STATE OF MICHIGAN
DEPARTMENT OF HUMAN SERVICES
LANSING

RICK SNYDER
GOVERNOR

MAURA D. CORRIGAN
DIRECTOR

March 20, 2013

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

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

Dear Senator Caswell and Representative MacGregor:

Section 588(1) of 2012 Public Act 200, Article X, requires the Department of Human Services (DHS) to transmit all reports from the court-appointed settlement monitor, concurrent with public release. *The Progress of the Michigan Department of Human Services Monitoring Report for Dwayne B. v. Snyder MSA 2 January- June 2012,* issued on March 20, 2013, is attached.

Sincerely,

Susan Kangas
Chief Financial Officer

cc: Senate and House Appropriations Subcommittees on DHS
Senate and House Fiscal Agencies
State Budget Office

Attachment

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www.michigan.gov • (517) 373-2035

Progress of the Michigan Department of Human Services

Monitoring Report for *Dwayne B. v. Snyder*

MODIFIED SETTLEMENT AGREEMENT

MSA 2

JANUARY TO JUNE 2012

ISSUED MARCH 20, 2013

PUBLIC CATALYST

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Introduction

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

In sum, the MSA:

- Provides the Plaintiff class relief in the form of immediate action steps and strategies to bring rapid attention and improvement to critical performance areas in which there has been non-compliance;
- Reprioritizes the phase-in of needed structural improvements;
- Embeds a new case practice model designed by the current DHS management in consultation with the monitors and Plaintiffs; and
- Establishes benchmarks and performance targets that the current administration has committed to meet in order to realize sustainable reform.

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

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

The monitoring team continues to be impressed by the level of commitment of the current DHS leadership team as well as its desire to realize positive outcomes for Michigan's children and families.

This report to the court reflects the efforts of DHS and its community partner agencies, as well as the status of Michigan's reform efforts, as of June 30, 2012, indicating progress for the first six months of 2012, defined as Period Two in the MSA (MSA 2). During this period, DHS and its community partner agencies made significant strides in building the foundation for a stronger child welfare agency. For example, DHS developed and began to roll out a new case practice model to improve the care of children in custody. DHS leadership operationalized a child welfare Division of Continuous Quality Improvement that is growing its capacity to review several critical aspects of foster care. The DHS Director launched new partnerships and convened a Faith-Based Summit to engage the faith community in recruitment and support efforts to attract and retain foster parents. And DHS partnered with Michigan's higher education community and convened an Education Summit to begin to address the needs of older foster youth.

Summary of Progress and Challenges Ahead

As of the conclusion of MSA 2, the monitoring team highlights several significant accomplishments DHS made in certain areas including:

- *Statewide centralized hotline:* DHS successfully implemented a unified, statewide 24/7 centralized hotline to receive and manage calls alleging child maltreatment. During the period of March 5 to June 30, 2012, the hotline received 101,547 calls, both related to children's and adult protective services. Of those calls, 47,658 were determined to be children's protective service complaints with approximately 63 percent assigned for investigation, averaging 1,772 complaints assigned for investigation each week.
- *Caseloads*: According to the most recent, available worker caseload data and analysis, DHS met the MSA 2 caseload standards for supervisors and staff responsible for adoption, foster care, CPS investigations, CPS ongoing, and licensing work, which resulted from both an aggressive hiring and training program initiated by Director Corrigan in 2011, and better management of workloads by CSA leadership.
- *Immediate action for children with a goal of guardianship*: DHS agreed to finalize 165 juvenile guardianships during CY2012. At the conclusion of MSA 2, DHS reported that it had met its commitment early, by finalizing 278 juvenile guardianships. Of those guardianships, 101 children (36 percent) were enrolled in the guardianship assistance program (GAP). The majority of children achieving permanency through guardianship, 70 percent, were living with relatives at the time of exit from foster care. DHS

successfully met its commitment and exceeded the final guardianship target by 68 percent during MSA 2.

- *Health insurance for youth exiting custody*: DHS committed that older youth exiting custody will have ongoing health insurance. During MSA 2, over 97 percent of the youth exiting foster care who were eligible for ongoing health insurance coverage were enrolled and insured.
- *Post-adoption resource centers:* DHS expanded the range of support services for adoptive families with the development of eight resource centers throughout the state. These post-adoption resource centers offer an array of services.

While much was accomplished by DHS in MSA 2, there are significant areas important to children's safety, permanence and well-being where DHS did not meet its commitments. In particular, DHS is experiencing significant challenges with regard to meeting several of its commitments on resource families. For example, DHS committed that all foster parents would be licensed, with limited exceptions. At the conclusion of MSA 2, however, there were 4,810 children residing in relative placements, and 1,805 of these children were residing in homes that were neither licensed, enrolled in the licensing process, nor waived from licensure requirements.

The monitoring team observes, in addition, the following challenges that DHS must confront as it continues to steward the reform effort forward:

- *Child Safety Outcomes:* The parties agreed that DHS would reduce repeated incidents of child maltreatment in a short period of time. They adopted a measure that examines how frequently children and youth who were the subjects of a substantiated incident of abuse or neglect during a defined six month period were not re-abused or neglected during the following six month period. The parties agreed that as of September 30, 2010 DHS was to meet and then maintain a standard of 94.6 percent or higher. For the period of FFY2011, the data profile reflects that DHS reports there was no repeat maltreatment for 14,939 of the 16,340 children covered during the period or 91.4 percent, below the required 94.6 percent. To meet the agreed upon standard, DHS would have needed to report absence of maltreatment recurrence for an additional 519 children.
- *Child Safety Outcomes:* The second safety standard selected by the parties focuses on keeping children placed in foster care safe. The parties agreed DHS would meet a standard of 99.68 percent as of September 30, 2009 and maintain that standard going forward. DHS reports maintaining 23,130 of the 23,371 (98.97 percent) children in placement safe from abuse or neglect, below the agreed upon standard. To have met

the standard, DHS would have had to keep an additional 166 children free from abuse or neglect in placement.

- *Responding to reports of abuse and neglect:* DHS agreed that its system for receiving, screening and investigating reports of child abuse and neglect would be adequately staffed and investigations would be commenced as required by state law and policy. For allegations requiring an immediate response, DHS launched its initial contacts on time only 65 percent of the time. For allegations requiring a response within 24 hours, DHS launched its contacts timely 82 percent of the time.
- *Visitation:* DHS made a series of commitments to ensure that workers visit children and parents, and that workers facilitate visitation between parents and children. In none of these areas did DHS meet its commitments.

MSA 2 Summary of Commitments

Section	Modified Settlement Agreement Commitment	Deadline	Completed	Page
III.C.1	Safety – Non-Recurrence of Maltreatment within Six Months: DHS shall ensure 94.6% of children and youth who were the victims of abuse or neglect during a defined six month period were not re-abused or neglected during the following six month period.	9/30/10	No	22
III.C.2	Safety – Maltreatment in Foster Care: 99.68% of children in foster care shall be free from abuse and neglect.	9/30/09	No	22
III.D.1	Permanency Composite One: DHS shall achieve Score of 105.	9/30/11	Yes	23
III.D.2	Permanency Composite Two: DHS shall achieve Score of 100.	9/30/11	Yes	23
III.D.3	Permanency Composite Three: DHS shall achieve Score of 120.	9/30/11	Yes	24
III.D.4	Permanency Composite Four: DHS shall achieve Score of 101.5.	10/1/11	Yes	24
V.A	DHS shall ensure its system for receiving, screening and investigating reports of abuse and neglect is adequately staffed.	10/1/11	Yes	49
V.A	DHS shall ensure its system commences investigations on time.	10/1/11	No	49
V.B	DHS shall establish an adequately-staffed statewide centralized CPS hotline.	4/30/12	Yes	47
V.D.1	In designated counties, DHS will maintain separate Maltreatment in Care (MIC) units responsible for MIC investigations.	10/1/11	Yes	51
V.D.2.a	In non-designated counties, DHS will maintain three separate regional MIC units for all investigations of abuse or neglect occurring in Child Caring Institutions (CCIs).	10/1/11	Yes	51

Section	Modified Settlement Agreement Commitment	Deadline	Completed	Page
V.D.2b	In non-designated counties, DHS will provide specially trained local office and/or regional CPS staff responsible for conducting all CPS investigations in a foster home.	10/1/11	No	51
V.D.2b	No local office MIC investigation will be conducted by an employee with an established relationship with the foster family or alleged perpetrator.	10/1/11	Yes	51
V.D.4	DHS Child Welfare Field Ops shall ensure dedicated supervision, oversight and coordination of all MIC investigations.	10/1/11	Yes	51
VI.A.1	Entry level caseworkers must have a bachelor's degree in social work or a related human services field.	10/1/11	Yes	17
VI.A.2	All caseworkers who do not have the university-based child welfare certificate will complete pre-service training that includes a total of 270 hours of competence-based training, which must be completed within 16 weeks from date of hire; training must include a minimum of four weeks of classroom instruction and five weeks of field instruction.	10/1/11	Yes	18
VI.A.4	Each trainee must shadow an experienced child welfare caseworker and build practice knowledge from classroom and field training. Experienced caseworkers (mentors) must shadow trainees for key activities in a case. Mentors who support trainee development must have caseloads within current caseload standards.	10/1/11	No	19
VI.A.5	Each trainee will complete a competence-based performance evaluation, including a written exam.	10/1/11	Yes	18
VI.A.5	Each trainee will be assigned a "training caseload" with progressive responsibilities consistent with the MSA.	10/1/11	No	18
VI.B.1	Supervisor Qualifications: All staff promoted or hired to a child welfare supervisory position shall possess either: 1) a master's degree and three years of experience as a social service worker in a child welfare agency, CCI or in an agency performing a child welfare function; or 2) a bachelor's degree and four years as a social service worker.	10/1/11	Partial	19
VI.B.3	All supervisors promoted or hired must complete the training program and pass a written competency based exam within three months of assuming the supervisory position.	10/1/11	Yes	20
VI.B.4	University-Based Training Opportunities: DHS will develop and maintain joint programs with schools of social work to expand training and education for DHS and private CPA caseworkers and supervisors.	10/1/11	Yes	19
VI.C	Licensing Worker Qualifications and Training: Requirements include a bachelor's degree in social work or related human services field. Workers will undergo training in accordance with the DHS plan submitted to the monitors on 3/5/09.	10/1/11	No	21

Section	Modified Settlement Agreement Commitment	Deadline	Completed	Page
VI.E.2.a	Supervisors: Each supervisor of foster care, CPS, adoption, POS, and licensing will not be responsible for more than five caseworkers.	10/1/11	Yes	16
VI.E.2.b.i	Supervisors: 70% of child welfare supervisors will supervise no more than five caseworkers.	1/1/12	Yes	16
VI.E.3.a	Foster Care Workers: 80% of foster care workers will have caseloads of no more than 15 children.	1/1/12	Yes	15
VI.E.4.a	Adoption Workers: 80% of adoption workers will have caseloads of no more than 15 children.	1/1/12	Yes	15
VI.E.5.a	CPS Investigation Workers: 65% of CPS investigation workers will have caseloads of no more than 12 open investigations.	1/1/12	Yes	15
VI.E.6.a	CPS Ongoing Workers: 65% of CPS investigation workers will have caseloads of no more than 17 families.	1/1/12	Yes	15
VI.E.7	POS Workers: 95% of POS workers will have caseloads of no more than 90 children.	9/30/11	No	14
VI.E.7.a	DHS will ensure its POS worker model does not include the responsibilities to: review/approve case plans; attend court hearings unless so ordered by the court; enter social work contacts into SWSS; attend quarterly visits with CPAs; attend PPCs.	9/30/11	Yes	16
VI.E.8.a	Licensing Workers: 80% of licensing workers will have caseloads of no more than 30 licensed foster homes or homes pending licensure.	1/1/12	Yes	15
VII.D	Family Engagement Model: DHS will develop policies, procedures and structure to implement a family engagement model which includes family engagement, child and family team meetings, concurrent planning.	10/1/11	Yes	39
VII.D.5.a	Pre-Implementation: Finalize Family Engagement Model	3/31/12	Yes	39
VII.E.1	Maintaining a permanency planning goal of reunification beyond 12 months requires written approval from a supervisor, justifying the goal, identifying the additional services needed to accomplish goal; no goal of reunification longer than 15 months without documentation in the record, approved by supervisor, of compelling reasons. (See MSA for specific requirements.)	10/1/11	Yes	34
VII.E.6	APPLA: This goal may not be assigned to a child unless specific requirements, detailed in the MSA, exist.	10/1/11	Yes	35
VII.E.7.b	Immediate Action Adoption/Guardianship: DHS must finalize 150 juvenile guardianships for calendar year 2012.	12/31/11	Yes	37
VII.E.9	Disrupted Pre-Adoptive Placements: DHS will monitor the number of cases in pre-adoptive placement that disrupt before finalization; QA unit will sample these cases annually.	10/1/11	Yes	36
VII.F.1	Special Reviews: Provisions apply to children in DHS foster care from 10/1/11 that a) have been legally free for more than 365 days or b) have a goal of reunification for more than 365 days.	10/1/11	Yes	41

Section	Modified Settlement Agreement Commitment	Deadline	Completed	Page
VII.F.2	Permanency Resource Managers (PRMs): DHS will maintain an adequate number of PRMs to review cases of children in care more than one year. PRMs will have specialized training, raise awareness of establishing permanency, possess expertise in community resources and collaborate with case managers and supervisors to identify new strategies to achieve permanency for these children.	10/1/11	Yes	41
VII.G.2	Worker-Child Contacts: Workers will conduct two face-to-face visits during a child's first month of placement and one visit per month thereafter, including a private meeting between the child and case worker.	10/1/11	No	43
VII.G.3	Worker-Parent Visits: For children with goal of reunification, DHS will ensure (a) two face-to-face caseworker-parent visits (with each parent) during the first month the child is in care, one of which must be in their home; (b) for each subsequent month, one face-to-face visit and phone contact as needed; (c) one contact in each three-month period must occur in parent's home.	10/1/11	No	44
VII.G.4	Parent-Child Visits: For children with a goal of reunification, DHS will ensure at least twice monthly visits between children and parents unless reasonable exceptions and documentation noted in the MSA apply.	10/1/11	No	44
VII.G.5	Sibling Visits: Children in foster care whose siblings are also in DHS' custody but in different placements, will visit with one another at least monthly, unless reasonable exceptions & documentation noted in the MSA apply.	10/1/11	No	43
VIII.B.5.c	Psychotropic Medications: DHS will maintain processes to ensure documentation of psychotropic medication approvals, documentation of all uses of psychotropic medications, and review of such documentation by appropriate DHS staff, including the DHS medical consultant. The Health Unit Manager and medical consultant will take immediate action to remedy any identified use of psychotropic medications inconsistent with the policies and procedures approved by the monitors.	10/1/11	No	52
VIII.B.6.c	The SED Waiver: DHS will implement the waiver, providing specialized services to children with disabilities and behavioral health needs, in Muskegon, Washtenaw, Eaton and Clinton counties.	10/1/11	Partial	53
VIII.C.1.a.ii	Immediate Action for Youth Transitioning to Adulthood: MYOI and youth leadership boards will be implemented in Wayne, Clinton/Gratiot and Ingham counties and be maintained to meet quarterly to provide information, training, and supportive services to youth.	3/31/12	Yes	54

Section	Modified Settlement Agreement Commitment	Deadline	Completed	Page
VIII.C.1.a.iii	Immediate Action for Youth Transitioning to Adulthood: DHS will establish Individual Development Accounts (IDA) for youth attending youth leadership board meetings in Wayne, Clinton/Gratiot and Ingham counties.	3/31/12	Yes	55
VIII.C.1.a.vii	Immediate Action for Youth Transitioning to Adulthood: DHS will support higher education for older foster youth through partnerships with Michigan colleges and universities and through collaboration with community partners to create and expand scholarships and onsite programs, supports, and mentorships.	10/1/11	Yes	53
VIII.C.1.a.viii	Immediate Action for Youth Transitioning to Adulthood: DHS will support the Seita Scholars program at Western Michigan University.	10/1/11	Yes	54
VIII.C.1.c.ii	Youth Transitioning to Adulthood: DHS will continue to implement a policy and process by which all eligible youth emancipating from foster care at age 18 or older are enrolled for Medicaid managed care coverage so that their access to healthcare continues uninterrupted.	10/1/11	Yes	55
VIII.D.1	Immediate Action for Recruitment of Foster/Adoptive Homes: DHS will license 1,300 new non-relative foster homes.	6/30/12	Unable to verify	28
VIII.D.2.b	Foster Home Capacity: When appropriate, ensure steps are taken to license relatives.	10/1/11	No	30
VIII.D.3.a	Foster Home Capacity for Special Populations: For the Big 14 counties, DHS will develop and provide to the monitors and Plaintiffs recruitment plans to increase the number of available placements for adolescents, sibling groups and children with disabilities. (See MSA for details of the plans.)	6/30/12	Yes	29
VIII.D.3.b	Treatment Foster Homes: Maintain 200 treatment foster home beds.	10/1/11	Yes	53
VIII.D.4	State Oversight of Recruitment: A designated person or unit within DHS central office will be responsible for monitoring the development and implementation of the foster and adoptive foster home recruitment and retention plans by county offices.	10/1/11	Yes	29
VIII.D.6.a.ii	Immediate Action to Licensing Relatives: DHS will resolve 80 percent of the pending relative license applications.	6/30/12	Unable to verify	30
VIII.D.6.b	Foster Parents: All foster parents shall be licensed except for situations identified in this provision. (See MSA for exceptions.)	10/1/11	No	30
VIII.D.6.i.i	Relative Foster Parents: Caregivers pursuing licensure will be provided pre-service and in-service foster parent training.	10/1/11	Yes	28

