cohort by more than 20 percent to 2,023. For those cases that met the cohort definition, the reviewers identified a need for improved practice and documentation with

¹⁴ Other information submitted by DHS listed 8 staff – 4 of whom were due to start in November 2009, after Period Two – and 4 vacancies. In either situation, DHS QA was under-staffed.

¹⁵ The Agreement provides (XIV.D) that: “All reports provided by the QA unit shall become public record so long as any individually identifying information in relation to the temporary or permanent wards in DHS foster care custody is redacted from such report consistent with applicable state and federal confidentiality laws.”

respect to prevention of replacement, early identification of and engagement with relatives, and consideration of return home prior to replacement.

DHS reports greater initial success with identifying the long-term residential cohort through the database. But this cohort is shrinking as the overall residential care population is declining. As of September, the revised cohort number was 327, down 32 percent. Senior CSA staff took the lead in conducting these reviews. They identified the need for improved practice in planning for this population. The reviewers also underlined the necessity of developing an increased pool of foster homes and step-down alternatives such as therapeutic foster homes for both adolescents and children with special needs. DHS committed in the Agreement to precisely those initiatives.

Data selection issues surfaced again with respect to the unrelated, unlicensed caregiver cohort. As a result, it took individual case reviews to sort through each case and that cohort decreased to 121, down 30 percent. With the cases that remain in the cohort, the reviewers reported a need to improve documentation of efforts to pursue licensure.

Overall, DHS is seeking to learn from these reviews to revise its data selection and reviewing process. More important, much more will be learned about avenues to improve practice as these reviews continue. Moving forward, DHS will re-pull the quarterly data for each cohort with the revised parameters in order to surface any new children who may be in those cohorts. DHS has created a comprehensive review tool and will be revising that early in Period Three. For Period Three, DHS has set a goal of completing reviews for all identified children in four of the five cohorts. For the fifth and largest, the multiple placement cohort, they have committed to reviewing a statistically significant sample of those children. The results of the sampling and reviews will be shared with the monitoring team and with plaintiffs and integrated into the quarterly public reports.

A further quality assurance activity described in the Agreement involves DHS' implementation of a process for reviewing the case handling of all children who die while in out-of-home placement, regardless of cause, and to integrate lessons learned from these reviews in ongoing continuous quality improvement efforts. For all foster child deaths that occurred after March 31, 2008, child fatality reviews are due within six months of the date of death, and are shared under a protective order of the federal court with plaintiffs and the monitoring team. The Office of Family Advocate (OFA) is the designated unit within DHS responsible for completing these reviews. In almost all instances, fatality reviews are now undertaken by staff of the OFA.

Child fatality reviews were undertaken and provided to the monitoring team and plaintiffs timely during Period Two. During that period, DHS reported that 13 children died of various causes while in foster care. Of the 13, DHS referred nine for a child protective services investigation, eight of which were accepted for investigation and one of which was rejected. Of the eight investigations, one resulted in a confirmed case of child abuse or neglect.

DHS has also committed to produce an aggregate report of child deaths within 60 days of each reporting period that summarizes all of the deaths and identifies trends that, according to DHS,

“may identify areas that merit further inquiry and . . . help improve practice across the state.” The first such report, delivered by DHS after the close of Period Two and focusing on the first cohort of reviews that came due in Period One, concluded that DHS should focus on practice with younger children, as “[h]alf of the fatalities reviewed involved children 3 years of age or less.” DHS also concluded there is a need for improvement around documentation of children’s medical needs and care. The monitoring team expects DHS will make this report publicly available shortly, consistent with the Agreement. In future reports, the monitoring team will assess how DHS’ child fatality review process, including its statewide tracking of child fatalities and continuous quality improvement efforts, impacts its practice with children and families across the state.

Creating Effective Plans

As reported in Period One, planning continues to be a struggle. The overarching initial Implementation Plan process described in the Period One report extended into the summer. The revised plan did not meet with approval by the plaintiffs or the monitoring team and the process ended with a finding of non-compliance. The parties committed to re-engaging in the implementation planning process in Period Three.

As referenced in other sections of this report, DHS also had to create a series of other targeted plans throughout Period Two, including plans to create the new maltreatment in care units, for specialized population foster home recruitment, for utilizing data analysis to drive general foster home recruitment, and for improving health services to children involved in the child welfare system. Planning did not go well in any of these instances. DHS did make progress referencing data in its planning, but in some cases that data was inaccurate while in others the data was not utilized to set targets or drive a realistic capacity development process. The plans lack such basics as identification of the point person, timeframes, and targets. Substandard planning in Period One in such areas as the training of licensing staff and licensing or waiver of homes in the relative home backlog cohort continued to haunt DHS throughout Period Two and played a significant role in the agency’s failure to meet its commitments in those areas.

Reform processes have many moving parts and this Agreement contains a large number of elements that have to be implemented quickly. DHS leadership also has to overcome the historic triangulation between central office, the private agencies, and the local public offices. The monitoring team looks forward to DHS improving its planning in future periods.

III. Improving Safety

A. Establishing a Statewide Child Abuse Hotline

Every state child welfare system responsible for investigating reports of alleged child abuse or neglect must have a system to receive calls from members of the public and professionals who suspect that a child may be the victim of child abuse or neglect. Currently, each of DHS’ local offices has its own system in place, with screening staff receiving reports of alleged

maltreatment during business hours and with arrangements for after-hours screening and investigation. Each DHS local office determines whether to investigate each report and, if so, how quickly to investigate. Effectively, this creates a different system for each office – with different staff, different practices, and even different telephone numbers. Those differences allow for widely varied performance across the state – in two counties (Chippewa and Luce), local offices refer 36 percent of complaints to child protective services workers for investigation, while in another county (Wayne), 86 percent of complaints are referred for investigation. See Appendix B. That variation raises concerns about screening practices around the state that require DHS' immediate review and attention. The purpose of centralization is to create systems that make the right decisions consistently in the vast majority of cases in order to ensure that the agency investigates when it should, and refrains from investigating when it should not.

In order to bring consistency to the practice of receiving, screening, and acting on calls alleging maltreatment, DHS committed in the Agreement to phase out the local office screening systems and to establish a 24/7 centralized hotline with the necessary staff, information technology, and telecommunications systems to receive and manage all calls alleging child maltreatment across the state. This commitment, which DHS agreed would be fully implemented by April 2011, will create a system for all reporters of child maltreatment to call one well-publicized child abuse hotline number rather than requiring callers to identify the correct number out of many depending on the county they are in. Callers will reach screeners who have received the same training and who will be expected to make decisions in a consistent manner for all calls across the state, and screeners will be managed by supervisors whose only job will be to ensure that all reports are screened appropriately and consistently and are tracked, monitored, and sent to the field for investigation in a timely fashion. Centralization will also allow for robust continuous quality improvement of statewide screening practice, which will inure to the benefit of children across the state.

While the goal of creating the hotline is laudable, creating a statewide system is a formidable challenge. Effectively doing so will require addressing a range of issues, such as objections from local field offices who will be relinquishing control over screening decisions, to assessing the agency's capacity to ensure the timely transmission of reports from the hotline to the local DHS offices in the 83 counties throughout Michigan. In order for DHS to evaluate how best to design and implement a statewide hotline, the Agreement requires that the existing screening office in Wayne County function as a pilot site beginning in Period Three. Considering the Wayne County office as a pilot will afford DHS the opportunity to start with an existing centralized screening system (the Wayne County screening office receives and screens allegations of maltreatment for all of Wayne County, which includes four local offices) and

transform that system into a model centralized hotline. Based on that pilot, DHS will have the opportunity to assess what works and what can be replicated on a statewide basis.¹⁶

During Period Two, the agency appointed a manager to oversee implementation of both the Wayne pilot and the statewide hotline. A workgroup was established to gain input from screening staff in local DHS offices throughout the state. DHS began the important work of reviewing and evaluating policies; analyzing call volume and the number of calls referred for investigation; reviewing mechanisms for delivering referrals to local offices; and assessing staffing needs. DHS also began a review of its data and telecommunications capacity and has spoken with states throughout the country that have established statewide hotlines in order to review differing models, to understand the challenges, and to ensure that it is well prepared for making real this very important structural change. The monitoring team will report on the Wayne pilot implementation and progress toward establishing the statewide hotline in future monitoring reports.

B. Creating a Robust Child Protective Services Quality Assurance Process

DHS agreed to create a robust quality assurance – more properly, a continuous quality improvement (CQI) – process “to ensure that reports of abuse and neglect are competently investigated and that, in cases in which abuse and/or neglect is indicated, actions are taken and services are provided appropriate to the circumstances.” (V.C).

This process was to begin in April 2009. Initially, DHS believed that existing CPS review processes that relied heavily on local office supervisory case reviews would be sufficient. That process was in place in April (and, indeed, that process had been in place prior to the Agreement). However, DHS leadership reconsidered this approach during Period Two because they wanted to improve feedback between supervisors and staff and improve the case file review process.

To that end, DHS piloted a new CQI CPS process in August and September of 2009 in two counties. They chose one of the big five counties and one of the smaller counties. They incorporated a paper review utilizing the master case reading tool that DHS is committed to using for all of its CQI case reviews, but added a shadowing process in which supervisors would accompany staff on investigations, during visits, to permanency planning conferences, and to court.

The pilot results were very informative. Supervisors deemed the shadowing process invaluable. It added exponentially to what they learned in comparison with the case file review alone. They were positive about the new tool but wanted to see it revised to reflect critical skills like

¹⁶ Because Wayne’s rate of referral for investigation is the highest in the state, DHS will have to carefully assess the quality of the decision making in Wayne County to identify whether the pilot is over-referring some number of calls that need not be sent for investigation.

family engagement. This process retained the previous practice of having supervisors who were not the direct supervisors of that staff person on that case conduct the review and do the shadowing. That also allowed the opportunity for supervisors to communicate with each other about the supervisory practice in the office.

DHS expects to incorporate the learning from this pilot into a new proposal to the monitoring team about their CPS CQI process. The monitoring team expects that proposal to include further information about how the learning in the offices will provide feedback to central office to help shape improvements in training, support, and policy statewide.

For Period Two, the monitoring team finds that DHS does have a CPS QA process as contemplated by the Agreement but it is too soon to tell if that process will produce the necessary results.

C. Addressing Maltreatment in Care

A series of well-publicized maltreatment in care incidents helped trigger public awareness of the need for child welfare reform in Michigan.¹⁷ As distinct from child abuse and neglect that occurs in the community, maltreatment in care is the term for abuse or neglect that takes place after a child has been taken into the custody of the state and placed out of their own home in any type of placement – with a relative, in a foster home, or an institutional setting. Healthy child welfare systems pay close attention to identifying, responding to, and preventing abuse or neglect in care while dysfunctional child welfare systems struggle with high rates of maltreatment in care.

By the end of Period Two, DHS still did not know the extent of abuse or neglect in care in Michigan and had fallen behind in delivering on its commitments in the Agreement to define and address this critical issue.

In committing to reform its child welfare system, Michigan agreed to improve its ability to identify and address maltreatment in care when it occurs and to implement a series of reforms to lessen the number of maltreatment incidents. For the first year, the Agreement focused on:

- improving identification and reporting of maltreatment in care (V.D);
- conducting a series of individual special reviews for children living in a placement where there were one or more allegations of maltreatment (XIV.F.1.a);
- addressing issues of restraint, seclusion, and use of psychotropic medication, which present a heightened risk of maltreatment (XI.);

¹⁷ See Ruby Bailey, Jack Kresnak & Tina Lam. "Losing Isaac," Detroit Free Press (Series beginning January 29, 2007); Jack Kresnak, "Ricky Holland's Story," Detroit Free Press (Series beginning December 2, 2007).

- implementing new accountability tools to ensure maltreatment in care and corporal punishment are addressed through the licensing and contracting processes (XII.C); and
- planning for the implementation of new dedicated maltreatment in care investigation units at the start of Period Three (V.D).

With respect to the first two commitments, DHS made some progress but fell short. With respect to the other three, DHS still has much work to do. Entering the second year of reform, the commitments increase with implementation of the new specialized maltreatment investigation units in the five largest counties. DHS needs leadership to bring increased focus to this issue.

Documenting Maltreatment in Care

The threshold challenge in Michigan is that as of the end of Period Two, the size of the problem of maltreatment in care was unknown.

During this first year of reform, DHS' DMU identified a programming problem in previous maltreatment reporting. That programming defined the parameters of placement too narrowly, excluding, for example, thousands of children who were in the protective custody of the state who had been placed with relatives. The result was an official rate of maltreatment in care that was under-reported. Upon identifying the issue, DMU broadened the reporting parameters and the official maltreatment in care rate went up, an issue that surfaced during the recent Child and Family Services Review. But even with that increase, the new reported rate is still an under-count. DHS reports that their SACWIS database structure makes it difficult to match children in placement with substantiations, and it is also challenging to identify maltreatment in care allegations when a report is recorded. With respect to investigations in foster homes and relative homes, CPS has primary responsibility for conducting those investigations. Those investigations are recorded in the CPS database – but it was difficult for DHS to pull out those investigations that specifically pertain to maltreatment in care from the general pool of investigations. New policy, scheduled for dissemination in Period Three, will require that CPS staff screen, flag, and record maltreatment in care reports at the beginning of the process. That new policy is partnered with a change in the SACWIS database which makes it possible to flag these investigations, which will make it easier in the future to distinguish these reports from other CPS investigations. DHS' objective is that this change in policy and the change in the database, combined with the deployment of the new maltreatment investigation units, will improve the quality of DHS' data on maltreatment over time. In addition, DHS plans to do additional work on identifying maltreatment in care in the existing database in Period Three.

The other primary reason for under-reporting is that DHS bifurcates maltreatment in care investigation responsibilities. Investigations in relative and foster homes are handled by the

local offices through their CPS investigation units.¹⁸ But with respect to incidents in institutional care, primary responsibility resides with the Bureau of Child and Adult Licensing (BCAL). While BCAL conducts the investigation, BCAL lacks the authority to make a determination as to whether or not abuse or neglect occurred. Instead, BCAL investigates and then makes a recommendation to the local field office CPS unit to make a finding regarding whether maltreatment can be substantiated. During verification, it became clear to the monitoring team that the flow of information from BCAL to CPS is flawed. DHS did not provide documentation that incidents identified by BCAL which appear to involve maltreatment in care triggered the required CPS review, findings, and response, followed by the recording of those incidents in the principal CPS database. DHS hopes this will improve moving forward as in August 2009, BCAL was given the authority to enter maltreatment findings into the CPS database.

As discussed below, under the terms of the Agreement, responsibility for investigating alleged incidents of maltreatment in care will begin to be consolidated at the start of Period Three with the creation of new specialized maltreatment in care investigation units. These units will have staff dedicated to investigating all allegations in all placements, including institutional placements.¹⁹ However, statewide implementation is not targeted until Period Four. DHS cannot wait for full implementation of these new units to address the need to improve coordination between BCAL and local office CPS staff and improve identification and response to maltreatment in care. A review of a sample of BCAL special investigation reports raised serious concerns about the treatment of youth in some placements with the responses focused almost exclusively on institutional remedies – examples include: the firing of a staff person, the need for additional training, or flaws in personnel screening practices or staff coverage ratios - with little reference to the needs of the child or children involved. The monitoring team has brought these issues to the attention of DHS leadership and expects to see improvements over the next reporting period.

Between data and bifurcation, by the end of Period Two, DHS still had more work to do in order to be able to report on the extent of maltreatment in care. Moving forward, it is very likely that the reported rate of maltreatment in care will increase. This increase in reporting should not be confused with an increase in actual incidents of maltreatment in care. DHS needs to finish building the capacity to count maltreatment in care thoroughly. Once that information is sound, only then will it be possible to see trends with respect to maltreatment in care – and determine whether or not incidents are going up or down. But as of the end of Period Two, the inability to report accurately on this important measure means that DHS cannot fully meet the

¹⁸ In these cases, local licensing staff are also required to conduct a parallel investigations in addition to the CPS worker in the event that an allegation of maltreatment in placement results in a licensing violation.

¹⁹ DHS plans to continue to conduct licensing special investigations in parallel with the maltreatment investigations and reports they will coordinate those investigations as much as possible.

Agreement requirement which mandates accurate federal reporting, as this is a key federal measure. More important, from a practice perspective, DHS needs this information in order to assess patterns of maltreatment to keep children safe.

Special Reviews: A Window into Maltreatment in Care Issues in Michigan

As one element of its strategy to address maltreatment in care, DHS agreed to conduct special reviews of two higher risk groups of children: A) children living in any type of placement where there was an allegation that the child had been mistreated in that placement; and B) children living in an unlicensed relative or licensed foster home placement when there were three or more allegations the child had been mistreated in that placement. DHS has committed to public release of that report concurrent with this report. As a result, the details of that work will not be reported here. One caution: for the reasons reported above, this initial report on maltreatment in care does not include reviews for children in institutional placement, an issue DHS will have to remedy moving forward. In this report, DHS makes several recommendations designed to improve the investigation of allegations of maltreatment in care; improve documentation; and improve coordination between CPS, foster care, and licensing (both local office licensing staff and BCAL). The Corrective Action Plan as a result of this report is due in Period Three.

Restraint, Seclusion, Psychotropic Medication

In the Agreement, DHS agreed to prohibit the use of psychotropic medication as a method of discipline or control of any child, and amended its policies and provider contracts to this end in Period Two. DHS intends to publish these commitments in its Foster Care Manual in Period Three. DHS indicates there were two allegations during Period Two of an improper chemical restraint of children in contravention of this provision, both at the same private agency. Neither led to a substantiation based on DHS' existing investigative practices during Period Two. DHS also prohibited the use of Positive Peer Culture, peer-on-peer restraint, and any other form of physical discipline in all foster care placements as DHS pledged to do in the Agreement. DHS reviewed copies of every contract provider agency's policies to ensure that peer restraint has been removed as an authorized practice, and reports that no contract agency has utilized the practice since July 1, 2009. The monitoring team's review in Period Two was limited to a review of DHS' revised policies, interviews with public and private agency leadership staff, and review of the two investigation reports referenced above. In future periods, the monitoring team will assess DHS' implementation of these requirements.

DHS also committed in the Agreement to ensure that "[a]ll uses of physical restraint for children in any placements, and all uses of seclusion/isolation in group, residential, or institutional placements . . . [are] reported to the Quality Assurance ("QA") unit. Such reports shall be made available to the licensing unit and the Medical Director for appropriate action." (XI.B.1). However, DHS has not implemented this reporting requirement, nor taken any steps to do so, and as of the close of Period Two has collected no information in this area. This is particularly concerning because the monitoring team's review of BCAL special investigations

identified multiple issues with restraints, many of which identified the need for improved restraint training and adherence to policy. The monitoring team will review this area closely during Period Three.

Deploying New Tools to Improve Accountability for Maltreatment in Care

In the Agreement, DHS committed to deploy two powerful new tools to address concerns about maltreatment in care in contract agency supervised placements. One tool is incorporating an analysis of substantiations of maltreatment and incidents of corporal punishment into the re-licensing process. The second tool is a two-tiered response system to address agency failures to report maltreatment, with a second incident mandating contract termination. By the end of Period Two, Michigan had made very little progress in implementing these tools.

Incorporating an Assessment of Maltreatment Trends into Re-Licensure

DHS agreed to incorporate an analysis of maltreatment and substantiation incidents into the re-licensure process. As of the end of Period Two, DHS had not yet done so. Based on the information provided to the monitoring team, it appears that BCAL has neither sought access to all of the available and required maltreatment and corporal punishment information – information that would include not only institutional placements, but also non-institutional placements, and would include all such information over the course of the period under review. Nor has BCAL made analysis of that information a standard element of the re-licensure process.

With respect to the re-licensure process, the monitoring team requested the schedule for all agencies subject to re-licensure during the monitoring period; the number of substantiated maltreatment and corporal punishment incidents by contract agency; and an assessment of how those incidents had impacted re-licensure. In response, BCAL provided the list of agencies subject to re-licensure and a list of seven substantiated incidents which had occurred in institutional care during Period Two.

The list of seven incidents falls far short of the monitoring team's request. While DHS does have challenges with identifying maltreatment in care, as described above, it can generate a more complete list than the information provided here. No information was supplied with respect to corporal punishment.

The monitoring team next compared the list of seven incidents with the re-licensure schedule for Period Two and identified two agencies where the information overlapped. BCAL does post re-licensure reports on their website – but the two re-licensure reports for agencies identified in the substantiation list were not posted. The two agencies were both listed as being on provisional licenses, but it was unclear from the documentation that BCAL provided or the BCAL website whether the provisional licenses were related to consideration of the substantiations.

The monitoring team then read a sample of the available re-licensing reports from Period Two. The monitoring team found no documentation in any of those reports that DHS had, as DHS committed it would in the Agreement, taken into “due consideration” the history (or absence

of history) of any substantiations or corporal punishment that occurred at any of those facilities or contract agencies. (XII.C). The re-licensure reports concentrated on three areas: documentation that staff were properly screened; individual child-specific case documentation; and the physical plant. There appears to be no place on the standard re-licensure reporting form for the necessary and critical consideration of the history of maltreatment and corporal punishment.

When asked about practice in this area, BCAL asserts that it does not wait to address these issues until re-licensure but instead responds as the incidents arise during the special investigation process. The monitoring team reviewed a series of special investigation reports and confirmed that BCAL does address the issue of licensure with respect to each incident but was troubled by lack of evidence of consideration of patterns or trends with regard to substantiations in those reports, a requirement of the Agreement. In reviewing a sample of 25 special investigation reports, the monitoring team found only a single reference to a prior incident despite evidence in the documentation provided to the monitoring team and found on-line on the BCAL website that there were facilities with multiple incidents. While it makes sense that BCAL addresses these issues as they arise, they must also address these issues during the re-licensure process, in keeping with the Agreement. Looking at incidents – and the lack of incidents over time – provides a more complete picture of the practices at each agency. Moreover, BCAL cannot rely only on their own institutional data – they must coordinate with the rest of DHS to develop a process so that all maltreatment and corporal punishment information is incorporated into the standard re-licensure process.

Failure to Report Maltreatment

The second powerful tool created in the Agreement is a two-tier sanction process when DHS identifies that a contract agency has failed to report an allegation of maltreatment in care. The Agreement provides that with the first incident, DHS is obliged to conduct an immediate investigation and consider licensing or contractual sanctions if a finding of failure to report is sustained. If two incidents of failure to report are sustained within a year, the contract must be terminated.²⁰

This commitment in the Agreement became effective immediately, upon the signing of the Agreement. By the end of Period Two, DHS had not fully implemented it. During Period Two, at least one agency appears to have failed to report maltreatment twice within one year (and with the data and reporting issues there could be others). When alerted to this issue, DHS decided they had failed to put into place the necessary agency notification and administrative review processes and so declined to take required contractual action. DHS leadership reports that it

²⁰ In Michigan, many provider agencies operate multiple programs each of which may hold a different contract with DHS. The monitoring team and the parties are in the process of discussing this issue with the goal of achieving resolution soon.

will put those processes into place during Period Three. As a consequence, DHS failed to comply with this commitment during Period Two.

Other concerns also arose as the monitoring team conducted its verification work. The obligation to report abuse and neglect in care has always been clear – it is embedded in Michigan’s Child Protection Law and that obligation is reinforced in DHS contracts with private providers. However, it does not appear that this obligation has been consistently defined, recognized, and sanctioned in DHS’ interactions with the private agencies. DHS provided no information to the monitoring team on failures to report with respect to any incidents in non-institutional care. The only information DHS provided to the monitoring team about failures to report came from BCAL. In the BCAL context, identification of such failures to report rests on coding under the more general licensing violation of failure to adhere to the Child Protection Law. Interviews with private providers surfaced a concern on their part that licensing staff were not consistently defining or applying this provision, and a review of a sample of licensing reports by the monitoring team provided some support for this perspective. The private providers suggested that DHS leadership needed to provide guidance and monitor these findings more closely, particularly given the severe consequences of the sanction of a second finding of failure to report.

While this particular element of the Agreement addresses the obligation of the private agencies to report, the Child Protection Law (CPL) makes it clear that all stakeholders, public and private, have a common responsibility to keep children safe. This commitment is just one element of several in the Agreement designed to address maltreatment in care. DHS leadership must re-emphasize to all the importance of identifying and responding to maltreatment in care.

Planning for the Implementation of the Maltreatment in Care Investigation Units

During Period Two, DHS committed to submit their plan for implementing the Agreement requirement to create dedicated maltreatment in care investigation units in the five largest counties beginning in October 2009. Implementation of at least three units for the other 78 counties was scheduled under the Agreement for April 2010, but plaintiffs have consented to a request by DHS to defer that implementation until June 2010.

These units are a promising avenue for DHS to address many of the concerns raised above about the need for improved coordination in responding to allegations of maltreatment in care. The planning process for these units did not begin well. Production of the plan was delayed with the changes in field leadership. When the plan was provided to the monitoring team, it incorporated poor data that severely undercounted allegations of maltreatment in care. In relying on this data, DHS allocated too few staff to these units. The plan lacked information on training; analysis of the challenges inherent in investigations in institutional settings; clarity about reporting lines; and information on tracking, especially with regard to corrective action plans.

The new field leadership did move briskly towards implementation. As implementation began, the flaws in the planning process surfaced and the leadership in the five largest counties are

working hard to address these challenges as they arise. But that leadership does not have the authority to address the issue of the staffing under-allocations. Staffing for these units remains a grave concern particularly given DHS' failure to meet the overall child protective services caseload standards, as documented earlier in this report.

IV. Improving Placement Practice

Good placement practice is a combination of having the right range of resources; a good process for assessing the match between a child and a family; and exercising good decision-making skills during that matching process. Good placement practices improve safety for children, support their well-being, and aid in attaining swift and positive outcomes. In systems with placement deficits, matching systems tend to be non-existent or weak, and placement decision-making skills are not well-developed because there are very limited options and desperate staff place children wherever there is an opening. To ensure Michigan develops a strong placement practice, DHS committed to assess its existing placement array to develop resources where they were needed; invest in support for relative caregivers; create a statewide placement process that takes the child's needs and the family's capacity into account when making placement decisions; and articulate and implement key values and principles to guide that decision-making process to ensure that it leads to placement decisions that are in the best interests of children.

A. Implementing a Child Placement Process

DHS agreed to implement a high quality child placement process statewide. As a first step, DHS committed to complete an analysis of the Wayne County Child Placement Network (CPN), which is a five-year-old system in Wayne County that matches children with foster families. DHS committed that the analysis would include the strengths and weaknesses of the process and the agency's conclusions with respect to the appropriateness of utilizing the Wayne County system throughout the state. DHS also committed to develop an implementation plan and submit it to the monitoring team for approval.

DHS conducted its analysis of the Wayne CPN, describing the CPN's practice principles, placement procedures, and management systems. The analysis outlines what DHS perceives as strengths of the system, including: the ability to identify homes with multiple vacancies for sibling placements and homes that are close to the child's birth family; to provide members of the family team with assurances that the child's needs were taken into account when making the placement decision; to provide foster parents with significant information regarding the child's needs; to track both child removal and foster home data by zip code to identify where recruitment is needed; and to track child outcomes. The weaknesses in the system, as identified by DHS, include that there is not a "must accept" policy, with the result that the best matched home will not be available if the foster parent decides not to accept the child for placement; that several agencies do not update information in the system; that agencies place families on "hold" status for an array of reasons, making them unavailable in the CPN matching process; and that after-hours staff are not familiar with the system and so utilization is uneven. Based

on that analysis, DHS concluded that although there are weaknesses in the CPN model, those weaknesses are not attributed to the tool but to staff utilization in both public and private agencies. DHS further concluded that when accompanied by appropriate technology and additional enhancements, the CPN will be an appropriate placement process for statewide application. Other work by DHS over this same period also shed light on the outcomes associated with the placement process in Wayne County. For example, in the foster home data analysis described in further detail below, DHS noted the relatively low rate of placing siblings together in Wayne County and an overall foster home deficit. The combination of analyses satisfies DHS' commitment in the Agreement to assess the CPN.