Section	Modified Settlement Agreement Commitment	Deadline	Completed	Page
VIII.D.6.j	Relative Foster Home Licensing: DHS will maintain a position of Relative Licensing Coordinator with dedicated overall responsibility for development of a combined family home assessment for relative providers; monitoring and reporting on number of unlicensed relative homes and children in those homes; ensure availability of adequate training staff to develop curriculum and training for Relative Licensing staff.	10/1/11	No	31
VIII.D.8	Provision of Post-Adoption Services: DHS will develop, implement and maintain a full range of post-adoption services to assist all eligible special needs children adopted from state foster care and their permanent families.	10/1/11	Yes	37
X.B.1	Placement Outside 75-Mile Radius: DHS shall place all children within a 75-mile radius of the home from which the child entered custody, unless one of the exceptional situations noted in the MSA apply.	10/1/11	No	45
X.B.2	Separation of Siblings: Siblings who enter placement at or near the same time shall be placed together, unless doing so is harmful to one or more of the siblings or other exceptions in the MSA are noted. In the case of separation, efforts must be made to locate/recruit a family and efforts must be documented and reassessed quarterly.	10/1/11	No	46
X.B.3	Number of Children in Foster Home: No child shall be placed in a foster home if that placement will result in more than three foster children in that home, or a total of six children. No placement shall result in more than three children under the age of three residing in a foster home.	10/1/11	No	46
X.B.4.a	Time Limitations for Emergency or Temporary Facilities: Children shall not remain in emergency or temporary facilities, including but not limited to shelter care, for a period in excess of 30 days.	10/1/11	No	46
X.B.4.b	Number of Placements in an Emergency or Temporary Facility: Children shall not be placed in an emergency or temporary facility, including but not limited to shelter care, more than one time within a 12-month period.	10/1/11	No	46
X.B.5	Placement in Jail, Correctional, or Detention Facility: Unless pursuant to a delinquency charge, no child in DHS foster care custody shall be placed by DHS or with DHS' assent in a jail, correctional, or detention facility.	10/1/11	Partial	47
XII.A.	Contract Requirements: DHS's contracts with private CPAs and CCIs will be performance-based.	10/1/11	Yes	25

Section	Modified Settlement Agreement Commitment	Deadline	Completed	Page
XII.B	Substantiated Incidents of Abuse, Neglect, and Corporal Punishment: DHS will give due consideration to any and all substantiated incidents of abuse, neglect, and/or corporal punishment occurring in the placements licensed and supervised by a contract agency at the time of processing its application for licensure renewal.	10/1/11	Yes	27
XII.C	Contract Evaluations: At least once a year, DHS will conduct contract evaluations of all CCIs and private CPAs.	10/1/11	Yes	26
XII.C.2	DHS shall visit a random sample of each agency's foster homes as part of the annual inspection. Agencies with fewer than 50 foster homes shall have three foster homes visited. Agencies with 50 foster homes or more shall have 5% of their foster homes visited.	10/1/11	Partial	27
XII.D	Resources: DHS will maintain sufficient resources to permit staff to conduct contract enforcement activities.	10/1/11	Yes	25
XIII.D	DHS will satisfy all federal reporting requirements.	10/1/11	Yes	22
XIV.A	DHS will, in consultation with the monitors, develop and implement a statewide Quality Assurance (QA) program. The QA unit shall identify areas of systemic strengths and weaknesses and formulate strategies for improvement.	10/1/11	Yes	27

Methodology

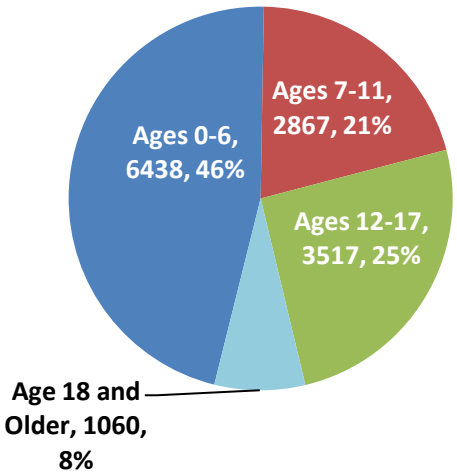
To prepare this report, the monitoring team conducted a series of verification activities to further evaluate DHS' progress to implement its commitments in the MSA. These activities included regular meetings with DHS leadership as well as private agency leadership; meeting with the leadership of the Centralized Intake office; meetings with staff from the Bureau of Children and Adult Licensing (BCAL); 12 visits to local child welfare offices (half of the offices were public and half private); meetings with the Division of Continuous Quality Improvement (DCQI) staff; extensive reviews of individual case records and other documentation. At field office visits, the monitoring team interviewed staff and supervisors and talked to public and private managers about the pace, progress, and challenges of the reform work. The monitoring team also reviewed and analyzed a wide range of aggregate and detail data produced by DHS, and reviewed policies, memos, and other internal information relevant to DHS' work during the period.

Demographics

DHS reports there were 13,882 children in custody as of June 30, 2012, a decline of 415 children (2.9 percent) during MSA 2.[1,2] DHS saw more children leave (3,894) than enter (3,479) custody, explaining the decline. Though young children aged zero to six years make up the largest portion (6,438 or 46 percent), Michigan continues to have a large population of older youth in custody. Twenty-five percent (3,517) are 12 to 17 years, and eight percent (1,060) are 18 years and over, as detailed in the following chart:

Figure 1: Age of Children in Custody on June 30, 2012[3]

n=13,882



With regard to gender, the population is split equally — 50 percent male and 50 percent female. With regard to race, the population of children is 38 percent African-American children and 60 percent White. In addition, six percent of children are identified with Hispanic ethnicity (and can be of any race). As the following chart demonstrates, 84 percent of children in DHS custody on June 30, 2012 lived in family settings, including with relatives (35 percent), foster families (33 percent), with their own parents (13 percent), in homes that intend to adopt (two percent) and in homes of unrelated caregivers (one percent). Of children in custody, 885 (six percent) lived in institutional settings, including residential treatment and other congregate care facilities. Another 916 children, or seven percent, resided in independent living

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

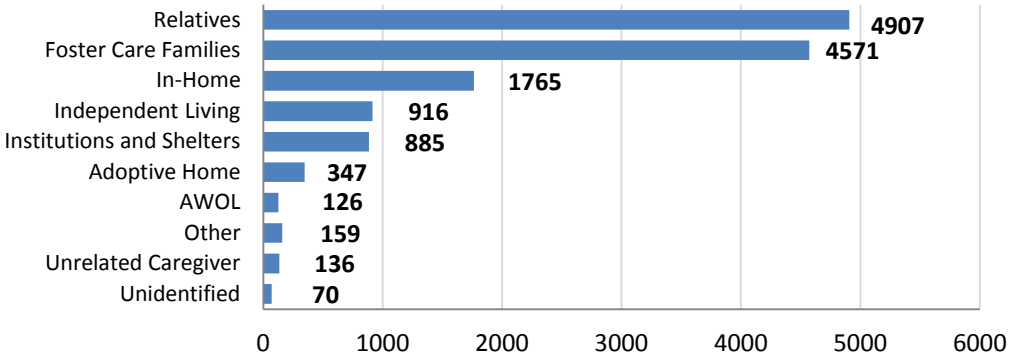
[2] DHS recently submitted an updated data file including the number of children in custody on December 31, 2011. Our previous report (released on June 25, 2012) indicated that 14,325 were in DHS custody on December 31, 2011. The updated file indicates that 14,297 children were in custody on that date. This report uses the updated figure in describing changes in the custody population.

[3] For detail by county, see Appendices for Age Range of Children in Care on June 30, 2012.

placements, which serve youth on the cusp of aging-out of care. The remaining three percent resided in other settings, are AWOL, or in unidentified placements.

Figure 2: Placement Types of Children in Custody on June 30, 2012[4]

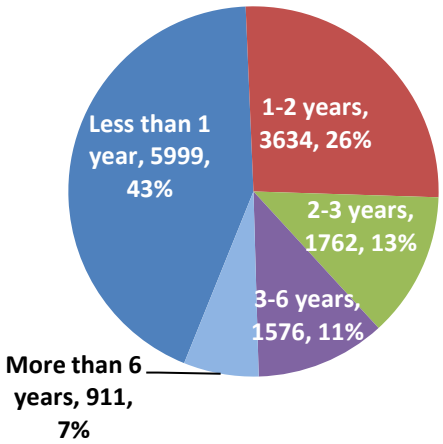
n=13,882



Of the children in care on June 30, 2012, 43 percent were in care for less than one year, while 18 percent were in care for more than three years:

Figure 3: Length of Stay in Care on June 30, 2012[5]

n=13,882



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

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

Institutions and Shelters includes emergency shelters (52), out-of-state child placement institutions and agencies (29), and private child care institutions (804).

Other includes detention (29), jail (23), community justice centers (3), court treatment (2), legal guardians (29), mental health hospitals (18), boarding schools (47) and DHS training schools (8).

[5] For detail by county, see Appendices for Length of Stay of Children in Care on June 30, 2012.

Organizational Capacity

Caseloads and Supervision

The MSA sets forth caseload standards for staff and supervisors performing critical child welfare functions. The MSA includes final caseload standards, the last of which are scheduled to be met by December 31, 2013. In the interim, the parties agreed to a set of staggered standards tied to specific dates with both the standards and the dates varying by function. Only one standard came into effect during MSA 1, the final caseload standard for the purchase of service (POS) staff. For the second period of the MSA, the POS standard remained in effect and interim standards for all of the other functions detailed in the MSA became operative as of January 1, 2012. These functions include child protective investigations, child protective ongoing work, foster care, adoption, and licensing work, as well as interim standards for the supervisors who oversee all of these casework functions. To summarize, with respect to the obligations for caseloads for MSA 2, based on the October 2012 data, DHS met six of the seven caseload standards.

Reporting Methodology

In order to report on caseload performance, on a quarterly basis, DHS solicits information from all of their local offices and private providers as well as utilizing caseload information collected electronically. Performance is assessed based on the aggregated data across both the public and private sectors. DHS expects to automate caseload reporting in the future as the new SACWIS system becomes fully operational. In the interim, tracking caseloads is a hybrid of both electronic and hand counting.

Assessing caseload performance is particularly challenging in Michigan because of the number of staff and supervisors who have combined functions. Over the course of the reform, Michigan has moved towards aligning an increasing number of staff to a single function – for example, dedicating 100 percent of a staff person's time to investigations or adoptions only. Assessing caseload performance for those staff is a straightforward process. However, a significant number of staff continue to perform multiple functions. For example, a single staff person might perform a combination of adoption and POS work. Each of those types of work is different and caseload standards for each are different as established in the MSA, making it much more challenging to assess performance. Similarly, some supervisors, largely in the private sector, carry cases and supervise and so must be assessed on a prorated basis with respect to each standard. In addition, some supervisors and staff perform combinations of work that include the child welfare functions detailed in the MSA but also do other types of work – for example, abuse prevention, Title IV-E, juvenile justice, or guardianship cases. This last group of staff is the most challenging to analyze in terms of caseload compliance for the

purposes of the MSA. The complexity of the exercise does not in any way undermine its importance. As the Court stressed in an earlier hearing, all work by staff must be taken into account in assessing caseloads.

Over the course of MSA 2, DHS experimented with new methodologies for caseload counting that varied from the process previously approved by the monitoring team. After several meetings and discussions with the monitoring team, DHS adopted a new methodology that went into effect in September 2012. As a result, the data utilized to assess caseload performance with respect to the MSA 2 standards was gathered in October 2012 utilizing the MSA 2 standards effective January 1, 2012.[6] DHS is aware that challenges remain with respect to caseload reporting moving forward, particularly with respect to trainees. The monitoring team will continue to communicate with DHS to address those issues for the purposes of future reporting. For purposes of this report, the monitoring team analyzed the data reported by DHS and conducted targeted verification work to assess caseload reporting by visiting local public and private agency offices, meeting with staff, and reviewing individual caseloads. This verification work will be ongoing in future periods.[7]

Purchase of Service Caseloads

Purchase of service (POS) work comprises the support and oversight that DHS staff provide with respect to foster care and adoption child welfare cases assigned to the private sector. The MSA established the full-time POS standard at 90 cases. During MSA 2, DHS streamlined POS reporting functions with more staff dedicated solely to POS work. However, many DHS staff continue to do a hybrid of POS and other work including licensing, foster care and adoption. For those staff, the standard of 90 POS cases is prorated based on their other responsibilities.

As of September 30, 2011, DHS committed that 95 percent of DHS staff engaged in POS work would meet the final MSA standard of 90 cases. However, as of October 2012, DHS reported that 368 of 428 staff or 86 percent met the standard. Although DHS did not meet the standard for POS work established in the MSA, 48 percent of the POS workers whose caseloads exceeded the target were within ten percent of compliance.

[6] Note that a number of new caseload standards went into effect as of September 30, 2012, just prior to the caseload data reported here. This report does not address DHS' performance with respect to those new standards but utilizes the MSA 2 standards as this is the MSA 2 report. DHS' performance with respect to the September 30, 2012 standards will be addressed in the MSA 3 report.

[7] With respect to the caseload methodology employed by DHS in the Fall of 2012, field verification activities by the monitoring team surfaced concerns among a number of staff that implementation of the formula did not ensure secondary assignments were routinely factored into reported caseloads. The monitors are continuing field verification work throughout Period Three and will work with DHS to ensure the caseload methodology, as implemented, accounts for all work.

Foster Care Caseloads

DHS agreed that full-time staff, public and private, solely engaged in foster care work would be responsible for no more than 15 children each. Staff who perform foster care work as well as other functions are held to a prorated standard. As of January 1, 2012, DHS agreed that 80 percent of staff would meet the required standard. As of October 2012, DHS reported that 1,103 of 1,293 staff or 85 percent met the standard, exceeding the target for MSA 2.

Adoption Caseloads

DHS agreed that full-time staff, public and private, solely engaged in adoption work would be responsible for no more than 15 children each. Staff who perform adoption work as well as other functions are held to a prorated standard. As of January 1, 2012, DHS agreed that 80 percent of staff would meet the required standard. As of October 2012, DHS reported that 219 of 272 or 80.5 percent of staff met the standard, matching the target for MSA 2.

Licensing Caseloads

DHS agreed that full-time staff, public and private, solely engaged in licensing work would be responsible for a total of no more than 30 licensed foster homes or homes pending licensure. Staff who perform licensing work as well as other functions are held to a prorated standard. As of January 1, 2012, DHS agreed that 80 percent of staff would meet the required standard. As of October 2012, DHS reported that 333 of 377 staff or 88 percent met the standard, exceeding the target for MSA 2.

Children's Protective Services Investigations Caseloads

DHS agreed that full-time staff solely engaged in CPS investigations, a public sector function, would be responsible for no more than 12 open investigations. Staff who perform investigations work as well as other functions are held to a prorated standard. As of January 1, 2012, DHS agreed that 65 percent of staff would meet the required standard. As of October 2012, DHS reported that 997 of 1,095 staff or 91 percent met the standard, exceeding the target for MSA 2.

Children's Protective Services Ongoing Caseloads

DHS agreed that full-time staff solely engaged in CPS ongoing services, a public sector function, would be responsible for no more than 17 families each. Staff who perform CPS ongoing work as well as other functions are held to a prorated standard. As of January 1, 2012, DHS agreed that 65 percent of staff would meet the required standard. As of October 2012, DHS reported that 764 of 846 staff or 90 percent met the standard, exceeding the target for MSA 2.

Supervisor Caseloads

DHS agreed that full-time supervisors, both public and private, would be responsible for no more than five caseload carrying staff each. As detailed in the MSA 1 report, supervisors can oversee a wide variety of staff – some of whom are performing the functions detailed in the MSA as well as staff performing other functions. For MSA 1, DHS submitted a complex but reasonable methodology for assessing different types of supervisor oversight. That methodology went into effect during MSA 2 and the data suggests that some private agencies are struggling with how to apply it to their supervisory staff. The complexity of applying this supervisor methodology is further compounded by the routine practice in several private agencies of having supervisors handle cases directly, which prorates their availability to operate as supervisors (as well as caseworkers) with respect to the standards set forth in the MSA.[8]

For MSA 2, as of January 1, 2012, DHS agreed that 70 percent of supervisors would meet the standard. DHS reported that as of October 2012, 670 of 774 supervisors or 86.5 percent met the standard, exceeding the target for MSA 2.

POS Monitoring Model

During MSA 2, DHS continued with its implementation of the interim purchase of service (POS) monitoring model that was initiated in September 2011. Intrinsic to the new model is a change in responsibilities for POS workers. They no longer have responsibility for: reviewing and approving assessments and case plans; attending court hearings (unless explicitly ordered to do so by the court); entering social work contact information into the DHS system; conducting quarterly visits with child placing agencies; and attending permanency planning conferences.