As DHS continues this work and begins to implement the CPN statewide, DHS must pay particular attention to these analyses to ensure that challenges are redressed before statewide deployment.

With regard to implementation, however, DHS reported that they are not prepared to implement the system beyond Wayne County at this time. They plan to convene a public/private agency workgroup starting in Period Three to address the changes that will be needed to implement the CPN in the five largest counties and throughout all of Michigan by October 2011. As a result, DHS did not deliver on its commitment as it has not developed a plan to implement the CPN statewide on the schedule in the Agreement.

B. Changing Specific Placement Practices

As a key element of the reform, DHS committed to making significant changes designed to improve their placement process. Those commitments:

- Value placing children in keeping with their individual needs;
- Maintain DHS' long-standing commitment to placing children with relatives whenever possible;
- Recognize the benefit of keeping siblings together, which can provide much needed stability along with a built-in support system. Sibling placement is particularly beneficial for adolescents, who are much less likely to run away when placed with their siblings. Joint sibling placement also makes visitation for parents and caseworkers much easier;
- Support placing children in their home neighborhoods to aid parental visitation and to create the opportunity for children to continue attending their own schools and spending time with their friends;
- Strongly favor placing children in relative and foster homes over institutional placement; and

- Emphasize the need to place children with a permanency goal of adoption in a home where adoption is a possibility.²¹

Other commitments are designed to guard against negative placement practices that grow in systems under strain:

- Overloading individual foster homes with too many children, particularly too many young children or children with special needs;
- Placing high-risk children, like those with a history of violence or sexual acting out behavior, with children vulnerable to abuse;
- Placing children in detention centers; and
- Over-using temporary placements, like shelters.

Finally, the parties agreed that no child should be barred from a placement – or delayed in receiving the best placement – because of race, ethnicity or religion, and DHS agreed not to contract with any provider who gives preference on any of those bases.

Some of these placement improvements and restrictions are absolute. Others include an exception process that requires documentation that the placement is in the best interests of the child followed by review and approval at the highest levels of DHS leadership. In July 2009, DHS issued instructions to its local offices and the private agencies regarding most of these new placement commitments. That initial set of instructions raised questions, particularly with regard to the exception processes, which the leadership of the five largest counties and the field manager for the other 78 counties sought to address in further instructions. The second set of instructions streamlined that process, bringing many of the placement exceptions together into a single process for review. Field leadership was only just establishing a tracking system for this process towards the end of Period Two, and the monitoring team will begin reviewing that information in Period Three. This tracking system will allow for monitoring and verification, but it will also allow DHS to assess placement practice and identify areas of need.

Limitations on Out-of-County Placements

The Agreement provides two alternatives for measuring whether or not children are being placed relatively close to their home communities – placement within county or placement within a 75 mile radius, whichever is greater. DHS has opted to measure their performance based on the 75 mile radius but is not yet able to produce that data. Data entry on both the

²¹ The provisions regarding individualized child placement, placement with relatives, and prioritizing placement for a child with an adoption goal in a prospective adoptive home are discussed in the permanency section of this report.

home of origin and on the current placement needs to be improved before a valid statewide assessment can be completed.

Limitations on Separation of Siblings

The parties agreed that siblings who enter care together should be placed together unless such placement is harmful to one or more of the siblings; one of the siblings has exceptional needs that can only be met in a specialized placement; or the size of the sibling group makes such placement impractical.

The instructions to the field issued in July 2009 reflect the terms of the Agreement, including the exceptions, but do not explain to staff how to reconcile this commitment with the other placement commitments. In Period Two, the specialized foster home recruitment plan and interviews in local offices reflected a misunderstanding that the cap on the number of children who can be placed in a home bars placing sibling groups larger than three together. In fact, those larger sibling groups can be placed together but an exception must be requested for every sibling group over three – and there are hundreds of such sibling groups in Michigan. (Note that exceptions might also have to be requested for sibling groups that are two and three depending on the circumstances of the home and those children.) In reviewing the initial placement tracking information provided by DHS, there are staff who are asking for an exception for placement of siblings together. But as the tracking system was instituted later in Period Two and was not yet fully comprehensive, it does not suffice as documentation that this process of reconciling the placement cap provision and the provision to place siblings together is clearly understood. Moving forward, staff must be encouraged to ask for the exception, and the exception process cannot be so burdensome as to discourage staff from doing so. Field leadership is clear that they would grant such an exception (unless there is a best interest reason to do otherwise) but the challenge is getting staff to understand the inter-locking commitments and make the request. The monitoring team brought this concern to the attention of DHS leadership and will be following up in Period Three to see what measures have been taken to clarify this issue; to make any necessary proposals for changes to the exception process to make it as accessible as possible on this issue; and will be looking at data for new entries into care to see if sibling placement rates are beginning to change.

Currently, as documented in the Needs Assessment and in the DHS special population foster home analysis, and as the parties recognized in the Agreement, DHS has much work to do to improve sibling placement rates. The majority of the children in care in Michigan are part of a sibling group – two out of every three.²² The majority of sibling groups consist of two or three siblings, 80 percent, but one out of every five children is part of a sibling group of four or more. DHS reports that as of June 30, 2009, statewide, only 31 percent of children were living with all

²² Needs Assessment, at 63 (based on DHS data).

of their siblings in care.²³ Surprisingly, only 57 percent of children in groups of two are living together, with only 50 percent for children in the five largest counties. Over the last year, statewide, 45 percent of the children who came into care were placed with their siblings.²⁴ There is wide variation in initial sibling placement rates by county with the small counties presenting both the highest and lowest rates. Eleven of the 78 counties, all small counties, placed 100 percent of their siblings together. The lowest rates are in a mix of small, medium, and large counties with one county at the low of 21 percent and a variety of small, medium and large counties hovering at 35 percent or lower.

In sum, the majority of children in care are not living with their siblings. The large percentage of children in relatively small sibling groups of two and three not living with their siblings is a sign of the need for practice change to place more emphasis on keeping siblings together. The larger sibling groups – and Michigan has a lot of them – require more. These are the children most impacted by any confusion about the placement caps and these are the children for whom specialized foster home recruitment is a necessity.

The monitoring team will utilize the latest data from DHS – the 12-month entry data as of November 18, 2009 – as a baseline from which to begin to measure any progress on sibling placements going forward.

Limitations on the Number of Children in Foster Homes

The parties agreed that beginning in March 2009, “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 natural and/or adopted children. No placement will result in more than three children under the age of three residing in a foster home.” (X.B.3). Exceptions to this restriction are permitted, but must be made on an individual basis with an explanation of why placing the child in a home with more children is in that child’s best interest. Such placements must be approved by the county child welfare administrator, if the child is from one of the five largest counties, or the field manager in central office if the child is from one of the other 78 counties. The instructions to the field recognize that the request for an exception, review, and approval, if warranted, must occur swiftly as most children are placed in care under emergent circumstances.

This commitment looms largest in discussions the monitoring team had with staff in the public and private agencies. It is understandable that staff in a system such as Michigan’s, which lacks sufficient availability of foster homes (as discussed below), would express concern about a cap. When such a cap exists and available homes are scarce, staff believe that it will be more

²³ DHS Special Population Recruitment Plan, at 2.

²⁴ DMU, Data Warehouse, as of November 18, 2009.

difficult to find a home (even one with too many children) for a child exigently in need. These concerns underline the importance of expanding the pool of available foster homes, discussed below.

DHS cannot yet provide data on the number of children placed in foster homes that exceed the cap. In the absence of this data, the monitoring team cannot currently assess DHS' performance on this commitment.

Limitations on Placement in Jail, Correctional or Detention Facility

In the Agreement, the parties agreed to ensure that no child in DHS' custody is placed, either by DHS or with knowledge of DHS, in a jail, correctional, or detention facility unless placed pursuant to a delinquency charge. DHS committed to notify the State Court Administrative Office and the Michigan State Police of this prohibition and provide written instructions to immediately notify the local DHS office of any child in DHS' custody who has been placed in such a facility, which DHS did during Period Two.

The parties also agreed that if DHS learns that a child in DHS' custody has been placed in a jail, detention, or correctional facility without a delinquency charge, DHS will ensure the child is moved to a foster care placement as soon as practicable (but no later than five days) unless the court orders otherwise over DHS objection. To implement that commitment, DHS issued instructions to all Wayne County staff and staff of CPAs clarifying that no DHS office or contracted agency should recommend placement of a child or youth in foster care in the Wayne juvenile detention facility (JDF). The instructions also clarified that if a neglected youth is placed in the JDF pursuant to a delinquency petition, the youth should be moved immediately if the delinquency petition is dismissed. DHS leadership in Wayne County also undertook additional discussions with the Assistant Attorney General's Children and Youth Division to clarify the agency's position and the legal representation needed in these matters. DHS leadership had observed in Period One that a shortage of appropriate, accessible placements had contributed to the detention of children despite the absence of an underlying delinquency charge. During that period, detention had been the third most frequently used re-placement option statewide for foster children who had run away and then returned to placement.

Several judges and advocates advised the monitoring team that DHS practice improved in Period Two and that agency staff and counsel were careful not to request detention from the courts for youth in foster care custody in the absence of an underlying delinquency charge. Moreover, during Period Two, detention, jail, and correctional facilities went from the third-most used replacement option to the sixth, involving 23 (7.4 percent) of 311 youth. DHS also provided a list of 47 youth in foster care who were placed in detention, jail or a community justice center during Period Two. The monitoring team reviewed case records and other available data for 16 of these youth and determined that none of the reviewed children's detentions contravened DHS' commitments in the Agreement. Over the next year, the monitoring team will continue to analyze implementation of this commitment and report on Michigan's progress.

Limitations on Placement of High Risk Youth

In the Agreement, DHS also committed to not place children who are “at high risk for perpetrating violence or sexual assault in any foster care placement with foster children not so determined.” (X.B.6). DHS reports that it is in the process of drafting policies to implement this commitment, and that it intends to incorporate this commitment into a comprehensive policy that will guide workers’ decision-making regarding placement settings. While such a policy can be valuable, the only caveat is that it must be sufficiently clear that this commitment is mandatory, providing no discretion to override its terms, and this particular commitment cannot be just one of a number of factors to consider in the placement decision.

Limitations on Residential Placements

The parties agreed on a strict approval process in advance of placing a child in “a residential treatment center or any other group setting with a capacity in excess of eight children (campus-wide).” (X.B.7). That approval is premised on strict documentation that the child’s needs cannot be met in any other type of placement; that those needs can be met in the placement requested; and that the facility is the least restrictive placement that can do so. Approval can only be granted by the child welfare director in the five largest counties and the central office Children’s Field Services Manager for the other 78 counties. Placement in such a facility is to be reassessed every 90 days and any stay beyond six months must once again be approved at the same management level as the initial placement. If the stay extends beyond 12 months, the CSA Director or DHS Director must approve it.

At the end of Period One the population in institutional care, including shelters, was 1,217. By the end of Period Two that number had been reduced to 1,023, a decline of 16 percent, which is more than three times the overall drop in placement of five percent over that same period. The highest levels of DHS are paying close attention to the population in institutional placements, seeking to reduce the number of children entering those settings and working to either step children down to more family-like settings or return children home. DHS senior staff have taken the lead in the reviews for children in residential care for more than one year and are using that learning to begin to change practice. In Period Three, DHS reports that they will be setting up a residential placement unit to focus all of the agency’s efforts in this area.

Based on the data and the issued instructions, the monitoring team finds that DHS may have achieved this commitment during Period Two. However, because the tracking system is still so new and the information in it is not complete for all of Period Two, there is currently insufficient information for the monitoring team to be able to evaluate compliance. The monitoring team will be reviewing the special review cohort reporting on this group of youth, as well as the placement exception logs, and will have further information to report in this area for Period Three.

C. Building Recruitment, Retention & Licensing Capacity for Foster and Relative Homes

In order to improve placement practices and processes, the Agreement recognizes that a necessary foundational element is building a sufficient continuum of both foster and relative placements for children in foster care. Without that, matching the child with the optimal placement is impossible and workers will lack the option of a good match, settling instead for an available bed. While the overarching goal in the Agreement – ensuring that children have the right placement when out-of-home care is necessary – is the same for both relative and foster homes, the Agreement by necessity includes different commitments for each.

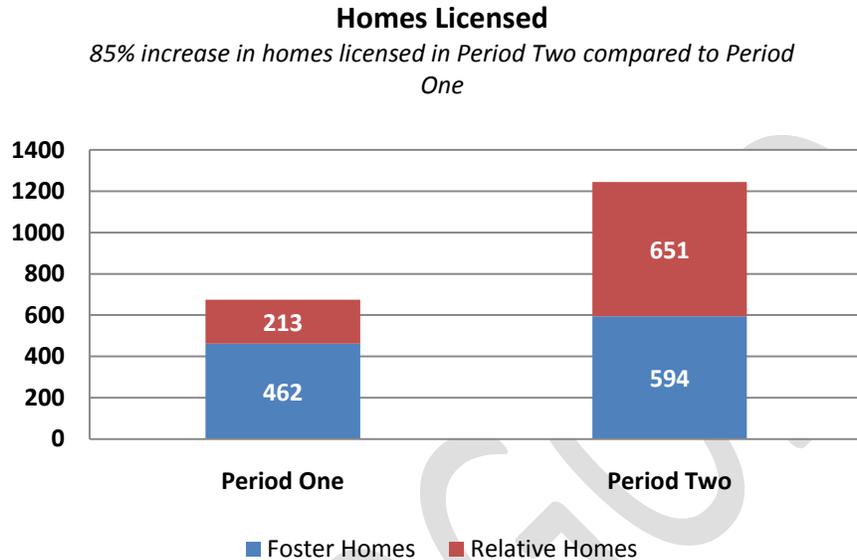
With respect to relative homes, the Agreement emphasizes sustaining Michigan's already demonstrated commitment to prioritizing placement with relatives. As is well-documented, children who are removed from their families are at risk of an array of adverse impacts when they are placed in foster care. At times, siblings are split, parental visitation is difficult, children are placed outside of their neighborhoods, and educational stability is compromised. Common sense dictates and research demonstrates that outcomes are better for children who are placed with relatives. Siblings are kept together more frequently; placement stability is better; children remain more often in their schools and neighborhoods; and children visit more frequently with their parents, an important indicator of successful reunification. To encourage relative placements and build on Michigan's already strong practice of placing children with relatives, the Agreement commitments focus on equity, to ensure that children in relative placement receive the same level of safety, services, and financial support as children placed in foster homes. To that end, DHS committed to transitioning large numbers of relatives from unlicensed to licensed – a status the parties believed would result in increased and equitable financial benefits to these families; improve safety screening during placement and visitation; and improve relative families' access to the continuum of foster home support services.

With respect to foster homes, the Agreement provides a process for DHS to assess need and build plans for recruitment, retention and support, with an emphasis on three special populations – sibling groups, adolescents, and children with special needs. With foster homes, there was a strong sense in formulating the Agreement that DHS would need to recruit more homes but be very strategic about where and how those homes were recruited. To that end, during the first year, DHS committed to creating two plans – an early one targeting the special populations, followed by a later one for the foster home population in the five largest counties. The due dates for both plans were deferred from Period One to Period Two to allow DHS more time to gather data and conduct more complete analyses.

Finally, to be successful, the parties recognized the need to increase the skill and expand the capacity of the licensing staff who would be responsible for the exponentially increased load of home studies, training, and licensing for both the relative and foster home populations. This series of bold commitments required a dramatic reversal of what had been a steady and significant downward trend in Michigan in recruitment and licensing for several years.

Taken together, DHS increased the number of relative and foster homes licensed by 85% from Period One to Period Two:

Figure 6



If that performance is sustained for all of 2009, that effort will result in DHS licensing more homes in 2009, 2,205, than in any of the preceding five years. (For detailed performance on foster and relative home licensing by county and by month, see Appendices F and G.) This increase represents progress. Unfortunately, it still falls far short of the more than 3,500 homes DHS needed to meet the terms of the Agreement. Instead of thousands of relative homes being licensed, hundreds were, and a review and waiver process designed to engage relatives to understand the benefits of licensure stalled. Further, DHS' recruitment plans for special populations and the five largest counties are not adequate to the challenges ahead. DHS leadership knows it needs to re-think its efforts in this arena and adopt different strategies if it is to be successful in meeting the tenets of the Agreement.

Relative Homes

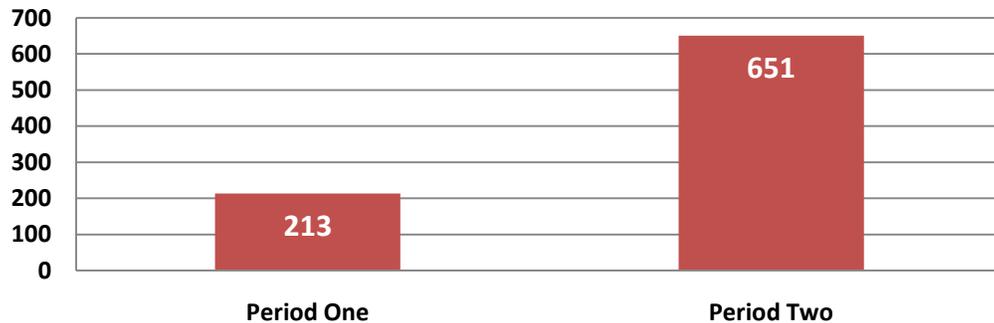
In advance of the Agreement, DHS embraced the need to license relatives. From January through September 2008, DHS licensed 116 relative homes. During Period One of the Agreement (October 2008 – March 2009), DHS licensed 213 relative homes.²⁵ During Period

²⁵ The number of relative homes licensed during Period One increased by 3 compared to the number reported in the Period One Report due to data entry lag. The number of foster homes licensed increased by 6 for the same reason.

Two, DHS increased relative licensure threefold, licensing 651 relative homes. In total, DHS licensed 864 relative homes during FY2009.

Figure 7

Relative Homes Licensed
(Comparison of Period One v. Period Two)
 (Three-Fold Increase)



Among the relative homes that were licensed, one in four were no longer utilized by the end of Period Two because the children had been moved or exited care. While the threefold increase represents progress, DHS needed to license at least 1,300 additional relative homes in order to meet the terms of the Agreement, as described below.²⁶

The commitments in the Agreement concerning relative homes can be divided into two categories. One is an effort to license and support relatives who were already caring for children in placement at the time the Agreement began, referred to as the “relative home backlog cohort.” The second, the “new relative home cohort,” is an effort to license and support relatives who choose to care for children newly entering placement or children who move to relative placement from a foster home or institutional placement after the Agreement began. Notably, critics of this set of commitments in the Agreement flagged for DHS early in Period One their concerns that DHS would retreat from utilizing relative care and that many children would be moved from relatives or not placed with them at all. To date, DHS continues to place children in relative care at a high rate, while the concern about moves remains an open question which DHS needs to resolve, as described below. But the issue looming largest concerns overall execution of the commitment to provide equitable support to relative caregivers through licensure.

²⁶ The Legislature set aside \$2.5 million for the private agencies to license 1,086 relative homes for fiscal years 2008 and 2009 but DHS data suggests the private agencies achieved just over 70% of that target. However, DHS reports that all of the funds were expended. Private agencies received partial payments for the work they did towards licensing relative homes that did not complete the licensing process.

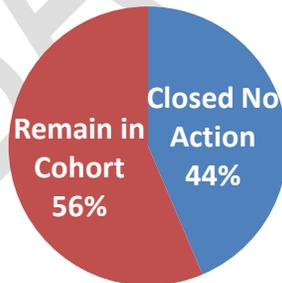
Relative Home Backlog Cohort

DHS achieved its goal of reviewing 50 percent of homes in the relative backlog cohort. To begin, of concern to the monitoring team is DHS' discovery of the need to make significant changes to the relative home backlog cohort baseline. DHS assessed that as of December 17, 2009, the corrected baseline for October 1, 2008 consists of 6,315²⁷ children living in 4,588 homes, compared to the previous information of 5,998 children in 4,028 homes. DHS reports that when they constructed the initial baseline on September 28, 2008, they did not account for the potential of data entry lag and did not fully review the baseline data in detail. Once they scrubbed the information, they removed 408 cases from the cohort but added another 642. The reasons for removal are basic, largely consisting of children who had either already exited care, were home, or had moved. DHS was silent as to the reasoning for the additions. Because this information was not shared with the monitoring team until January 2010, the team has not yet had the opportunity to verify the new baseline or discuss with DHS the reasoning for the additions. That work will have to happen in Period Three.

Utilizing DHS' adjusted baseline, the relative home backlog cohort shrunk substantially because of children exiting care, continuing the trend from Period One. Exits are to be expected as children achieve permanency or leave care for other reasons.

Figure 8

Relative Home Backlog Cohort
(Period Two Adjusted Baseline n=6,315)



As noted, DHS committed to review 50 percent of all homes in the relative home backlog by September 30, 2009. That review was to include a safety screen of the home and a discussion with the relative caretakers about the benefits of licensure as described above. The review process is to achieve one of three results: licensure, waiver, or moving the child.

²⁷ One document provided by DHS about the changes to the baseline cites 6,313 but the data by child adds up to 6,315.

In practice, the reviews did not go exactly as planned. Very few waivers were processed and so many families who may have been eligible for a waiver did not receive one. Furthermore, in reviewing a sample of waivers, the monitoring team found that at least half did not meet the criteria set forth in the Agreement. DHS then re-screened the waiver pool and reported a downward adjustment in valid waivers. Because that adjustment happened in January 2010, the monitoring team did not have the opportunity to review which waivers were retained by DHS as valid. The monitoring team will be doing further review of waivers in Period Three.

DHS also reported that 27 percent of children in this cohort were moved from relative homes. DHS did not supply comparison data so the monitoring team cannot assess how this compares with the experience of other children in care. The monitoring team expects DHS to address this question in Period Three. For the purposes of this report, the monitoring team is including moves in assessing the degree to which DHS met its obligations to review each home for licensure.

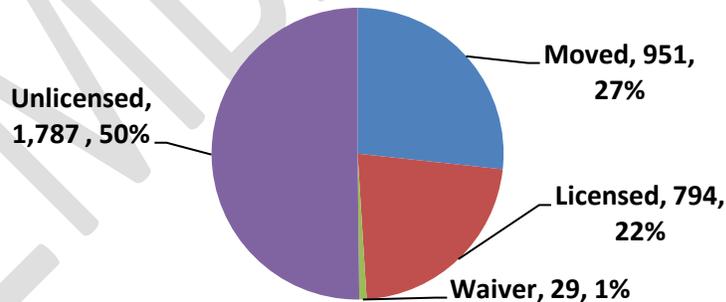
In addition, while most exits are excluded from the backlog – and so do not figure into the calculation of compliance with respect to reviews – exits which were preceded by either a move or licensure are included.

Including all of the moves and any exit preceded by either a move or licensure brings DHS into compliance with the target of reviewing 50 percent of the backlog cohort by September 30, 2009:

Figure 9

Relative Home Backlog Cohort

(6,315 children were living in relative homes when agreement began; excludes 2,754 which were closed, no action taken; n=3,561)



As this chart illustrates, DHS reviewed 50 percent of the homes in the relative caregiver backlog cohort with moves constituting the largest percent resolved, licensure the next largest group, and waiver with relatively little impact. There were 1,787 children who remained in homes that were unlicensed and without a waiver at the end of Period Two. Homes that were licensed prior to exit or to a move constitute 30 percent of the relative homes in the backlog cohort that were licensed over Periods One and Two.

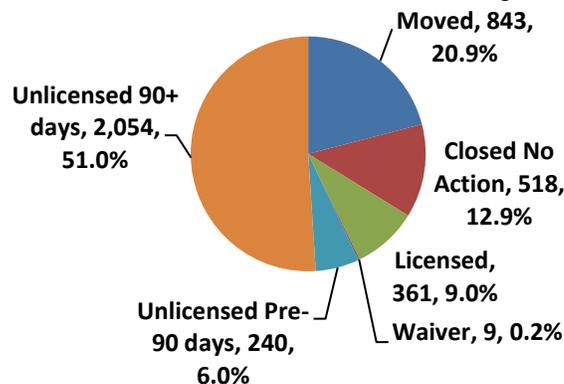
New Relative Home Cohort

In total, 4,025 children were in this cohort – 2,839 were children entering placement this year who were initially placed with unlicensed relatives, and another 1,186 were children who had been in other forms of placement and were moved to unlicensed relative homes. During FY09, 361 children (nine percent) resided in relative homes that became licensed. Nine children were in homes which received a waiver. Another 21 percent, or 843 children, were in unlicensed relative homes but they were moved from those homes. There were 518 children (13 percent) who exited care who had been placed in an unlicensed relative home and that home never received a license or waiver, labeled below as “Closed No Action.” Note that some of those children were in care for less than 90 days.

As for the remaining children, the Agreement states that unlicensed relative homes are to be licensed within 90 days. As DHS provided the data on licensure as of December 14, 2009, children placed in relative homes during the month of September were not yet due to be licensed – 240 children or 6 percent. The remaining 2,054 children (51 percent) were placed prior to September and remained in an unlicensed relative home.

Figure 10

New Relative Home Cohort
(incl. children newly entering care placed in unlicensed relative home & children moved to unlicensed relative home during FY09; n=4,025)



The Relative Placement Process

To facilitate new placements with relatives, DHS issued instructions to public and private staff explaining the unlicensed relative home placement process in October 2008. But as explained in the Period One report, those instructions resulted in some confusion and concern in the field and among stakeholders. Consequently, DHS issued an updated set of instructions on March 11, 2009. These instructions supported the utilization of relatives as a preferred placement resource; required that relatives meet specific standards related to safety and best interests of the child; and included information on a waiver process to exempt some relative homes from licensure.

The licensure process is triggered at the time of the relative placement with an emphasis on speed and safety. The home is to be visited and determined to be safe prior to the placement. Within 72 hours of the placement, DHS is to check law enforcement and child abuse registry records for all adults residing in the home. Within 30 days, DHS or one of its contract agencies is to complete the home study to assess whether the relative home can be licensed. If it can be licensed, the entire licensure process is to be completed within 90 days. DHS issued instructions to the field that reflect these requirements. However, a review by the monitoring team of both the waiver requests and licensure documents indicated that it was taking more than 30 days in some cases for the home study to be completed – and more than 90 days in most cases for homes to be licensed.

In the Agreement, the parties expressed a strong preference that all relatives be licensed. The Agreement allows a waiver of this requirement only in exceptional circumstances. In such situations, if the home meets all safety and best interest standards but the relative declines licensure, the assigned foster care worker is responsible for initiating the waiver process. The relative caretaker must sign the Relative Caretaker Licensing Waiver form, and supervisory approval is required with final approval by the County Administrator of Children's Services in the five largest counties or the Children's Services Field Manager in the other 78 counties. The waiver process must be completed on an annual basis for as long as the child remains in the relative home.