DHS reported over the past monitoring period that judges were increasingly willing to allow private agencies with responsibility for case management to appear in court without requiring public agency staff to also appear. Additionally, DHS reports there was greater progress in those counties where DHS met regularly with private agencies to discuss policy changes, barriers, training needs, and court concerns. Specific positive changes reported by DHS include:

- The accessibility of private agencies to upload required reports and social work contact information into the DHS information system
- More collaborative relationships between DHS and private agency staff
- Reassignment of responsibilities affords POS workers more time for other critical tasks, such as processing payments timely

[8] The monitoring team found errors in the reported analysis of supervisor caseloads, particularly among the private agencies, some of which also had an impact on the functional caseload reporting. However, in sum, those errors did not have a material impact on compliance. As referenced above, the monitoring team will continue to discuss with DHS opportunities to improve caseload reporting moving forward.

- The duplication of work assignments has been eliminated

The monitoring team met with POS staff in a large urban county office and staff in several private agencies to discuss the impact of the POS model. Both DHS and private agency staff acknowledged that it is taking time and effort to adjust to their new roles, especially in terms of the shifted parameters regarding their involvement with cases. POS staff identified time management as a challenge, due to the need for ongoing training and troubleshooting for private agency staff. However, DHS views the policy and procedures training it provided to private agency staff as critical to the successful launching of the new POS model.

To support implementation of the new model, the Child Welfare Financial Specialists (CWFS) pilot was implemented on April 1, 2012 in Wayne, Oakland, Macomb, Genesee, Kent, and Ingham counties. With the pilot, CWFS staff, rather than POS workers, are responsible for troubleshooting financial issues and ensuring timely foster parent payments. Staffing allocations and protocols for the CWFS are unique to each of the six counties' operations and structure. CWFS staff involved with the pilot received training on the electronic system for provider payments–Model Payment System (MPS). Future trainings pertinent to all aspects of the pilot will be provided at each of the six urban sites to address individual county needs.

Training

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

Caseworker Qualifications

DHS reported 244 new public agency caseworkers and 119 new private agency caseworkers were hired during MSA 2. All were required to have a bachelor's degree in a human services related field. Based on the information provided by DHS, the monitoring team is satisfied that the qualifications commitment was met for each new worker.

Pre-Service Training

All new child welfare caseworkers, both in DHS and in private agencies, must complete a pre-service training program. New caseworkers complete a program that includes 320 hours of training using a combination of classroom instruction, field instruction, and e-Learning that is expected to occur within 16 weeks of the new worker's hire date.

As noted, there were 363 new hires—244 public agency caseworkers and 119 private agency caseworkers—during MSA 2. DHS reported that 99 percent of the new workers completed pre-service training within 16 weeks of their hire date. Of the 244 new DHS staff, all but one completed the training within the requisite time period, but that worker finished training a few weeks later. Of the 119 new private agency staff, 116 completed training timely. The three non-compliant private agency caseworkers, two of whom far exceeded the required timeframes, have been scheduled for training and have also been cited by BCAL for non-compliance. The median number of days to complete training during the period was 67, or 9.5 weeks; well within the 16 weeks prescribed in the MSA.

Also as part of pre-service training, DHS committed to team new workers with experienced workers who would serve as mentors to trainees as they learn to complete key activities in a case and progressively build case practice knowledge. Further, under appropriate supervision, a trainee may be assigned responsibility for a "training caseload" that gradually increases as the trainee successfully completes a series of competence-based examinations, as depicted in the following table.

Table 1: Training Caseload Progression

Worker Function	Training Week(s)	Permissible Caseload Size	Conditions to be Met
CPS	1 – 4 weeks	0 cases	N/A
	5—9 weeks	1-5 cases	Competency Test One; and Supervisor approval
	10+ weeks	Investigator-12 cases Ongoing-17 cases	Competency Test Two; and Satisfactory review by trainer & supervisor
Foster Care & Adoption	1—3 weeks	1-3 cases	Supervisor discretion using assignment guidelines (may be assigned on first day of training)
	4—9 weeks	1-5 cases	Competency Test One; and Supervisor approval
	10+ weeks	15 cases	Competency Test Two; and Satisfactory review by trainer & supervisor

The monitoring team selected and reviewed a random sample of 59 trainee records to verify timeliness of training and to assess mentorship, trainees' performance, and adherence to the training caseload standards. Highlights of the review follow.

The Child Welfare Training Institute (CWTI) partners with field supervisors of newly hired child welfare caseworkers to provide an evaluation of their progress during pre-service training. Four of the training weeks are in the classroom with CWTI and five weeks are field training with

their supervisor and mentor. A New Hire Evaluation Summary, which captures a trainee's performance in several key competencies, is completed online by the trainer and supervisor over the course of the training period and culminates in an assessment of the trainee's readiness to assume a full caseload after the final day of pre-service training. The monitoring team reviewed a sample of the evaluations and found that an evaluation summary was completed for each trainee selected; that many provided detailed, informative and constructive comments about how the trainee had performed in a particular competency; and that the vast majority of trainees were rated by both the trainer and supervisor as having met or exceeded their expectations with respect to the competencies evaluated. The monitoring team also noted that seven of the evaluations contained trainer ratings but no entries by the trainee's supervisor, with no explanation provided for the omission; that several of the trainees had not completed the required e-Learning courses following the intended pre-service schedule; and only about one-third of the mentors' names were recorded on the evaluations although many made reference to the trainee working with a mentor on a particular task.

Further, with respect to mentorship, DHS identified as a challenge a lack of experienced staff able to mentor trainees in local offices and private agencies. To address this issue, DHS reported that a mentor pool is being developed to allow for statewide access to mentors when one is unavailable within a local office.

The monitoring team was unable to verify training caseloads for the period using the existing caseload reports. DHS is, however, actively working to include staff in pre-service training in the caseload count in MSA 3 and to develop a report that evaluates their training caseloads.

University-Based Child Welfare Training

In MSA 2, DHS continued its productive partnership with the seven accredited Michigan graduate schools of social work to offer numerous, free in-service training opportunities for child welfare staff.[9] DHS reported that during the period, 667 public and private agency caseworkers received training in topics including: strengthening early parental bonds; adolescents who have experienced complex trauma; and exploring culturally competent foster care and adoption practice. A full evaluation report prepared by Michigan State University will be available at the end of MSA 3.

Supervisory Qualifications

DHS reported that 71 supervisors (42 from DHS and 29 from private agencies) were newly appointed during MSA 2 and all possessed either a bachelor's or master's degree in a human

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

behavioral science as agreed to in the MSA. The MSA provides that those supervisors with an appropriate master's degree must also have at least three years, and those with a bachelor's degree must have four years, of child welfare experience as a social service worker. Although DHS reported that department supervisors met the qualification requirements of the MSA, DHS did not track or evaluate private agency supervisors' qualifications against the MSA standard. Rather, DHS evaluated private agency supervisors using a licensing standard which requires only one year of experience for those with a master's degree or possession of a bachelor's degree in a major where the primary course work need not be human behavioral sciences. DHS certified that of the 42 supervisors, all employees of DHS, 41 satisfied the qualifications commitments of the MSA, but because DHS was unable to do so with respect to supervisors employed by private agencies, DHS only partially satisfied its supervisory qualifications commitments in MSA 2.

Supervisor Training

DHS committed to implement a competency based training program of at least 40 hours in length, and agreed that supervisors must complete training and pass a written competency exam within three months of assuming a supervisory position.

DHS reported that the supervisor training curriculum is being redesigned for new supervisors in 2013. To help inform the process, a needs assessment is being conducted through a survey of supervisors, managers, and directors to rate the importance of certain essential skills and the current level of proficiency that first line supervisors and managers exhibit in each skill. DHS plans to use the results to guide the development of the curriculum and a professional development path to support supervisors after the initial 40-hour training.

Of the 71 newly appointed supervisors in MSA 2, 94 percent met the three-month requirement for training completion. At the end of the period, all 42 DHS supervisors were trained or were on track to be trained within three months of their start date, while 25 of the 29 private agency supervisors were trained timely. The four supervisors who were non-compliant with the timeframe were reported to BCAL; three have since been trained and one was scheduled to attend training in September 2012. Additionally, the two DHS supervisors who did not complete training during MSA 1 successfully completed training in April 2012.

DHS acknowledged the need to identify more timely and proactively new private agency supervisors and expects to address this with implementation of SACWIS. Additionally, DHS reported that internal tracking for both permanent and "acting" or temporary DHS supervisors has improved. CWTI is now notified of supervisor promotions every two weeks, and the designation of acting supervisors at the time the temporary appointment is approved, and strives to enroll them in the next training. DHS also reported that some supervisors received

training prior to promotion, e.g., trained temporary supervisors who later become permanent supervisors.

Licensing Worker Training

DHS agreed that licensing workers will have a bachelor's degree in social work or a related human services field, and that they will continue to train licensing workers in accordance with the plan submitted to and approved by the monitoring team in 2009. DHS provided the monitoring team a report of 395 staff performing licensing functions—269 DHS staff and 126 private agency staff—and data regarding completion of licensing training for those staff.

Table 2: **Completion of Training Requirements by Licensing Staff**

Type of Training Completed	Number of Staff	Percentage
Certification and Complaint	285	72%
Complaint only	9	2%
Certification only	56	14%
None	45	11%
Total	395	100%*

*Rounded to 100%.

As indicated in the table, more than 27 percent of licensing staff lacked training in one or both required areas. Additionally, eight licensing workers lacked a bachelor's degree in social work or a related human services field, as agreed to in the MSA.

Accountability

Outcomes

DHS agreed to achieve numerical standards of performance on a range of outcome measures, including two safety measures and four permanency composite measures, with the four permanency composite measures encompassing 15 sub-measures. In measuring those outcomes, the parties chose to use metrics established by the federal government but with interim and final numerical standards agreed to by the parties. For MSA 2, the parties established numerical standards for the two safety measures and the four permanency composite measures. They also required reporting on all of the 15 permanency sub-measures but agreed there were no individual numerical standards to be met for those sub-measures during this period. With respect to the sub-measures, DHS agreed to meet the median performance of all states by December 2013. Information on the most recently available median performance for all states is included here for context and reflects the national medians for federal fiscal year 2010 (FFY2010), which runs from October 1, 2009 to September 30, 2010.

In sum, DHS reports they achieved or exceeded the four permanency composite standards but failed to meet the two safety standards.

Methodology

In evaluating DHS' performance, the monitoring team used the federally produced data profile dated August 20, 2012, the latest profile available at the time of data production, and federally published data. As is standard practice, DHS produces NCANDS and AFCARS data for the federal government every six months. That data is analyzed at the federal level and the analysis is sent back to the state in the form of a data profile. DHS has the opportunity to correct and comment on the analysis produced. Given the nature of both this process and the design of the metrics, neither the federally published data nor the data profile reflects performance for the period under review. The monitoring team utilizes the most recent information available but that information pre-dated the period under review. The parties were aware of this limitation in making their agreement. In each instance, the monitoring team will make it clear in the reporting which time period is the basis for the analysis.

Safety Outcomes

Absence of Maltreatment Recurrence: the first standard selected by the parties is designed to measure how well the system does at protecting children from repeated incidents of abuse or neglect. In particular, the measure focuses on reducing repeated incidents in a short period of time and so looks at how often children and youth who were the subjects of a substantiated incident of abuse or neglect during a defined six month period of time were not re-abused or neglected during the following six month period. The parties agreed that as of September 30, 2010, DHS was to meet and then maintain a standard of 94.6 percent or higher. For the period of FFY2011 (October 1, 2010 to September 30, 2011), the data profile reflects that DHS reports there was no repeat maltreatment for 14,939 of the 16,340 children covered during the period or 91.4 percent, below the required 94.6 percent. To meet the agreed upon standard, DHS would have needed to report absence of maltreatment recurrence for 519 additional children.

Absence of Child Abuse and/or Neglect in Foster Care: the second safety standard selected by the parties focuses on keeping children placed in foster care safe. The parties agreed DHS would meet a standard of 99.68 percent as of September 30, 2009 and maintain that standard going forward. DHS reports maintaining 23,130 of the 23,371 (98.97 percent) children in placement safe from abuse or neglect, below the agreed upon standard. To have met the standard, DHS would have had to keep an additional 166 free from abuse or neglect in placement.

Permanency

DHS' performance is drawn from the data profile and reflects performance from April 1, 2010 through March 31, 2011. The federal medians for all states are drawn from the U.S. Department of Health and Human Services, Administration for Children and Families, Child Welfare Outcomes 2007-2010: Report to Congress, Tables 2 and V-1 and reflect state performance through FFY2010.

Permanency Composite One – Timeliness and Permanency of Reunification: The federal government chose four different sub-measures that roll up into a single score for this measure. The parties agreed that as of September 30, 2011 DHS would achieve a score of 105. The data profile reflects that DHS exceeded that score at 106.8.

With regard to the sub-measures, on the first, children's exits to reunification in less than 12 months, DHS reported that 55.3 percent of children who exited to reunification had done so within 12 months. Median performance for all states on this metric for FFY2010 was 67.9 percent. (A higher percentage on this metric is considered better.) With regard to the second, the median length of stay in placement for children who exited to reunification, DHS reported a median length of stay of 11.0 months. Median performance for all states for FFY2010 was 7.6 months. (A lower amount of time on this metric is considered better.) The third measure focuses on the children who entered care during the relevant period and the percent who exited to reunification within 12 months and DHS reported 29.3 percent. Median performance for all states for FFY2010 was 42.9 percent. (A higher percentage is considered better.) Finally, the fourth measure examines the percentage of children who exited from placement to reunification but re-entered placement again less than 12 months from their exit. DHS reported 7.7 percent had re-entered. Median performance for all states for FFY2010 was 12.4 percent. (A lower percentage is considered better.)

Permanency Composite Two – Timeliness of Adoptions: The federal government chose five different sub-measures that together compose the score for this measure. The parties agreed that as of September 30, 2011, DHS would achieve a score of 100. DHS exceeded the agreed upon standard, achieving a score of 123.6.

As for the sub-measures, the first two focus on children who exited to adoption during the period. The first measures the percentage of those children who exited to adoption in less than 24 months and DHS reported 36.2 percent had. Median performance for all states for FFY2010 was 33.1 percent. (A higher percentage is considered better.) The second measures the median length of stay in care for the children who exited to adoption and DHS reported a median of 28.7 months. The federal median for all states for FFY2010 was 33.1 months. (A lower amount of time is considered better.) Measures three and four both focus on children

who had been in care for 17 or more months. For measure three, the focus is on the percentage of those children who exited to adoption by the end of the year and DHS reported 31.8 percent had. The federal median for FFY2010 for all states was 24.9 percent. (A higher percentage is considered better.) For measure four, the focus is on the percentage of those children who achieved legal freedom during the first six months of the period and DHS reported 13.9 percent had. The federal median for all states for FFY2010 was 11.8 percent. (A higher percentage is considered better.) The fifth and final measure focuses only on children who became legally free for adoption in the 12 month period prior to the period measured and asks what percentage were adopted within 12 months of having become legally free and DHS reported that 47.8 percent had. The median for all states for FFY2010 was 60.0 percent. (A higher percentage is considered better.)

Permanency Composite Three – Permanency for Children and Youth in Foster Care for Long Periods of Time: The federal government chose three different sub-measures to weight for this measure. The parties agreed that as of September 30, 2011, DHS would achieve a score of 120. DHS exceeded this standard, achieving a score of 132.7.

The first measure looks at the percentage of children and youth in care for more than 24 months who exited to permanency (defined as reunification, adoption or guardianship) prior to their 18th birthday. DHS reported that 37.1 percent of the defined group of children and youth had exited to permanency. The median for all states for FFY2010 was 30.2 percent. (A higher percentage is considered better.) The second measure looks at children and youth who had been made legally free and exited during the period and asks what percentage were discharged to a permanent home prior to their 18th birthday. DHS reported 97.3 percent had. The median for all states for FFY2010 was 95.5 percent. (A higher percentage is considered better.) Finally, the last measure collapses together two different populations – the first are children and youth who were discharged prior to age 18 to emancipation and the second are youth who reached their 18th birthday in placement – and asks what percentage of this combined group were in care for three years or more and DHS reported 43.9 percent. The federal median for all states was 44.1 percent. (A higher percentage is considered better.)

Permanency Composite Four – Placement Stability: The federal government chose three sub-measures that together compose the score for this measure. The parties established a single score that governs throughout the life of the MSA for this measure, setting that score at 101.5. DHS exceeded that score at 108.5.

The three sub-measures divide up the placement population into three sub-cohorts based on their length of stay in placement. For each of the three sub-cohorts, the metric reflects the percentage of children who lived in two or fewer placement settings. The first sub-cohort are children and youth in placement for less than 12 months and DHS reports that 86.7 percent of

that group of children and youth lived in two or fewer placement settings. The national median is 85.1 percent and a higher percentage is considered better. The second sub-cohort consists of children and youth in care for 12 to 24 months and DHS reports that 75.8 percent of those children and youth lived in two or fewer placement settings. The national median is 62.2 percent and a higher percentage is considered better. Finally, the third sub-cohort consists of children and youth in placement for more than 24 months and DHS reported that 47.6 percent of those children and youth lived in two or fewer placement settings. The national median is 33.0 percent and a higher percentage is considered better.

For this second period, DHS met the agreed upon standards for the four permanency outcome measures but missed the standards for the two safety measures.