If the home cannot be licensed and is not eligible for waiver, the Agreement states that the child should be moved. A judge can, however, order that DHS keep children in an unlicensed relative home even if it does not meet licensing standards or standards for waiver.

The waiver process got off to a slow start. Although it was introduced to staff in March 2009, it became clear over the next several months that staff needed further instructions about the protocols for requesting a waiver. New instructions went out on August 5, 2009, outlining the exceptional circumstances that would permit placement to occur with the relative caretaker who either could not or would not become a licensed foster parent:

- Reunification of the child is imminent;
- The child is a permanent ward and the relative caretaker is pursuing adoption;
- The relative caregiver will become the child's guardian without guardianship assistance;
- The child is an Indian child as defined by the Indian Child Welfare Act;
- The case meets the requirements of the ICPC-Priority Placement;
- The court orders placement against DHS recommendation; or
- The Foster Care Review Board recommends that child remain with the relative caretaker against DHS' recommendation.

For a waiver to be considered, relative caretakers must be fully informed of the exact financial benefit they would receive if licensed, including consideration of an increased board rate based on the child’s special needs, and must agree to forego all financial benefits. The acknowledgement of waiver is accomplished through face-to-face discussion with the relative caretaker and is memorialized by the signing of the Relative Caregiver Waiver of Licensure form. All the other requirements for the waiver must also be met – background checks, safety assessments, best interest determination, and senior management approvals.

The detailed waiver instructions issued toward the end of Period Two were designed to address some issues with the quality of the waiver process confirmed by the monitoring team during verification. With only two months to absorb that information, the field was only just beginning to act on those instructions as the period came to an end. The monitoring team expects to see improvement in practice during subsequent monitoring periods.

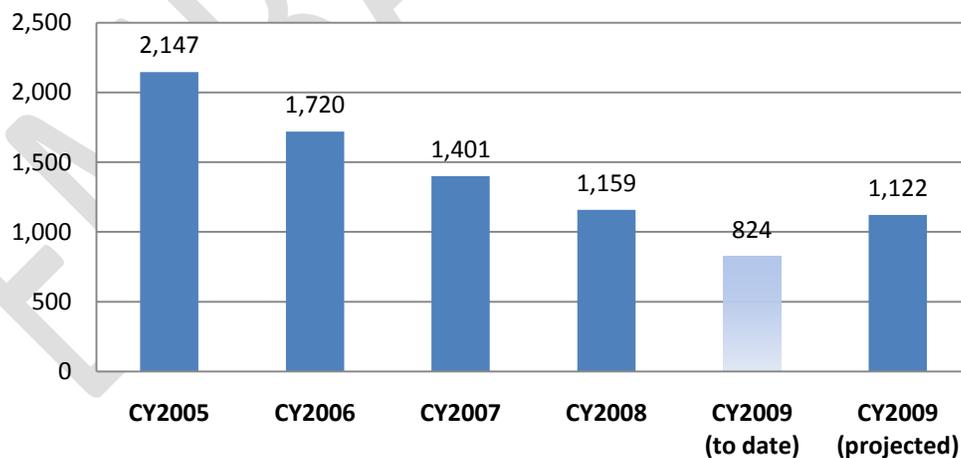
In all, DHS advised the monitoring team that 37 waivers were approved during Period Two.

Foster Homes

In the years preceding the Agreement, the public and private network comprising the Michigan child welfare system experienced a net loss of foster homes. The number of new home licenses issued declined dramatically:

Figure 11

Foster Home Licenses Issued
(excludes relative homes)

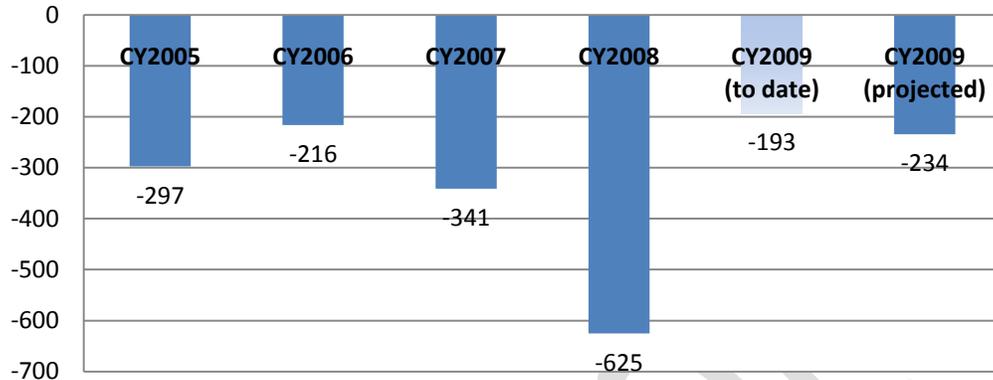


And the number of homes closing far exceeded the number of new homes opening:

Figure 12

Foster Homes Licensed v. Closed: Net Gain

(excludes relative homes)



As the Agreement began the net loss hit a new low, with the pool shrinking by more than 600 homes.

Foster homes can close for a wide range of good reasons – children return home, are adopted or gain permanent guardians, or there is a change in the foster family’s circumstances that take them out of the foster home pool – the birth of a new baby, moving, unemployment, illness or age. Foster homes also close for bad reasons – frustration with the level of financial or other support, a series of mismatches between children’s needs and the family’s capacity, or, at worst, because of maltreatment. Healthy child welfare systems reduce the negative reasons for closure but even the healthiest systems will have a substantial number of homes close each year for appropriate reasons. Those homes have to be replaced to ensure there are enough homes for the children coming into placement.

As demonstrated in the charts above, Michigan is projected to lose fewer foster homes in 2009 than in either of the two preceding years. That is a step in the right direction. But the Agreement requires Michigan build the capacity to expand the foster home pool – and by that measure, Michigan still has significant work to do.

Analyzing Overall Foster Home Need & Implementing a Plan to Meet that Need

In the Agreement, DHS committed to ensure there is an adequate supply of foster homes to meet the placement needs of all children in its custody. To that end, DHS committed to “gather, analyze and report relevant data and identify the extent to which its present array of available foster and adoptive homes is appropriate to the characteristics and needs of the foster care population.” (VIII.B.4). The data gathering and analysis were to have been completed for the five largest counties by March 2009, but DHS received an extension until the end of Period Two. A similar analysis is due for the balance of the state in Period Three. DHS also agreed to ensure that resources “are available to support the development and implementation of individualized adoption recruitment plans for children who are free for

adoption and whose goal is adoption but for whom no adoptive family has been identified.” (VIII.B.4).

During Period Two, DHS submitted its report on the five largest counties, entitled “Adoptive and Foster Home Capacity.” This report includes data regarding the number of children in care, available homes, and the gap between the two. DHS concludes that it must develop an additional 2,160 licensed foster homes statewide per year to accommodate new children entering care from these five counties. The data in the report documents an overall lack of bed capacity in these counties, especially for adolescents and sibling groups. The plan fails to address a required element in the Agreement – support for individualized adoptive home recruitment.

While the need to develop beds is identified, the analysis does not include a plan of action or county targets for home development. Rather, DHS indicates that each individual county will be responsible for implementing an annual foster and adoptive home development plan. It is not clear from this analysis how the counties will utilize data and assess their capacity to license homes and establish reasonable targets for achieving their goals.

The monitoring team appreciates the work that went into this analysis – and particularly applauds the utilization of data. Nonetheless, more work in the area of foster and adoptive home development is required in order for DHS to meet its obligation in this area of the Agreement.

Planning for Special Populations: Adolescents, Sibling Groups, and Children with Disabilities

DHS also agreed to prioritize developing and implementing a recruitment plan to increase the number of available placements for adolescents, sibling groups, and children with disabilities. Although this plan was initially due during Period One, DHS received an extension to complete the plan by September 30, 2009. For each category of placements, the plan was to include the number of placements to be developed; the strategies to be followed in developing such placements; and specific timetables with interim targets. In the Agreement, DHS committed to submit the plan to the monitoring team and plaintiffs for feedback, followed by a determination by the monitoring team as to whether or not the plan was sufficient. In the event the plan was deemed insufficient, the monitoring team is to work with the parties to create a revised plan. At the time of this writing, that process is on-going because the monitoring team has found the submitted plan to be insufficient as described below and the monitoring team will be sharing feedback with DHS from the plaintiffs as well.

DHS’ proposed plan is for five years, with yearly interim reviews. The plan identifies the number of children in each special population: at the point the plan was drafted, DHS identified 7,442 siblings who were placed apart; 1,011 children with disabilities, and 1,312 adolescents in non-family settings. The plan notes that the quality of the data in each category varies, expressing confidence with respect to the adolescents and sibling groups but some concerns about how well children with disabilities were identified in the database.

Rather than analyzing the numbers of children in each population and DHS' current foster home and licensing capacity, the plan sets the same target for home development for each population for the first year, 250 homes. The plan then sets incremental increases for each subsequent year, reaching 350 homes to be developed for siblings and adolescents by the year 2014, and 300 homes to be developed for children with disabilities in the year 2014. The plan further outlines strategies that DHS intends to employ to reach their designated targets. Strategies include development of a media campaign; a discussion of accessing and developing recruitment resources; training needs; and data collection and analysis.

Missing, however, is analysis of how DHS will develop the necessary capacity to achieve these goals. While there is data in the recruitment plan that identifies the number of children and youth in the populations, an analysis of how DHS established the yearly targets is absent from the plan. Unless DHS understands where the greatest needs exist, where there is staff capacity to begin to do the work, and how to set realistic targets for counties or clusters of counties, it will be very difficult for DHS to experience success.

A further concern is the statement in the plan that it may be "impractical to develop homes for large sibling groups due to the restrictions on placement of more than three foster children in a foster home." This interpretation is inconsistent with the Agreement commitment that siblings should be placed together, unless there is an exceptional reason to the contrary. As stated above in the section on the commitment to sibling placement, DHS must clear up this misconception and build the capacity to place large sibling groups together.

The monitoring team expects DHS to further analyze its data, evaluate capacity, and then set specific, commensurate targets for each population. DHS should also have a plan for how homes will be developed for sibling groups larger than three and a process for utilizing those homes that abides by all the relevant commitments in the Agreement.

This plan also fails to address the placement needs of the sub-population of these three groups of children, those requiring adoptive homes, which is a required element in the Agreement. Given the large backlog of Michigan's children awaiting adoption, such an assessment is critical.

Finally, DHS indicated in their plan the intention to embark on a media campaign. This element of the plan falls short because DHS has not addressed the capacity issues that already exist with their current licensing staff. In other jurisdictions, media campaigns have had negative results when those systems did not have the capacity to handle the influx of calls, respond quickly with orientations, or have sufficient capacity to train and license a large number of prospective foster parents. The plan must also balance the message of encouraging families to embrace these children, but also acknowledging the challenges and the supports the agency will offer relating to any special needs.

The recruitment plan, as submitted, falls short in terms of messaging, adequately analyzing, planning, resourcing, and addressing effective recruitment for the special populations.

Treatment Foster Homes

The Plaintiffs agreed to allow DHS to extend the deadline, from Period One to Period Two, to develop 50 treatment foster homes, a category of foster homes designed to serve children with higher levels of need. During Periods One and Two, DHS converted 59 existing foster homes to provide this level of care by increasing regulatory requirements, lowering the number of children who can be served, and providing clinical support for the homes. Transforming existing foster homes that are known to the agency and well suited for this work makes sense. It does, however, flag the pressing need to recruit more foster homes, as this strategy depletes the already insufficient pool of homes even further.

The Capacity Challenge

DHS made extensive commitments in the Agreement with regard to both foster and relative home licensure – and those commitments extended to ensuring there was sufficient staffing capacity to conduct safety screens, do home studies, review criminal and central registry databases, train families, and provide all of the other supports necessary to achieve licensure. In addition, DHS was obligated to train all licensing staff.

Staff Capacity

Two of the core challenges that DHS faced – and did not successfully address – are the need to designate new licensing staff and to maximize the efficiency of existing staff. The monitoring team is charged with assessing licensing staffing capacity for four commitments in the Agreement, two that pertain to relative homes, one that pertains to foster homes, and one that pertains to both:

- Relative Homes - During Period One, DHS was to have hired or contracted for 40 full-time staff to be devoted to the licensing of relative homes in the backlog cohort.
- Unlicensed Homes - With respect to unlicensed homes (almost all of which are relative homes), the Agreement requires the monitoring team to assess whether DHS has designated sufficient licensing staff to review all current unlicensed foster homes and to complete the licensing process for each family within 90 days.
- Foster Homes – Beginning in October 2009, the monitoring team must assess whether DHS has sufficient staffing capacity in order to execute the plans for recruitment, licensing and retention of foster homes, particularly the specialized recruitment for adolescents, sibling groups, and children with disabilities.
- Both Relative and Foster Homes - Beginning in October 2009, all licensing staff will have to meet caseload standards.

Based on DHS' decisions about licensing staff utilization and performance on resolving the backlog of relative caregivers awaiting licensure, the monitoring team concludes DHS did not

achieve the first two commitments. The third and fourth will be assessed during the next monitoring period but successfully addressing them will be critical to DHS' efforts to ensure timely licensure of both foster and relative homes.

DHS did not hire or contract for 40 full-time staff to focus on the speedy licensing of unlicensed relative homes. Instead, DHS' approach to this commitment was to hire 80 child welfare funding specialists (CWFS), with job descriptions that state that they are to spend time engaged in relative licensing activities. DHS maintained that those 80 half-time staff satisfied the Agreement's commitment to hire 40 full-time staff to be devoted to relative licensing. In the Period One report, the monitoring team raised concerns about how these staff were deployed, and those concerns heightened during Period Two as it became more and more apparent that these staff were playing a relatively small role in licensing relative backlog cohort homes. During verification work, the monitoring team found that most did some initial screening of the backlog cohort homes, criminal and registry background checks, but other licensing responsibilities were delegated elsewhere. CPS or foster care staff were given the responsibility of doing the initial home safety screening and assisting the relative caregivers through the waiver process. Unlicensed relative homes slated for licensing were then referred to private agencies to do the home studies, training, and other tasks associated with certifying the homes for licensure. In short, most relative licensing responsibilities were given to other staff, not the child welfare funding specialists. Not surprisingly, those staff reported that the pending federal IV-E audit and DHS' important emphasis on maximizing federal revenues consumed much of their attention. A further check of DHS' caseload reporting bore out this assessment as only six of the 80 CWFS staff had any licensing caseloads. All in all, the CWFS do not satisfy this commitment in the Agreement.²⁸

In addition to the specific requirement regarding the 40 new positions, DHS must also satisfy the Agreement provision requiring that it develop sufficient staff capacity to license unlicensed homes within 90 days. DHS did not meet this requirement during Period Two and needs to address this capacity issue moving forward. Hiring new staff is not the only issue. DHS also has the option of making better use of existing staff. During the first year of the reform, DHS failed to prioritize the work necessary for recruitment and licensure and to convey those priorities to staff, as is illustrated most clearly through its approach to licensing caseload reporting. In Period One, the monitoring team made DHS aware that the historical method DHS utilized to count licensing caseloads did not comport with the commitments in the Agreement and so would need to be revised.

²⁸ If DHS were to provide an analysis of baseline private agency capacity, including FTEs (this baseline appears to already exist) v. private agency hiring over the first year of the reform, also including FTEs, it appears to the monitoring team that there might have been enough private agency hiring to satisfy this provision in the Agreement. But because of DHS' position, the monitoring team is currently forced to find DHS out of compliance.

In assessing caseloads of licensing workers, DHS historically tracked the number of existing homes a licensing worker is responsible for maintaining, the number of potential homes a worker is responsible for licensing, and the number of alleged licensing violations; but only counted the first of those – already-existing homes – on the worker’s caseload. Giving no weight to the work associated with licensing new homes conveys to staff – as confirmed by monitoring team site visits – that staff should not prioritize or spend the requisite level of effort on licensure for those homes, which is directly contrary to the expressed aims of the Agreement and the goal of increasing the number of foster homes and licensing relative homes.

Under the Agreement, licensing staff are those “responsible for conducting home studies, licensing inspections, annual evaluations and other activities related to the licensing or monitoring of foster homes or residential care facilities, whether employed by DHS or by a private provider.” (See VI.C). That commitment plainly recognizes new licensing applications, supporting existing homes, and conducting complaint investigations as core licensing work. Therefore, in assessing licensing caseloads under the terms of the Agreement, the monitoring team suggested that DHS conduct a workload study to assess the relative weight of each of those responsibilities. DHS initially accepted then later declined, leaving it to the monitoring team to determine how licensing caseloads would be counted.

The monitoring team has concluded that licensing (relative and foster home) caseloads will be counted as follows: the norm is defined as two complaint investigations, 10 enrolled applications for licensure, and 24 existing homes, which together account for the FY2010 total of 36 cases. Using that standard, it is possible to have variations in the distribution of those responsibilities and still achieve the caseload standard. For example, if a licensing worker had three complaints and as many as 12 pending applications then that worker could oversee only 12 existing homes and stay within the weighted caseload standard. If a staff person conducts licensing work part-time, the percent of time devoted to licensing work must be assessed in evaluating what percentage of a caseload that staff person should have. Furthermore, all staff, including BCAL staff discussed below, must be assessed to determine whether they achieve the licensing caseload standards. The monitoring team continues to be available to work with DHS in applying this methodology to assess licensing caseloads for Period Three.

Using this methodology, DHS should first determine how much licensing staff capacity currently exists. Through Period Two, the licensing staff data improved but had not yet reached the state where it is possible to assess existing capacity. DHS provided the monitoring team with a list of licensing staff at both DHS and the private agencies.²⁹ However, DHS had not yet begun to consistently collect the necessary “full-time equivalent,” or FTE, information indicating whether the staff person did licensing work full-time or part-time. Because so many staff do licensing

²⁹ As in Period One, the list of licensing staff provided by DHS differs from the list of staff who carry licensing caseloads. But in Period Two the lists differed less, which is promising. The monitoring team expects this to be resolved in Period Three.

work part-time, such as the child welfare funding specialists, it is essential to include FTEs in assessing capacity.

Using the information that is available, the monitoring team estimates that there are approximately 291 FTE licensing staff, public and private. Based on that number of staff, it appears that each FTE staff person licensed four homes during Period Two, or less than one per month. At that rate, it would take more than 150 additional full-time licensing staff to meet this commitment in the Agreement.

In short, DHS needs to decide where to focus or improve the existing capacity, find new capacity, or do both in order to meet the terms of the Agreement.

In addition to field licensing staffing, there is a much smaller group of critical licensing staff in the Bureau of Child and Adult Licensing (BCAL). While staff in the field conduct the majority of the tasks associated with licensure, the final step rests with BCAL staff who review all of the information submitted to ensure it meets the standards for licensure before issuing the license. BCAL's work is included within the mandated 90-day period. Throughout Period Two, DHS concedes it was consistently not timely because of a lack of capacity at BCAL. In September 2009, BCAL leadership instructed their regional licensing consultants to assist with what had become a backlog of both foster and relative home licensing packets. As a result, 29 percent of relative homes and 21 percent of foster homes licensed for the year became licensed in September. BCAL now requires licensing consultants to spend at least two days per month in central office to assist with the increased volume of licensing packets coming into BCAL. BCAL leadership also has permission to hire an additional staff person full-time to assist with this work. It is not clear that these remedies will be sufficient to address the timeliness issue, but the monitoring team will reserve judgment until Period Three. But for Period Two, DHS did not achieve their licensing staffing capacity commitments both because of performance in the field and in BCAL.

Training

DHS agreed that all staff engaged in licensing work would receive licensing training. In implementing this commitment, DHS decided to rely on both the existing curriculum and existing licensing training infrastructure.

As documented in the Period One report, the licensing training infrastructure is sparse, consisting of two experienced senior licensing staff from BCAL who also have responsibility for reviewing the overwhelming majority of foster and relative home certifications for licensure and licensing those homes (see above). They provide both the certification and complaint training. Note that the training most relevant to foster and relative home recruitment is the certification training. Certification is the process of completing all of the tasks – training, home study, physical plant inspections, references, etc. – necessary to complete a full licensing packet.

The initial DHS licensing training plan produced during Period One proved inadequate in implementation. In Period One, the number of sessions scheduled and the cap on the number of staff who could be trained at each session fell far short of demand. In Period Two, BCAL increased the number of sessions but demand for licensing training continued to far outstrip the capacity of DHS to provide it. There was a 28 percent increase in the training provided during Period Two compared to Period One but demand was up even more, with registration increasing 74 percent. For the last certification training session of Period Two, 65 people registered for 25 slots.

Table 13 – Licensing Training

CERTIFICATION	Registered	Confirmed	Attended
April	62	27	23
May	53	26	24
June	63	26	18
July I	60	26	22
July II	52	26	22
Sept General	65	25	20
COMPLAINT	Registered	Confirmed	Attended
April	51	37	25
June	49	30	22
August	78	28	21
CWFS Licensing Training			Attended
Sept CWFS			28

Given the shortage in licensing training capacity, there was an opportunity to prioritize the provision of training for those licensing staff who were most likely to provide a return to DHS with respect to licensing either relative homes or foster homes. It does not appear that DHS pursued this opportunity. More than 40 percent of the staff trained were not considered by DHS to be licensing staff, according to the list of licensing staff provided by the agency. Even when caseload-carrying licensing staff omitted from DHS' list are added, it appears that one third of the staff trained were not involved in licensing DHS foster homes or relative homes. For the staff who were considered to be licensing staff, only 59 percent were trained and only 68 percent of the CWFS staff were trained. In short, there is a clear need to prioritize licensing training to ensure that licensing workers receive it.

Going forward, DHS will offer twelve certification training sessions and six complaint training sessions as it did over the first year of the reform. DHS is considering increasing class size. The monitoring team is concerned that this will still not be enough additional capacity to meet the need to train all licensing staff timely.

There also continues to be a failure to coordinate among BCAL, the field, the contracting staff, the CSA, and DHS human resources in identifying exactly which staff are hired to be licensing staff and what the expectations are about when and how they are going to be trained. The data provided to the monitoring team was piecemeal and incomplete. More important, given the failure to reach the licensing targets for year one of the reform, DHS needs to consider prioritizing training of these staff in order to get as many staff as possible available as quickly as possible to do licensing work.

V. Achieving Permanency for Children and Youth

In child welfare, permanency means a “legally permanent, nurturing family for every child.”³⁰ For children who must enter foster care because they cannot safely stay in their own homes, permanency means reunifying them with their families and returning them home as soon as the safety concerns are addressed. For those children who cannot return home safely, permanency can mean a family that adopts the child, a caregiver who obtains legal guardianship of the child, or a relative who offers the child a permanent placement. These all can provide a child with the care, support, and guidance that he or she needs through childhood, youth, and adolescence. The research is as clear as it is intuitive: children do better when they have safe, loving, and supportive families throughout their lives. Further, children in foster care are at risk for a whole host of adverse consequences, such as juvenile delinquency, unemployment, or becoming homeless.³¹ As a result, effective child welfare systems strive to achieve permanency for children as quickly as possible.

Under the Agreement, DHS committed to make dramatic improvements in permanency practice throughout the system to achieve better outcomes for children and families. At the same time, DHS also committed to move two identified groups of children – those who have been legally free for adoption or with a goal of reunification for more than one year as of January 1, 2009 – to permanency expeditiously. Each of these commitments is discussed below.

A. Improving Permanency Practice

During Period Two, DHS began the important work of defining strategies to achieve meaningful change in its permanency practices. In the Agreement, DHS committed to improve the quality

³⁰ <http://www.childwelfare.gov/permanency/overview/> (visited January 8, 2010).

³¹ Courtney, M., and Piliavin, I. (1998). *Foster youth transitions to adulthood: Outcomes 12 to 18 months after leaving out-of-home care*. Madison: University of Wisconsin; Dworsky, A., and Courtney, M. (2000). *Self-Sufficiency of Former Foster Youth in Wisconsin: Analysis of Unemployment Insurance Wage Data and Public Assistance Data*. Madison, WI: Institute for Research on Poverty; Widom, C.S., & Maxfield, J.B. (2001). *Research in brief: An update on the “cycle of violence.”* Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.

and efficacy of child and family assessments and service plans; to review and assign appropriate permanency goals for children in foster care; to implement family teaming and engagement strategies; and to utilize concurrent planning. DHS committed to begin implementation of these practices in Period Three.

In preparation for implementation, Period Two was well spent – DHS defined much of how current practice must change and articulated those changes to DHS and CPA staff and to system partners, the people who must now implement that change. Defining and articulating those changes, however, are only the first step. DHS is now challenged to ensure that not only are policies developed, but also that training is provided; that there are mechanisms in place to support DHS and CPA staff to understand how the practice elements come together as a whole to achieve good outcomes for children and families; and that there are meaningful opportunities for staff and system partners to raise questions and issues so that DHS can learn what is working well, identify what is not, and make course corrections along the way.

Because achieving timely permanency is such a critical, foundational element of a successful child welfare system, the Agreement's requirements are both specific and ambitious. DHS committed to improve practice in:

- *Permanency Planning Goals and Concurrent Planning* – DHS committed to review and revise the permanency goals for children in custody to ensure that children are only assigned federally-recognized goals and that children only have one such goal at a time, unless a concurrent goal is appropriate. Additionally, DHS also agreed to implement concurrent planning, which is the process of working towards family reunification while at the same time establishing an alternative permanency goal in the event the child cannot safely be reunified with his family. Finally, DHS also agreed to eliminate the permanency goals of Independent Living and Emancipation, goals that reflected a youth's exit from foster care but not a permanent connection to a committed family.
- *Assessments and Service Plans* – DHS committed to complete, within 30 days after a child's entry into foster care, a written assessment of each child's and family's strengths and needs and an initial service plan. The assessment must be of sound quality to inform decision-making about services and permanency planning, and the service plan must include the permanency goal; the services to be offered; and strategies that DHS and its providers will employ to work with the child, family, and foster parents to ensure that the child and family receive appropriate services and that the case goal is achieved. The assessment and the service plan must be updated quarterly.
- *Team Decision Making* – DHS committed to implement team decision making, a strategy designed to include every person with a connection to a child in key decisions about the child and the case. Members of the team can include the child (if appropriate), birth parents, foster parents (if any), family, friends, relatives,

caseworkers, service providers, and any other person identified by the child or family. These meetings are designed to engage the child and the family to empower them to achieve case goals.

- *Adoption and Subsidized Guardianship* – DHS agreed to specific commitments regarding children who are assigned a goal of adoption, including requirements to ensure timely finalization of the adoption and the provision of an adoption subsidy, as well as monitoring of disrupted adoptions and provision of guardianship subsidies.

Permanency Planning Goals

For each child who enters foster care, DHS identifies the child's permanency planning goal – e.g., reunification with birth parents or adoption. Historically, DHS assigned each child two goals – a federally-recognized goal and a Michigan-specific goal. As noted in the Agreement, DHS agreed to eliminate the use of Michigan permanency goals and instead assign each child a federal goal. Moreover, DHS also agreed to eliminate the permanency goals of independent living and emancipation, which indicate that a child will leave foster care without a permanent connection to a committed family.

Since the execution of the Agreement, DHS has made progress assigning each child in foster care a federally-recognized goal and eliminating the use of independent living and emancipation goals. This process began on June 12, 2009, when DHS issued instructions to all DHS and CPA staff that defined the new case goals, which include:

- Reunification with the child's birth family;
- Adoption;
- Guardianship;
- Permanent Placement with a Fit and Willing Relative;
- Another Planned Permanent Living Arrangement (APPLA), which involves the child continuing to live with the foster family while the case is open and the family agreeing to maintain a significant relationship with the child that continues even beyond foster care; and
- Another Planned Permanent Living Arrangement (APPLA-E), which involves a significant connection to an adult willing to be a permanency resource but may not involve the youth residing with the adult.

Compared to independent living and emancipation goals, APPLA goals add higher standards for achieving permanent connections for older youth. This is a critically important change that now

requires staff to identify a committed adult who agrees, in writing, to support the youth after they have exited from foster care in a range of ways that are identified in that agreement.

The instructions directed staff to review and change, as appropriate, case goals for all children and youth at their next scheduled permanency planning review, court hearing or team decision making meeting, and to establish and document one of the approved goals by September 30, 2009. DHS also developed a Permanency Goal Review Form (DHS 643) to document the case goal decision. Workers and supervisors are required to review and sign the goal review form which is then maintained in the child's case record.³² For all goals, DHS has been very clear that they cannot change the goal on their own and must receive court approval to effect the goal change.

For children with a case goal of reunification for 12 months or longer, staff were instructed to document the reasons for the continuation of the goal and to describe the services that are required for reunification to be achieved. When children have a reunification goal for 15 months or longer, compelling reasons must be documented and a time frame for return home must be identified. Supervisors must approve the continuation and that approval must be documented in the child's case file.

DHS also agreed to additional requirements for the permanency goals of APPLA, APPLA-E, and Placement with a Fit and Willing Relative. When one of those goals is established for a child, the goal must be reviewed and approved by the Director of DHS' Bureau of Child Welfare. DHS created a wavier process that involves field staff submitting the goal review form and relevant case information to the Bureau Director for approval of the case goal. With the Director's approval, the caseworker then requests court approval. When the court approves the child's goal, the child will be considered to have achieved permanency. This is not considered "final," however. The case will stay open and DHS has instructed caseworkers to review the goal every six months to determine if case circumstances have changed that would allow for a more permanent placement through reunification, adoption or guardianship.

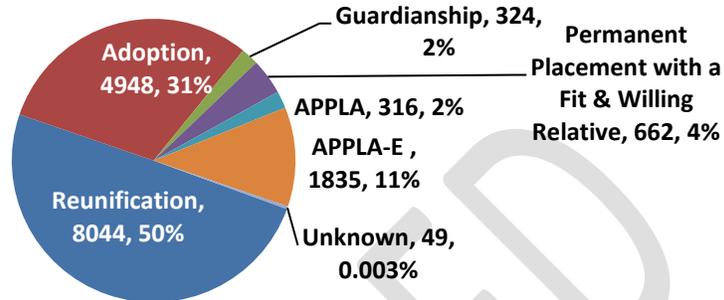
DHS held training regarding the new goals and requirements on June 29, 2009. The 83 counties sent representatives who participated in a day-long training that covered the permanency goal changes and the review and approval process. Each county was instructed to have local trainings for DHS staff, CPA staff, and courts no later than September 30, 2009. DHS central office staff also presented the information and training to the statewide Foster Care Review Board, statewide probate judges, the DHS County Directors meeting, and to a number of CPAs. The chart below documents the results of the initial stage of that process, the review by field staff in local offices and CPAs:

³² During the monitoring team's verification work, evidence of the Goal Review Form was found in children's case files.

Figure 13

Proposed Goals after Case Review

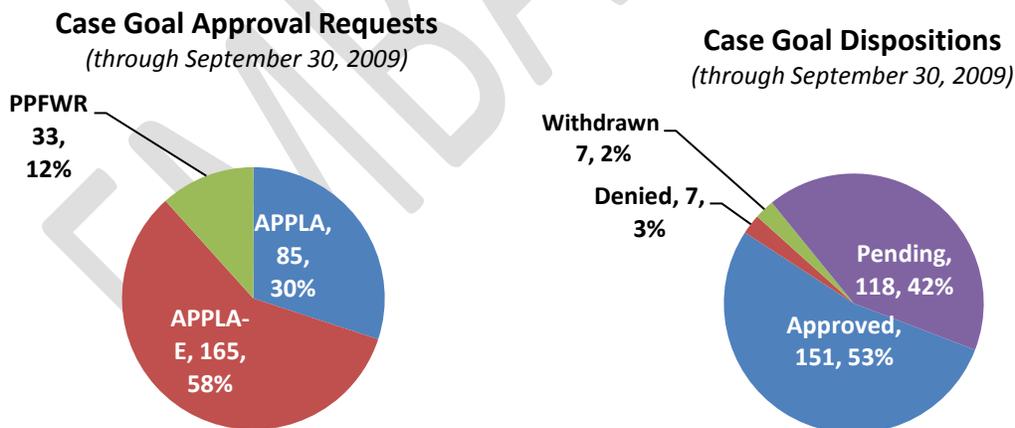
(as of September 30, 2009; n=16,178)



As the chart demonstrates, by September 30, 2009, DHS had completed the initial review of each child in placement and assigned a federally-recognized goal and eliminated the use of Michigan-only goals. Moreover, these proposed goals also eliminated the goals of independent living and emancipation.

As noted, however, the goals of Permanent Placement with a Fit and Willing Relative, APPLA, and APPLA-E require an additional approval from the Director of the Bureau of Child Welfare before they can be submitted for court approval. The charts below summarize the results of that approval process through September 30, 2009:

Figure 14



During Period Two, staff submitted goal approval requests for goals of APPLA, APPLA-E and Placement with a Fit and Willing Relative for 283 children and youth, only 10 percent of the approximately 2,800 children and youth who have been identified as appropriate for those goals. As would be expected with any new process, DHS reports that there were questions about many of the early waivers submitted that required follow up and dialogue with field staff

in order to make a determination regarding the goal. The case goal waiver requests improved over the course of Period Two and ongoing implementation of that process continues. The agency anticipates that the case goal approval process will become more integrated throughout Period Three and the monitoring team will continue to verify that all necessary waivers are submitted.

Concurrent Planning

Concurrent permanency planning is the process of working toward a child's reunification while, at the same time, establishing an alternative permanency goal in the event the child cannot safely be reunified with his or her family. As the case moves forward, if reunification is appropriate the child will be reunified; if not, the case will be ready to move toward the concurrent goal. When concurrent planning is not utilized, permanency work is done sequentially rather than concurrently, thus delaying permanency for a child. With concurrent planning, much – if not most – of the work toward the secondary goal will have been completed at the time of the goal change, meaning that the child can achieve permanency more timely.

DHS spent Period Two preparing to implement concurrent planning. The agency assembled a workgroup to gain input from stakeholders. The workgroup included both internal and external system partners who provided feedback on policy development, system changes, curriculum development, training and program evaluation. DHS also sought technical assistance from Casey Family Programs as well as the Michigan State University Child Welfare Resource Center in developing its plan to deploy concurrent planning.

After review, DHS chose to pilot concurrent permanency planning in Clinton and Gratiot counties based on DHS' assessment that these counties have a strong combination of the necessary leadership, capacity and court partnerships. DHS reached out to critical system partners in these counties for feedback, including the courts and foster parents, and reports that they drafted policy and protocols for the pilot sites. DHS has indicated that concurrent planning will be utilized for all new foster care cases with the goal of reunification and will include the practice elements of early relative search to identify more placement and permanency options earlier; team decision making; case planning meetings; full disclosure to families regarding the process and concurrent goals; timely and relevant service referrals; and frequent parent/child visitation.

DHS also developed and delivered to DHS and CPA staff in the pilot counties two days of training for caseworkers and a third day of training for supervisors, and central office staff are providing technical assistance. DHS' goal is to expand from the initial pilot counties to another larger county in early 2010, with statewide implementation continuing throughout that year.

Assessments and Service Plans

In the Agreement, DHS committed to complete written assessments of child and family strengths and needs and to develop comprehensive service plans within 30 days of a child's

entry into foster care. Comprehensive, individualized, and quality assessments of strength and needs are critical to effective child welfare practice. These assessments allow the agency to identify the family's natural strengths (*e.g.*, close relatives or a tightly-knit community) and use them to empower children and families to address the challenges they face. They also identify the family's needs so that DHS can work with the family to develop individualized plans for services to address those challenges meaningfully and timely. These plans must include attainable and measurable goals; identify parties responsible for each task; and include a strategy to engage effectively with the child, family, and all involved agencies to achieve the permanency goal. The Agreement also recognizes the critical role of the supervisor in guiding caseworkers through this process, requiring that supervisors review the plan and have a face-to-face meeting with the worker to discuss it, as well as meetings at least monthly on all cases.

This commitment is due in Period Three. To date, DHS reports that they have reviewed the case plan documents and have eliminated the Michigan case goals from the forms. A few minor changes have been made to correct scoring errors in the structured decision making tools utilized in the assessments. The monitoring team expects that the child and family assessments and service plan formats will be fully reviewed and updated by DHS to reflect the practice commitments in the Agreement (team decision making, placement decision making, concurrent planning, etc.) and will report on DHS' efforts in this regard in the next monitoring period.

Team Decision Making

In the Agreement, DHS also committed to implement team decision making, a strategy designed to include every person with a connection to a child in key decisions about the child and the case. Members of the team can include the child (if appropriate), birth parents, foster parents (if any), family, friends, relatives, caseworkers, service providers, and any other person identified by the child or family. Team meetings are intended to engage the child and the family to empower them to achieve case goals. DHS committed to implement team decision making at seven critical points in each case:

1. Prior to placement, or by the next working day after an emergency placement;
2. Prior to the transfer of a child in foster care to a different placement setting, or by the next working day after an emergency transfer;
3. Prior to reunification;
4. Prior to a change in the permanency goal;
5. When a child returns from Absent Without Legal Permission ("AWOLP") status;
6. When a child has been in care for nine months with a goal of reunification, and sufficient progress has not been achieved to ensure reunification within 12 months; and

7. When a child has been legally free for adoption for three months but does not have a permanent placement identified.

Although the implementation of team decision meetings is not targeted until the next monitoring period, as part of the Agreement's implementation plan commitment DHS agreed to produce an assessment of the agency's TDM capacity by July 31, 2009. The analysis was to include an assessment of current staff who are trained to facilitate team meetings; a workload analysis for the facilitation of team meetings with its consequent impact on caseload size for those chosen to act as facilitators; the number of facilitators needed to complete the TDM schedule set forth in the Agreement; and the impact on caseloads if current caseload-carrying workers are used as facilitators.

DHS' plan raised serious concerns, in large part due to DHS' reliance on foster care and other caseload-carrying workers to function as meeting facilitators. DHS intended to utilize caseload-carrying staff despite the fact that it had not yet reduced caseloads to manageable levels, which would likely compromise the ability of those staff to facilitate TDM meetings and perform other casework in an effective manner. There was also concern that utilizing case carrying staff would lead to inconsistent practice across the state, rather than one statewide model, utilizing full time non-caseload carrying staff, reflecting best practice. As a result of that feedback, DHS reconsidered and revised the TDM plan.

In accordance with the revised plan, DHS reported that it has engaged in a number of activities to prepare to meet the TDM commitment. At the outset, DHS renamed the Team Decision Making meetings "Permanency Planning Conferences," or PPCs. They did so to reinforce that the meetings must focus on permanency outcomes and to distinguish this initiative from an earlier one that had been deployed in part of the state, though that prior model is the model upon which the Agreement's commitments are based. DHS then conducted an analysis of the number of facilitators required in order to conduct PPCs for all children in care and began identifying those staff. Staff include existing facilitators deployed as part of the earlier initiative³³ as well as newly-identified DHS and CPA staff. The new facilitators received three days of training in preparation for assuming their new responsibilities. As a result, DHS reported that the 14 largest counties were to have trained non-caseload carrying facilitators to lead the PPCs by Period Three. This is a major shift from DHS' original plan and one that the monitoring team supports. DHS reports that in FY09 the CPA administrative rate was increased in part to enable CPAs to fund team decision making facilitators. The rate increase continued in FY10 and DHS reports that the CPAs have been provided the ongoing resources to fund this Settlement Agreement commitment.

³³ The existing facilitators are higher-level staff than DHS currently envisions performing this function. As a result, should these staff leave their positions the positions will be retained but will be filled at a lower level.

In addition, DHS determined that the SWSS system has the capacity to project when the PPCs should be occurring and is in the process of making that information available to DHS and CPA staff. Until that work is complete, PPCs will be tracked in an Access database. DHS also reports that a draft protocol has been developed, which the monitoring team will review in the next report when this commitment is due.

Permanency Tracking System

DHS spent much of the end of Period One and all of Period Two designing the reports for a Permanency Tracking System to capture and report on the elements of DHS' permanency practice. The list of reports is comprehensive and ambitious – 74 reports in all. After testing, central office began to make that data available to the local offices. They introduced the suite of reports at a statewide managers' meeting and then set aside time for individual managers to meet with data staff for some coaching on what information was available, how to access it, and how it might be used. They also planned to post the information on the intranet, utilizing engaging tools like mapping and simple ad hoc reporting tools to help local offices start to pull out their own data and do local targeted analysis. Some issues with the DHS intranet have slowed the ambitious data roll-out.

In introducing the information, leadership acknowledged to the managers that much of the data needed improvement. They struck a tone of partnership with the field to identify data or programming errors and barriers to data entry, and encouraged the field to identify information they thought was wrong or that needed revision. They also emphasized that improved data entry would help improve the quality of the reports.

DHS has shared available reports with the monitoring team. All of the data is available by county, some of it is available by private agency, and it is available at several levels – individual child, monthly, and yearly. Those reports cover all aspects of the permanency process – from removal to exit from care – and include:

- Reasons for removal and the identified challenges to reunification;
- Placement stability for open cases including information on average length of stay;
- Information on goals;
- Case milestones, including:
 - removal
 - goal or placement changes
 - children in care for nine or more months
 - termination of parental rights at three months
 - children returning from being absent without leave
 - reunification

- Case closures with average length of stay.

Visits to the field indicate that managers and senior staff are starting to use the information. They are hungry for good tracking and information systems – and when they are not satisfied with what they get from central office, they are designing their own. When central office capacity allows, they are trying to solicit feedback from the local offices so that the learning from the home-grown tracking systems can be driven into the statewide process.

DHS' theory is that the more staff in the field become familiar with the data and the opportunities that it presents, the more they will be willing to invest in improving data entry and teaming up with the central office to improve reporting.

The monitoring team believes this approach is right. The accuracy of the data will improve as more staff in the field use the information. The information at this stage is very raw, which is not surprising, both because it is still relatively early in the life of this reform and because there are real challenges with the existing database. DHS is opting to put a lot of information out to the field. The monitoring team's caution on this front, shared with leadership, is that there is value in focusing staff on a few critical reports and working to make those better, rather than trying to spread that effort across many. But the focus of DHS leadership in this area on building an active partnership with the field is exactly right. The monitoring team will continue to check in on the development of the permanency tracking system, looking in particular for evidence of its use in implementation, starting with a solution to the existing intranet access barrier.

Caseworker Visitation

Another key element of permanency practice – that also impacts safety and well-being – is visitation. For children removed from their families and placed in foster care, there are few elements of practice more critical than visits between the caseworker and the child, the child and the parents, and the child and siblings. 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.³⁴ In the Agreement, DHS committed to significant improvements in visitation practice, including:

- By October 2011, DHS committed to ensure that caseworkers visit children in foster care at least two times during each child's first month of placement (with at least one visit in

³⁴ 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* 9 (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.

the child’s placement and including a private meeting), and at least one time during each subsequent month;

- By October 2009, DHS committed to ensure that caseworkers 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) and call at least twice, and for subsequent months visit at least once (with one visit in every three-month period in the home) and call as needed;
- By October 2009, DHS committed to ensure that children with a goal of reunification visit their parents at least twice monthly unless specified exceptions exist; and
- By October 2009, DHS committed to ensure that siblings in foster care visit each other at least monthly unless specified exceptions exist.

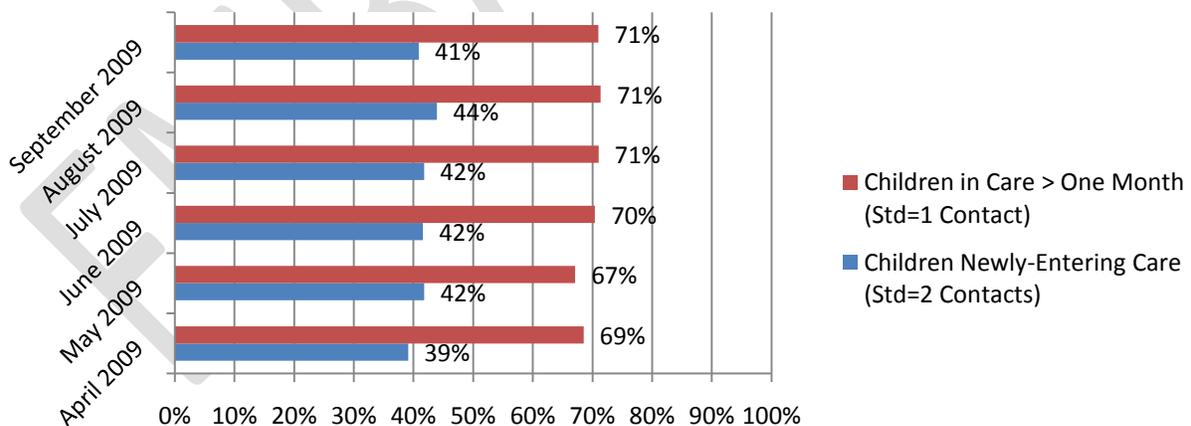
In order to prepare for the implementation of these commitments, DHS has focused on building the capacity to track and report on these visits. To date, DHS has built and released reporting to track worker/child visits and worker/parent visits statewide, including children supervised by DHS and by private agencies. DHS is currently testing the reporting to track parent/child visits, which DHS anticipates will be released in the near term. DHS cannot yet report on sibling visits.

This new reporting has allowed DHS to establish baseline performance on worker/child visits.

Figure 15

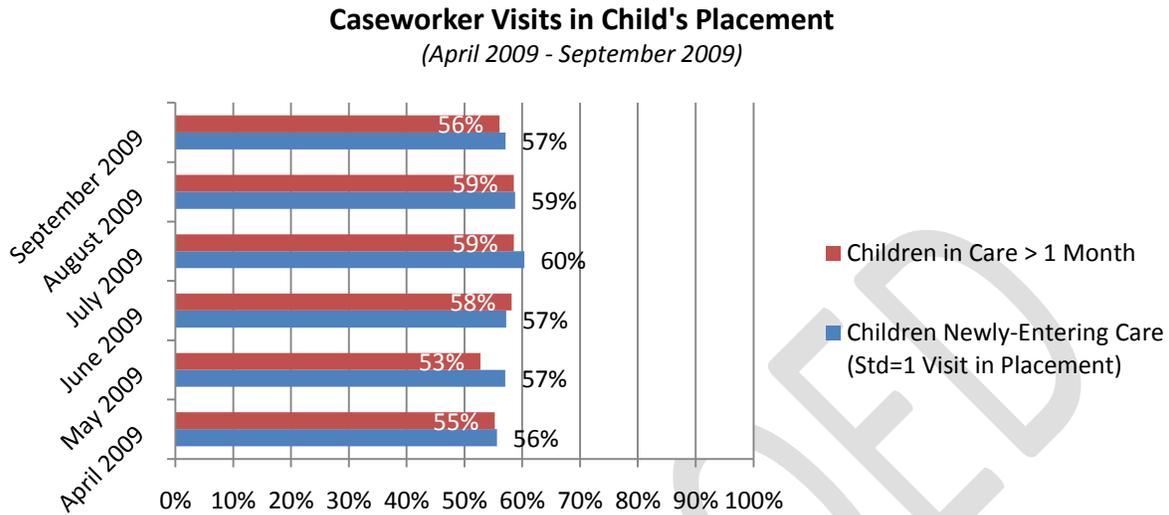
Caseworker Visitation

(April 2009 - September 2009)



As the data shows, DHS visited between 39 and 44 percent of children in care for one month or less at least twice during that first month, and between 69 and 71 percent of children in care for more than one month at least monthly. Similarly, the baseline data for the location of the visits also shows room for improvement:

Figure 16



Of the children who had two caseworker visits during their first month in care, at least one visit occurred in the child’s placement for between 56 and 60 percent of the children. For those children in care more than one month who received a caseworker visit, between 53 percent and 59 percent of those children had a visit in their placement. As the data demonstrates, DHS will need to bring focus and attention to visitation practice during the next monitoring period.

Adoption

As children remain in custody, DHS is responsible to ensure that those children achieve permanency through reunification, adoption, or guardianship. For those children whose parents’ rights have been terminated and who are therefore legally free for adoption, DHS must ensure that those children are adopted timely by families who, with the right support, will care for them forever. DHS’ performance moving legally free children to adoption timely is critical to the efficacy of the system for children and families and a core component of the Agreement.

Demographics of Children Adopted

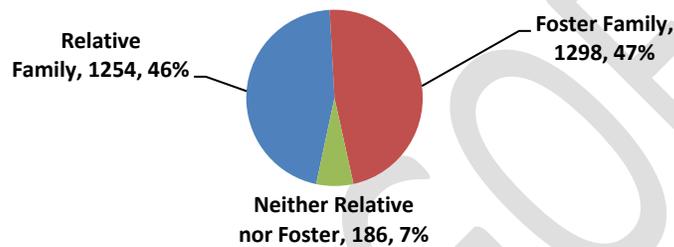
During FY2009 DHS finalized 2,793 adoptions. Of the finalized adoptions,³⁵ 1,386 children (51 percent) were five years old and under, 671 (24 percent) were age six to nine, 335 (12 percent)

³⁵ DHS initially reported that it had finalized 2,738 adoptions in FY2009 but has since has reported that, as of January 5, 2010, an additional fifty-five (55) adoptions were identified and recorded properly in SWSS for a total of 2,793 adoptions in FY2009. DHS only provided detailed data for the 2,738, however, so that data serves as the basis for all discussion and analysis in this report. As this report was being finalized, DHS further reported that they believed that the number had risen to 2,951 children with finalized adoptions. DHS plans to do further verification of this data and any updates will be reported in Period Three. DHS is also implementing new processes to ensure the finalization data is recorded more timely.

were age 10 to 12, and 346 (13 percent) were age 13 and older. With regard to race, 970 (35 percent) of the children adopted were African-American, 1,508 (55 percent) were White, 219 (eight percent) were Multi-racial, and 41 (1 percent) were Asian, American Indian or Alaskan Native, or unidentified. As the chart below demonstrates, the adoptions finalized in FY2009 were almost equally with relatives (46 percent) and with foster families (47 percent), with seven percent in new homes specifically recruited for children awaiting adoption.

Figure 17

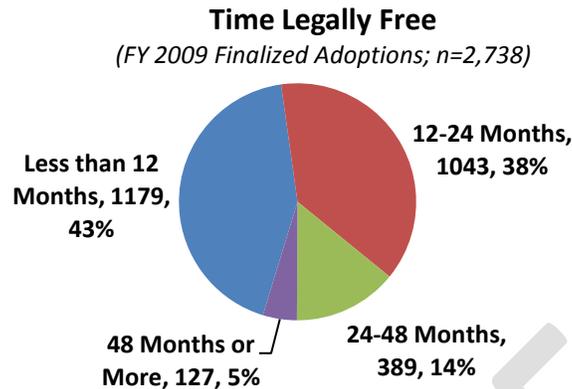
**Finalized Adoptions by Adoptive Family Type
(FY2009)**



In addition to ensuring that children are adopted, DHS must also ensure that they are adopted timely. The Agreement contemplates that children should not be legally free awaiting adoption for more than one year. As the chart below demonstrates, 43 percent of children adopted in FY2009 were adopted within one year of becoming legally free, while 57 percent were adopted more than one year later:³⁶

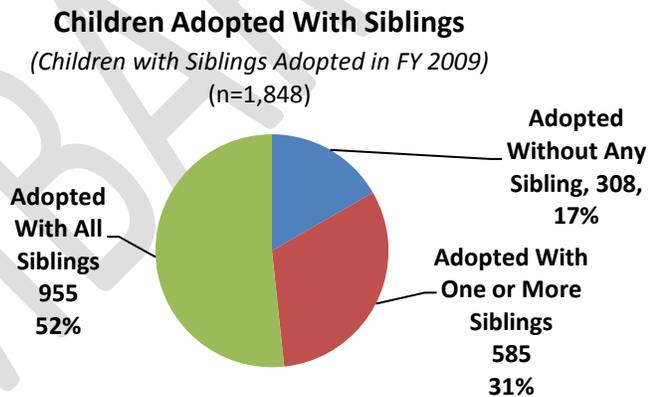
³⁶ This measure is informative, but does not present a comprehensive picture of DHS' performance because it is based on children who were successfully adopted and does not include those children who remained in care. To illustrate, if 100 children are adopted in a year and all of them had been in care for 12 months or less, this measure would show that 100 percent of children adopted achieved permanency within one year. If, again for example, 100 children are adopted and 50 of those children had been in care for less than 12 months while 50 had been in care more than 12 months, this measure would show that only 50 percent of those children achieved permanency within one year. A measure like this actually creates an incentive for child welfare systems to focus efforts on moving children who have been in the system a short time – and ignore those who are long-awaiting permanency - because that will show better performance. Such a measure does not necessarily drive better performance for the children who need it the most.

Figure 18



Another key measure of the success of a child welfare agency is the rate at which it keeps siblings together. There is a substantial body of evidence demonstrating conclusively that siblings who stay together achieve better outcomes – fewer runaways, more timely permanency, and improved well being, to name a few. As the chart below shows, a slight majority of all children adopted who have siblings were adopted with all of their siblings, while 83 percent were adopted with at least one sibling:

Figure 19



Improving the Adoption Process

If DHS' efforts to reunify a child in foster care with his or her parents are unsuccessful, the child's permanency goal may be changed from reunification to adoption. In Michigan, DHS decides that a goal change is appropriate and then seeks court approval for the change. That request may be made either as part of DHS' petition to terminate the parents' rights or independently as part of ongoing court review of the case. When that change is approved by the court, a DHS or private agency caseworker officially begins the adoption process, which first involves identifying a family to adopt the child. In the vast majority of cases – 93 percent of children adopted in FY2009, as noted above – the foster family or relative with whom the child

is living agrees to adopt. Ensuring that children who are legally free for adoption achieve permanency timely – or even at all – has been a mammoth challenge for DHS historically, as evidenced by the many thousands of legally free children awaiting adoption at the beginning of the Agreement. In order to address these challenges, DHS committed in the Agreement to a number of process requirements to ensure that adoptions are finalized timely:

- DHS must ensure that the petition for termination of parental rights is filed within two weeks from the date the child's goal is changed to adoption;
- DHS (or the CPA) must assign a worker with adoption expertise within 30 days of the goal change;
- Also within 30 days of the goal change, DHS must determine whether the child's foster parent is prepared to adopt the child. If no adoptive family has been identified, DHS must register the child on local, regional, and national adoption exchanges and develop and implement a recruitment plan to find an adoptive family for that child within 30 days of termination of parental rights.
- DHS must review that recruitment plan quarterly until the child is placed in an adoptive home. During the first six months, the reviews must be attended by the adoption supervisor and the worker; during the next six months, a DHS central office staffer with expertise in permanency must participate as well; and after one year, DHS is required to hire an outside expert to participate.