Contract Oversight

Contract Evaluations and Performance-Based Contracting

DHS agreed to administer performance-based contracts with child placing agencies (CPA) and child caring institutions (CCI). These contracts include provisions for: compliance with all DHS policies and procedures; reporting of suspected child abuse or neglect for any child receiving contracted services; prohibition of corporal punishment for children under the care and supervision of DHS; reporting of suspected corporal punishment while in the provider's care to DHS for investigation; and reporting to DHS accurate data on at least a six-month basis in relation to the requirements of the MSA. The monitoring team reviewed the contract templates for adoption, foster care, residential, and independent living programs and verified that the required provisions were included for each of the program areas.

During MSA 2, DHS implemented a new consolidated monitoring model that integrates the contract monitoring functions of the Child Welfare Contract Compliance Division (CWCCD) within the Bureau of Children and Adult Licensing (BCAL). The CWCCD previously had been a unit within the Children's Services Administration. The new model requires that annual inspections and complaint investigations for foster care, adoption, residential foster care, and juvenile justice programs be conducted by a single unit within BCAL. BCAL will monitor contract performance, and hold private and public agencies to the same outcome measures. The new consolidated oversight unit is responsible for conducting in-person inspections of programs and facilities that include record reviews, and interviews with staff, residents, and clients.

On April 23, 2012, when the agreement was reached between DHS and the Plaintiffs regarding the consolidated model, DHS transferred responsibility for contract compliance to BCAL, with CWCCD no longer having any role in contract oversight. To operationalize the new model, BCAL

began the process of hiring additional child welfare licensing (CWL) consultants[10] to conduct onsite reviews in agencies and facilities, and field analysts to conduct on-site visits to foster homes.

The monitoring team met with BCAL administrative staff several times during this monitoring period to review staffing responsibilities and organizational structure, training needs, and the adequacy and usage of procedures and forms. Additionally, the monitoring team met with field staff to discuss: implementation of the new model; initial and ongoing challenges; and how agencies are responding to the new process.

Prior to initiating the consolidated oversight model, DHS reviewed all the forms previously used by BCAL and CWCCD and created new comprehensive, consolidated forms to conduct licensing and contract reviews together. DHS began ongoing staff training regarding the use of the new forms, interviewing formats, information system mechanics, and practices and policy regarding the new consolidated model. DHS continued training in these areas at monthly staff meetings. Additionally, all new consultants are required to attend the three-day licensing certification and two-day complaint training.

BCAL staff conducted their customary interim and renewal CPA and CCI licensing reviews from January 1, 2012 through April 23, 2012. During this period, four CCIs and one CPA were closed. BCAL issued provisional licenses to two CCIs that had not provided care to any children during the renewal period. Onsite inspections were completed for 46 CCIs (14 interim and 32 renewals) and onsite reviews were completed for 58 CPAs (28 interim and 30 renewals). Additionally, two out-of-state CPAs were reviewed.

After April 23, 2012, each CWL consultant was provided with a list of completed contract reviews, as well as those reviews that were still pending for the fiscal year. CWCCD ceased conducting contract reviews as of December 31, 2011. As such, DHS established a modified version of the new consolidated model for those cases where the licensing review had been completed, but a contract review was still needed. This process involved the BCAL staff reviewing the last contract evaluation, including corrective actions relevant to contract violations, and comparing that information with the most recent licensing review. Further contract reviews were conducted if an agency was not compliant with identified corrective actions. According to DHS, 27 of these modified reviews were completed from April 23, 2012 through June 30, 2012. During this same period, 34 consolidated reviews were completed. The monitoring team reviewed several of the consolidated reports; the reports appeared thorough, and included documentation regarding visits to foster homes by the field analysts.

[10] CWL consultants are DHS employees.

DHS agreed to visit a random sample of foster homes as part of an agency's annual inspection. DHS was partially compliant with this agreement since field analysts began visiting foster homes on April 23, 2012, but visits did not occur prior to this date.

Substantiated Abuse, Neglect, and Corporal Punishment in Contract Agencies

BCAL is to ensure that all substantiated incidents of abuse, neglect and corporal punishment are taken into consideration at the time of licensure reviews. BCAL continues to use a dedicated section of the renewal report to describe any such incidents as well as the corrective action plan and the outcome of that plan. The monitoring team reviewed a sample of these reports and found that in all instances licensing staff documented due consideration for any such situations and used this information in the licensing renewal.

DHS is also required to conduct an immediate investigation in the event an agency fails to report an incident of abuse, neglect or corporal punishment and determine appropriate action as a result. DHS reported that during MSA 2 there were two incidents of the use of corporal punishment within CCIs. Both facilities were cited for violating the licensing rule and submitted corrective action plans, which were accepted by DHS. Neither agency was a repeat violator. DHS also reports that there were no CCIs cited for failure to report suspected child abuse. Regarding CPAs, DHS reports that there were two agencies that did not report suspected child abuse and neglect, and both agencies submitted corrective action plans, which DHS accepted. Neither agency had a repeat violation.

In situations where an agency has a repeat violation for failure to report suspected abuse and/or neglect, DHS is required to conduct an administrative review. However since no agency had a repeat violation, no administrative reviews were conducted during MSA 2. During MSA 3 the Department's Division of Continuous Quality Improvement (DCQI) will begin reviewing reports of corporal punishment, seclusion and restraints within CPAs and CCIs. The DCQI review will identify trends which will be shared with BCAL for further review and action.

Continuous Quality Improvement

DHS committed to adopt and implement a comprehensive quality assurance process. During MSA 1, DCQI submitted to the monitors a plan and schedule for phased implementation of a statewide quality assurance and improvement system, which will assess the effectiveness of child welfare services and should ultimately promote good practice. After discussion with the parties, the monitors approved the plan and implementation schedule during MSA 2.

During MSA 2, in the first iteration of this process, DHS used a modified Child and Family Services Review (CFSR) protocol to evaluate children's protective services – ongoing cases, foster care cases, and American Indian cases, as well as a review of the agency's

implementation of the Corporal Punishment, Seclusion or Restraint Notification policy and reporting requirement. DHS completed six modified CFSR reviews, in which it analyzed a total of 129 cases. DHS is developing its ability to aggregate its findings from the reviews to provide performance information it will use to drive both ongoing improvement and qualitative assessment of MSA provisions that DHS currently cannot measure or evaluate in any other way.

During MSA 3, DCQI will begin development and implementation of a series of protocols that focus on Children's Protective Services (CPS). DCQI will complete qualitative reviews of Maltreatment in Care (MIC), CPS Intake and CPS Investigation. DCQI will use protocols designed to assess the overall quality of CPS intake and investigation practices as measured against policy, the requirements of the MSA and best practice standards.

Permanency

Developing Placement Resources for Children

DHS agreed to develop an array of relative and foster home placement resources for children who are removed from their homes due to abuse or neglect. These settings, which are family based, offer the least restrictive placement option for children. DHS agreed to develop strategies to recruit new foster families, with an emphasis on recruiting homes for special populations of children including sibling groups, adolescents and children with disabilities. DHS also agreed to increase the number of newly licensed foster homes, and to increase and develop strategies to support foster parents. Finally, DHS agreed that relative resources will always be explored as the first placement option and when children are placed with relatives, those homes will become licensed.

Resource Family Home Development

In order to increase the pool of available foster homes, DHS agreed to an immediate action step to license 1,300 non-relative homes by June 30, 2012, and then to license an additional 1,450 non-relative homes by June 30, 2013. DHS reported that they surpassed the June 30, 2012 target and licensed 1,316 homes. From this cohort of 1,316 homes, the monitoring team selected and reviewed a random sample of 77 homes across four counties, and identified four homes that were not non-relative placements as reported by DHS, but were in fact, relative homes, an error rate of five percent of the sample.[11] As a result of this random sample review, the monitoring team does not have confidence in the accuracy of DHS' reported data and

[11] In addition, from the cohort of 77 homes, the monitoring team identified one fictive kin home which the parties did not agree to include in the non-relative home count.

information on non-relative home licensure and is, therefore, unable to verify that DHS licensed 1,300 non-relative homes as required.

DHS employs a full-time Adoption and Foster Parent Recruitment and Retention Coordinator. The responsibilities of the position are various and include providing technical assistance on programs, policy, data and budget to DHS and their private agency partners, as well as chairing workgroups to address recruitment, training and retention. In addition, the recruitment and retention coordinator is responsible for monitoring the development and implementation of the recruitment plans. During MSA 2, the monitoring team visited several private CPAs and DHS offices to discuss placement needs and recruitment efforts. Both private and public staff spoke highly of the collaborative strategies and the improved outcomes they were beginning to experience. Some examples of these strategies include:

- A faith-based summit of religious leaders was held in March 2012 to raise awareness of the need for foster and adoptive homes. Director Corrigan and Governor Snyder delivered presentations to spearhead this effort.
- A partnership was formed between DHS and the Michigan Association of Foster, Adoptive, and Kinship Parents (MAFAK) to assist in the recruitment and retention of foster and adoptive homes.
- The Michigan Heart Gallery continued its traveling picture exhibition of children awaiting adoption.
- A program referred to as the Foster Home Navigator program became operational. This program utilizes the skills of experienced foster parents to assist prospective foster parents through the licensing process.

Resource Family Home Development for Special Populations

DHS agreed to ensure that the recruitment, licensing and retention of homes for special populations of children are a priority. The MSA requires the Big 14[12] counties to continue to develop recruitment plans to increase the number of placements for the special populations which include adolescents, sibling groups and children with disabilities. The monitoring team reviewed each county's recruitment strategies and target numbers for the development of homes for the special populations. These are fiscal year plans that end on September 30, 2012 and the monitoring team will describe the outcomes of these efforts in future reports.

[12] The Big 14 counties consist of Berrien, Calhoun, Genesee, Ingham, Jackson, Kalamazoo, Kent, Macomb, Muskegon, Oakland, Saginaw, St. Clair, Washtenaw and Wayne.

Licensing of Relative Homes

In Michigan the path to full relative caregiver support is through the foster parent licensure process because relatives do not receive the same benefits as unrelated foster parents until their home is licensed. Timely licensure is critical for many relative caregivers who are often economically challenged by the placement of children in their homes, many times on an emergency basis. Licensure is also important for relatives when they commit to a child's permanency plan. For example if a relative commits to permanency through guardianship the relative must be licensed in order to participate in the guardianship assistance program (which includes financial support). DHS committed that for all children placed with relatives, the relative home will be licensed or a waiver of licensure will be obtained in certain limited circumstances. DHS policies support these commitments and the MiTeam practice model embraces the importance of relative placements and subsequent licensure.

Immediate Action – Relative Backlog

DHS agreed to resolve its relative home backlog of families who were enrolled in the licensure process but had not yet achieved licensure as of July 1, 2011. DHS agreed to conduct an analysis of all relative homes pending licensure as of that date, submit this information to the monitoring team who would then set targets to resolve pending enrollments. As a result of information received from DHS during MSA 1, the monitoring team set interim targets to resolve pending home studies as follows: [13]

- December 31, 2011 Target: Resolve 25 percent of the pending relative enrollments, a total of 110 enrollments.
- June 30, 2012 Target: Resolve 80 percent of the pending relative enrollments, a total of 342 enrollments.
- December 31, 2012 Target: Resolve 100 percent of all relative enrollments that were pending as of July 1, 2011.

DHS originally identified to the monitors 429 pending relative homes during MSA 1, but later reported to the monitoring team that there were additional home studies pending that were not included in the original submission, bringing the total to 571 homes. With the submission of material for MSA 2, DHS advised the monitoring team that the number of homes needed to be modified again to 551 relative homes as additional errors were discovered in the backlog list.[14] After the monitoring team undertook a case record review of a random sample of relative

[13] These targets were determined on the original backlog number that DHS produced of 429 homes.

[14] DHS reports that this reduction of 20 homes is the result of duplicate names on the list, homes that were already licensed and should not have been included and homes that were being studied as regular resource homes, not as relative homes.

backlog case files, the monitoring team met with DHS to express concerns about the quality of the data and information. Although DHS reported that it licensed or closed 524 of the relative homes at the end of MSA 2, the monitoring team does not have confidence in the accuracy of this data and information.

Because of the monitoring team's concerns about the quality of the data and information as well as the high number of homes reportedly closed by DHS during the licensing process, the monitoring team conducted an in-depth case record review of 38 relative homes which were part of the licensure backlog that DHS reported as closed during MSA 1.[15] In, addition the monitoring team reviewed 83 relative homes in various stages of the licensing process at BCAL, private CPAs, and DHS offices.

The monitoring team requested and DHS made available both the relative home file and the children's case file for review in assessing the reasons for relative home closures. As a result of the reviews, the monitoring team surfaced serious concerns regarding the resolution of the relative backlog. The files evidenced sporadic use of waivers, and in numerous instances, waivers were not endorsed or approved by supervisors, but the children remained in the unlicensed home. Often, the case records revealed information at odds with DHS' depiction of a home. For example, DHS had reported to the monitoring team there were no children placed in certain homes, but the monitoring team subsequently discovered in the case file review that children had been placed in the homes and in some instances were even adopted by caregivers in the home. The case record review indicated a lack of direction or clarity in many instances regarding: working with relatives toward licensure; moving children without documentation of attempts to support the relative caretaker; and poor initial planning and screening prior to placement with a relative.

At the previously mentioned meeting with DHS management, these concerns were also discussed. Management acknowledged that documentation in home study records is an issue that DHS needs to remedy, as there may be essential information that is not included in these records. That said, DHS management agreed that resolving the relative backlog has been a challenge and that DHS is developing strategies to improve performance.

Further, in order to ensure that its commitments to relative licensure are achieved consistently throughout the state, DHS agreed to maintain a relative licensing coordinator position to provide oversight and field support regarding the licensure and waiver process. During MSA 2,

[15] Closure is defined as a home terminated from the licensing process because: children are no longer in placement in the home; children became wards of the court and the relative then became entitled to full board payments without licensure and so the relative chose not to complete the licensing process; or the home could not meet licensing standards. For children to remain in an unlicensed relative home a waiver of licensure must be completed and approved by the county director or the urban county child welfare director.

DHS identified a staff person as the relative licensing coordinator. However, DHS placed the coordinator in a lead role with the MiTeam practice model training. The MSA requires DHS to dedicate this position to, among other purposes, monitor and report on the number of unlicensed relative homes and the foster children in those homes. DHS advised the monitoring team that with the completion of MiTeam training, the relative licensing coordinator will provide MiTeam technical assistance to private agencies. As such, using the relative licensing coordinator in a lead role with MiTeam implementation is inconsistent with the terms of the MSA regarding this relative care commitment.

The monitoring team has concluded that the absence of reliable data and information, and concerns about the quality of the process and decisions made to resolve the relative backlog, do not support a finding of compliance by DHS with the MSA 2 relative backlog commitment.

Developing New Relative Resources

With the submission of relative home data for MSA 2, DHS reported that as of June 30, 2012, 4,814 children resided in relative homes.[16,17]

The monitoring team analyzed the information submitted by DHS and found inconsistencies in the data. The analysis and verification work involved a comparison of the relative care data baseline with the point-in-time caseload cohort. The monitors determined that at the conclusion of MSA 2, 4,810 children resided in relative placements as follows:[18]

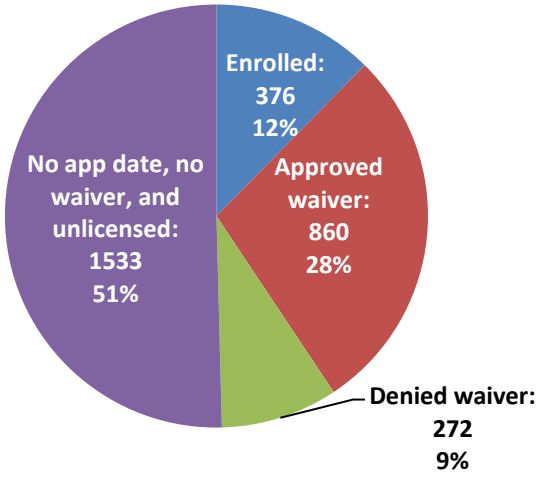
- 1,769 children were residing in licensed relative placements
- 3,041 children were residing in homes that are not licensed

The status for the 3,041 children residing in unlicensed relative homes is as follows: 376 children reside in homes with a foster care application date and are enrolled in the home study process and 860 children reside in homes with an approved waiver. However, 272 children reside in homes with a denied waiver, and 1,533 children reside in homes with no application date, no waiver and are not licensed as illustrated in the following chart.

[16] Of that, DHS reported 1,597 children were placed with licensed relative care providers; 933 children were living in relative homes with an approved waiver of licensure and 341 children were living in homes with a denied waiver. DHS did not report on the status of the remaining 1,943 children.
[17] DHS reports that when staff input waiver documentation into the SWSS system, it automatically defaults to denial unless the staff person completes the approved field.
[18] This total does not include 97 children who are placed in both licensed and unlicensed homes out of state.

Figure 4: Children in Unlicensed Relative Homes by Home Status on June 30, 2012

n=3,041 children



The discrepancies in the foster home data provided by DHS raise questions about the managing and tracking of this critical case practice initiative. It is also a concern that 1,805 children reside in relative placements with no licensure status (the home is not licensed, the relative home is not enrolled in the study process to become licensed or the relative home has not received a waiver of licensure) or were denied licensure. The monitors have shared these concerns with DHS management who indicated that they were aware of the large number of relative homes with no status. The monitoring team will continue to conduct ongoing verification in this area and report on the outcomes in upcoming reports.