As part of its planning to implement these commitments, DHS interviewed public and private agency adoption staff across the state to assess current practice and concluded that practice varies by county and by agency.

Because adoption staff is both public and private, DHS is required to employ different mechanisms to implement the Agreement's commitments for those staff: DHS policy for public agency staff and contractual provisions for private agency staff. For public agency staff, DHS intends to issue instructions to require that:

1. A petition for termination must be filed within two weeks of a Permanency Planning Conference or case plan review meeting in which a decision is made to request that the court terminate parental rights and change the goal to adoption.
2. The foster care worker will request court approval of the goal change at the earliest possible opportunity, such as in cases where there is a court hearing scheduled before the hearing on the petition to terminate parental rights, but no later than at the hearing on the petition itself.
3. If the court agrees to change the goal to adoption – either at an earlier hearing or the petition hearing – a referral to adoption services will be made.

An adoption worker will be assigned within five working days of the acceptance of the referral and services will be initiated within seven days of assignment.

4. If the court denies the request to change the goal to adoption prior to the petition hearing, the foster care worker will continue with concurrent planning pending the hearing.
5. If the court orders the goal change to adoption at the petition hearing, a referral to adoption services will be made within two work days.
6. Adoption caseworkers will register a child for the adoption exchange³⁷ photo listing and create a child-specific adoptive home recruitment plan within 30 days of termination.

This proposed process does not, however, reflect the conferences the Agreement requires for child-specific recruitment plans. DHS intends to implement this process in Period Three, and the monitoring team will report on that implementation at the end of that period.

DHS applied these requirements to private agencies through contract amendments. Effective July 1, 2009, DHS included provisions in adoption contracts that require:

1. For those cases transferred from DHS to the agency, the agency must assign the case to an adoption worker within two working days from the date the agency accepts the case.
2. For those cases in which the agency is already providing foster care services, the agency must refer the case for adoption services at the change of goal to adoption or within two days of the court order terminating parental rights, whichever comes first, and must assign the case to an adoption worker within two days of the referral.
3. The agency must “begin adoption focused activities within 7 days of the acceptance of the referral for an adoption case transferred from DHS.”
4. The agency must “[e]nsure[e] that there is a commitment for adoption of the child from the foster parent(s) or relative(s) with whom the child is currently placed.”

³⁷ The Michigan Foster Care and Adoption Services Act, MCL 722.951 *et seq.*, requires DHS to maintain a registry of children available for adoption and a registry of prospective adoptive parents. DHS has contracted for this service, which is known as the Michigan Adoption Resource Exchange (MARE).

5. The agency must “develop a written child-specific plan to recruit an adoption resource for a child within 30 days of termination or acceptance of the case if there is no identified adoptive resource.”
6. “If no adoptive resource has been identified, the [agency] shall register the child for photo listing on the Michigan Adoption Resource Exchange (MARE) within 30 days of termination or acceptance of the case from DHS.”
7. In cases where no adoptive resource has been identified for six months, the agency must convene a meeting including the worker, supervisor, and a person designated by DHS to review and revise the recruitment plan.

DHS believes that together the revised policy and the new contractual provisions will address the requirements of the Agreement and create consistency across the state. According to DHS, under this process the adoption worker – whether public or private – will be assigned at the point the court orders the goal changed to adoption. That, according to DHS, will ensure that focused adoption work begins for every child as soon as there is agreement that adoption is the appropriate goal. In addition, DHS believes that this process will result in the filing of termination petitions before the goal is changed to adoption, which is even more ambitious than the Agreement’s requirement of filing the petition within two weeks after the goal change. Finally, DHS intends that both the revised policy and contracts will also mandate the other Agreement commitments: determining whether the foster family or relative will adopt the child and, if not, preparing a plan to recruit an adoptive home for the child and registering the child on adoption services (exchanges) within 30 days.

DHS has also identified that it will need to build the capacity to measure and report on performance on each of these elements. Some of these data will be reported out of DHS’ SWSS system while others will be reported from the Michigan Adoption Resource Exchange (MARE) system, which was recently re-bid and awarded to a new vendor. Until DHS implements this policy in the public agency and performance data are available, the monitoring team cannot assess whether DHS has achieved this commitment. The monitoring team will review all available data and report on performance during Period Three.

Given the legislative shift of the majority of adoption cases to private agencies, DHS now hopes to improve timeliness to adoption through an incentive payment system. These private agency contracts are now structured to pay agencies through two mechanisms: a per diem rate of \$17.29 for each day that adoption services are provided, capped at a total of 127 days (\$2,195.83); and an incentive payment based on the length of time it takes the agency to move the child from termination of parental rights to an adoptive placement. The incentive payment, which is ultimately reduced by the amount paid for the per diem rate, can significantly increase the amount paid to the agency as the time to adoptive placement decreases:

Table 14 – Contract Incentive Payments

Unit	Time from TPR/Acceptance of Case Transfer to Adoptive Placement	Rate Finalized Adoption	% Increase From Basic Rate
Basic	More than 12 Months	\$4,160	--
Standard	More than eight but less than 13 months	\$4,327	4%
Enhanced	More than five but less than nine months	\$7,051	69%
Premium	Less than five months	\$9,007	117%
MARE	Children Photo Listed	\$16,000	285%

With this framework, an agency will earn the per diem rate for every case assigned up to the cap of 127 days, at which point the agency will no longer earn the per diem rate and will be required to continue to manage the case through adoptive placement without receiving additional funds. Moreover, the rate that the agency will receive when the adoptive placement is achieved is also structured to incentivize timeliness, with enhancements ranging from four percent above the basic rate to more than double that rate. With the transition of the majority of adoption cases to agencies governed by these contracts, DHS believes that the median time to adoptive placement will decrease. The monitoring team will assess whether this strategy is effective in increasing the number of timely adoption finalizations during the next monitoring period.

The monitoring team has identified one concern about this work as it pertains to caseloads for adoption staff. According to DHS, a number of private agencies that have both the foster care and adoption cases routinely involve the adoption worker in the foster care case when the agency intends to request the goal change to adoption – but before the court approves that goal and terminates parental rights. Beginning the adoption work early is both laudable and appropriate because it should move the child to adoption more quickly. DHS' adoption contracts explicitly provide, however, that "cases will not be counted on an adoption worker's caseload until the court has ordered termination of parental rights." With that contractual language, agencies are not required to count cases on adoption workers' caseloads until termination is entered. As a result, a worker with a caseload of 25 cases where termination has occurred may also have some number of cases that, while not counted on that worker's caseload because they are pre-termination, are nonetheless assigned to the worker to begin performing adoption-related work. This situation could result in a worker having an inappropriate amount of work to do, in violation of the caseload standards.

Excessive caseloads, as has been shown time and time again, significantly impair a system's ability to achieve positive outcomes for children and families. That is no different whether the work is pre-termination or post-termination – the work is the same and requires the same attention and focus. This is particularly true because adoption workers may be called on to provide post-adoption services, which are also not counted on their caseloads. This effectively requires staff to do additional work above and beyond their formal caseloads at both the

beginning and the end of the adoption process. Moving forward, DHS needs to resolve these caseload counting issues to ensure staff receive the support they need to do this work and comply with the terms of the Agreement. Most important, this issue must be resolved with the sole focus on ensuring that children are adopted timely. Any solution that does not advance that objective does not support the values of the reform.

Adoption Disruptions

Finally, DHS also committed to provide the monitoring team with a list of all children whose pre-adoptive placements disrupted. To date, DHS has not produced this list for Period Two due to an issue with the SWSS system and the transition to a new MARE provider. DHS reported that it would be requesting manual counts from DHS adoption supervisors and from private adoption agencies, but the monitoring team was not provided that information.

Supporting Adoptive and Guardianship Families

The key to achieving timely adoptive placements is identifying appropriate adoptive families and providing them with the necessary support and information they need to make the lifelong commitment to adopt a child. To do its part, DHS has committed to support those families both during and after the adoption process. This is particularly important given that children adopted from the public child welfare system may have special needs that could, without support, effectively prohibit a family from welcoming that child into their lives. An array of meaningful post-adoption services is also critical to avoid adoption disruptions. To that end, the Agreement included commitments around providing support for adoptive families, including adoption subsidies, medical subsidies, and, in those cases where legal guardianship rather than adoption is the permanency outcome, guardianship subsidies.

In the Agreement, DHS committed to provide families that have expressed an interest in adopting a child with an adoption subsidy application and information regarding the adoption subsidy program within 14 days. The goal of this commitment is to ensure that families are advised of the subsidy program promptly and that their applications can be processed timely in order to avoid delays in a child's adoption. During this monitoring period, DHS developed the Adoption Commitment Form (DHS 4809), with instructions for staff to provide families with the adoption subsidy application and explanatory materials and to document that they have been provided. After receiving and reviewing the materials, the family can choose to sign the form, both demonstrating their commitment to adopt and documenting that they have been provided the adoption subsidy application and materials. During verification activities, the monitoring team found evidence that staff have begun to utilize the Adoption Commitment Form to notify families of the adoption subsidy program, as it was present in some case files of legally free children in the backlog cohorts.

In the Agreement, DHS also 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 (including, but not limited to, physical therapy, counseling, and other services required to address the developmental and/or physical disabilities of an adopted

child)" and 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." (VIII.B.9).

Michigan currently administers a post-adoption medical subsidy program that can fund medical services, assisted care services, educational services, summer camp, outpatient psychological counseling, and out-of-home placement, including short-term residential placement. This program is the payer of last resort and uses solely state funds (rather than any federal funds). DHS reports that in FY2009 it expended \$8,089,315 through this program, which is administered by the adoption subsidy unit. In addition, public and private agency adoption staff is often assigned to support post-adoption cases to assist families in accessing services in their local communities (although this work is not counted on their caseloads). There has not been an increase in the amount of funds available for adoption medical subsidy since the signing of the Agreement. When data becomes available, the monitoring team will report on the number of children receiving these services to determine whether the resources are adequate.

As discussed in the first monitoring report, Michigan implemented its Guardianship Assistance Program (GAP) on July 1, 2009. Legal guardianship, in which an adult agrees to serve as a child's legal guardian in cases where a child cannot be reunified and adoption is not a viable option, is an important permanency option. The Legislature allocated \$4.6 million annually to provide a subsidy for 450 children. Around the same time, the federal Fostering Connections to Success and Increasing Adoptions Act made federal funding available to states for subsidized guardianship for eligible children and youth. In instructions issued on April 27, 2009 regarding subsidized guardianship, DHS expressed its commitment to post-permanency services for families who become legal guardians. Those families may apply for and receive services through the medical subsidy program, applying the same special needs criteria as for children being adopted. This is critically important for families becoming legal guardians and demonstrates the agency's commitment to post-permanency services.

As of the end of Period Two, DHS reported that 342 children and youth had a permanency goal of guardianship – an increase of 157 (94 percent) from the beginning of the period. Despite that increase, DHS reported that they have only received guardianship subsidy applications for 31 children and youth. Although no guardianships have been finalized, 22 of those applications have been approved. One application was received for medical subsidy and it was approved. As DHS and CPA staff become more familiar with the process, more subsidy and medical subsidy applications will be received for approval. The monitoring team will continue to evaluate the implementation of the subsidized guardianship program during Period Three.

B. Focusing on Waiting Youth in Need of Permanency: The Backlog Cohorts

As discussed more fully in the Period One report, DHS committed to achieve permanency for two groups of children: those who were legally free awaiting adoption for more than one year and those who were awaiting family reunification for more than one year as of January 1, 2009.

As reported in Period One, DHS identified 5,052 children in the reunification backlog cohort and 4,260 children in the legally free cohort. During this monitoring period, DHS identified additional children either improperly included in or excluded from the cohorts due to technical or data entry issues. For the reunification cohort, DHS identified 76 children to remove and 41 children to add, for a net change of 35 fewer children and an overall total of 5,017 children. For the legally-free cohort, DHS identified 135 children to remove and 251 children to add, for a net increase of 116 children and an overall total of 4,376 children.

Backlog Cohort Performance

In the first year of the reform, DHS committed to achieve permanency for 50 percent of the children in each of the cohorts. DHS met the target for children in the reunification cohort with 52 percent. Most of those children returned home – 45 percent. Another four percent were adopted and four percent will live permanently with relatives or guardians.³⁸ DHS missed the target for the legally free cohort, reaching 33 percent. Virtually all of the children in that group were adopted – 31 percent – with another two percent living with relatives.

Table 15 – Permanency Backlog Cohort Performance

	Legally Free		Reunification	
Full Cohort	4376		5017	
Reunification	5	0.1%	2234	45%
Adoption	1335	31%	185	4%
Relative	83	2%	87	2%
Guardianship	13	0.3%	114	2%
Permanency	1436	33%	2620	52%
Aged Out	367	8%	77	2%
Other	22	1%	15	0.3%
In Care	2551	58%	2305	46%

Some children and youth in each cohort exited care, but not to permanency – 2.3 percent for reunification, and eight percent for the legally free group.³⁹

³⁸ Rounding to the whole percentage accounts for the fact that the four categories do not add up to 52 percent.

³⁹ Other includes youth who exited to the military; entered the adult mental health or disabilities system; were in jail or prison; one who married; and four children who died.

With respect to the permanency backlog cohorts, there was wide variation in performance by county. (See Appendices I, J). Of the 83 counties, 64 percent met or exceeded the target for the reunification cohort while another six percent had no children in that cohort at all. Fewer counties were successful in meeting the target for the legally free children, but 27 percent did succeed and another five percent had no children in the cohort.

Achieving permanency for children and youth in the legally free cohort is one of the most important challenges confronting Michigan’s child welfare system. As noted in the Period One report, at the beginning of the implementation of the Agreement, DHS had a significant backlog of children – in excess of 4,000 – who were legally free for adoption for more than one year. DHS’ historical performance offers an explanation for that backlog:

Table 16 – Children Made Legally Free v. Children Adopted

Fiscal Year	# of Children Made Legally Free	# of Adoptions	Difference
FY2003	2950	2643	307
FY2004	2953	2776	177
FY2005	2994	2910	84
FY2006	3082	2621	461
FY2007	3045	2638	407
FY2008	3064	2739	325
FY2009	2887	2793 ⁴⁰	94
Average	2996	2731	265

Between FY2003 and FY2008, an average of 3,015 children were made legally free for adoption each year and DHS finalized an average of 2,721 adoptions. With an average of 294 more children becoming legally free than being adopted each year, the number of legally free children continued to grow each year, which created the pool of waiting children from whom the legally free backlog cohort was drawn. In FY2009, by comparison, fewer children were made legally free – 2,887 compared to the prior fiscal years’ average of 3,015 – and DHS remained on pace with the number of children adopted – 2,793⁴¹ compared to the prior average of 2,721. That resulted in 94 more children becoming legally free than were adopted

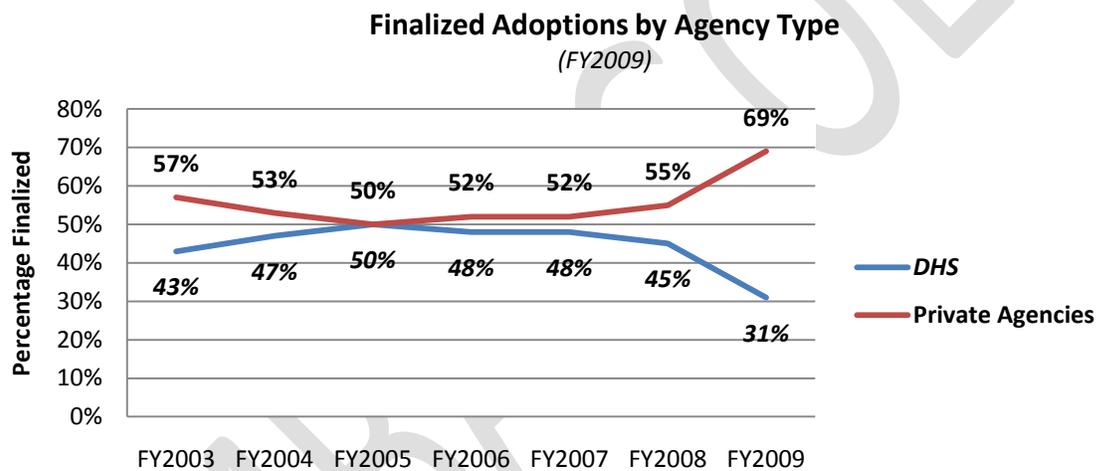
⁴⁰ See footnote above. DHS now reports there may be as many as 2951 adoptions. This number will be verified by DHS and an update provided in Period Three.

⁴¹ See note above regarding DHS reporting additional adoptions for FY2009.

during the year, a decrease from the average of 294 between FY2003 and FY2008. While that could be the initial stage of a positive trend, DHS will have to ensure that it not only continues to reduce the gap between children made legally free and children adopted but reverses course and ensures that more children are adopted than made legally free so that children awaiting adoption do not wait too long for a new home.

During FY2008, a decision was made to shift most of the responsibility for adoptions from DHS to the private sector. The impact of this decision can be seen for the first time in FY2009, as demonstrated by the table below. Between FY2003 and FY2008, DHS completed approximately 45 percent of all finalized adoptions each year, while private agencies completed approximately 55 percent. During FY2009, DHS completed 31 percent of the adoptions finalized, while private agencies completed 69 percent:

Figure 20



Together, public and private agency performance still fell short of what was needed to remedy the backlog; stem the number of legally free children aging out; and achieve timely adoptions for all legally free children. More overall capacity is necessary to bring down adoption caseloads to the standards agreed to by the parties and that additional capacity is critical to meet the State’s obligations with respect to not only the legally free children in the backlog cohort but all children with a goal of adoption.

In order to move the children in the backlogs to permanency, in the Agreement DHS committed to create 200 Permanency Planning Specialist (PPS) positions by September 2009. The PPS positions are defined in the Agreement as “limited-term, specialized assignment positions responsible for reviewing cases of and pursuing legal permanency for children in the backlog cohorts.” (VII.G.2.B). As discussed in the Period One report, DHS initially identified caseload-carrying foster care workers to fulfill the requirement of the Agreement. Those workers were assigned full caseloads of children in the backlogs, managing some of the most difficult cases of children and youth in care who often faced substantial barriers to permanency. Plaintiffs

objected to DHS' implementation strategy, and the parties and the monitoring team met to discuss the intent of this commitment in the Agreement.

During the meeting both DHS and plaintiffs agreed that the intent of the commitment was for the agency to hire (or contract for) non-caseload carrying staff to serve in the PPS role. The parties acknowledged that the individuals assuming these positions should be experienced and have the capacity to work along with caseload-carrying staff, to commence focused case reviews, to identify barriers to permanency, and to ensure that ongoing efforts to achieve permanency occur. Notwithstanding that agreement, during Period Two, DHS continued to identify the caseload-carrying staff as PPS. They do not satisfy the requirements of the Agreement.

However, it should be noted that late in the monitoring period, DHS committed to establish the position of Permanency Resource Manager (PRM) not only to address the PPS commitment but, importantly, to strengthen its commitment to achieve permanency for children and youth in the backlog cohorts. These are non-caseload carrying staff that will review cases of children in the reunification and legally free cohorts and have the authority to provide direction and technical assistance to staff in the field offices. The PRMs will:

- Identify and address specific and system-wide service gaps;
- Increase accountability in case management and adherence to policy;
- Provide technical assistance regarding case barriers;
- Monitor permanency plan progress;
- Assist in policy development, outcome-based services and best practices; and
- Verify data accuracy.

The PRMs will be term-limited, two-year assignments with the option to extend an additional two years if needed. Twenty-one of the PRMs will be assigned to a county or cluster of counties based on DHS' analysis of children remaining in the backlog cohorts. Each PRM will have a caseload of between 200 and 250 children. Five PRMs will be assigned reduced caseloads of children in residential placement in order to focus on this specialized population. DHS currently reports that they hired 16 PRMs and that the remaining positions will be filled during the next monitoring period.

The role proposed for the PRMs is consistent with the role envisioned for the PPS staff in the Agreement. However, because only 16 have been hired and their work did not begin until after Period Two, the monitoring team is unable to determine whether, in fact, these staff will satisfy the intent of DHS' commitment. The monitoring team will assess DHS' implementation of this plan in the next monitoring report.

C. Focusing on Youth Who Do Not Achieve Permanency: Youth Aging Out of Care

Youth who exit care as adults without achieving permanency face a host of challenging outcomes: homelessness, incarceration, and poverty among them. For this particularly at-risk population, DHS committed to developing a specialized continuum of services and practice to prepare them to become adults without the support of a family or the child welfare system. These youth ordinarily reside in independent living placements and receive services to provide them with the knowledge, skills, and support systems they will need to obtain an education, employment, housing, and financial stability when they exit the child welfare system. Unfortunately, DHS' commitments to improve practice and services for these vulnerable youth remain largely unrealized at the close of Period Two.

In the Agreement DHS made a number of commitments to better serve these youth, including:

- Ensuring that exhaustive efforts are made to help youth achieve permanency, rather than age-out of care;
- Ensuring that youth leaving care without permanency at least have a significant connection to a responsible adult to serve as a mentor/guide to the youth;
- Ensuring that youth have the necessary knowledge, skills, and abilities to live independently;
- Allowing youth to continue to receive services beyond the age of majority as they transition into independence;
- Connecting youth to employment and housing opportunities; and
- Ensuring youth exiting care have health insurance.

In the Agreement, DHS committed that it would not place youth under the age of 16 in independent living placements and would instead continue to work to achieve permanency for them. During Period Two, DHS placed 525 youth in independent living placements, none of whom were under the age of 16. Additionally, at the end of Period Two the monitoring team verified that there were 1,043 youth in independent living, none of whom were under the age of 16.

As discussed above, DHS has eliminated the goals of independent living and emancipation and replaced them with the goals of APPLA and APPLA-E. Both of those goals require DHS to continue working to identify a committed adult to play a significant role in the youth's life, whether the youth resides with that adult or not. It is critically important that DHS ensure that youth entering independent living placements have such a connection as they face the challenges of independence. DHS has begun the important work of defining new permanency practices for youth and as implementation of these practices begins, the monitoring team will assess their impact on youth with these goals.

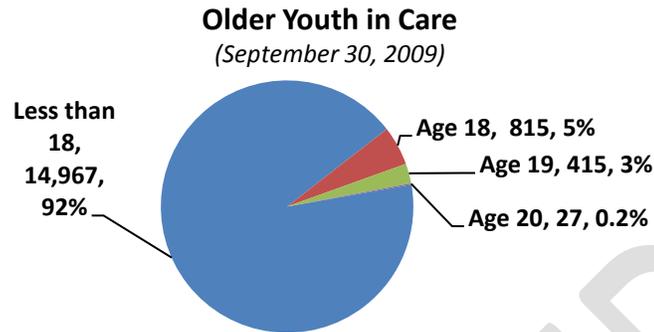
In the Agreement, DHS also pledged to ensure that it will maintain sufficient resources to provide all youth age 14 and older and those youth transitioning from foster care to adulthood with the range of supportive services necessary to prepare them for a successful transition. To that end, in March 2009 DHS published an amendment to its Children's Foster Care Manual, CFF 950, describing a variety of independent living services available "until the youth is discharged from foster care, establishes independence or reaches 21 years of age." Youth do not need to be in foster care in order to continue to receive these services. These programs offer youth essential life skills that can help them cross the bridge from foster care to independence.

At the close of Period One, DHS reported that 965 youth between the ages of 16 and 20 were receiving independent living services. At the close of Period Two, DHS identified 1,043 youth who were receiving those services, an increase of 78. DHS is not yet able to ensure that all eligible children and youth have access to these services, and there was not a net increase in the overall capacity of independent living services in Period Two.

DHS also agreed to develop and implement a policy and the necessary resources to allow youth to remain in foster care placements through age 20. In July 2008, DHS published an amendment to its Children's Foster Care Manual, CFF 722-15, announcing that "foster care youths may remain in foster care until the age of 20." DHS also issued instructions that all legally-free children are eligible for Limited Term and Emergency Foster Care Funding. During Period One, DHS calculated cost projections for increasing federal support for its older youth in out-of-home placement. Pursuant to federal legislation, beginning in October 2010, federal matching funds are available for youth ages 19, 20, or 21 (whichever age a state selects) for an extension of federal Title IV-E foster care maintenance payments, adoption assistance payments, and/or relative guardianship payments. DHS reports that prior to October 2010, it intends to recommend to the Legislature revisions to state law in order to take advantage of these additional federal funds.

At the close of Period One, there were 1,240 youth in foster care ages 18 to 20, representing seven percent of the total foster care population. At the close of Period Two, there were 1,260 youth in foster care ages 18 to 20, representing eight percent of the total foster care population. Of those 1,260, there were 815 youth age 18; 415 youth age 19; and 27 youth age 20:

Figure 21



As the expansion of services to youth up to the age of 20 becomes more integrated into the practice, the monitoring team will expect to see both the number and percentage of youth in this group who are 19 and 20 increase.

DHS also committed to refer all youth age 14 and older in foster care and youth transitioning from foster care to Michigan Works! agencies for participation in public programs designed to expand vocational skills and opportunities. In Period Two, DHS published instructions and a Michigan Works! referral form requiring immediate implementation of that commitment. The instructions, which described the referral process for foster youth, were sent to all public and private agencies, published on the DHS website, and distributed to the private agency membership groups. DHS did not collect or track data on the number of youth referrals to Michigan Works! agencies in Period Two and, as a result, provided no data regarding performance.

DHS also committed to refer youth without an identified housing situation at the time of emancipation from foster care to the Michigan State Housing Development Authority (MSHDA) for rental assistance and services under the Homeless Youth Initiative (HYI). In October 2008, DHS officials met with the MSHDA to discuss developing a referral process specifically for foster youth. At that time, the MSHDA observed that funds were not available to develop new programs for foster youth beyond the current DHS Housing Resource Center in Wayne County, which offered 30 youth voucher-supported housing. DHS and MSHDA determined that although referrals could be made beyond Wayne County, they were not likely to be meaningful due to a lack of resources and therefore the referral process has not been implemented. Pursuant to the Needs Assessment commitment of the Agreement, the monitoring team recommended, as a starting point, that DHS invest an additional \$1.5 million in FY2010 in new, independent, transitional and trans-permanent housing for exiting foster youth in the five largest counties. The monitoring team will report on DHS' progress implementing this initiative at the conclusion of Period Three.

Finally, DHS also committed to ensure that older youth exiting care have health insurance. The federal government now makes significant funds available to the states, at their option, to

extend health insurance coverage to these youth. Michigan's program providing this coverage is known as Foster Care Transition Medicaid (FCTMA). Michigan's performance ensuring youth receive the benefits of this program has been inadequate, and most eligible youth exit foster care without health insurance.

Prior to implementation of the Agreement, between May and December 2008, 986 youth age 18 or older exited foster care but only 98, or 10 percent, were enrolled in FCTMA upon exit. That performance actually declined between January and March 2009, when 348 youth aged-out of foster care but only 13 young people, or four percent, had open FCTMA cases. At that time, DHS concluded the primary reason youth who age-out of foster care are not enrolled in FCTMA is the lack of knowledge on the part of staff, foster families and foster youth. After undertaking a robust training initiative during Period Two that led to improved performance – 180 (34 percent) of 533 eligible youth enrolled – DHS nonetheless continued to be disappointed by the results. DHS is now pursuing automated enrollment of eligible youth through SWSS and the new Bridges computer system, but has learned that SWSS will require changes that were not yet implemented during Period Two.

VI. Improving the Well-Being of Children in Foster Care

In the Agreement, DHS committed to ensure access to physical and mental health services for children in placement and to retain a full-time Medical Director with responsibility for, among other things, implementing policies and procedures for the use of psychotropic medications for all children in DHS foster care custody. Plaintiffs agreed to permit DHS to extend the deadline for hiring a Medical Director until Period Two, and DHS created and filled the position as agreed.

DHS also committed to develop and submit a detailed Health Services Plan during Period Two that would set forth the specific steps DHS will undertake to ensure that each child entering foster care receives the screenings, examinations and immunizations contemplated in the Agreement. DHS submitted a draft plan in June 2009 but requested additional time to revise the plan after discussions with the monitoring team. Because DHS' current thinking relies heavily on the conversion of foster children's health care coverage to the Medicaid managed care system next fall, DHS asked for additional time to undertake its planning. The parties are discussing a bridge Health Plan that DHS recently submitted, covering the period January to September 2010, and if that plan is acceptable to the parties and the monitoring team, DHS will submit a comprehensive Health Plan addressing all the health-related commitments in the Settlement Agreement in September 2010.

Beginning in Period One, DHS agreed to ensure that each child entering foster care will be assigned a Medicaid number and that foster parents or other placement providers will receive a Medicaid card, or an alternative verification of the child's Medicaid status and number, within 30 days of the child's entry into care. DHS was unable to track and ensure implementation of this commitment in Periods One and Two due to defects in its SWSS system. The system currently deletes data entered by caseworkers regarding whether, and if so when, Medical

Emergency Cards (including the child's Medicaid number) have been provided to caregivers. As a temporary alternative, in the final month of Period Two DHS began mailing surveys to a random selection of foster caregivers to assess whether they report receiving a Medicaid card timely. Approximately one-quarter of surveyed families have responded, most indicating timely receipt. This is not an adequate methodology to track implementation of this commitment going forward.

With respect to children's mental health needs, DHS had committed to redirect at least \$3 million from its FY2009 budget to fund mental health services for youth in placement. The agency did not do so in Periods One or Two, but secured additional funding with the support of the Governor for Period Three. The administration requested, and the Michigan Legislature appropriated, \$1.76 million in General Funds for FY2010 to expand to additional counties a federal Section 1915(c) Medicaid program known as the Waiver for Children with Serious Disturbance (SEDW), which operated in 10 counties as of March 31, 2009. DHS reports these appropriated funds will enable the Michigan Department of Community Health to draw down \$6 million in matching federal Medicaid funds in Periods Three and Four to provide intensive in-home community-based mental health services to 266 children in foster care.

Beginning with Period Three, DHS committed to ensure that children entering foster care receive needed emergency medical, dental, and mental health care, as well as a full medical examination within 30 days of the child's entry into care. DHS will also be initiating its new model of mental health services. Much work remains to be done.

Appendix A – Caseload Methodology

Section VI.E of the Settlement Agreement describes the parties' goal of "right-sizing" caseloads for the public and private agency staff who provide services to the children and families in Michigan's child welfare system and the supervisors who directly oversee those staff. While it is a relatively simple concept – each staff person should be assigned the optimal number of cases to make it possible to do good work – translating that to the real world in which there is a wide variety of different types of cases as well as a wide variety of work situations is more complicated. This appendix is designed to lay out in detail the methodology for how caseloads are counted and compliance assessed.

This Appendix repeats the information that was included in the caseload methodology included as Appendix C of the Period One Report with some additional information from Period Two. Throughout Period One, the monitoring team met with DHS leadership to discuss staffing caseloads and worked closely with the Director of Urban Field Operations and the Children's Services Field Manager and their staff to refine data collection and the rules for analysis. In February 2009, the monitoring team exchanged a series of drafts with senior field leadership to memorialize the caseload methodology. The monitoring team also shared a draft of the proposed caseload methodology with the plaintiffs in order to receive their feedback. That document was finalized and provided to the director of the Children's Services Administration and the chief deputy director of DHS, as well as other members of the DHS senior child welfare leadership team on March 5, 2009. The final document was provided as well to plaintiffs.

At the end of Period One reporting, six important issues with respect to caseload methodology remained outstanding:

1. CPS investigations and CPS on-going cases pending supervisory review
2. The exclusion of adoption cases from caseload counts until termination of parental rights and the exclusion of post-adoption cases from caseload counts.
3. Purchase of service monitoring of adoption cases
4. Licensing caseloads
5. Ensuring full-time equivalent (FTE) analysis was included in the caseload methodology
6. Comparison of open case data in the SWSS system against hand-counted caseload data in order to ensure all open cases are reflected in the caseload counts

All six of these issues were discussed during Period Two. The status of each has been incorporated into this appendix below.

The Collection of Caseload Information and Verification by the Monitoring Team

It is important to note that DHS must count caseloads by hand at the local office or agency level. DHS reports that the SACWIS system is not structured so as to allow counting of caseloads in an automated way. The information for public agency staff in the five largest counties is submitted to the Urban Field Operations Director. Information for the public agency staff in the other 78 counties is submitted to the Children's Services Field Manager.

Information for the private agency caseloads is submitted to the DHS Child Welfare Contract Compliance Unit. DHS must pull together all of that information in the aggregate in order to determine caseload compliance. DHS provides the monitoring team with the data forms submitted by each local office and private agency. Those forms include the list of caseload carrying staff with the number of each type of case on that person's caseload. DHS also supplies its analysis of caseload compliance. The monitoring team utilizes the forms to build their assessment of DHS compliance. In both Periods One and Two, there were differences between the analyses reported by DHS and the assessment by the monitoring team. The monitoring team's assessment is included in the body of this report. The monitoring team has met with DHS over both Periods One and Two to work towards aligning those methodologies and remains available to DHS to do that work together in upcoming periods.

In addition to analyzing the data forms, the monitoring team also visited a variety of local DHS offices and private agencies across the State and interviewed caseload carrying staff. Staff were asked to come to the meeting with a print-out of their open cases. In one-on-one interviews, the staff person is asked to walk a member of the monitoring team through each of their cases listed and note to the team member if any of the cases on the list are closed, are included in error or note if there are other open cases not reflected on the caseload print-out. The monitoring team then compares the information provided with staff against the information provided by DHS in the caseload forms. That information is almost always slightly different as caseloads fluctuate day to day and the date the form was filled out and the date of the interview are always different. Given that expected differential, the monitoring team was satisfied that the data reported during Periods One and Two on the data forms by staff members appear to be an accurate reflection of actual caseloads with only one exception, discussed in the Adoption section below.

Analyzing the Caseload Information

The Agreement addresses seven categories of child welfare work:

- Child protective services investigations (applies only to public staff)
- Child protective services ongoing (public only)
- Foster care direct services (public and private)
- Adoption direct services (public and private)
- Foster care and adoption purchase of service monitors (public only)
- Licensing (public and private)
- Supervisors (public and private)

The discussion here focuses on six of the seven types of work with discussion of supervisors deferred as the first supervisor caseload target date is January 2010. Caseloads for two of these roles – foster care and adoption direct – were reportable in Period One. Two more – CPS investigations and CPS on-going cases – were added in Period Two. Two more will be added at the start of Period Three – licensing and purchase of service monitor caseloads. With respect to both the public and private agencies, many staff have “mixed” caseloads, meaning they serve in

more than one role. This element of mixing caseloads is what makes assessing Michigan’s caseload compliance particularly challenging.

In negotiating the Settlement Agreement, the parties decided on a final target – the maximum size caseload a staff person would carry if that person did only that type of work full-time. They also established interim standards for each category with interim deadlines in recognition that it will take time to reach the final goal for each caseload type. The Agreement phases in caseload compliance between October 2009 and January 2012.

Type of Work	First Measurement		Target	
Foster Care Direct	Oct-2009	95% of staff have no more than 30 children each while 60% have no more than 25 children each	Oct-2011	95% of staff will have no more than 15 children each
Adoption Direct	Feb-2009	60% of staff have no more than 25 children each	Oct-2011	95% of staff have no more than 15 children each
CPS Investigations	Apr-2009	95% of staff have no more than 16 open investigations each	Oct-2011	95% of staff have no more than 12 open investigations each
CPS Ongoing	Apr-2009	95% of staff have no more than 30 families each	Oct-2011	95% of staff have no more than 17 families each
POS	Oct-2009	60% of staff have no more than 55 children to monitor	Oct-2011	95% of staff have no more than 45 children to monitor
Licensing	Oct-2009	60% of staff will have no more than 36 cases in total, adding together new applications, complaint investigations & oversight of existing licensed homes	Oct-2011	95% of staff will have no more than 36 cases, adding together new applications, complaint investigations & oversight of existing licensed homes
Supervisors	Jan-2010	50% of supervisors with oversight of foster care, adoption or CPS staff will oversee no more than five caseworkers	Jan-2012	95% of supervisors with oversight of foster care, adoption, CPS, licensing, or POS staff will oversee no more than five caseworkers

Once a target is achieved, the Settlement Agreement expects the target standards will be maintained from that date forward. For example, Period One set the standard for foster care caseloads as of October 2008. That standard held through Period Two and remains the standard until the new interim standard becomes effective in Period Three. Therefore, while there is not a new foster care caseload standard during Period Two, the monitoring team is required to report on DHS’ continuing compliance with the Period One standard throughout Period Two. Interim standards remain in effect until supplanted by a new standard at the rate and on the date detailed in the Agreement.

In Michigan, some workers do only one type of work – for example, they are full-time child protective services investigators or full-time licensing staff. But many staff are charged with more than one kind of work. For example, some staff split their time between providing foster care direct services and licensing. A public agency staff person could provide both adoption direct services and adoption purchase of service monitoring.

Some staff work part-time doing one of the seven types of roles defined in the Agreement but then spend the rest of their time doing other unrelated work. For example, the public agency child welfare funding specialists spend part of their time doing licensing work and part of their time doing funding eligibility work. A private agency staff member could spend part of their time providing preventive services and the rest of their time providing foster care services. A small number of staff in the public system, especially in the more rural counties, spend part of their time doing child welfare work and part of their time doing adult services work.

Some staff do not work full-time at all – they might work part-time as employees or as contract staff hired to do only a particular task. As a result, the caseload methodology has to take the number of hours they work into account.

However, if a staff person works in any of the roles listed above, they are included in the caseload analysis.

If a worker does only one kind of child welfare work full-time, it is relatively simple to determine when that worker has a full caseload. But in any of the other situations described above, it is more complicated to determine whether or not that person has a caseload that meets the terms of the Settlement Agreement. This document describes the rules for assessing caseload compliance.

Although what follows describes the basic methodology for counting caseloads that will be utilized for all reporting periods, some elements of the methodology will continue to evolve as more data becomes available and more of the caseload interim targets become due. Any adjustments that need to be made to the methodology will be reported in future periods.

Defining Each Caseload Type

The first step in the process of establishing a methodology for counting caseloads is to achieve Agreement on the definition for each individual type of work.

Child Protective Services Investigations

Child protective services (CPS) investigators are assigned to investigate allegations of abuse or neglect. In Michigan, CPS investigations are conducted by the public sector. The CPS process usually begins with a call from the public or any mandated reporter (teacher, doctor, nurse, social worker, etc.) concerned about the safety of a child. The procedure for screening these calls alleging abuse or neglect varies somewhat in Michigan from county to county. In most counties, there are staff who do not carry a caseload but answer the phone and screen calls and

write up the initial referral. These staff are not included in the caseload counts precisely because they are protected from carrying a caseload. The staff who receive the referrals from the screening staff and proceed to investigate are included. The Agreement defines a full-time CPS investigative caseload at an interim standard of 16 cases with an ultimate target of 12. With regard to CPS, a case is defined as a family. So whether a family involved in an investigation has one child or five children, the family would count as one case. But if a report involves children from two or more families, the report generates two or more cases.

Once an investigation is conducted, a decision is made about whether the allegation of abuse or neglect can be substantiated, meaning there was a preponderance of evidence that a child or children were the victims of maltreatment. As a part of every investigation, the worker utilizes a mandatory safety and risk assessment tool. If the finding is that the allegation cannot be substantiated and the risk assessment instrument does not indicate future risk of harm, then the investigation is closed. An investigation case can also be closed after confirmation that the alleged abuse or neglect occurred, if the investigator determines that although the maltreatment occurred, the level of risk is low (based on the risk assessment tool) and the family is not in need of services. Before a case is closed, it is reviewed by a supervisor who must approve the investigation and findings.

However, if the family needs services in order to ensure the children are safe, a case is opened. It can be opened as a CPS ongoing case if the children remain in the home and the family receives services and supervision in the community. It can be opened as a foster care case if the determination is made that the only way to keep the children safe is to remove them from their home. The third possibility is that a case can be opened if the judge opts to leave a child or children in the home, but is sufficiently concerned about safety to make that child or children wards of the state. In the case of in-home state wards, DHS may decide either to make that child the responsibility of a CPS ongoing worker or a foster care worker, depending on that child's circumstances (if the child has siblings in placement, the case almost always moves to foster care) and local practice. If the child is placed, DHS policy requires referral to a foster care worker, but there can be a period of dual case management while any remaining investigative issues are resolved and pending the court finding. DHS policy encourages quick resolution of the investigation and limits the period for dual case management except under narrowly defined circumstances.

On DHS' caseload data collection form, there is a column for CPS investigation cases and CPS investigations pending supervisory review. As reported during Period One, DHS acknowledged a need to resolve a large backlog of investigations pending supervisory review that had built up prior to initiation of the Agreement. DHS allowed staff to work overtime and provided high level attention to resolve these cases. As a result, entering Period Two, the number of cases still open because they were pending review had dropped – but there were still some offices in which this remained an on-going challenge.

Since the execution of the Settlement Agreement, the monitoring team conducted a review of the issues surrounding CPS cases that are pending review. During caseload verification

activities, the monitoring team discussed these cases with caseload-carrying staff to determine the amount of work required of those workers when a case is pending with a supervisor. Those staff advised that they remain responsible for court hearing preparation and attendance, performing safety and risk assessments, conducting visitation with the child, providing services, and performing any additional work requested by the supervisor during his or her review of the case. DHS policy permits supervisors 30 days to perform their review, such that caseload-carrying staff may maintain these ongoing responsibilities for as much as a month (or more, if the supervisor's review is not completed timely).

The monitoring team considered the language in the Agreement, researched the standards utilized in other jurisdictions subject to similar caseload monitoring, and reviewed the standard utilized by accreditation agencies and published by the Child Welfare League of America. In that research, the monitoring team identified no other jurisdiction or standard that removed cases from staff caseloads during supervisory review. Instead, those jurisdictions and standards keep a case on a worker's caseload until the case is closed.

Based on these facts, the monitoring team concluded that all investigation cases that remain open – whether designated pending review or not – had to be counted as part of the caseload until those cases were closed. The monitoring team memorialized that decision in a letter to the Director of the Children's Services Administration on July 9, 2009 (page 11) stating:

CPS Investigations and On-Going Cases: In conducting its caseload counts, DHS leadership has chosen to create a subset of CPS investigations and on-going cases which remain open but await supervisor review. For its own tracking and allocation purposes, DHS has chosen to assign those cases "no weight." The Michigan monitoring team understands from the perspective of managing case flow that it is useful to DHS leadership to understand whether it is a staff person or supervisor who is primarily responsible for those cases. However, as discussed with DHS leadership during Period I, for the purposes of caseload measurement for the [Settlement Agreement], because those cases remain open, they are to be assigned the same weight as any other investigation or on-going case and are to be counted as part of the investigator and/or on-going staff person's caseload for the purposes of [Settlement Agreement] compliance until they are closed or re-assigned (e.g. an investigation becomes a foster care case after a child is taken into custody.)

Therefore, in conducting the analysis of DHS' compliance with respect to CPS investigations (and with respect to CPS on-going cases below), the monitoring team included all – pending and non-pending – cases in the analysis.

In late February 2010, DHS suggested that the caseload instructions provided to the local offices may not have been sufficiently clear and there was the possibility that some offices may have double-counted, including the same cases as both pending and non-pending (e.g., counting a case as a CPS investigation assigned to a worker and counting the same case as a CPS investigation pending review).

DHS' instructions to the offices do clearly indicate that offices are not to double-count cases.

In more than a quarter of the offices (26 percent), the number of pending review cases exceeded the number of investigation cases, meaning that those offices did not double-count (if they had, the number of investigation cases would always exceed the number of pending review cases because all of the investigation cases would always be included in the pending review cases as well). For the remaining offices, DHS cannot tell whether or not there was double-counting because DHS does not track caseloads by case name or identifier (DHS only counts the existence of a case on the caseload worksheets completed by the local offices, not the name or identification number of each case).

DHS indicated that moving forward it will make the instructions with respect to CPS investigation and on-going caseloads even clearer. For Period Two, however, much of this discussion is academic: even if all pending cases were excluded to address possible double-counting – and they should not be for the reasons described above – DHS still did not comply with the Period Two CPS caseload standards by any measure.

CPS Ongoing Cases

CPS ongoing cases, handled by the public sector, are cases where there has been a determination by the investigator that the family needs services in order to maintain the child(ren) safely at home. The private sector may provide contracted services to the child or family but case management remains with the state. The interim caseload standard for these in-home cases defines a full caseload as 30 with a final target of 17. A case is defined as a family, as with CPS investigations.

The Agreement assumes that some Michigan staff handle only this type of case. While there are a few instances in which a staff person focuses only on CPS ongoing cases, it is more typical in Michigan that some CPS investigators handle a mixed caseload of both investigations and ongoing in-home cases. This combination constitutes a “mixed” caseload for purposes of the Agreement and so requires a different caseload counting methodology, which is discussed below in the section on mixed caseloads.

The caseload information collection form contains the same two categories for CPS on-going as for CPS investigations – pending supervisory review and non-pending. All of the discussion included in the CPS investigation section above applies here equally. However, the impact of the pending issue with respect to CPS on-going cases is less than it is with respect to CPS investigation cases as the volume of CPS on-going cases pending review is significantly smaller than the same category of cases for investigations.

Foster Care

Foster care responsibilities are divided between the public and private sectors in Michigan. For the purposes of caseload counting, it is irrelevant whether the case is with the public or private sector – the standard is the same. A case for foster care purposes is a child under court

supervision. Most children under court supervision are in placement but some children may be in their own homes either because, as described above, a judge may opt to place a child in the custody of the state, or a child may be returned home from placement but is court ordered to remain under supervision for a period of time. In all three circumstances, the child is almost always considered as part of a “foster care” caseload (except in those instances where a child is placed on a CPS on-going caseload).

One specialized sub-population of foster care is youth placed in Supervised Independent Living (SIL). If the young person has an open case with DHS, the foster care caseload standard applies to the staff person providing case management services to that youth.⁴²

For the purposes of counting foster care caseloads, every child is considered a case. The initial interim standard for foster care caseloads is a two prong standard, limiting almost all (95%) staff to no more than 30 children, with a significant subset (60%) limited to 25. The final target for a full-time Foster Care worker is 15.

Adoption

As with foster care caseloads, a “case” in adoption is a child and the standard for both the public and private sectors is the same. The interim standard began at 25 children in February 2009 and then scales down until it reaches the target of 15 children per full-time staff person. Pursuant to the Settlement Agreement, a child must be assigned an adoption worker within 14 days of the date the child’s goal changed to adoption.

DHS asserts that pursuant to state law, a goal change to adoption only becomes official once the court has approved that goal change and so the 14 day window begins on the date of court approval. However, in the adoption contracts, as discussed in the body of the Period Two monitoring report, DHS instructs the contract agencies, which are responsible for the majority of adoption cases, that adoption cases cannot be counted as part of a caseload until the termination of parental rights has been finalized. While it is possible in some instances that both the approval of the goal change to adoption and the termination of parental rights occur at the same time, it is not the norm, which creates the issue that these contractual instructions are at variance with the terms of the Agreement. For the purposes of caseload counting, adoption cases must be counted from the time the adoption worker begins working on those cases – which at the outside, under the terms of the Agreement, should be no more than 14 days from the date of the goal change.

The monitoring team has raised this issue with DHS but as of the end of Period Two, DHS had not yet changed its contractual language. For the purposes of Period Two, as the contract

⁴² In some SIL placements, case management is provided by staff on-site. Other SIL placements follow the institutional placement model and case management is with a foster care caseworker who is not on-site and may or may not work for the same agency.

agencies were following DHS instructions, caseload compliance was assessed on the data submitted. Moving forward, however, DHS needs to ensure that adoption cases are counted as part of a caseload when they are assigned.

For the purposes of caseload counting, a child can be counted twice, as both a foster care and adoption case, because in Michigan the foster care worker retains responsibility for visitation and services while the adoption worker is responsible for all the specialized adoption tasks. A child becomes the sole responsibility of the adoption worker only at the very last stage of the pre-adoption process, when the adoption placement occurs, after which, if all goes well, the adoption is finalized within three to six months. But essentially most of the adoption work occurs prior to this point, which is why the caseload count for adoption work begins from the point of assignment.

Finally, after the adoption is finalized, a family may need additional services. Those service needs may arise immediately or they may arise as the child grows older and new needs surface. DHS expects both the public and private agencies to provide on-going post-adoption support to the children if that agency was responsible for the finalization. Those post-adoption cases are not counted as part of the worker's caseload. It is not acceptable under the Agreement to assign these cases no weight – they require real work and so must be accounted for in assessing a worker's caseload. There are two options – DHS can either opt to include those cases and discuss the weight which will be assigned with the monitoring team or DHS can opt to continue to exclude those cases – but then must discount the FTE for the worker doing that post-adoption worker, as described in the FTE section below. With that option, if a worker spends half of her time on post-adoption services, she can carry only half the caseload for foster care, adoption, etc. as she counts as only 0.5 FTE. The monitoring team expects this issue to be resolved during Period Three and will report on that resolution in an upcoming report.

Purchase of Services Monitors

The purchase of service (POS) monitoring role is an outgrowth of Michigan's partnership with the private sector. Even as case responsibility is contracted out to the private sector, the state retains legal responsibility for the child and exercises part of that responsibility by assigning a POS worker to provide oversight and support. The role of a POS worker has evolved in different ways in different counties. In some counties, the courts require POS workers appear at every court proceeding while in other counties, the private sector is permitted to assume full court responsibility. POS workers review service plans, check on permanency progress, visit the child every three months, and enter all of the required information into the state database for all the children managed in the private sector. These data entry responsibilities constitute a substantial part of their workload.

Because full-time POS staff do not have direct case management responsibility, the caseload standard is higher, beginning at 55 children (a case is a child) and then scaling down to 45 children. In Michigan, it is possible that the same child could be counted on the caseload of a POS worker, a foster care worker, and an adoption worker if responsibility for foster care or

adoption (or both) rests with the private sector – and so that one child counts as three cases for the purposes of caseload counting.

While the standard in the Agreement addresses the caseload of a full-time POS worker, in the field, there are relatively few full-time POS staff. Instead, the POS responsibility is often shared among staff with direct foster care, adoption or other responsibilities. Consequently, most POS caseloads fall into the category of mixed caseloads described below.

For a brief period towards the end of Period One and the beginning of Period Two, DHS had changed its caseload collection form and excluded Adoption POS cases from the caseload counts. DHS reported they excluded those counts because of a concern that some offices might be double-counting POS responsibilities with the same case being listed as a POS foster care case and as an adoption POS case. However, there are some offices where those responsibilities are assigned separately. After discussion, DHS resumed counting adoption POS cases as part of the caseload, after issuing clear instructions that if there was really only one worker working on that case, it should count as only one POS case incorporating oversight for both foster care and adoption.

Licensing

In Period One, the monitoring team made DHS aware that the historical method DHS utilized to count licensing caseloads did not comport with the commitments in the Agreement and so would need to be revised. In assessing caseloads of licensing workers, DHS historically tracked the number of existing homes a licensing worker is responsible for maintaining, the number of potential homes a worker is responsible for licensing, and the number of alleged licensing violations, but only counted the first of those – already-existing homes – on the worker's caseload.

Under the Agreement, licensing staff are those “responsible for conducting home studies, licensing inspections, annual evaluations and other activities related to the licensing or monitoring of foster homes or residential care facilities, whether employed by DHS or by a private provider.” That commitment plainly recognizes new licensing applications, supporting existing homes, and conducting complaint investigations as core licensing work. Therefore, in assessing licensing caseloads under the terms of the Agreement, the monitoring team suggested that DHS conduct a workload study to assess the relative weight of each of those responsibilities. DHS agreed to conduct that workload study as was reported in Period One and worked with the monitoring team to schedule reporting on the results of that study and then building the licensing methodology utilizing that information. Late in Period Two, after DHS had requested and received an extension to complete the workload study, DHS communicated to the monitoring team that it had decided not to conduct the workload study. Therefore, it becomes the monitoring team's responsibility to determine the methodology for counting licensing caseloads in accordance with the terms of the Agreement.

The monitoring team has concluded that licensing (relative and foster home) caseloads will be counted as follows: the norm is defined as two complaint investigations, 10 enrolled

applications for licensure, and 24 existing homes, which together account for the FY2010 total of 36 cases. Using that standard, it is possible to have variations in the distribution of those responsibilities and still achieve the caseload standard. For example, if a licensing worker had three complaints and as many as 12 pending applications then that worker could oversee only 12 existing homes and stay within the weighted caseload standard. If a staff person conducts licensing work part-time, the percent of time devoted to licensing work must be assessed in evaluating what percentage of a caseload that staff person should have. Furthermore, all staff, including BCAL staff who carry licensing caseloads, must be assessed to determine whether they achieve the licensing caseload standards. The monitoring team continues to be available to work with DHS in applying this methodology to assess licensing caseloads for Period Three.

Mixed Caseloads

In the Agreement, each type of caseload responsibility is dealt with individually, with a provision at the end of the caseload section providing a process to reach agreement for addressing the issue of mixed caseloads.

To begin, there are two broad categories of mixed caseloads. The first type of mixed caseload involves staff engaged in providing child welfare services only part-time who spend the rest of their time on other non-child welfare duties, such as adult services or cash assistance services. Even prior to signing the Agreement, DHS leadership report that they had begun to phase out this type of mixed caseload – and the directive to the field now requires keeping child welfare and non-child welfare responsibilities separated by staff, and private sector contracts require staff be devoted solely to child welfare services. A review of the caseload data suggests that while there is occasional co-mingling of adult and child welfare work responsibilities, it is rare. Consequently, the monitoring team's task with respect to this issue is simply to verify that this directive is being followed in practice, which the team will do as part of its ongoing monitoring responsibilities.

The second type of mixed caseload involves staff assigned more than one type of child welfare responsibility. The monitoring team's review of the caseload data confirms that mixed child welfare caseloads in the public and private sector are very common. Over the course of Period One, management in the public sector encouraged some specialization by type of work – in particular, separating child protective services work (investigations and ongoing) from foster care, adoption, licensing, and POS work. As a result, the monitoring team saw less mixed caseloads across those two broad categories over the course of Period One and into Period Two but mixed caseloads within each of those categories remain quite common. With regard to the private sector, there is some mixing of types of child welfare work – foster care and licensing or adoption and licensing are common examples.