Permanency Case Goals

On June 30, 2012, 13,882 children were in the custody of DHS, 415 (or three percent) fewer than on December 31, 2011.[19] The following chart documents the permanency case goals for these children, using federal reporting definitions, and shows the change in the distribution of goals between the two periods. On June 30, 2012, 8,417 children had a goal of reunification, an increase of 211 children or three percent. Children with a goal of adoption declined by four percent to 3,271. Eighty-five percent of all children had a goal of either reunification or adoption on June 30, 2012.

Over the six month period, the number of children with a goal of guardianship declined by 31 children (seven percent). Fifty-five fewer children (18 percent) had a goal of permanent placement with a relative. Fifty-six fewer children had a goal of another planned living arrangement (APPLA), a decline of four percent. The number of children with a missing goal declined by 364, or 88 percent.

[19] DHS recently submitted an updated file containing children in custody on December 31, 2011. See supra note 2.

Table 3: Children in Care by Permanency Goal on June 30, 2012 and December 31, 2011

Permanency Goal	June 30, 2012		December 31, 2011		Change	
	No.	Column %	No.	Column %	No.	%
Reunification	8,417	61%	8,206	57%	211	3%
Adoption[20]	3,271	24%	3,391	24%	-120	-4%
Guardianship	384	3%	415	3%	-31	-7%
Permanent Placement with Relative	249	2%	304	2%	-55	-18%
Placement in Another Planned Living Arrangement	1,512	11%	1,568	11%	-56	-4%
Missing Goal Code	49	0%	413	3%	-364	-88%
Total	**13,882**	**100%***	**14,297**	**100%**	**-415**	**-3%**

*Total percentage exceeds 100% due to rounding

Reunification

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

To emphasize the requirement that permanency planning goals must be monitored by supervisors, DHS released a foster care policy update in April 2012, entitled Ongoing Permanency Planning and Service Provision (FOM 722-7). In addition, Supervisory Oversight of Assessments and Service Plans (FOB-2012-011) policy was released in May 2012, which requires a supervisory conference prior to the supervisor approving a service plan. DHS plans to issue further communications that include requirements for supervisory case reads by first and second line supervisors to review and assess policy compliance regarding permanency planning goals.

DHS also established a permanency case goal review process through its annual consolidated contract monitoring, conducted by BCAL. DHS staff read a sample of case records to determine compliance with licensing rules and private agency foster care contracts. The BCAL tool assesses, in part, timely completion and supervisory approval of case plans for youth in care

[20] Of the 3,271 children with a goal of adoption on June 30, 2012, 2,934 (90%) had parental rights terminated and are legally free for adoption.

more than 12 months with a goal of reunification. BCAL also reviews the written justification for continuing the goal and circumstances or services necessary to achieve the child's permanency goal. If noncompliance is determined, BCAL requires the child placing agency to complete a corrective action plan outlining action steps to obtain and maintain compliance. BCAL also provides technical assistance to public and private child placing agencies to assist in obtaining and maintaining compliance.

APPLA

DHS agreed that APPLA may only be assigned as a permanency goal when a youth is at least 14 years old and after every reasonable effort has been made and documented to return the child home, to place the child with relatives, or to place the child for adoption or guardianship. The foster parent caring for the child must agree in writing to continue to do so until the child is emancipated, and the permanency goal must receive the documented approval of the CSA designee. APPLA-E may only be assigned for youth age 16 or older for whom there is no goal for placement with a legal, permanent family and the youth must be preparing to live independently upon his or her exit from foster care. DHS' commitments regarding APPLA goal assignment will be evaluated through qualitative reviews in future monitoring periods.

The monitoring team conducted a data review of youth with APPLA goals at the conclusion of MSA 2. The following table documents the age of youth with an APPLA goal using federal reporting definitions, and shows the change in the age distribution between December 31, 2011 and June 30, 2012. The number of children with an APPLA goal decreased by 56 (four percent) during the six month period. Seventy-six fewer youth, ages 18 and 19 years, had a goal of APPLA, an eight percent reduction. The number of youth in foster care who were age 20 and had a goal of APPLA increased by 35, an 88 percent increase. The average age of youth with an APPLA goal (17.7 years) remained unchanged over the two time periods.

Table 4: Youth with APPLA Goal by Age on June 30, 2012 and December 31, 2011

Age (Years)	June 30, 2012		December 31, 2011		Change	
	No.	Column %	No.	Column %	No.	%
14	13	1%	19	1%	-6	-32%
15	63	4%	54	3%	9	17%
16	159	11%	168	11%	-9	-5%
17	375	25%	385	25%	-10	-3%
18	462	31%	500	32%	-38	-8%
19	364	24%	402	26%	-38	-9%
20	75	5%	40	3%	35	88%
21	1	0%	0	0%	1	--
Total	**1512**	**100%***	**1568**	**100%***	**-56**	**-4%**

*Total percentage exceeds 100% due to rounding

Adoption and Guardianship

Adoption

DHS reported that 3,075 children and youth in its custody had permanency case goals of adoption on September 30, 2011 and were legally available for adoption. In order for DHS to meet its MSA commitment to complete 70 percent of adoptions for those children by September 30, 2012, DHS must finalize 2,153 adoptions. While there is no specific MSA 2 target, DHS reported to the monitoring team that at the conclusion of MSA 2, 1,752 adoptions were finalized, 80 percent of the target, putting DHS well on track to meet or exceed its commitment by September 30, 2012.

Reviewing Disrupted Pre-Adoptive Placements

DHS agreed to monitor the number of pre-adoptive placements that disrupt before adoption finalization and to conduct an annual quality assurance review of a sample of these cases. DHS has defined a disrupted adoption placement as "any adoption in which the child has been legally placed for adoption, as indicated by an Order Placing the Child for Adoption, and the adoption never reached legal finalization, as indicated by a Final Order of Adoption."[21]

DCQI developed a process to review case files for a sample of disrupted adoptive placements, which will be used during the 2012 annual review to be conducted during MSA 3. Additionally, the review protocol includes interviews with the children's case manager and the adoptive family.

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

Two staff members will be selected by the DCQI administrative team to serve as case leads. These staff will be responsible for: scheduling the reviews, training DCQI analysts to use the case review instrument, ensuring that a quality review process occurs, analyzing case information, making recommendations and generating reports.

The DCQI provided the monitoring team with a copy of the disrupted adoption review protocol, which is thoughtfully constructed and comprehensive in nature. When completed, the reports will be distributed to appropriate staff and will include an analysis of the factors that contribute to the disruption of pre-adoptive placements. Recommendations for implementing system improvements to minimize the recurrence of disruptions will be made as well.

Guardianship

DHS agreed to finalize 165 juvenile guardianships during CY2012. At the conclusion of MSA 2, DHS reported that it had met its commitment early, by finalizing 278 juvenile guardianships. Of those guardianships, 101 children (36 percent) were enrolled in the guardianship assistance program (GAP). Of the children achieving permanency through guardianship, the majority – 70 percent – were living with relatives.

DHS provided to the monitors underlying data that identified each child for whom guardianship was achieved, and the monitoring team engaged in data verification activities to confirm the number of guardianships. DHS identified, and the monitoring team verified, that 17 children's foster care cases remained open post-guardianship. DHS reports that these cases remain open for two primary reasons: DHS and court administrative delays in closure, and/or courts exercising their authority to retain jurisdiction for a period of supervision prior to case closure.

DHS successfully met its commitment and exceeded the final guardianship target by 68 percent during MSA 2.

Providing Support to Adoptive Families

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

DHS provides post-adoption services to families who adopt eligible children through a medical subsidy program. This is a reimbursement program that assists families in paying medical costs for their adopted children who have an identified physical, mental or emotional condition that existed, or the cause of which existed, before the adoption petition was filed. The program is the payer of last resort and uses solely state funds (rather than any federal funds). Eligibility for

the adoption medical subsidy program may be determined before and/or after the adoption but must be made prior to the child's 18th birthday.

On April 1, 2012, DHS changed its policy to extend adoption medical subsidy for eligible youth adopted from the child welfare system, on or after their 16th birthday, until they reach 21 years of age. Prior to the extension, subsidy continued until the youth's 18th birthday. The extension applies to youth who are: employed; enrolled in school or job training; determined incapable to participate in school or job training; or, who are not employed, due to a documented medical condition.

Services that are eligible for reimbursement through the adoption medical subsidy program include, but are not limited to: outpatient counseling; assisted care services; physical care services; behavioral services; temporary out-of-home care; educational services; speech, physical and occupational therapy; orthodontic treatment; medical supplies and durable medical equipment.

The SFY2012 budget allocation for the adoption medical subsidy program was $6 million. During MSA 2 there were 20,230 children determined eligible for an adoption medical subsidy. Of those children 2,019 actually received services reimbursable through the program for a total expenditure of $1,910,306.

In order to expand the range of post-adoption services, DHS awarded eight contracts to private adoption agencies throughout the state for the creation of post-adoption resource centers. These are two year contracts with a total value of $2,155,736. Children and youth who were adopted from Michigan's foster care system and their families are eligible for services through the post adoption resource centers. The centers offer an array of services including: case management, short-term and emergency in-home intervention; coordination of community services; information dissemination; education; training; advocacy; and family support.

DHS plans to mail information regarding the post-adoption resource centers to adoptive parents at the time a child's adoption subsidy case is opened. The post-adoption resource centers have created websites and brochures that contain information on services provided which are distributed within the community and to local adoption agencies. Links to the post-adoption resource centers' websites will be located on the DHS website, the Michigan Adoption Resource Exchange website and the websites of other agencies involved with adoptive families.

During MSA 2, the monitoring team visited two private agencies that were awarded post-adoption resource center contracts. The agencies had only recently been awarded the contracts and were actively developing programs, websites and other strategies to quickly enable adoptive families to access services. Creation of the resource centers is a positive development

for DHS and for families who make the commitment to adopt children from the state's foster care system.

Case Planning and Practice

Family Engagement Model – MiTeam

DHS agreed to complete written assessments of family strengths and needs, designed to inform permanency planning. The written assessments must be completed within 30 days of a child's placement and quarterly thereafter, for as long as the child remains in foster care. The service plan must contain attainable, measurable objectives and services must be made available in a timely manner to assist the family in remediating identified challenges. During MSA 2, DHS began to evaluate the quality of assessment and service planning through the modified CFSR review process, a component of the DHS continuous quality improvement plan. The monitoring team will report on the results of the CFSR review process in future reports.

To ensure that assessments, planning and service provision are relevant and of high quality, DHS agreed to implement a casework practice model that includes family engagement, family team meetings and concurrent permanency planning. The MSA contains a statewide implementation schedule that begins in March 2013 and concludes in December 2014. Prior to full practice model implementation, referred to as MiTeam, DHS agreed to: (1) finalize the model by March 2012; (2) develop policy surrounding the model by June 2012; (3) communicate the model to all counties, private CPAs, and key stakeholders by June 2012; (4) identify peer coaches in county offices and private CPAs; and (5) conduct training for peer coaches, management, and caseworkers.

During MSA 2, DHS finalized the MiTeam model and appointed staff to serve as the MiTeam project director and as statewide peer coaches. DHS has adopted a train-the-trainer model to train both public and private managers and supervisors as peer coaches. After training, it is then the responsibility of the peer coaches to conduct MiTeam training in their offices with the statewide peer coaches available for technical assistance as needed.

Training began in January 2012 in Wayne and Washtenaw counties, at both the DHS local offices and at the private CPAs serving those counties. MiTeam implementation was announced statewide in the February 2012 publication, "DHS Quarterly News for Child Welfare Staff," with an introduction from Director Corrigan. An overview of MiTeam was provided with an explanation of the four practice skills contained within the model including teaming, engagement, assessment and mentoring. The schedule for trainings throughout MSA 2 was announced with an explanation of the training plan involving a six phase approach: 1) MiTeam staff train managers, supervisors and current permanency planning conference facilitators; 2)

MiTeam staff conduct follow up conference calls with the local trainers prior to front line staff training; 3) front line staff are trained; 4) MiTeam trainers develop and conduct presentations for local courts and community stakeholders; 5) MiTeam staff provide technical assistance post field training; and 6) ongoing staff training is provided both in the classroom and through e-Learning. DHS reports that training of the trainers was completed for half of the state's public and private CPA local peer coaches throughout MSA 2, with the remainder to be trained during MSA 3.

DHS submitted and the monitoring team reviewed MiTeam training materials including a train-the-trainer curriculum, various tools, staff guides, and a MiTeam handbook. Members of the monitoring team attended a MiTeam training session during the monitoring period as well. The monitoring team recognizes that implementation of MiTeam requires practice changes that will impact all field staff and will require ongoing training, support, coaching and evaluation. DHS has adopted both interim and longer term approaches to ensure that adequate capacity exists in the field for successful implementation. For example, staff who are currently serving as permanency planning conference facilitators have been maintained in local offices to serve as peer coaches while staff learn practice skills for facilitating family team meetings, a MiTeam requirement.

DHS agreed to continue permanency planning conferences (PPCs) during the transition to the MiTeam family team meeting (FTM) model. DHS is utilizing its JJOLT database to track the PPC and FTM meetings, but recognizes the limitations of database tracking for this purpose. Due to these limitations, other alternatives such as case reads and structured observation are being explored to track and assess FTM quality and effectiveness.

DHS further agreed to continue concurrent permanency planning in Clinton/Gratiot and Ingham counties and to begin to utilize concurrent permanency planning in other counties after staff receive MiTeam training. DHS reports that half of the counties throughout the state, including the Big 14, have begun to implement concurrent permanency planning. The monitoring team plans to evaluate the implementation of MiTeam through a qualitative review process consistent with the implementation schedule in the MSA. Implementation of concurrent permanency planning will be included in the quality review.

DHS recognizes that changes to children's protective services, foster care, and adoption policy must be made to support the MiTeam model. DHS provided the monitoring team with draft policy dated November 2011, but did not issue final policy changes during MSA 2.

The monitoring team will continue to report on DHS' pre-implementation efforts during the next monitoring period.

Special Reviews for Children Awaiting Permanency-Reunification and Adoption

DHS agreed to conduct special case reviews for children in foster care for more than one year who have a goal of reunification or who are legally free for adoption. DHS also agreed to maintain an adequate number of Permanency Resource Managers (PRMs) to conduct the special reviews. PRMs are staff who: (1) receive specialized training; (2) raise awareness of the importance of establishing permanency for children in foster care; (3) possess expertise and knowledge of community resources and new approaches to planning for children who have been in the system for extended periods; and (4) collaborate with case managers and supervisors to identify new strategies to focus on permanency through case reviews and family team meetings.

As of April 1, 2012, DHS identified 2,444 children with a reunification goal requiring special reviews. At the conclusion of MSA 2, permanency had been achieved for 463 of those children, with 1,981 cases open and subject to continued review. Additionally, DHS identified 991 children legally free for adoption for more than 365 days requiring review. Permanency was achieved for 177 of those children during the MSA 2 period with 814 adoption cases subject to continued review.

During MSA 2, DHS created a PRM database to track and monitor cases subject to special reviews. The database is continually updated to identify children who fall into the special review categories and PRMs are assigned and must initiate special reviews within 30 days of case assignment. The PRM begins the special review process with a SWSS review after which the following steps are taken:

- If SWSS indicates that the case has closed or the goal has changed (the case no longer meets the criteria for inclusion in the special review process), no additional action is required. The special review process ends.
- If SWSS indicates that a child is scheduled to return home at the next court hearing the PRM contacts the caseworker to confirm the status of the case and plans a follow-up call to ensure that the child attained permanency. If permanency was obtained, the special review process ends. If permanency was not achieved, the PRM schedules a face-to-face meeting with the caseworker, a PPC or FTM, to discuss barriers to achieving permanence and explore options to resolve the barriers. The PRM will continue to work with the caseworker until the child reaches permanency.
- If the SWSS review or discussion with the caseworker indicates the case is not progressing towards permanency, the PRM schedules a face-to-face meeting with the caseworker, a PPC or FTM, to discuss barriers to achieving permanence and explore options to resolve the barriers. The PRM will continue to work with the caseworker until the child reaches permanency.

At the conclusion of MSA 2, DHS identified 28 PRMs and the monitoring team met with a group of PRMs to discuss the special review process described above.

DHS reported that new PRMs are required to participate in a two-week orientation program that includes shadowing experienced PRMs. The shadowing experience includes attending initial court reviews, adoption reviews, PPCs, MiTeam meetings, and annual youth transition meetings. During MSA 2, DHS developed a standardized system to track and monitor PRM training and the monitoring team will conduct training verification activities in future monitoring periods.

As a result of the special reviews, DHS identified several barriers to permanency, including court issues, SWSS coding, relative searches and concurrent planning. DHS reports that the PRM and DHS county and private agency management staff meet regularly where they continue to develop solutions to these barriers.

The monitoring team has requested information in MSA 3 regarding the number of reviews conducted, including those that are conducted through face-to-face meetings when barriers to permanency have been identified and will report on the number and quality of the reviews in future reports.

Caseworker Visitation

A key element of permanency practice is caseworker visitation. For children removed from their families and placed in foster care, there are few practice elements more critical than visits between the caseworker and the child, the child and their parents and the child and his/her 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.[22] As such, DHS agreed to make the following improvements to its visitation practice:

- Ensure that caseworkers visit children in custody at least two times during each child's first month of placement, with at least one visit in the placement setting, and at least one time during each subsequent month.
- 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. For

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

subsequent months, visits must occur at least once per month, with at least one contact in each three month period occurring in the parent's place of residence.