Also common in the private sector – but rare in the public sector – are part-time and contract staff. For these staff, the limits of their caseloads are determined by the amount of time they work. If they work half time then they are capped at 50 percent of a full caseload for a full-time worker. Given the wide variation of work situations, each part-time or contract staff person is calibrated against what is called a full-time equivalent (FTE – a common human resources

term). A person who is full-time has an FTE of 1.0 and then anyone who works less than full-time becomes a fraction of 1.0. So if the staff person works half-time, they work 0.5 FTE; one day per week, 0.2 FTE; four days a week, 0.8; and so on. FTEs play a critical role in determining caseload compliance as described below.

Both the public and private sectors have staff who are responsible part-time for one or more of the seven types of work identified in the Settlement Agreement and who also spend the rest of their time doing another form of children's services work – juvenile justice, guardianship reviews (non-custodial), funding eligibility, immigration, or preventive services, to name a few examples. For purposes of the Settlement Agreement caseload standards, these staff are treated as if they were part-time. They are to be assigned an FTE for the relevant portion of their children's services work. So, for example, a Title IV-E eligibility specialist who is assigned 50 percent of their time to do eligibility work and 50 percent of their time to licensing work is a 0.5 FTE for the purposes of determining caseload compliance.

DHS had collected FTE information from the private agencies prior to the Agreement but then stopped collecting that information when they began utilizing the standard caseload information form for the private agencies that they already utilized for the public agency. That form does not include a field for FTE – DHS will need to add that field for caseload counting purposes beginning in Period Three.

In addition to determining an FTE for each worker, each type of case – CPS investigations or ongoing, foster care or adoption direct, POS or licensing – is assigned a "weight." Like 1.0 is an FTE, a full caseload of one type of case would also be 1.0. But because each type of case is different, the weight for each type of case is different – and the weights change over time because the definition of a full caseload changes over time. So, for example, a full caseload for foster care is 30 children at the start of the Agreement but then it drops to 25, 22, and so on, down to 15. For the purposes of measuring compliance with the first standard of 30 children, each foster care case is assigned a weight of 0.03 (1 divided by 30) but at the final target, each foster case will be assigned a weight of 0.067 (1 divided by 15). Adoption cases start at 25 children, so each adoption case is assigned a weight of 0.04 (1 divided by 25). POS cases are assigned a weight of 0.018 (1 divided by 55) and licensing cases will be assigned a weight of 0.028 (1 divided by 36). A full caseload adds up to 1.0 weight total.

So to count a caseload, you have to start first with the worker and assess that worker's FTE.

Then you have to count all of the relevant cases on that worker's caseload by weight. The weight has to be equal to or less than the worker's FTE to be in compliance. So, for example, a full-time foster care worker (who does nothing else) has 25 cases. That person has a 1.0 FTE and a 1.0 weight – so that person meets the caseload standard. But if that person works half-time, she has a 0.5 FTE and if she has 25 cases, she has a weight of 1.0 – and because her weight is larger than her FTE, she is out of compliance. On the other hand, if she works half-time (0.5 FTE) and she has a caseload of 12 cases ($0.04 \times 12 = 0.48$), her weight of 0.48 is less than her 0.5 FTE and so she is in compliance.

To summarize:

- 1) FTE: determine how much time that person works doing one of the child welfare services listed in the Agreement. If they are full-time, they have an FTE of 1.0 and if they are part-time, contract, or spend only part of their time on one of those services, they have an FTE that is less and is determined by what portion of their time is spent doing the relevant children's services work.
- 2) Weight: multiply each type of case on their caseload by the assigned weight.
- 3) Compare: if the weight is equal to or less than the FTE, that person counts as being in compliance. But if the weight is more than the FTE, that person is out of compliance.

Counting compliance with each of the standards in the Agreement involves looking at the compliance rates for all workers who do that type of work, whether they do that full-time or part-time, and then seeing what percentage of that total number of workers doing that type of work have caseloads that meet the standard. When a worker carries more than one type of case, they count towards compliance for every type of case they carry. So if a worker has both CPS investigations and CPS ongoing cases and her caseload weight adds up to 1.0 or less, she counts as a staff person with a caseload meeting both standards. However, if she carries the same type of mixed caseload, but has a caseload weight that is 1.1 or higher, she counts against meeting both standards. Therefore, when the monitoring team reports on compliance, they are reporting on all staff doing that type of work, whether they are doing it full or part-time.

Because DHS cannot currently generate its caseload counts via its SWSS system and relies instead on hand-counts, DHS needs to create an alternate process that allows comparison between the number of cases reported on the caseload reports and the number of open cases in that office by type of case. The monitoring team has discussed with DHS the need to conduct such an analysis but deferred it to Period Three because of data capacity concerns. Recent concerns by DHS about the possibility of some double-counting underline the utility and necessity of such a comparative analysis. The monitoring team will re-engage in a discussion with DHS in this area during Period Three and report resolution in upcoming periods.

Appendix B – Complaints, Investigations and Substantiations by County
(January 2009 through September 2009)

County	CPS Complaints	CPS Investigations	Percentage of Complaints Resulting In Investigations	Substantiations	Percentage of Complaints Resulting in Substantiations
Alcona	98	59	60%	14	24%
Alger	86	44	51%	10	23%
Allegan	1,205	536	44%	195	36%
Alpena	406	181	45%	47	26%
Antrim	405	192	47%	42	22%
Arenac	249	156	63%	46	29%
Baraga	86	62	72%	18	29%
Barry	601	448	75%	135	30%
Bay	1,247	840	67%	124	15%
Benzie	146	75	51%	24	32%
Berrien	1,863	1,049	56%	376	36%
Branch	604	438	73%	187	43%
Calhoun	2,117	949	45%	231	24%
Cass	535	326	61%	79	24%
Charlevoix	325	193	59%	38	20%
Cheboygan	451	332	74%	111	33%
Chippewa	566	202	36%	42	21%
Clare	427	160	37%	54	34%
Clinton	437	271	62%	95	35%
Crawford	243	156	64%	49	31%
Delta	433	245	57%	27	11%
Dickinson	301	157	52%	45	29%
Eaton	1,157	799	69%	271	34%
Emmet	446	250	56%	38	15%
Genesee	5,419	4,107	76%	1,123	27%
Gladwin	231	110	48%	22	20%
Gogebic	208	90	43%	21	23%
Grand traverse	1,145	602	53%	104	17%
Gratiot	550	245	45%	74	30%
Hillsdale	674	561	83%	139	25%
Houghton	156	117	75%	28	24%
Huron	248	118	48%	20	17%

County	CPS Complaints	CPS Investigations	Percentage of Complaints Resulting In Investigations	Substantiations	Percentage of Complaints Resulting in Substantiations
Ingham	3,263	1,821	56%	659	36%
Ionia	1,143	505	44%	134	27%
Iosco	300	203	68%	59	29%
Iron	153	111	73%	34	31%
Isabella	772	374	48%	91	24%
Jackson	1,830	1,121	61%	297	26%
Kalamazoo	3,515	1,913	54%	711	37%
Kalkaska	342	225	66%	36	16%
Kent	5,900	3,200	54%	1,147	36%
Keweenaw	4	3	75%	1	33%
Lake	209	125	60%	23	18%
Lapeer	769	447	58%	111	25%
Leelanau	26	13	50%	1	8%
Lenawee	1,000	498	50%	149	30%
Livingston	1,030	685	67%	156	23%
Luce	131	47	36%	13	28%
Mackinac	101	66	65%	12	18%
Macomb	4,923	3,375	69%	807	24%
Manistee	256	152	59%	44	29%
Marquette	569	267	47%	81	30%
Mason	408	283	69%	45	16%
Mecosta	554	247	45%	53	21%
Menominee	267	133	50%	29	22%
Midland	848	323	38%	92	28%
Missaukee	20	17	85%	6	35%
Monroe	1,196	507	42%	139	27%
Montcalm	858	396	46%	105	27%
Montmorency	85	57	67%	12	21%
Muskegon	2,146	1,190	55%	359	30%
Newaygo	834	472	57%	120	25%
Oakland	5,864	3,258	56%	1,017	31%
Oceana	343	214	62%	56	26%
Ogemaw	330	153	46%	48	31%
Ontonagon	66	28	42%	11	39%
Osceola	355	174	49%	30	17%
Oscoda	78	54	69%	7	13%
Otsego	462	277	60%	89	32%

County	CPS Complaints	CPS Investigations	Percentage of Complaints Resulting In Investigations	Substantiations	Percentage of Complaints Resulting in Substantiations
Ottawa	1,861	806	43%	144	18%
Presque isle	101	47	47%	10	21%
Roscommon	476	271	57%	53	20%
Saginaw	2,157	1,834	85%	523	29%
Sanilac	492	341	69%	50	15%
Schoolcraft	107	57	53%	15	26%
Shiawassee	948	601	63%	189	31%
St Clair	2,242	1,330	59%	216	16%
St Joseph	1,078	649	60%	153	24%
Tuscola	663	299	45%	90	30%
Van burin	1,012	556	55%	152	27%
Washtenaw	1,856	1,047	56%	265	25%
Wayne	11,524	9,869	86%	2,726	28%
Wexford	677	412	61%	111	27%
Grand Total	89,209	55,123	62%	15,310	28%

Appendix C – Ages of Children in Custody by County (September 2009)

County	Ages 0-6		Ages 7-11		Ages 12-17		Ages 18 and older		Total
	Children	% of Total	Ages 7-11	% of Total	Ages 12-17	% of Total	Ages 18 and older	% of Total	
Alcona	3	50%	1	17%	2	33%	0	0%	6
Alger	7	64%	2	18%	2	18%	0	0%	11
Allegan	63	40%	44	28%	42	27%	8	5%	157
Alpena	14	37%	10	26%	11	29%	3	8%	38
Antrim	7	28%	6	24%	11	44%	1	4%	25
Arenac	21	66%	7	22%	4	13%	0	0%	32
Baraga	19	58%	9	27%	5	15%	0	0%	33
Barry	25	46%	17	31%	11	20%	1	2%	54
Bay	31	44%	17	24%	19	27%	3	4%	70
Benzie	5	42%	2	17%	5	42%	0	0%	12
Berrien	182	49%	87	23%	89	24%	15	4%	373
Branch	50	50%	30	30%	18	18%	2	2%	100
Calhoun	123	50%	48	20%	63	26%	12	5%	246
Cass	42	43%	19	19%	34	35%	3	3%	98
Charlevoix	20	43%	13	28%	11	24%	2	4%	46
Cheboygan	39	51%	14	18%	22	29%	1	1%	76
Chippewa	24	56%	14	33%	4	9%	1	2%	43
Clare	10	36%	1	4%	10	36%	7	25%	28
Clinton	69	51%	29	22%	29	22%	7	5%	134
Crawford	22	37%	19	32%	15	25%	4	7%	60
Delta	6	43%	4	29%	3	21%	1	7%	14
Dickinson	25	52%	8	17%	12	25%	3	6%	48
Eaton	83	63%	21	16%	21	16%	6	5%	131
Emmet	13	43%	5	17%	11	37%	1	3%	30
Genesee	532	43%	236	19%	375	30%	99	8%	1,242
Gladwin	4	40%	3	30%	3	30%	0	0%	10
Gogebic	15	54%	5	18%	7	25%	1	4%	28
Grand Traverse	58	49%	30	25%	26	22%	4	3%	118
Gratiot	32	54%	11	19%	12	20%	4	7%	59
Hillsdale	49	64%	13	17%	11	14%	4	5%	77
Houghton	6	46%	2	15%	5	38%	0	0%	13

County	Ages 0-6		Ages 7-11		Ages 12-17		Ages 18 and older		Total
	Children	% of Total	Ages 7-11	% of Total	Ages 12-17	% of Total	Ages 18 and older	% of Total	
Huron	4	21%	4	21%	9	47%	2	11%	19
Ingham	268	42%	113	18%	193	30%	64	10%	638
Ionia	52	62%	8	10%	18	21%	6	7%	84
Iosco	23	56%	5	12%	9	22%	4	10%	41
Iron	7	58%		0%	5	42%	0	0%	12
Isabella	46	57%	19	23%	12	15%	4	5%	81
Jackson	110	45%	47	19%	78	32%	10	4%	245
Kalamazoo	198	49%	74	18%	105	26%	26	6%	403
Kalkaska	14	37%	8	21%	14	37%	2	5%	38
Kent	379	42%	156	17%	268	30%	89	10%	892
Keweenaw	0	0%	1	33%	2	67%	0	0%	3
Lake	7	26%	10	37%	9	33%	1	4%	27
Lapeer	18	41%	10	23%	15	34%	1	2%	44
Leelanau	9	33%	7	26%	10	37%	1	4%	27
Lenawee	74	47%	47	30%	32	20%	6	4%	159
Livingston	38	49%	14	18%	23	29%	3	4%	78
Luce	8	80%	0	0%	0	0%	2	20%	10
Mackinac	9	56%	6	38%	1	6%	0	0%	16
Macomb	530	45%	216	18%	358	31%	65	6%	1,169
Manistee	12	80%	1	7%	2	13%	0	0%	15
Marquette	29	44%	16	24%	19	29%	2	3%	66
Mason	14	47%	6	20%	10	33%	0	0%	30
Mecosta	31	54%	16	28%	10	18%	0	0%	57
Menominee	12	46%	10	38%	4	15%	0	0%	26
Midland	45	47%	18	19%	25	26%	7	7%	95
Missaukee	8	53%	3	20%	4	27%	0	0%	15
Monroe	54	38%	34	24%	37	26%	16	11%	141
Montcalm	34	47%	15	21%	20	28%	3	4%	72
Montmorency	0	0%	1	14%	6	86%	0	0%	7
Muskegon	192	45%	108	25%	107	25%	21	5%	428
Newaygo	24	34%	15	21%	25	36%	6	9%	70
Oakland	439	39%	238	21%	352	31%	92	8%	1,121
Oceana	10	45%	5	23%	5	23%	2	9%	22
Ogemaw	11	48%	4	17%	7	30%	1	4%	23
Ontonagon	2	100%	0	0%	0	0%	0	0%	2

County	Ages 0-6		Ages 7-11		Ages 12-17		Ages 18 and older		Total
	Children	% of Total	Ages 7-11	% of Total	Ages 12-17	% of Total	Ages 18 and older	% of Total	
Osceola	13	41%	7	22%	10	31%	2	6%	32
Oscoda	1	20%	0	0%	4	80%	0	0%	5
Otsego	24	56%	12	28%	7	16%	0	0%	43
Ottawa	56	45%	16	13%	41	33%	12	10%	125
Presque Isle	8	57%	3	21%	3	21%	0	0%	14
Roscommon	25	56%	7	16%	11	24%	2	4%	45
Saginaw	130	43%	50	17%	95	32%	24	8%	299
Sanilac	12	35%	3	9%	17	50%	2	6%	34
Schoolcraft	0	0%	4	100%	0	0%	0	0%	4
Shiawassee	44	51%	13	15%	25	29%	5	6%	87
St Clair	159	52%	60	20%	74	24%	12	4%	305
St Joseph	108	51%	48	23%	48	23%	7	3%	211
Tuscola	37	48%	13	17%	24	31%	3	4%	77
Van Buren	59	44%	35	26%	32	24%	8	6%	134
Washtenaw	91	43%	47	22%	54	25%	21	10%	213
Wayne	1,847	37%	914	18%	1,670	34%	532	11%	4,963
Wexford	28	62%	12	27%	4	9%	1	2%	45
Grand Total	6,952	43%	3,206	20%	4,806	30%	1,260	8%	16,224

Appendix D – Length of Stay by County (September 2009)

County	Less than 1 year	%	1-2 years	%	2-3 years	%	3-6 years	%	More than 6 years	%	Grand Total
Alcona		0%	2	33%	3	50%	0	0%	1	17%	6
Alger	9	82%		0%	2	18%	0	0%	0	0%	11
Allegan	74	47%	44	28%	24	15%	13	8%	2	1%	157
Alpena	15	39%	7	18%	9	24%	4	11%	3	8%	38
Antrim	9	36%	7	28%	1	4%	7	28%	1	4%	25
Arenac	16	50%	10	31%	5	16%	1	3%	0	0%	32
Baraga	10	30%	19	58%	1	3%	2	6%	1	3%	33
Barry	36	67%	16	30%	2	4%	0	0%	0	0%	54
Bay	23	33%	19	27%	19	27%	8	11%	1	1%	70
Benzie	6	50%	5	42%	1	8%	0	0%	0	0%	12
Berrien	139	37%	93	25%	80	21%	46	12%	15	4%	373
Branch	34	34%	41	41%	12	12%	13	13%	0	0%	100
Calhoun	75	30%	79	32%	55	22%	27	11%	8	3%	246
Cass	41	42%	21	21%	14	14%	14	14%	8	8%	98
Charlevoix	22	48%	14	30%	5	11%	3	7%	2	4%	46
Cheboygan	30	39%	36	47%	8	11%	2	3%	0	0%	76
Chippewa	27	63%	7	16%	9	21%	0	0%	0	0%	43
Clare	9	32%	7	25%	2	7%	8	29%	2	7%	28
Clinton	43	32%	40	30%	29	22%	22	16%	0	0%	134
Crawford	20	33%	22	37%	10	17%	7	12%	1	2%	60
Delta	4	29%	7	50%		0%	2	14%	1	7%	14
Dickinson	19	40%	11	23%	15	31%	1	2%	2	4%	48
Eaton	67	51%	41	31%	12	9%	11	8%	0	0%	131
Emmet	15	50%	10	33%	3	10%	2	7%	0	0%	30
Genesee	320	26%	338	27%	220	18%	240	19%	124	10%	1242
Gladwin	2	20%	6	60%		0%	2	20%	0	0%	10
Gogebic	10	36%	3	11%	10	36%	2	7%	3	11%	28
Grand Traverse	54	46%	47	40%	12	10%	4	3%	1	1%	118
Gratiot	22	37%	21	36%	4	7%	7	12%	5	8%	59
Hillsdale	22	29%	15	19%	17	22%	18	23%	5	6%	77
Houghton	9	69%	1	8%		0%	1	8%	2	15%	13
Huron	6	32%	7	37%	2	11%	2	11%	2	11%	19
Ingham	221	35%	212	33%	68	11%	101	16%	36	6%	638
Ionia	41	49%	24	29%	7	8%	7	8%	5	6%	84
Iosco	24	59%	3	7%	10	24%	4	10%	0	0%	41
Iron	3	25%	4	33%		0%	5	42%	0	0%	12
Isabella	42	52%	23	28%	8	10%	6	7%	2	2%	81
Jackson	71	29%	65	27%	45	18%	46	19%	18	7%	245

County	Less than 1 year	%	1-2 years	%	2-3 years	%	3-6 years	%	More than 6 years	%	Grand Total
Kalamazoo	177	44%	109	27%	49	12%	43	11%	25	6%	403
Kalkaska	16	42%	14	37%	3	8%	5	13%	0	0%	38
Kent	278	31%	315	35%	144	16%	121	14%	34	4%	892
Keweenaw		0%	3	100%		0%	0	0%	0	0%	3
Lake	14	52%	6	22%		0%	4	15%	3	11%	27
Lapeer	28	64%	11	25%	2	5%	3	7%	0	0%	44
Leelanau	1	4%	12	44%	7	26%	6	22%	1	4%	27
Lenawee	53	33%	57	36%	17	11%	30	19%	2	1%	159
Livingston	33	42%	29	37%	9	12%	7	9%	0	0%	78
Luce	5	50%	1	10%	2	20%	1	10%	1	10%	10
Mackinac	6	38%	9	56%	1	6%	0	0%	0	0%	16
Macomb	416	36%	412	35%	163	14%	130	11%	44	4%	1169
Manistee	7	47%	6	40%	2	13%	0	0%	0	0%	15
Marquette	32	48%	16	24%	7	11%	8	12%	3	5%	66
Mason	7	23%	7	23%	3	10%	13	43%	0	0%	30
Mecosta	15	26%	23	40%	13	23%	5	9%	1	2%	57
Menominee	10	38%	7	27%	1	4%	3	12%	4	15%	26
Midland	26	27%	36	38%	7	7%	20	21%	6	6%	95
Missaukee	13	87%	1	7%	1	7%	0	0%	0	0%	15
Monroe	48	34%	45	32%	17	12%	25	18%	6	4%	141
Montcalm	37	51%	20	28%	6	8%	7	10%	1	1%	72
Montmorency	6	86%	1	14%		0%	0	0%	0	0%	7
Muskegon	168	39%	157	37%	41	10%	46	11%	16	4%	428
Newaygo	24	34%	21	30%	4	6%	17	24%	4	6%	70
Oakland	276	25%	417	37%	164	15%	197	18%	67	6%	1121
Oceana	14	64%	6	27%	2	9%	0	0%	0	0%	22
Ogemaw	11	48%	4	17%	2	9%	4	17%	2	9%	23
Ontonagon	2	100%		0%		0%	0	0%	0	0%	2
Osceola	22	69%	4	13%	6	19%	0	0%	0	0%	32
Oscoda	1	20%	3	60%	1	20%	0	0%	0	0%	5
Otsego	25	58%	10	23%	5	12%	3	7%	0	0%	43
Ottawa	50	40%	39	31%	15	12%	17	14%	4	3%	125
Presque Isle		0%	10	71%	4	29%	0	0%	0	0%	14
Roscommon	22	49%	14	31%	4	9%	2	4%	3	7%	45
Saginaw	139	46%	78	26%	8	3%	53	18%	21	7%	299
Sanilac	9	26%	9	26%	8	24%	7	21%	1	3%	34
Schoolcraft		0%	1	25%		0%	3	75%	0	0%	4
Shiawassee	33	38%	22	25%	18	21%	9	10%	5	6%	87
St Clair	151	50%	76	25%	45	15%	26	9%	5	2%	305
St Joseph	76	36%	93	44%	30	14%	8	4%	4	2%	211
Tuscola	31	40%	25	32%	8	10%	10	13%	3	4%	77
Van Buren	51	38%	43	32%	21	16%	16	12%	3	2%	134

County	Less than 1 year	%	1-2 years	%	2-3 years	%	3-6 years	%	More than 6 years	%	Grand Total
Washtenaw	64	30%	63	30%	29	14%	42	20%	14	7%	213
Wayne	1233	25%	1249	25%	774	16%	977	20%	727	15%	4963
Wexford	29	64%	11	24%	1	2%	2	4%	2	4%	45
Grand Total	5249	32%	4822	30%	2368	15%	2508	15%	1263	8%	16,210*

*Note: Data for length of stay not provided for 14 children.

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Appendix E – Child Protective Services Caseloads

DHS Caseload Reporting August 2009	Child Protective Services - Investigations 1 staff person has a caseload of no more than 16 investigations			Child Protective Services – Ongoing 1 staff person has a caseload of no more than 30 families		
	Staff	#1:16	%1:16	Staff	#1:30	%1:30
Alcona-Iosco (<i>1 wkr also handles adult cases</i>)	5	4	80%	7	6	86%
Alger	1	1	100%	1	1	100%
Allegan	8	4	50%	10	6	60%
Alpena-Preque Isle	4	0	0%	3	0	0%
Antrim	4	4	100%	5	5	100%
Arenac	3	3	100%	3	3	100%
Baraga-Houghton-Keweenaw	4	3	75%	3	2	67%
Barry	5	5	100%	7	7	100%
Bay	8	6	75%	6	4	67%
Benzie-Manistee	4	4	100%	4	4	100%
Berrien	12	7	58%	12	8	67%
Branch	7	6	86%	8	7	88%
Calhoun	15	9	60%	12	6	50%
Cass	5	3	60%	4	2	50%
Charlevoix-Emmet	6	2	33%	6	2	33%
Cheboygan-Mackinac	6	2	33%	6	2	33%
Chippewa	4	4	100%	4	4	100%
Clare	3	3	100%	3	3	100%
Clinton	6	1	17%	6	1	17%
Crawford	4	3	75%	5	4	80%
Delta	3	3	100%	3	3	100%
Dickinson	6	4	67%	5	5	100%
Eaton	13	11	85%	15	13	87%
Genesee	49	14	29%	51	17	33%
Gladwin	3	3	100%	2	2	100%
Gogebic	4	4	100%	4	4	100%
Grand Traverse-Leelanau	6	3	50%	6	3	50%
Gratiot	4	0	0%	4	0	0%
Hillsdale (<i>1 wkr temp also covering adult ps</i>)	6	6	100%	8	8	100%
Huron	2	2	100%	2	2	100%
Ingham	20	13	65%	21	14	67%
Ionia	5	5	100%	4	4	100%
Iron (<i>1 wkr split with Dickinson, ctd in Dickinson</i>)	2	1	50%	3	2	67%
Isabella	6	4	67%	6	4	67%

DHS Caseload Reporting August 2009	Child Protective Services - Investigations 1 staff person has a caseload of no more than 16 investigations			Child Protective Services – Ongoing 1 staff person has a caseload of no more than 30 families		
	Staff	#1:16	%1:16	Staff	#1:30	%1:30
Jackson	17	17	100%	12	12	100%
Kalamazoo (1 vacant & one FMLA, both with cases)	17	1	6%	20	3	15%
Kalkaska	3	3	100%	3	3	100%
Kent	40	27	68%	47	33	70%
Lake	2	1	50%	2	1	50%
Lapeer	6	4	67%	6	4	67%
Lenawee (1 wkr on FMLA w/ cases)	7	2	29%	9	4	44%
Livingston	7	6	86%	7	6	86%
Luce (covered by worker in Chippewa)	0	0	NA	1	1	100%
Macomb	36	31	86%	36	31	86%
Marquette	4	1	25%	4	1	25%
Mason	4	3	75%	4	3	75%
Mecosta-Osceola	6	5	83%	7	6	86%
Menominee	3	2	67%	3	3	100%
Midland (1 worker on leave w/ open cases)	5	3	60%	6	3	50%
Monroe	8	6	75%	7	6	86%
Montcalm (2 workers unavailable w/ open cases)	4	0	0%	5	1	20%
Montmorency-Oscoda	3	3	100%	3	3	100%
Muskegon	19	9	47%	20	10	50%
Newaygo	7	4	57%	6	3	50%
Oakland	47	27	57%	46	26	57%
Oceana	4	3	75%	4	3	75%
Ogemaw	4	2	50%	4	2	50%
Ontonagon	1	1	100%	1	1	100%
Otsego	5	4	80%	5	4	80%
Ottawa	13	8	62%	12	8	67%
Roscommon	6	2	33%	6	2	33%
Saginaw (2 workers on leave w/ open cases)	20	5	25%	31	15	48%
Sanilac (1 wkr with some adult ps)	5	5	100%	5	5	100%
Schoolcraft	2	2	100%	3	3	100%
Shiawassee	7	7	100%	8	8	100%
St. Clair (1 vacancy w/open	14	9	64%	13	10	77%

DHS Caseload Reporting August 2009	Child Protective Services - Investigations 1 staff person has a caseload of no more than 16 investigations			Child Protective Services – Ongoing 1 staff person has a caseload of no more than 30 families		
	Staff	#1:16	%1:16	Staff	#1:30	%1:30
<i>cases)</i>						
St. Joseph	7	2	29%	9	4	44%
Tuscola	5	2	40%	5	2	40%
Van Buren	9	4	44%	9	4	44%
Washtenaw	16	13	81%	16	13	81%
Wayne - Ctrl Ops	0	0	NA	0	0	NA
Wayne - N Ctrl	46	31	67%	45	31	69%
Wayne - S Ctrl	43	27	63%	40	24	60%
Wayne - WW	51	22	43%	49	23	47%
Wexford-Missaukee	6	1	17%	6	1	17%
Grand Total	752	452	60%	774	484	63%

Appendix F – Foster Care & Adoption Caseloads (August 2009)