- Ensure that children with a goal of reunification visit their parents at least twice monthly unless specified exceptions exist.
- Ensure that siblings in custody visit each other at least monthly unless specified exceptions exist.

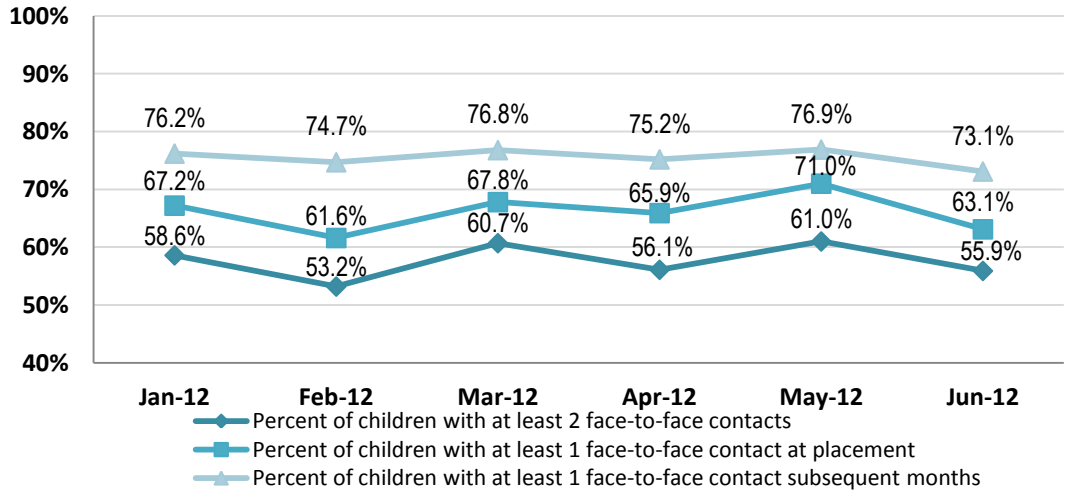
For this monitoring period, DHS produced information generated from its InfoView reporting system regarding performance on worker-child visits, worker-parent visits and parent-child visits. DHS provided compliance data on each provision for each month in the monitoring period.

DHS is unable to produce data from its information systems regarding sibling visits, and the monitoring team will assess compliance with this requirement through the DHS qualitative case review process that will commence in future monitoring periods.

Worker-Child Visitation

Caseworkers must visit all children in custody at least two times during a child's first month of placement with at least one of those visits occurring in the child's placement setting. In each subsequent month of placement, caseworkers must visit at least one time with every child. During MSA 2, DHS did not meet the worker-child visitation commitments set forth in the MSA. The Department's performance is reflected in the following chart.

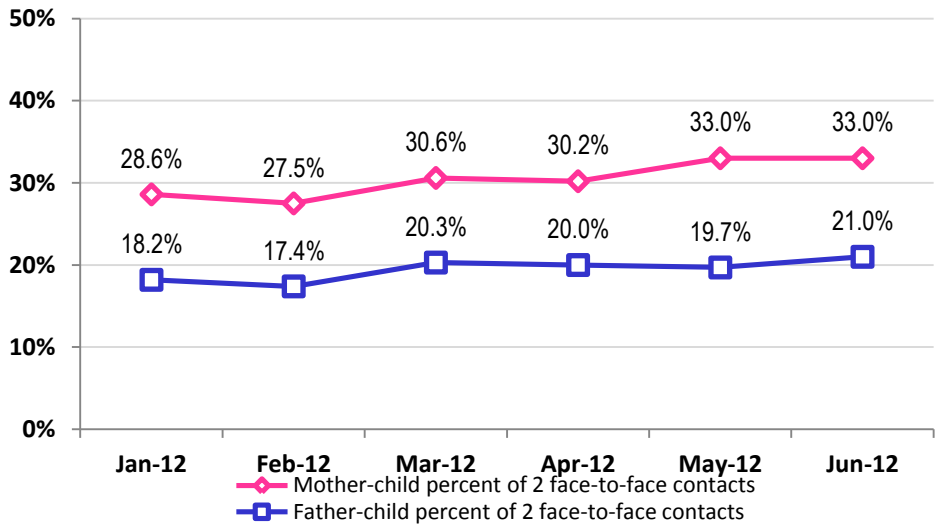
Figure 5: Worker-Child Contacts from January to June 2012



Parent-Child Visitation

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

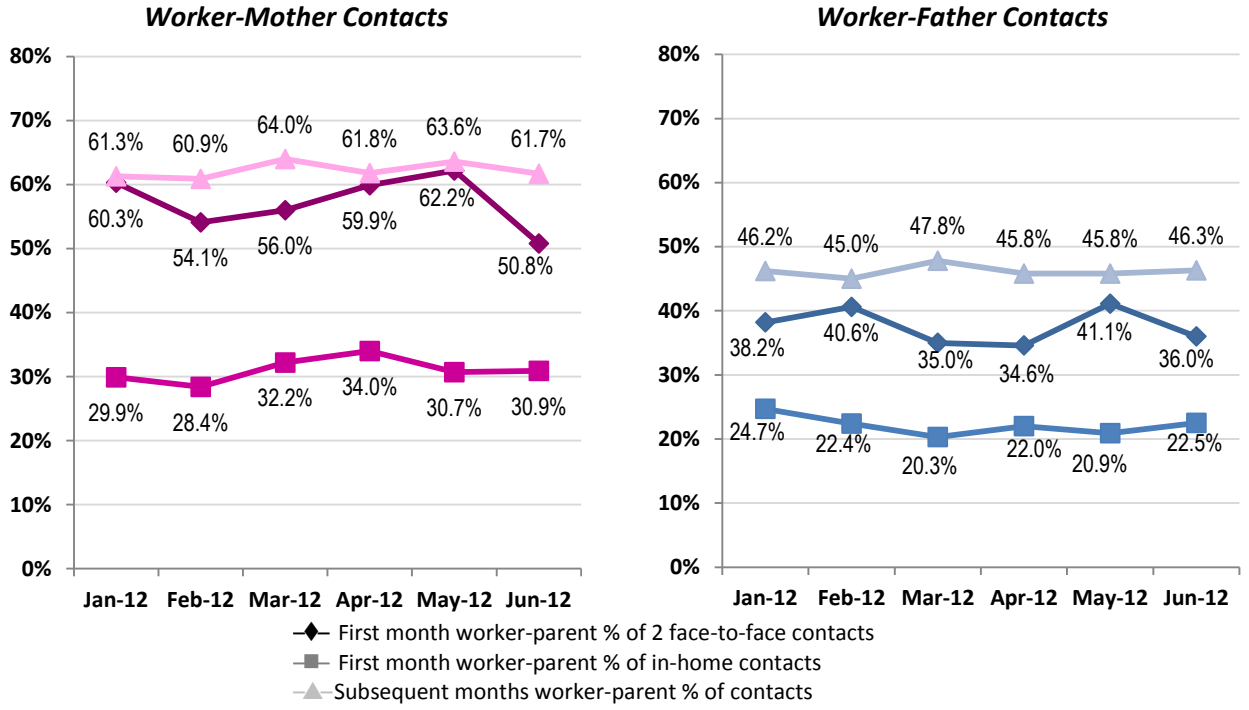
Figure 6: Parent-Child Contacts from January to June 2012



Worker-Parent Visitation

Caseworkers must visit parents of children with a reunification goal at least twice during the first month of placement with at least one visit in the parental home. For subsequent months, visits must occur at least once per month. DHS did not meet its commitment regarding worker-parent contacts during MSA 2 and the following charts represent the percentage of compliance by month for each of the worker-parent visitations.

Figure 7: Worker-Parent Contacts from January to June 2012



Placement Standards

Placement Proximity and Settings

For MSA 2, DHS did not satisfy three of the four MSA placement provisions reviewed by the monitoring team, including commitments with respect to proximity; the number of children in a foster home; and restrictions on the utilization of temporary and emergency facilities. DHS partially complied with a fourth provision regarding the confinement of foster children in jails or detention centers.

DHS committed to place all children within a 75-mile radius of the home from which the child was removed, unless one of the exceptional circumstances included in the MSA applies and is approved in writing by DHS leadership. Of the 13,882 children in care on June 30, 2012, DHS reported that 867 children (6.2 percent) were in placements more than 75 miles from their removal home. DHS reports a recorded exception for 320 of the 867 affected children. For the remaining majority of children, DHS maintains again that it is not yet able to track accurately whether or not the placement for those children met one of the allowed exceptions. As a result, DHS did not meet its commitment.

Number of Children Residing in a Foster Home

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

As of June 30, 2012, DHS reported that 798 children were placed in 176 foster homes that exceeded more than three foster children (13 fewer children than reported in MSA 1). According to DHS, ten children were placed in two homes where there were more than three foster children under the age of three.

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

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

Emergency and Temporary Facilities

The MSA requires that children not be placed in an emergency or temporary facility more than one time within a 12-month period, with limited exceptions, and those children should not remain in an emergency or temporary facility for more than 30 days unless one of a limited number of exceptional circumstances exists. There were 365 children in an emergency or temporary facility at some point during MSA 2, an increase of 80 children from MSA 1. Of these 365 children, 121 experienced placements that exceeded 30 days (an increase of one child from MSA 1).

In addition, 46 children in MSA 2 (an increase of 17 children over MSA 1) were placed in an emergency or temporary facility more than once within a 12-month period, and 15 children experienced three or more placements within that same period. Twenty-four children experienced subsequent placements in an emergency or temporary facility that lasted longer than seven days, a decrease of two children from MSA 1. Therefore, DHS did not meet its

placement commitments for children with respect to emergency and temporary facilities.

Jail, Correctional, or Detention Facilities

The MSA requires that "No child in DHS foster care custody shall be placed, by DHS or with knowledge of DHS, in a jail, correctional, or detention facility unless such child is being placed pursuant to a delinquency charge" or, obviously, an adult criminal charge. In MSA 2, 246 youth were confined in a jail or detention facility. DHS reports the majority of placements (65 percent) were in detention facilities. Eighty-five youth were placed in jail. The average confinement for these youth was 37 days, but according to DHS, the median length of stay was 20 days. During MSA 2, 23 youth were in jail or detention in excess of 100 days.

DHS partially complied with the MSA restrictions on jail, correctional, and detention facilities. According to DHS, ten youth were detained or jailed without any underlying charge whatsoever: four by judges in Genesee County; two by judges in Isabella County; and one each by judges in Iosco, Kent, Muskegon and Wayne Counties. DHS reports that its workers objected on the record to only two of those confinements. Of the ten youth detained or jailed without a charge, two exceeded five days of confinement. Historically, this has been an area of significant challenge for the Department, but DHS reported full compliance with the terms of these provisions in MSA 1. DHS' inability to sustain that level of performance in MSA 2 and its desire to do so in MSA 3 sparked the launch of a workgroup in September 2012 between DHS and the State Court Administrative Office to develop consistent best practices across the state for the placement of youth who leave placement without permission and are subsequently located.

Safety and Well-Being

Statewide Child Abuse Hotline

Public child welfare agencies have the responsibility to receive and to promptly and appropriately respond to reports of suspected child abuse and neglect. Commonly referred to as a state's child abuse and neglect hotline, statewide units are created to receive child abuse and neglect reports from the public. Hotlines are often the most visible face of the public child protection system. The manner and timeliness with which a hotline receives, screens, and acts on calls often influences how the community interacts with, and perceives, a state's overall child protection system performance.

As part of statewide reforms designed to more effectively protect children from abuse or neglect, DHS committed to dismantle its system of county operated screening units and to create a statewide centralized hotline by April 2012. DHS made the commitment in order to

ensure consistency in accepting and responding to calls as well as to ensure continuous quality evaluation of the agency's performance in this critical program area.

Michigan's child abuse and neglect hotline, referred to as Centralized Intake, became operational in March 2012 and is part of the DHS Children's Services Administration. Centralized Intake is responsible for receiving calls from the public 24 hours per day, seven days per week. The monitoring team conducted a site visit to Centralized Intake early in MSA 2, shortly after the hotline became operational. The team met with the hotline director who was appropriately focused on ensuring that the facility, telecommunications, staffing, training, communication, and procedural issues were being addressed early in the hotline's operation.

Statewide roll out began with the release of the hotline number to the public on March 5, 2012. A statewide media campaign to inform internal and external stakeholders was undertaken by DHS prior to implementation. Centralized Intake began operations with 79 workers, 18 supervisors, a second line manager and a director. From March 5 to June 30, 2012, the hotline received 101,547 calls, both related to children's and adult protective services. Of those calls, 47,658 were determined to be children's protective service complaints with approximately 63 percent assigned for investigation, averaging 1,772 complaints assigned for investigation each week.

The hotline is equipped with 80 call stations with CISCO phones, dual monitors, and wireless headsets for staff to efficiently process complaints. The system sends calls in rotation to available workers. There were some problems with the telecommunications system early in the monitoring period, and DHS responded by creating emergency contingency plans and upgrading the system to ensure better functioning.

During the first two weeks of operation, Centralized Intake received 6,520 and 6,413 calls, respectively. Of those calls, between 18 and 19 percent were abandoned and the average wait time was between four and one half and five minutes. Because the call volume was higher than expected, DHS made temporary staffing adjustments in an effort to improve service. These adjustments, which continued until additional hiring and training were completed, included: transitioning six workers from local county offices to the hotline; training intake workers to take complaints remotely; offering and mandating staff to work "peak" phone times; assigning field operations staff and local county managers to assist in taking phone calls and supervising hotline workers; as well as adjusting the hotline work schedules to ensure coverage during peak phone times. As a result, while call volume remained high, the overall average wait time decreased to less than three minutes (2:55) at the conclusion of MSA 2, and the percentage of abandoned calls dropped to between seven and 11 percent each week during the last month of the period.

To meet its commitment to adequately staff the hotline, DHS assessed staffing weekly. Consideration was given to the number of calls, call wait times and length of time to process complaints. To maintain minimal wait times, DHS determined that 60 staff were necessary during high phone volume times. As a result, the overall hotline staffing allocation was increased to 101 workers, 24 supervisors and two second line managers. As of June 30, 2012, 97 workers and 24 supervisors had been hired, with hiring activities continuing to fill vacant positions. Finally, two temporary clerical staff members were added to ensure the hotline is completing all facets of processing complaints of alleged abuse and/or neglect, and the hotline director requested that these positions be made permanent.

In order to ensure that hotline screeners are prepared for their duties, newly hired staff are expected to attend four weeks of program specific training with an emphasis on intake and "on the job training." DHS reported that all staff hired in May 2012 were trained by June 30, 2012. Additionally, workers who transferred from CPS field positions were required to have one week of "on the job training" which was also completed by June 30, 2012. The monitoring team will conduct training verification activities for all staff working at the hotline in future monitoring periods.

Throughout MSA 2, DHS developed and updated a Centralized Intake Procedures Manual that includes protocols for a wide range of hotline program areas including emergency planning, accessing resources, criteria for accepting and processing referrals, after-hours procedures, confidentiality and quality assurance. Importantly, standards for performance have been developed for sending assigned complaints to counties for investigation. Immediate and 24 hour priority designations must be sent within one hour to the field offices and 24-72 hour designations must be sent within three hours. As of the conclusion of MSA 2, a specific data report had not yet been developed to monitor the timeliness of assignment to the field but DHS reports that it will be developed during the next monitoring period.

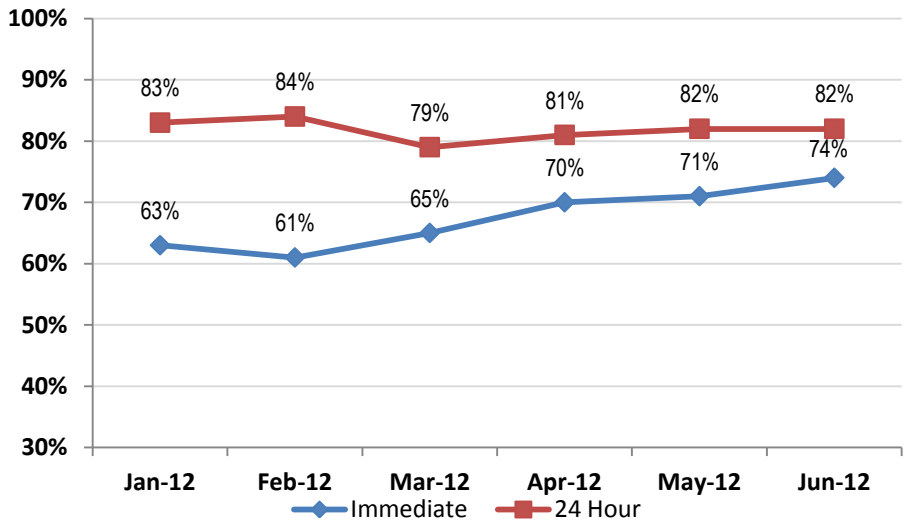
DHS met its commitment to create the statewide hotline during MSA 2 and, in future periods, the monitoring team will evaluate DHS' progress in improving call wait times, reducing dropped calls and in documenting timely assignments to field offices. The monitoring team will also work with DHS as it develops its continuous quality improvement plan for evaluating all aspects of Central Intake's operations.