DHS Caseload Reporting	Foster Care					Adoption				
	1 staff person has a caseload of 25 or 30 children					1 staff has a caseload of 25 or 30 children				
August-09	Staff	#1:30	%1:30	#1:25	%1:25	Staff	#1:30	%1:30	#1:25	%1:25
Alcona-Iosco	3	3	100%	3	100%	0	0	NA	0	NA
Alger	1	1	100%	1	100%	0	0	NA	0	NA
Allegan <i>(adoption staff on leave w/cases assigned)</i>	7	3	43%	1	14%	0	0	NA	0	NA
Alpena-Preque Isle	4	3	75%	2	50%	0	0	NA	0	NA
Antrim	3	3	100%	3	100%	0	0	NA	0	NA
Arenac	3	2	67%	2	67%	0	0	NA	0	NA
Baraga-Houghton-Keweenaw	2	2	100%	2	100%	0	0	NA	0	NA
Barry	3	3	100%	3	100%	1	1	100%	1	100%
Bay	5	5	100%	5	100%	1	0	0%	0	0%
Benzie-Manistee	2	2	100%	2	100%	0	0	NA	0	NA
Berrien	21	18	86%	18	86%	2	0	0%	0	0%
Branch	4	4	100%	4	100%	0	0	NA	0	NA
Calhoun	15	15	100%	15	100%	2	0	0%	0	0%
Cass	5	5	100%	4	80%	1	1	100%	1	100%
Charlevoix-Emmet	4	4	100%	3	75%	0	0	NA	0	NA
Cheboygan-Mackinac	4	4	100%	4	100%	0	0	NA	0	NA
Chippewa	2	2	100%	2	100%	0	0	NA	0	NA
Clare	2	2	100%	2	100%	0	0	NA	0	NA
Clinton	8	8	100%	8	100%	1	1	100%	1	100%
Crawford	3	3	100%	3	100%	0	0	NA	0	NA
Delta	2	2	100%	2	100%	0	0	NA	0	NA
Dickinson	6	6	100%	6	100%	0	0	NA	0	NA
Eaton	8	8	100%	8	100%	1	1	100%	1	100%
Genesee	51	51	100%	49	96%	8	4	50%	4	50%

DHS Caseload Reporting	Foster Care					Adoption				
	1 staff person has a caseload of 25 or 30 children					1 staff has a caseload of 25 or 30 children				
August-09	Staff	#1:30	%1:30	#1:25	%1:25	Staff	#1:30	%1:30	#1:25	%1:25
Gladwin	1	1	100%	1	100%	0	0	NA	0	NA
Gogebic	4	4	100%	4	100%	0	0	NA	0	NA
Grand Traverse-Leelanau	6	6	100%	5	83%	3	0	0%	0	0%
Gratiot	3	3	100%	3	100%	0	0	NA	0	NA
Hillsdale	5	5	100%	5	100%	1	0	0%	0	0%
Huron	1	1	100%	1	100%	0	0	NA	0	NA
Ingham	23	23	100%	16	70%	2	0	0%	0	0%
Ionia	4	3	75%	3	75%	0	0	NA	0	NA
Iron	1	1	100%	1	100%	0	0	NA	0	NA
Isabella	7	7	100%	7	100%	0	0	NA	0	NA
Jackson	9	9	100%	9	100%	1	1	100%	0	100%
Kalamazoo	14	14	100%	9	64%	1	1	100%	0	100%
Kalkaska	3	3	100%	3	100%	0	0	NA	0	NA
Kent	11	11	100%	8	73%	0	0	NA	0	NA
Lake	2	2	100%	2	100%	0	0	NA	0	NA
Lapeer	3	3	100%	3	100%	0	0	NA	0	NA
Lenawee	9	9	100%	9	100%	0	0	NA	0	NA
Livingston	6	6	100%	6	100%	0	0	NA	0	NA
Luce	1	1	100%	1	100%	0	0	NA	0	NA
Macomb	50	50	100%	49	98%	3	3	100%	3	100%
Marquette	3	3	100%	2	67%	0	0	NA	0	NA
Mason	2	2	100%	2	100%	0	0	NA	0	NA
Mecosta-Osceola	6	6	100%	5	83%	1	0	0%	0	0%
Menominee	1	1	100%	1	100%	0	0	NA	0	NA
Midland	7	6	86%	6	86%	1	0	0%	0	0%
Monroe	8	8	100%	8	100%	1	1	100%	1	100%
Montcalm	2	2	100%	1	50%	1	0	0%	0	0%
Montmorency-Oscoda	1	1	100%	1	100%	0	0	NA	0	NA
Muskegon	14	14	100%	13	93%	1	0	0%	0	0%
Newaygo	4	4	100%	2	50%	0	0	NA	0	NA

DHS Caseload Reporting	Foster Care					Adoption				
	1 staff person has a caseload of 25 or 30 children					1 staff has a caseload of 25 or 30 children				
August-09	Staff	#1:30	%1:30	#1:25	%1:25	Staff	#1:30	%1:30	#1:25	%1:25
Oakland	50	50	100%	50	100%	3	3	100%	3	100%
Oceana	1	1	100%	1	100%	0	0	NA	0	NA
Ogemaw	3	3	100%	3	100%	0	0	NA	0	NA
Ontonagon	1	1	100%	1	100%	0	0	NA	0	NA
Otsego	2	2	100%	1	50%	0	0	NA	0	NA
Ottawa	6	4	67%	4	67%	1	1	100%	0	0%
Roscommon	2	2	100%	2	100%	0	0	NA	0	NA
Saginaw	21	21	100%	21	100%	5	5	100%	5	100%
Sanilac	3	3	100%	3	100%	0	0	NA	0	NA
Schoolcraft	0	0	NA	0	NA	0	0	NA	0	NA
Shiawassee	6	6	100%	6	100%	0	0	NA	0	NA
St. Clair	11	9	82%	3	27%	1	0	0%	0	0%
St. Joseph	10	10	100%	10	100%	2	2	100%	2	100%
Tuscola	7	7	100%	7	100%	1	1	100%	1	100%
Van Buren	5	5	100%	5	100%	0	0	NA	0	NA
Washtenaw	10	9	90%	9	90%	1	0	0%	0	0%
Wayne - Ctrl Ops	1	1	100%	1	100%	6	5	83%	5	83%
Wayne - N Ctrl	77	77	100%	68	88%	0	0	NA	0	NA
Wayne - S Ctrl	60	60	100%	53	88%	0	0	NA	0	NA
Wayne - WW	62	53	85%	47	76%	0	0	NA	0	NA
Wexford-Missaukee	4	4	100%	4	100%	0	0	NA	0	NA
Grand Total	721	696	97%	637	88%	53	31	58%	28	53%

Private Agency Caseload Reporting	Foster Care 1 staff person has a caseload of 25 or 30 children					Adoption 1 staff has a caseload of 25 or 30 children				
	Aug-09	Staff	#1:30	%1:30	#1:25	%1:25	Staff	#1:30	%1:30	#1:25
Adoption Option Inc.	1	1	100%	1	100%	6	6	100%	6	100%
Adoption Options Worldwide, Inc.	0	0	NA	0	NA	4	4	100%	4	100%
Adoption Specialists	0	0	NA	0	NA	3	3	100%	3	100%
Alternatives for Children and Families, Inc.	14	11	79%	10	71%	6	6	100%	6	100%
Bethany Christian Services	56	55	98%	53	95%	25	23	92%	19	92%
Black Family Development	1	1	100%	1	100%	0	0	NA	0	NA
Catholic Charities Genesee & Shiawsee Counties/CSS of Flint	NP	NP	NP	NP	NP	NP	NP	NP	NP	NP
Catholic Charities Lenawee County	2	2	100%	2	100%	2	2	100%	2	100%
Catholic Charities of the UP/Catholic SS of Marquette	0	0	NA	0	NA	0	0	NA	0	NA
Catholic Charities West Michigan/CSS of Grand Rapids	21	21	100%	21	100%	11	11	100%	11	100%
Catholic Family Services Saginaw	NP	NP	NP	NP	NP	NP	NP	NP	NP	NP
Catholic Social Services Oakland/St. Francis Family Center	6	6	100%	5	83%	6	6	100%	5	100%
Catholic Social Services of Washtenaw County	0	0	NA	0	NA	1	1	100%	1	100%
Catholic Social Services Wayne County	7	7	100%	7	100%	3	3	100%	3	100%
Child & Family Services of NE Michigan	0	0	NA	0	NA	5	5	100%	5	100%
Child & Family Services of NW Michigan	16	16	100%	16	100%	7	7	100%	7	100%
Child and Family Services Capital Area	7	7	100%	7	100%	4	4	100%	4	100%
Child and Family Services Upper Peninsula	5	5	100%	5	100%	3	3	100%	3	100%
Childhelp	4	4	100%	4	100%	0	0	NA	0	NA

Private Agency Caseload Reporting	Foster Care 1 staff person has a caseload of 25 or 30 children					Adoption 1 staff has a caseload of 25 or 30 children				
	Aug-09	Staff	#1:30	%1:30	#1:25	%1:25	Staff	#1:30	%1:30	#1:25
Children's Center of Wayne County	16	16	100%	16	100%	5	5	100%	5	100%
DA Blodgett for Children	29	29	100%	29	100%	14	14	100%	14	100%
Don Bosco Hall	2	2	100%	2	100%	0	0	NA	0	NA
Eagle Village, Inc.	2	2	100%	2	100%	3	3	100%	3	100%
Ennis Center for Children	21	21	100%	21	100%	10	10	100%	7	100%
Evergreen Children's Services	8	8	100%	7	88%	4	4	100%	4	100%
Family Adoption Consultants	1	1	100%	1	100%	0	0	NA	0	NA
Family and Children Services	8	8	100%	8	100%	5	5	100%	5	100%
Family Counseling/Children's Services Lenawee County	3	3	100%	3	100%	3	3	100%	3	100%
Family Service and Children's Aid of Jackson	4	3	75%	3	75%	4	3	75%	3	75%
Federation of Youth Services	4	4	100%	4	100%	0	0	NA	0	NA
Forever Families, Inc.	0	0	NA	0	NA	2	2	100%	2	100%
Girlstown Foundation	3	3	100%	3	100%	0	0	NA	0	NA
Hands Across the Water	1	1	100%	1	100%	4	4	100%	4	100%
Holy Cross Children's Services	17	17	100%	17	100%	0	0	NA	0	NA
Homes for Black Children	5	5	100%	5	100%	3	3	100%	3	100%
Judson Center	11	11	100%	11	100%	5	5	100%	5	100%
Listening Ear/Crisis Center	4	4	100%	4	100%	0	0	NA	0	NA
Lutheran Adoption Services	0	0	NA	0	NA	20	19	95%	17	95%
Lutheran Child/Family Service of MI	25	25	100%	24	96%	0	0	NA	0	NA
Lutheran Social Services of Michigan	47	47	100%	45	96%	0	0	NA	0	NA
Lutheran SS of Wisconsin & UP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Methodist Children's Home Society	4	4	100%	4	100%	3	3	100%	2	100%
MI Indian Child Welfare Agency	5	5	100%	5	100%	1	1	100%	1	100%

Private Agency Caseload Reporting	Foster Care 1 staff person has a caseload of 25 or 30 children					Adoption 1 staff has a caseload of 25 or 30 children				
	Aug-09	Staff	#1:30	%1:30	#1:25	%1:25	Staff	#1:30	%1:30	#1:25
New Light Child and Family Institute	2	2	100%	2	100%	0	0	NA	0	NA
Oakland Family Services	4	4	100%	3	75%	6	6	100%	6	100%
Orchards Children's Services	21	21	100%	21	100%	11	11	100%	11	100%
Pathways MI	6	5	83%	5	83%	2	1	50%	1	50%
Sault Tribe of Binogii Placing Agency	4	4	100%	4	100%	3	2	67%	2	67%
Spaulding for Children	7	7	100%	7	100%	3	3	100%	3	100%
Spectrum Child and Family Services	8	8	100%	7	88%	5	5	100%	5	100%
St. Vincent Catholic Charities	4	4	100%	4	100%	5	5	100%	5	100%
Starfish Family Services	2	2	100%	2	100%	0	0	NA	0	NA
Starr Commonwealth	12	12	100%	10	83%	0	0	NA	0	NA
Teaching Family Homes	2	2	100%	2	100%	1	1	100%	1	100%
Vista Maria	5	5	100%	3	60%	0	0	NA	0	NA
Wayne Center	2	2	100%	2	100%	0	0	NA	0	NA
Wedgewood CS	0	0	NA	0	NA	0	0	NA	0	NA
Wolverine Human Services	9	9	100%	9	100%	0	0	NA	0	NA
Youth Guidance Foster Care	2	2	100%	2	100%	2	1	50%	1	50%
TOTAL	450	444	99%	430	96%	210	203	97%	192	91%

NA = Not applicable (does not provide this service); NP = Data not provided. For August 2009, DHS reported that Child and Family Services for Southwest Michigan's contract has been closed and that the Adoption Program at Christ Child House had no cases. DHS provided summary data for Lutheran Social Services of Wisconsin and Upper Michigan indicating that the agency had only one worker who performed licensing functions.

Appendix G – Relative & Foster Homes Licensed by County (FY09)

County	Relative	Foster	County	Relative	Foster
Alcona	1	0	Lake	1	5
Allegan	22	20	Lapeer	3	2
Alpena	1	4	Leelanau	3	4
Antrim	10	9	Lenawee	12	20
Arenac	3	3	Livingston	9	12
Baraga	5	2	Luce	1	0
Barry	9	11	Mackinac	0	2
Bay	6	12	Macomb	79	78
Benzie	2	4	Manistee	3	1
Berrien	9	15	Marquette	10	5
Branch	10	3	Mason	1	3
Calhoun	12	25	Mecosta	2	11
Cass	5	1	Menominee	0	1
Charlevoix	8	6	Midland	9	15
Cheboygan	11	3	Missaukee	1	5
Chippewa	2	2	Monroe	2	8
Clare	3	4	Montcalm	6	10
Clinton	10	10	Montmorency	1	0
Crawford	3	4	Muskegon	34	29
Delta	2	1	Newaygo	1	2
Dickinson	1	2	Oakland	63	78
Eaton	16	16	Oceana	7	5
Emmet	7	7	Ogemaw	1	6
Genesee	47	68	Ontonagon	2	2
Gladwin	3	0	Osceola	0	7
Gogebic	2	0	Oscoda	2	2
Grand Traverse	18	23	Otsego	4	2
Gratiot	2	5	Ottawa	17	32
Hillsdale	9	7	Presque Isle	3	1
Houghton	1	8	Roscommon	8	2
Huron	0	2	Saginaw	32	15
Ingham	34	29	St. Clair	10	20
Ionia	3	3	St. Joe	7	11
Iosco	1	2	Shiawassee	7	8
Iron	1	2	Tuscola	6	15
Isabella	2	7	Van Buren	13	9
Jackson	14	17	Washtenaw	16	21
Kalamazoo	31	43	Wayne	108	128
Kalkaska	4	6	Wexford	2	7

County	Relative	Foster		County	Relative	Foster
Kent	48	86		TOTAL	864	1056

Note: DHS data indicates 77% of relative homes and 73% of foster homes were licensed by private agencies with three agencies accounting for one-quarter of all licensed homes. In all, 44 private agencies succeeded in licensing one or more relative home and 50 succeeded in licensing at least one foster home.

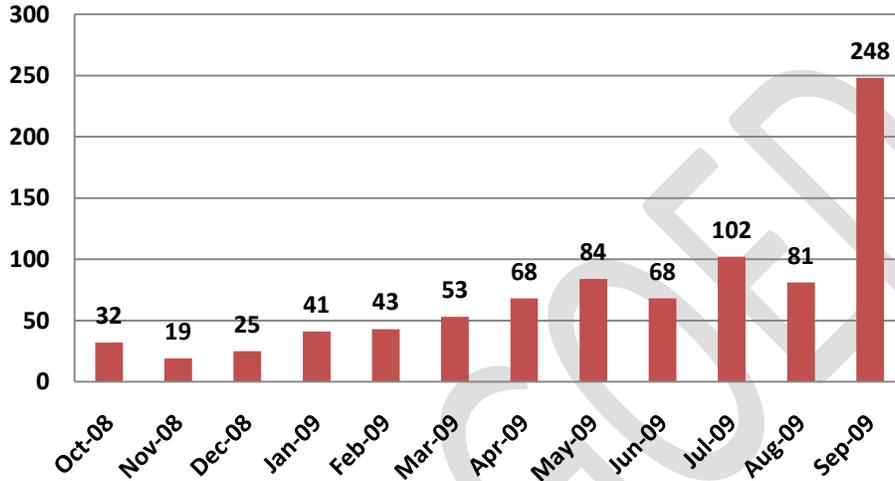
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Appendix H – Relative and Foster Homes Licensed

Relative Homes Licensed

29% of homes were licensed in Sept

Note: the total # from Period One increased by 3 compared to earlier reported due to data entry lag

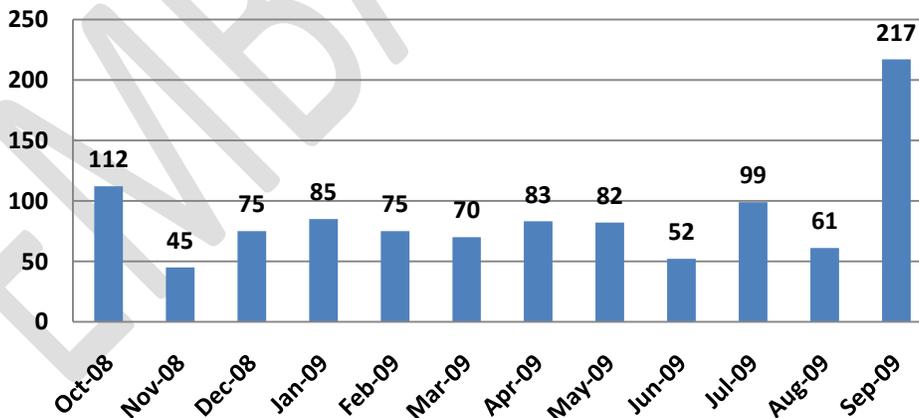


Foster* Homes Licensed

21% of homes for the year were licensed in September

Note: Period One total increased by 6 compared to the earlier reported total due to data entry lag

*Non-relative



Appendix I – Legally Free Permanency Backlog Cohort Progress

COUNTY	Starting # in Cohort	Exits to Permanency	% Achieving Permanency	Other Exits	Still in Care (as of 10/1/09)
ALCONA	1	0	0%	0	1
ALGER	0	0	NA	0	0
ALLEGAN	16	4	25%	3	9
ALPENA	7	3	43%	2	2
ANTRIM	13	2	15%	0	11
ARENAC	4	2	50%	1	1
BARAGA	2	1	50%	0	1
BARRY	6	3	50%	2	1
BAY	35	21	60%	0	14
BENZIE	0	0	NA	0	0
BERRIEN	94	38	40%	6	50
BRANCH	16	9	56%	0	7
CALHOUN	73	36	49%	7	30
CASS	16	7	44%	1	8
CHARLEVOIX	0	0	NA	0	0
CHEBOYGAN	9	6	67%	1	2
CHIPPEWA	3	2	67%	0	1
CLARE	7	2	29%	0	5
CLINTON	39	18	46%	3	18
CRAWFORD	9	3	33%	0	6
DELTA	11	7	64%	1	3
DICKINSON	9	1	11%	0	8
EATON	12	5	42%	0	7
EMMET	5	3	60%	1	1
GENESEE	416	137	33%	30	249
GLADWIN	2	0	0%	0	2
GOGEBIC	4	0	0%	0	4
GRAND TRAVERSE	15	9	60%	1	5
GRATIOT	17	6	35%	2	9
HILLSDALE	16	5	31%	2	9
HOUGHTON	2	0	0%	0	2
HURON	7	2	29%	0	5
INGHAM	185	66	36%	19	100
IONIA	20	11	55%	0	9
IOSCO	11	2	18%	3	6

COUNTY	Starting # in Cohort	Exits to Permanency	% Achieving Permanency	Other Exits	Still in Care (as of 10/1/09)
<i>IRON</i>	3	0	0%	0	3
<i>ISABELLA</i>	16	4	25%	5	7
<i>JACKSON</i>	94	40	43%	6	48
<i>KALAMAZOO</i>	110	27	25%	22	61
<i>KALKASKA</i>	8	3	38%	1	4
<i>KENT</i>	158	70	44%	15	73
<i>KEWEENAW</i>	0	0	NA	0	0
<i>LAKE</i>	8	6	75%	1	1
<i>LAPEER</i>	3	2	67%	0	1
<i>LEELANAU</i>	8	2	25%	0	6
<i>LENAWEE</i>	32	10	31%	2	20
<i>LIVINGSTON</i>	14	5	36%	2	7
<i>LUCE</i>	5	4	80%	0	1
<i>MACKINAC</i>	1	0	0%	1	0
<i>MACOMB</i>	287	103	36%	28	156
<i>MANISTEE</i>	2	2	100%	0	0
<i>MARQUETTE</i>	18	8	44%	2	8
<i>MASON</i>	5	0	0%	1	4
<i>MECOSTA</i>	13	6	46%	2	5
<i>MENOMINEE</i>	3	1	33%	0	2
<i>MIDLAND</i>	32	15	47%	5	12
<i>MISSAUKEE</i>	1	0	0%	1	0
<i>MONROE</i>	43	7	16%	3	33
<i>MONTCALM</i>	10	5	50%	0	5
<i>MONTMORENCY</i>	1	1	100%	0	0
<i>MUSKEGON</i>	87	24	28%	8	55
<i>NEWAYGO</i>	11	0	0%	3	8
<i>OAKLAND</i>	320	85	27%	28	207
<i>OCEANA</i>	0	0	NA	0	0
<i>OGEMAW</i>	7	1	14%	0	6
<i>ONTONAGON</i>	2	2	100%	0	0
<i>OSCEOLA</i>	3	2	67%	1	0
<i>OSCODA</i>	0	0	NA	0	0

COUNTY	Starting # in Cohort	Exits to Permanency	% Achieving Permanency	Other Exits	Still in Care (as of 10/1/09)
<i>OTSEGO</i>	8	5	63%	0	3
<i>OTTAWA</i>	27	10	37%	3	14
<i>PRESQUE ISLE</i>	1	1	100%	0	0
<i>ROSCOMMON</i>	10	3	30%	0	7
<i>SAGINAW</i>	146	56	38%	16	74
<i>SANILAC</i>	18	10	56%	1	7
<i>SCHOOLCRAFT</i>	1	0	0%	1	0
<i>SHIAWASSEE</i>	21	6	29%	2	13
<i>ST CLAIR</i>	53	19	36%	6	28
<i>ST JOSEPH</i>	48	29	60%	1	18
<i>TUSCOLA</i>	19	13	68%	0	6
<i>VAN BUREN</i>	20	12	60%	2	6
<i>WASHTENAW</i>	81	35	43%	4	42
<i>WAYNE</i>	1533	391	26%	130	1012
<i>WEXFORD</i>	3	0	0%	1	2
TOTAL	4376	1436	33%	389	2551

Appendix J – Reunification Permanency Backlog Cohort Progress

COUNTY	Starting # in Cohort	Permanency	% Achieving Permanency	Other Exits	Still in Care (as of 10/1/09)
ALCONA	4	1	25%	0	3
ALGER	3	3	100%	0	0
ALLEGAN	34	23	68%	0	11
ALPENA	16	8	50%	1	7
ANTRIM	20	19	95%	0	1
ARENAC	10	2	20%	0	8
BARAGA	0	0	NA	0	0
BARRY	4	4	100%	0	0
BAY	17	9	53%	0	8
BENZIE	5	4	80%	0	1
BERRIEN	96	31	32%	0	65
BRANCH	18	9	50%	0	9
CALHOUN	88	48	55%	0	40
CASS	19	13	68%	1	5
CHARLEVOIX	28	15	54%	0	13
CHEBOYGAN	21	11	52%	0	10
CHIPPEWA	10	4	40%	0	6
CLARE	2	2	100%	0	0
CLINTON	56	33	59%	1	22
CRAWFORD	28	13	46%	1	14
DELTA	1	0	0%	0	1
DICKINSON	13	7	54%	0	6
EATON	26	13	50%	0	13
EMMET	7	4	57%	0	3
GENESEE	360	193	54%	2	165
GLADWIN	0	0	NA	0	0
GOGEBIC	21	13	62%	0	8
GRAND TRAVERSE	16	9	56%	0	7
GRATIOT	7	4	57%	0	3
HILLSDALE	35	12	34%	0	23
HOUGHTON	2	2	100%	0	0
HURON	12	6	50%	0	6
INGHAM	112	61	54%	3	48
IONIA	10	8	80%	0	2
IOSCO	6	1	17%	0	5

COUNTY	Starting # in Cohort	Permanency	% Achieving Permanency	Other Exits	Still in Care (as of 10/1/09)
IRON	2	2	100%	0	0
ISABELLA	11	8	73%	1	2
JACKSON	90	44	49%	1	45
KALAMAZOO	41	28	68%	0	13
KALKASKA	8	8	100%	0	0
KENT	275	125	45%	7	143
KEWEENAW	4	1	25%	0	3
LAKE	5	5	100%	0	0
LAPEER	9	9	100%	0	0
LEELANAU	7	0	0%	0	7
LENAWEE	35	24	69%	0	11
LIVINGSTON	11	3	27%	0	8
LUCE	1	0	0%	0	1
MACKINAC	2	0	0%	0	2
MACOMB	272	172	63%	5	95
MANISTEE	6	3	50%	1	2
MARQUETTE	16	7	44%	0	9
MASON	10	2	20%	0	8
MECOSTA	14	2	14%	0	12
MENOMINEE	11	5	45%	0	6
MIDLAND	14	10	71%	0	4
MISSAUKEE	0	0	NA	0	0
MONROE	26	13	50%	0	13
MONTCALM	10	7	70%	0	3
MONTMORENCY	0	0	NA	0	0
MUSKEGON	78	48	62%	0	30
NEWAYGO	9	5	56%	0	4
OAKLAND	529	346	65%	13	170
OCEANA	6	4	67%	0	2
OGEMAW	2	2	100%	0	0
ONTONAGON	1	1	100%	0	0
OSCEOLA	4	4	100%	0	0
OSCODA	1	0	0%	0	1
OTSEGO	11	7	64%	0	4
OTTAWA	28	16	57%	0	12
PRESQUE ISLE	5	2	40%	0	3

COUNTY	Starting # in Cohort	Permanency	% Achieving Permanency	Other Exits	Still in Care (as of 10/1/09)
<i>ROSCOMMON</i>	5	2	40%	0	3
<i>SAGINAW</i>	59	58	98%	0	1
<i>ST CLAIR</i>	84	54	64%	2	28
<i>ST JOSEPH</i>	53	27	51%	0	26
<i>SANILAC</i>	7	2	29%	0	5
<i>SCHOOLCRAFT</i>	0	0	NA	0	0
<i>SHIAWASSEE</i>	63	47	75%	1	15
<i>TUSCOLA</i>	18	13	72%	0	5
<i>VAN BUREN</i>	28	16	57%	0	12
<i>WASHTENAW</i>	29	10	34%	0	19
<i>WAYNE</i>	2007	892	44%	51	1064
<i>WEXFORD</i>	3	2	67%	0	1
TOTAL	5017	2621	52%	91	2305

EMBARGOED