Responding to Reports of Abuse and Neglect

DHS agreed to ensure that its system for receiving, screening, and investigating reports of child abuse and neglect will be adequately staffed and that investigations will be commenced as

required by state law and policy requirements.[23] DHS identified 19,374 investigations due throughout the monitoring period that required an immediate response. DHS made timely contacts in 65 percent of those investigations. DHS identified 27,766 investigations throughout the monitoring period that required an initial contact from DHS within 24 hours, and achieved timely contact in 82 percent of those investigations. During MSA 2, DHS did not meet its commitment to commence timely child protection investigations. The percentage of timely investigation contacts by month for both immediate and 24 hour investigations is detailed in the following chart.

Figure 8: Timely CPS Investigation Commencement Contacts from January to June 2012



Maltreatment in Care

Referrals received by DHS that allege abuse or neglect of any child in its custody are investigated by Maltreatment in Care (MIC) units. These units are located throughout the state and are staffed by employees whose primary responsibility is to conduct these investigations. DHS agreed that staff assigned to conduct MIC investigations would receive special training prior to being assigned an investigation.

[23] The Child Protection Law (MCL 722.628) compels the department to commence an investigation of a complaint no later than 24 hours after receipt of a complaint, although the seriousness of the alleged harm or threatened harm to the children may dictate an immediate response. DHS policy PSM 712-4 states that commencing an investigation requires contact with someone other than the reporting person within 24 hours of the receipt of the complaint to assess the safety of the alleged victim. The policy notes that the best, most efficient way to commence an investigation, and ensure child safety, is to make face-to-face contact with the alleged child victim.

Consistent with the MSA, DHS has established separate MIC units in the five urban counties and Ingham County. Investigations for the remainder of the state are handled by three regional units. The urban units report directly to the county child welfare director. The three regional units report to the Child Welfare Field Operations Manager/MIC Division. There are also back-up MIC investigative staff in every area of the state, who can respond to investigations when primary staff are unavailable. The Child Welfare Field Operations Manager provides statewide coordination and oversight of MIC practice, and oversees policy implementation and training needs.

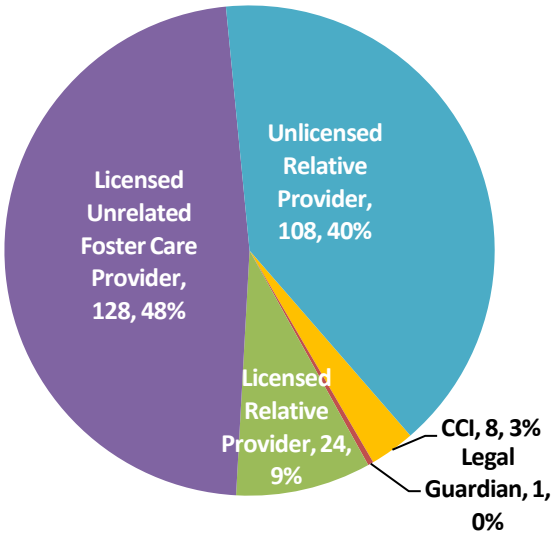
Training has been developed by the statewide MIC manager in consultation with the CWTI and the Office of Workforce Development and Training (OWDT). MIC staff must complete two trainings, one e-Learning course, and one webinar. The trainings cover policy and procedures for MIC investigations as well as guidance for staff to assess safety and risk. DHS reports there are 115 MIC investigators assigned throughout the state; this includes staff who have MIC investigations as their primary responsibility as well as back up workers. DHS reports there are 11 supervisors, three of whom are full-time MIC supervisors. According to the information DHS submitted, 50 staff completed the necessary training before the end of MSA 2; 56 staff completed the training during MSA 3; and 9 staff had not received the required training. DHS acknowledged that this is a problem and has issued instructions to the field that will require DHS County Managers to monitor DHS' JJOLT database to ensure that MIC staff are not assigned investigations prior to completing their training.

During MSA 2, the monitoring team met with MIC staff and reviewed over 40 MIC investigations in two urban offices. The monitoring team found that for the vast majority of the cases, investigations were assigned in a timely manner, and the investigations commenced in the required timeframes. The record review indicated that relevant individuals were interviewed, collaterals were utilized as appropriate and supervisory involvement was evident.

For MSA 2, DHS states that there were 2,056 reports to the hotline alleging maltreatment in care, of which 1,214 reports (59 percent) rose to the level of suspected abuse or neglect of children in care requiring an investigation. As of June 30, 2012, 95 of the investigations resulted in a substantiated finding of child abuse/neglect, involving 269 victims. The findings for cases that resulted in a preponderance of evidence of abuse/neglect and the relationship of the victim to the perpetrator are presented in the following chart.

Figure 9: MIC Substantiations by Relationship to Victim as of June 30, 2012

n=269



Health and Mental Health

Psychotropic Medications

DHS agreed to put in place processes to ensure documentation of psychotropic medication approvals, documentation of all uses of psychotropic medications, and review of such documentation by appropriate DHS staff, including the DHS Medical Consultant, who is a physician. The Health Unit Manager and Medical Consultant are charged to take immediate action to remedy any identified use of psychotropic medications inconsistent with the policies and procedures approved by the monitors.

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

In MSA 2, DHS did not yet have all of the informed consent forms sent to the Medical Consultant for review. During the period, the Medical Consultant reviewed ten forms, and DHS acknowledges it must amend practice to ensure all forms are reviewed and tracked to comport with the plan approved by the monitors. With respect to offering oversight of prescribing patterns, DHS entered into an agreement with the Department of Community Health in order to have access to Medicaid claims data, but does not expect to issue and act upon reports of aggregate use patterns until MSA 4. During MSA 2 and continuing through MSA 3, DHS reported

that the data sharing mechanisms were not sufficiently reliable to accomplish such analyses.

SED Waiver Services

Pursuant to the MSA, DHS committed to reconfigure mental health spending to expand services for children with special needs pursuant to the federal SED (Serious Emotional Disturbance) Waiver by October 2011 in Muskegon, Washtenaw, Eaton, and Clinton Counties. By the end of MSA 2, DHS had expanded SED Waiver services to children in Muskegon, Eaton and Clinton Counties, but not Washtenaw County. Services available to children participating in the SED Waiver include: speech therapy, speech/hearing assessment/treatment, occupational therapy, treatment for chronic diseases or health problems, intensive home-based therapy, psychiatric services and wraparound services.

DHS reports that staff in Muskegon County enrolled three children in the SED Waiver program. Staff in Eaton County enrolled five children and staff in Clinton County enrolled three children. Of the 11 children enrolled and receiving services, three had been returned home by the summer of 2012 and one was placed with a legal guardian. Seven children remained in community residential placements, five of whom maintained stability in their placement.

Treatment Homes

DHS identified a list of 200 treatment homes, which included both licensed placements and unlicensed relative homes serving 26 children with severe emotional disorders who are receiving enhanced behavioral health services pursuant to the SED Waiver. The unlicensed placement of a child receiving services through the SED Waiver is considered a treatment foster home due to the broad array of services and supports being provided to the youth and provider, which the monitoring team independently confirmed.

Youth Transitioning to Adulthood

Education

Partnerships

DHS committed to support higher education for older foster youth through partnerships with Michigan colleges and universities and through collaboration with community partners. The goal of these efforts is to create and expand scholarships, onsite programs, support services, and mentorships.

During MSA 2, DHS held an education conference, “Building Success: Supporting Higher Education for Youth in Foster Care” at Oakland Community College. All Michigan post-

secondary institution presidents, chancellors, and financial aid directors were invited. The goal of the conference was to encourage top-level administrators of Michigan post-secondary institutions to better serve foster youth on their campus. Seventy-four people attended the event representing 30 post-secondary institutions. Speakers at the event included the presidents of the four Michigan universities currently offering support services to foster youth. They spoke about their individual programs and why their campus became committed to this population of youth.

In March 2012, DHS posted an Invitation to Bid (ITB) for post-secondary institutions to provide on-site Life Skill Coaches for foster youth on campus. The proposal was modeled after the Campus Coach model of the Seita Scholarship program (described below) at Western Michigan University. Three institutions were awarded three-year contracts, which began on July 1, 2012. These institutions are Baker College of Flint, Ferris State University, and Michigan State University. A second ITB was posted in June 2012, with the plan to award additional contracts in MSA 3.

Seita Scholars Program

DHS agreed to support the Seita Scholars program at Western Michigan University (WMU). In the fall of 2011, 141 Seita Scholars were enrolled and attending Western Michigan University (WMU). During MSA 2, a total of 85 Seita Scholars were awarded Education and Training Voucher (ETV) funding, totaling $246,250.

The Department of Human Services provides Western Michigan University with two liaisons located on WMU's campus. The liaisons are foster care workers and assist Seita Scholars' access to DHS services, such as Youth in Transition funds and Education and Training Vouchers. The liaisons also provide courtesy supervision for students who continue to have open foster care cases in other counties.

Immediate Actions for Youth Transitioning to Adulthood

DHS committed that in Wayne, Clinton/Gratiot, and Ingham Counties, it would implement the Michigan Youth Opportunities Initiative (MYOI) in MSA 2. MYOI is an innovative partnership between DHS, Jim Casey Youth Opportunities Initiative and other stakeholders to improve outcomes for youth aging out of foster care. MYOI includes youth leadership boards, which DHS agreed to create and convene quarterly to provide information, training, and supportive services to youth. In all the referenced counties, the leadership boards convened at least quarterly with as many as 14, and as few as three, youth per meeting. Numerous trainings in life skills were offered as well.

DHS committed to establish Individual Development Accounts (IDAs) for youth attending leadership board meetings in Wayne, Clinton/Gratiot, and Ingham Counties. The results have been mixed. DHS has had great success in Wayne County, where there are 95 IDAs open for MYOI youth at the close of MSA 2. But only four such accounts were set up in Ingham County, and just one had been established for a young person in Clinton/Gratiot Counties.

Medicaid

DHS also committed that older youth exiting custody will have ongoing health insurance. The federal government makes significant funds available to Michigan to extend health insurance coverage to these youth. Michigan's program is known as Foster Care Transitional Medicaid (FCTMA).

During MSA 2, DHS reports that 408 youth exited custody, though the population includes 94 young people who extended their eligibility for services pursuant to the Young Adult Voluntary Foster Care program. Of these youth, more than 90 percent had ongoing health insurance. All but 34 had an identified source of Medicaid coverage including FCTMA. Of these 34 young people, DHS data and information show that 22 young people were not eligible for insurance due to a variety of reasons (e.g., death, incarceration) and 12 eligible youth did not receive coverage.

Appendices

Appendix A: Age Range of Children in Care on June 30, 2012

	Age Range of Children in Care on June 30, 2012								
County	**0-6 Years Old**		**7-11 Years Old**		**12-17 Years Old**		**18 and Older**		**Total**
	Children	%	Children	%	Children	%	Children	%	Children
Alcona	7	47%	4	27%	3	20%	1	7%	15
Alger	0	0%	0	0%	2	100%	0	0%	2
Allegan	79	46%	36	21%	49	29%	6	4%	170
Alpena	35	51%	13	19%	19	28%	1	1%	68
Antrim	24	47%	10	20%	15	29%	2	4%	51
Arenac	9	30%	12	40%	9	30%	0	0%	30
Baraga	6	67%	2	22%	1	11%	0	0%	9
Barry	37	58%	18	28%	9	14%	0	0%	64
Bay	71	55%	34	26%	22	17%	2	2%	129
Benzie	5	71%	2	29%	0	0%	0	0%	7
Berrien	179	48%	79	21%	93	25%	23	6%	374
Branch	53	51%	25	24%	26	25%	0	0%	104
Calhoun	133	54%	60	24%	45	18%	8	3%	246
Cass	73	45%	38	23%	46	28%	5	3%	162
Central Office	5	100%	0	0%	0	0%	0	0%	5
Charlevoix	18	43%	7	17%	15	36%	2	5%	42
Cheboygan	33	47%	20	29%	16	23%	1	1%	70
Chippewa	38	66%	10	17%	10	17%	0	0%	58
Clare	29	58%	10	20%	9	18%	2	4%	50
Clinton	37	45%	19	23%	22	27%	5	6%	83
Crawford	15	36%	5	12%	21	50%	1	2%	42
Delta	18	72%	4	16%	2	8%	1	4%	25
Dickinson	30	63%	8	17%	10	21%	0	0%	48
Eaton	62	46%	33	25%	32	24%	7	5%	134
Emmet	17	28%	18	30%	20	33%	5	8%	60
Genesee	414	47%	159	18%	220	25%	85	10%	878
Gladwin	26	65%	7	18%	7	18%	0	0%	40
Gogebic	18	49%	3	8%	14	38%	2	5%	37
Grand Traverse	46	48%	25	26%	19	20%	5	5%	95
Gratiot	23	42%	17	31%	13	24%	2	4%	55
Hillsdale	51	67%	15	20%	10	13%	0	0%	76
Houghton	14	56%	5	20%	5	20%	1	4%	25
Huron	13	37%	9	26%	10	29%	3	9%	35
Ingham	297	48%	132	21%	144	23%	51	8%	624
Ionia	47	60%	9	12%	18	23%	4	5%	78
Iosco	15	50%	5	17%	10	33%	0	0%	30
Iron	4	33%	5	42%	2	17%	1	8%	12
Isabella	46	59%	17	22%	15	19%	0	0%	78
Jackson	125	47%	65	24%	59	22%	17	6%	266
Kalamazoo	285	50%	126	22%	137	24%	21	4%	569

	Age Range of Children in Care on June 30, 2012								
County	**0-6 Years Old**		**7-11 Years Old**		**12-17 Years Old**		**18 and Older**		**Total**
	Children	%	Children	%	Children	%	Children	%	Children
Kalkaska	17	49%	9	26%	7	20%	2	6%	35
Kent	462	51%	164	18%	221	24%	67	7%	914
Lake	10	37%	7	26%	9	33%	1	4%	27
Lapeer	23	52%	11	25%	8	18%	2	5%	44
Leelanau	9	28%	6	19%	15	47%	2	6%	32
Lenawee	48	51%	24	25%	20	21%	3	3%	95
Livingston	61	49%	24	19%	34	27%	5	4%	124
Luce	3	38%	4	50%	1	13%	0	0%	8
Mackinac	8	44%	7	39%	3	17%	0	0%	18
Macomb	376	45%	158	19%	224	27%	69	8%	827
Manistee	13	65%	5	25%	2	10%	0	0%	20
Marquette	59	57%	15	15%	26	25%	3	3%	103
Mason	16	38%	13	31%	13	31%	0	0%	42
Mecosta	42	52%	18	22%	18	22%	3	4%	81
Menominee	19	44%	14	33%	10	23%	0	0%	43
Midland	26	34%	28	36%	20	26%	3	4%	77
Missaukee	7	39%	6	33%	4	22%	1	6%	18
Monroe	59	54%	22	20%	26	24%	2	2%	109
Montcalm	58	51%	24	21%	29	25%	3	3%	114
Montmorency	4	29%	2	14%	7	50%	1	7%	14
Muskegon	241	48%	111	22%	126	25%	19	4%	497
Newaygo	44	48%	24	26%	21	23%	2	2%	91
Oakland	268	39%	146	21%	194	28%	79	11%	687
Oceana	12	50%	6	25%	4	17%	2	8%	24
Ogemaw	16	55%	6	21%	5	17%	2	7%	29
Osceola	27	48%	11	20%	15	27%	3	5%	56
Oscoda	10	48%	8	38%	2	10%	1	5%	21
Otsego	21	58%	2	6%	12	33%	1	3%	36
Ottawa	84	45%	42	22%	51	27%	11	6%	188
Presque Isle	5	56%	3	33%	1	11%	0	0%	9
Roscommon	22	47%	10	21%	12	26%	3	6%	47
Saginaw	105	46%	47	20%	48	21%	30	13%	230
Sanilac	40	56%	14	20%	13	18%	4	6%	71
Schoolcraft	9	53%	3	18%	5	29%	0	0%	17
Shiawassee	58	64%	10	11%	18	20%	4	4%	90
St Clair	151	50%	64	21%	64	21%	22	7%	301
St Joseph	71	51%	33	24%	28	20%	6	4%	138
Tuscola	35	36%	26	27%	33	34%	4	4%	98
Van Buren	66	47%	36	26%	34	24%	5	4%	141
Washtenaw	115	54%	38	18%	47	22%	14	7%	214
Wayne	1253	40%	590	19%	890	28%	417	13%	3150
Wexford	28	50%	10	18%	18	32%	0	0%	56
Total	**6438**	**46%**	**2867**	**21%**	**3517**	**25%**	**1060**	**8%**	**13882**

Appendix B: Length of Stay of Children in Care on June 30, 2012

	Length of Stay of Children in Foster Care on June 30, 2012										
County	**Less than 1 year**		**1-2 years**		**2-3 years**		**3-6 years**		**6 years+**		**Total**
	Children	%	Children	%	Children	%	Children	%	Children	%	Children
Alcona	12	80%	0	0%	0	0%	0	0%	3	20%	15
Alger	1	50%	0	0%	0	0%	1	50%	0	0%	2
Allegan	90	53%	49	29%	16	9%	13	8%	2	1%	170
Alpena	35	51%	18	26%	9	13%	6	9%	0	0%	68
Antrim	28	55%	13	25%	7	14%	1	2%	2	4%	51
Arenac	18	60%	4	13%	7	23%	1	3%	0	0%	30
Baraga	7	78%	1	11%	0	0%	0	0%	1	11%	9
Barry	46	72%	14	22%	0	0%	4	6%	0	0%	64
Bay	86	67%	23	18%	17	13%	3	2%	0	0%	129
Benzie	1	14%	6	86%	0	0%	0	0%	0	0%	7
Berrien	183	49%	94	25%	53	14%	26	7%	18	5%	374
Branch	53	51%	21	20%	21	20%	9	9%	0	0%	104
Calhoun	126	51%	64	26%	28	11%	24	10%	4	2%	246
Cass	92	57%	49	30%	10	6%	6	4%	5	3%	162
Central Office	0	0%	1	20%	2	40%	2	40%	0	0%	5
Charlevoix	22	52%	15	36%	0	0%	4	10%	1	2%	42
Cheboygan	34	49%	24	34%	8	11%	2	3%	2	3%	70
Chippewa	37	64%	16	28%	1	2%	4	7%	0	0%	58
Clare	22	44%	20	40%	6	12%	2	4%	0	0%	50
Clinton	53	64%	14	17%	7	8%	5	6%	4	5%	83
Crawford	21	50%	6	14%	8	19%	7	17%	0	0%	42
Delta	15	60%	8	32%	0	0%	0	0%	2	8%	25
Dickinson	28	58%	9	19%	3	6%	6	13%	2	4%	48
Eaton	56	42%	36	27%	21	16%	20	15%	1	1%	134
Emmet	15	25%	30	50%	10	17%	5	8%	0	0%	60
Genesee	322	37%	198	23%	121	14%	138	16%	99	11%	878
Gladwin	27	68%	6	15%	3	8%	3	8%	1	3%	40
Gogebic	19	51%	7	19%	6	16%	2	5%	3	8%	37
Grand Traverse	46	48%	22	23%	11	12%	13	14%	3	3%	95
Gratiot	31	56%	15	27%	4	7%	4	7%	1	2%	55
Hillsdale	44	58%	24	32%	8	11%	0	0%	0	0%	76
Houghton	10	40%	5	20%	6	24%	3	12%	1	4%	25
Huron	12	34%	12	34%	4	11%	6	17%	1	3%	35
Ingham	308	49%	144	23%	78	13%	67	11%	27	4%	624
Ionia	39	50%	20	26%	10	13%	7	9%	2	3%	78
Iosco	16	53%	8	27%	2	7%	3	10%	1	3%	30
Iron	0	0%	10	83%	1	8%	0	0%	1	8%	12
Isabella	37	47%	33	42%	7	9%	1	1%	0	0%	78
Jackson	141	53%	68	26%	19	7%	22	8%	16	6%	266
Kalamazoo	267	47%	152	27%	86	15%	45	8%	19	3%	569
Kalkaska	21	60%	9	26%	1	3%	3	9%	1	3%	35
Kent	346	38%	356	39%	104	11%	74	8%	34	4%	914
Lake	7	26%	11	41%	6	22%	2	7%	1	4%	27

	Length of Stay of Children in Foster Care on June 30, 2012										
County	**Less than 1 year**		**1-2 years**		**2-3 years**		**3-6 years**		**6 years+**		**Total**
	Children	%	Children	%	Children	%	Children	%	Children	%	Children
Lapeer	17	39%	17	39%	7	16%	2	5%	1	2%	44
Leelanau	7	22%	12	38%	7	22%	3	9%	3	9%	32
Lenawee	55	58%	19	20%	7	7%	9	9%	5	5%	95
Livingston	53	43%	52	42%	10	8%	8	6%	1	1%	124
Luce	7	88%	1	13%	0	0%	0	0%	0	0%	8
Mackinac	10	56%	6	33%	1	6%	1	6%	0	0%	18
Macomb	359	43%	203	25%	120	15%	106	13%	39	5%	827
Manistee	6	30%	5	25%	6	30%	3	15%	0	0%	20
Marquette	54	52%	36	35%	2	2%	9	9%	2	2%	103
Mason	19	45%	18	43%	0	0%	2	5%	3	7%	42
Mecosta	49	60%	17	21%	14	17%	1	1%	0	0%	81
Menominee	19	44%	10	23%	3	7%	6	14%	5	12%	43
Midland	45	58%	18	23%	9	12%	2	3%	3	4%	77
Missaukee	11	61%	3	17%	4	22%	0	0%	0	0%	18
Monroe	66	61%	29	27%	4	4%	7	6%	3	3%	109
Montcalm	74	65%	27	24%	2	2%	7	6%	4	4%	114
Montmorency	10	71%	1	7%	1	7%	2	14%	0	0%	14
Muskegon	269	54%	147	30%	26	5%	33	7%	22	4%	497
Newaygo	39	43%	32	35%	11	12%	6	7%	3	3%	91
Oakland	293	43%	158	23%	96	14%	84	12%	56	8%	687
Oceana	20	83%	0	0%	2	8%	2	8%	0	0%	24
Ogemaw	16	55%	6	21%	3	10%	2	7%	2	7%	29
Osceola	37	66%	10	18%	5	9%	4	7%	0	0%	56
Oscoda	11	52%	5	24%	5	24%	0	0%	0	0%	21
Otsego	26	72%	3	8%	5	14%	1	3%	1	3%	36
Ottawa	102	54%	48	26%	19	10%	16	9%	3	2%	188
Presque Isle	4	44%	1	11%	1	11%	3	33%	0	0%	9
Roscommon	15	32%	14	30%	3	6%	13	28%	2	4%	47
Saginaw	103	45%	56	24%	33	14%	16	7%	22	10%	230
Sanilac	48	68%	10	14%	6	8%	3	4%	4	6%	71
Schoolcraft	11	65%	5	29%	0	0%	0	0%	1	6%	17
Shiawassee	41	46%	31	34%	11	12%	4	4%	3	3%	90
St Clair	136	45%	93	31%	39	13%	24	8%	9	3%	301
St Joseph	74	54%	32	23%	14	10%	15	11%	3	2%	138
Tuscola	56	57%	29	30%	5	5%	8	8%	0	0%	98
Van Buren	87	62%	24	17%	19	13%	8	6%	3	2%	141
Washtenaw	87	41%	80	37%	21	10%	20	9%	6	3%	214
Wayne	850	27%	730	23%	527	17%	602	19%	441	14%	3150
Wexford	39	70%	11	20%	3	5%	0	0%	3	5%	56
Total	**5999**	**43%**	**3634**	**26%**	**1762**	**13%**	**1576**	**11%**	**911**	**7%**	**13882**

Appendix C: CPS Commencement Timeliness by County from January 1 to June 30, 2012

County	Priority Response	# of Contacts Due	# of Contacts Completed Timely	% of Contacts Completed Timely
Alcona	Immediate	22	21	95%
	24 Hr	25	23	92%
	Total	**47**	**44**	**94%**
Alger	Immediate	20	15	75%
	24 Hr	29	29	100%
	Total	**49**	**44**	**90%**
Allegan	Immediate	139	80	58%
	24 Hr	416	305	73%
	Total	**555**	**385**	**69%**
Alpena	Immediate	64	54	84%
	24 Hr	107	100	93%
	Total	**171**	**154**	**90%**
Antrim	Immediate	54	49	91%
	24 Hr	117	115	98%
	Total	**171**	**164**	**96%**
Arenac	Immediate	38	32	84%
	24 Hr	58	57	98%
	Total	**96**	**89**	**93%**
Baraga	Immediate	24	11	46%
	24 Hr	30	28	93%
	Total	**54**	**39**	**72%**
Barry	Immediate	110	94	85%
	24 Hr	173	155	90%
	Total	**283**	**249**	**88%**
Bay	Immediate	238	189	79%
	24 Hr	427	373	87%
	Total	**665**	**562**	**85%**
Benzie	Immediate	20	15	75%
	24 Hr	78	72	92%
	Total	**98**	**87**	**89%**
Berrien	Immediate	297	269	91%
	24 Hr	544	480	88%
	Total	**841**	**749**	**89%**
Branch	Immediate	112	96	86%
	24 Hr	247	244	99%
	Total	**359**	**340**	**95%**
Calhoun	Immediate	326	198	61%
	24 Hr	593	488	82%
	Total	**919**	**686**	**75%**

County	Priority Response	# of Contacts Due	# of Contacts Completed Timely	% of Contacts Completed Timely
Cass	Immediate	112	54	48%
	24 Hr	152	100	66%
	Total	**264**	**154**	**58%**
Charlevoix	Immediate	30	30	100%
	24 Hr	95	95	100%
	Total	**125**	**125**	**100%**
Cheboygan	Immediate	76	68	89%
	24 Hr	134	126	94%
	Total	**210**	**194**	**92%**
Chippewa	Immediate	89	73	82%
	24 Hr	134	126	94%
	Total	**223**	**199**	**89%**
Clare	Immediate	69	39	57%
	24 Hr	158	136	86%
	Total	**227**	**175**	**77%**
Clinton	Immediate	66	47	71%
	24 Hr	142	115	81%
	Total	**208**	**162**	**78%**
Crawford	Immediate	30	27	90%
	24 Hr	66	66	100%
	Total	**96**	**93**	**97%**
Delta	Immediate	81	78	96%
	24 Hr	123	123	100%
	Total	**204**	**201**	**99%**
Dickinson	Immediate	30	27	90%
	24 Hr	83	83	100%
	Total	**113**	**110**	**97%**
Eaton	Immediate	171	90	53%
	24 Hr	379	293	77%
	Total	**550**	**383**	**70%**
Emmet	Immediate	35	33	94%
	24 Hr	126	122	97%
	Total	**161**	**155**	**96%**
Genesee	Immediate	1547	1224	79%
	24 Hr	1410	1200	85%
	Total	**2957**	**2424**	**82%**
Gladwin	Immediate	61	45	74%
	24 Hr	95	89	94%
	Total	**156**	**134**	**86%**
Gogebic	Immediate	48	38	79%
	24 Hr	38	38	100%
	Total	**86**	**76**	**88%**

County	Priority Response	# of Contacts Due	# of Contacts Completed Timely	% of Contacts Completed Timely
Grand Traverse	Immediate	156	120	77%
	24 Hr	292	274	94%
	Total	**448**	**394**	**88%**
Gratiot	Immediate	60	50	83%
	24 Hr	124	114	92%
	Total	**184**	**164**	**89%**
Hillsdale	Immediate	127	116	91%
	24 Hr	290	281	97%
	Total	**417**	**397**	**95%**
Houghton	Immediate	43	37	86%
	24 Hr	91	91	100%
	Total	**134**	**128**	**96%**
Huron	Immediate	58	40	69%
	24 Hr	91	87	96%
	Total	**149**	**127**	**85%**
Ingham	Immediate	723	454	63%
	24 Hr	927	669	72%
	Total	**1650**	**1123**	**68%**
Ionia	Immediate	148	125	84%
	24 Hr	353	319	90%
	Total	**501**	**444**	**89%**
Iosco	Immediate	57	51	89%
	24 Hr	88	84	95%
	Total	**145**	**135**	**93%**
Iron	Immediate	16	15	94%
	24 Hr	40	37	93%
	Total	**56**	**52**	**93%**
Isabella	Immediate	128	79	62%
	24 Hr	187	144	77%
	Total	**315**	**223**	**71%**
Jackson	Immediate	417	351	84%
	24 Hr	676	546	81%
	Total	**1093**	**897**	**82%**
Kalamazoo	Immediate	693	592	85%
	24 Hr	1236	970	78%
	Total	**1929**	**1562**	**81%**
Kalkaska	Immediate	33	29	88%
	24 Hr	95	89	94%
	Total	**128**	**118**	**92%**
Kent	Immediate	1220	940	77%
	24 Hr	1979	1631	82%
	Total	**3199**	**2571**	**80%**

County	Priority Response	# of Contacts Due	# of Contacts Completed Timely	% of Contacts Completed Timely
Keweenaw	24 Hr	2	2	100%
	Total	**2**	**2**	**100%**
Lake	Immediate	29	25	86%
	24 Hr	82	80	98%
	Total	**111**	**105**	**95%**
Lapeer	Immediate	82	75	91%
	24 Hr	297	290	98%
	Total	**379**	**365**	**96%**
Leelanau	Immediate	14	10	71%
	24 Hr	27	27	100%
	Total	**41**	**37**	**90%**
Lenawee	Immediate	107	75	70%
	24 Hr	299	277	93%
	Total	**406**	**352**	**87%**
Livingston	Immediate	190	145	76%
	24 Hr	315	272	86%
	Total	**505**	**417**	**83%**
Luce	Immediate	19	12	63%
	24 Hr	31	29	94%
	Total	**50**	**41**	**82%**
Mackinac	Immediate	21	12	57%
	24 Hr	32	31	97%
	Total	**53**	**43**	**81%**
Macomb	Immediate	1058	581	55%
	24 Hr	1540	1238	80%
	Total	**2598**	**1819**	**70%**
Manistee	Immediate	36	33	92%
	24 Hr	78	75	96%
	Total	**114**	**108**	**95%**
Marquette	Immediate	83	55	66%
	24 Hr	182	178	98%
	Total	**265**	**233**	**88%**
Mason	Immediate	65	58	89%
	24 Hr	133	124	93%
	Total	**198**	**182**	**92%**
Mecosta	Immediate	108	96	89%
	24 Hr	181	180	99%
	Total	**289**	**276**	**96%**
Menominee	Immediate	27	25	93%
	24 Hr	70	67	96%
	Total	**97**	**92**	**95%**

County	Priority Response	# of Contacts Due	# of Contacts Completed Timely	% of Contacts Completed Timely
Midland	Immediate	137	93	68%
	24 Hr	218	212	97%
	Total	**355**	**305**	**86%**
Missaukee	Immediate	1	1	100%
	24 Hr	2	1	50%
	Total	**3**	**2**	**67%**
Monroe	Immediate	202	150	74%
	24 Hr	395	343	87%
	Total	**597**	**493**	**83%**
Montcalm	Immediate	167	121	72%
	24 Hr	329	246	75%
	Total	**496**	**367**	**74%**
Montmorency	Immediate	16	13	81%
	24 Hr	18	18	100%
	Total	**34**	**31**	**91%**
Muskegon	Immediate	283	198	70%
	24 Hr	726	576	79%
	Total	**1009**	**774**	**77%**
Newaygo	Immediate	109	84	77%
	24 Hr	298	260	87%
	Total	**407**	**344**	**85%**
Oakland	Immediate	1513	951	63%
	24 Hr	1823	1328	73%
	Total	**3336**	**2279**	**68%**
Oceana	Immediate	54	47	87%
	24 Hr	111	107	96%
	Total	**165**	**154**	**93%**
Ogemaw	Immediate	48	43	90%
	24 Hr	102	101	99%
	Total	**150**	**144**	**96%**
Ontonagon	Immediate	14	11	79%
	24 Hr	15	14	93%
	Total	**29**	**25**	**86%**
Osceola	Immediate	63	50	79%
	24 Hr	130	123	95%
	Total	**193**	**173**	**90%**
Oscoda	Immediate	16	10	63%
	24 Hr	24	24	100%
	Total	**40**	**34**	**85%**
Otsego	Immediate	55	44	80%
	24 Hr	121	118	98%
	Total	**176**	**162**	**92%**

County	Priority Response	# of Contacts Due	# of Contacts Completed Timely	% of Contacts Completed Timely
Ottawa	Immediate	306	206	67%
	24 Hr	551	452	82%
	Total	**857**	**658**	**77%**
Presque Isle	Immediate	17	15	88%
	24 Hr	39	36	92%
	Total	**56**	**51**	**91%**
Roscommon	Immediate	50	48	96%
	24 Hr	122	120	98%
	Total	**172**	**168**	**98%**
Saginaw	Immediate	524	465	89%
	24 Hr	652	613	94%
	Total	**1176**	**1078**	**92%**
St Clair	Immediate	410	323	79%
	24 Hr	668	561	84%
	Total	**1078**	**884**	**82%**
St Joseph	Immediate	154	112	73%
	24 Hr	277	233	84%
	Total	**431**	**345**	**80%**
Sanilac	Immediate	73	63	86%
	24 Hr	176	157	89%
	Total	**249**	**220**	**88%**
Schoolcraft	Immediate	23	17	74%
	24 Hr	26	25	96%
	Total	**49**	**42**	**86%**
Shiawassee	Immediate	142	129	91%
	24 Hr	360	357	99%
	Total	**502**	**486**	**97%**
Tuscola	Immediate	120	98	82%
	24 Hr	194	172	89%
	Total	**314**	**270**	**86%**
Van Buren	Immediate	164	155	95%
	24 Hr	325	302	93%
	Total	**489**	**457**	**93%**
Washtenaw	Immediate	393	295	75%
	24 Hr	599	448	75%
	Total	**992**	**743**	**75%**
Wayne	Immediate	4409	1763	40%
	24 Hr	3193	1840	58%
	Total	**7602**	**3603**	**47%**
Wexford	Immediate	100	87	87%
	24 Hr	274	266	97%
	Total	**374**	**353**	**94%**

County	Priority Response	# of Contacts Due	# of Contacts Completed Timely	% of Contacts Completed Timely
Central Office	Immediate	184	1 42	77%
	24 Hr	281	239	85%
	Total	**465**	**381**	**82%**
Statewide Total	**Immediate**	19374	12931	67%
	24 Hr	27766	22679	82%
	Total	47140	35610	76%