



STATE OF MICHIGAN
DEPARTMENT OF HUMAN SERVICES
LANSING

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GOVERNOR

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October 8, 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:

This report is provided pursuant to PA 59 of 2013, Section 588 (1) of the Department of Human Services (DHS) Fiscal Year 2014 Appropriations Act. This section requires that DHS transmit all reports from the court-appointed settlement monitor, concurrent with public release. *The Progress of the Michigan Department of Human Services Monitoring Report for Dwayne B. v. Snyder MSA 3 July to December 2012*, issued on October 8, 2013, is attached.

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

Sincerely,

A handwritten signature in blue ink that reads "Susan Kangas".

Susan Kangas
Chief Financial Officer

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

Progress of the Michigan Department of Human Services

Monitoring Report for *Dwayne B. v. Snyder*
MODIFIED SETTLEMENT AGREEMENT

ISSUED OCTOBER 8, 2013

MSA 3

JULY TO DECEMBER 2012

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Introduction

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

In sum, the MSA:

- Provides the plaintiff class relief by committing to specific improvements in DHS' care for vulnerable children, especially with respect to their safety, permanency and well-being;
- Requires the development and implementation of a comprehensive child welfare data and tracking system in 2013, with the goal being to improve DHS' ability to account for and manage its work with vulnerable children;
- Embeds a new case practice model designed by the current DHS management in consultation with the monitors and counsel for the plaintiffs; and
- Establishes benchmarks and performance targets that the administration has committed to meet in order to realize sustainable reform.

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

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

This report to the court reflects the efforts of the DHS leadership team and the status of Michigan's reform efforts as of December 31, 2012, reflecting progress for the second half of 2012, defined as Period Three in the MSA (MSA 3). The monitors recognize that the pace and progress of reform described in this report reflects fledgling efforts that in many instances are newly underway, challenging and have yet to take root. At the conclusion of MSA 3, DHS was just 15 months into its implementation of the consent decree. Even as of the submission of this report to the court in October 2013, DHS is in the very early stages of implementing its case practice model statewide and has not yet implemented its statewide automated child welfare data system. There is a wide range of commitments contained in the MSA that DHS cannot presently track. These include:

- Children's visits with their brothers and sisters in care
- DHS' commitment regarding the placement of high risk youth
- A series of commitments regarding residential care placements
- A series of commitments regarding children's well-being, including their physical and mental healthcare, dental care and timely enrollment in school
- The presence of older youth in voluntary foster care and their access to services
- A series of commitments regarding the administration and oversight of psychotropic medication

Once the system is implemented, DHS reports that it will for the first time be able to report on a range of commitments, giving the court and the public their first look into the agency's performance in these areas later in 2014.

Summary of Progress and Challenges Ahead

As of the conclusion of MSA 3, the monitoring team highlights several significant accomplishments DHS made for children:

- *Staff Qualifications and Training:* Over the course of the past two years, DHS has strengthened its staff training initiatives and ensured that its new staff is appropriately qualified and trained timely. Of the 353 new caseworkers hired during MSA 3, virtually all had a bachelor's degree in social work or a related human services field and 99 percent of the 322 new workers due for training in the period completed pre-service training within 16 weeks of their hire date. Of 2,143 child welfare caseworkers requiring in-service training during MSA 3, 99 percent completed the requisite in-service training hours.
- *Children's Protective Caseloads:* DHS agreed that full-time staff solely engaged in Children's Protective Services (CPS) investigations, a public sector function, would be responsible for no more than 12 open investigations and that full-time staff solely

engaged in CPS Ongoing, also a public sector function, would be responsible for no more than 17 families each. As of September 30, 2012, DHS committed that 75 percent of the affected staff would meet these standards. Nine hundred thirty four of 1,070 staff dedicated to investigations, or 87 percent, met the standard, exceeding the target for MSA 3. Seven hundred twenty six of 835 staff engaged in CPS Ongoing services, or 87 percent met the standard, exceeding the target.

- *Adoption and Guardianship for Children in CY2012:* DHS agreed to finalize 2,153 children's adoptions during CY2012, and finalized 2,554 adoptions, far exceeding the Department's target by 401 adoptions. 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. At the conclusion of MSA 3, DHS reported that 458 children achieved permanency through guardianship in all of CY2012. One hundred ninety three of these children (42 percent) were enrolled in the guardianship assistance program, a program that provides post-permanency financial support to children's guardians.
- *Health and Dental Care:* Over the course of several years, DHS agreed in the MSA to a set of interim targets to improve health care and dental access for children. The first of these took effect on December 31, 2011: 75 percent of children shall have an initial medical examination within 45 days of a child's entry into foster care. The standard grows in percentage and closes to 30 days during subsequent monitoring periods. The monitoring team verified that 72 percent of children sampled in two case record reviews received medical examinations within 45 days of placement, and more than 75 percent of children had an initial medical examination within 48 days of placement. DHS also agreed that effective in MSA 2, 40 percent of children in placement should receive an initial dental examination within 90 days of entry into care. The monitoring team concluded that 72 percent of children sampled in two case record reviews received a timely dental examination, far exceeding the initial target.
- *Health insurance for youth exiting custody:* DHS also committed that older youth exiting custody will have ongoing health insurance. DHS reported that during MSA 3, virtually all of the youth exiting foster care who were eligible for ongoing health insurance coverage were enrolled and insured.

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

- *Safety Outcomes:* DHS continues to struggle with two core safety outcomes. The first concerns children who are abused or neglected again after DHS intervened the first time. Unfortunately, DHS' rate of repeat maltreatment has increased, with the number of children impacted growing from 1,374 in FFY2010 up to 1,581 in FFY2012. DHS needs to protect at least 500 more children from repeat maltreatment to meet the standard to which they agreed in the MSA. With respect to the second safety outcome, abuse or

neglect of a child in placement by their foster parent or staff in an institution, DHS reduced the number of children reported, from 241 in the prior fiscal year to 180 for this period, after scrubbing their data. However, even with this lower rate, DHS needs to protect at least 100 more children in their care. DHS has work to do to understand why these safety outcomes remain a challenge and to ensure more of the children that DHS serves are kept safe.

- *Relative Care:* At the end of this period, there were more than 4,500 children placed by DHS with their relatives. Half of those children still had neither the safeguards nor the financial benefits of licensure as planned for in the MSA. Forty-three percent of the relative homes had no resolution, with neither a license nor a waiver from licensure. Over the period, the rate of waivers grew significantly, up to 20 percent of the homes. But a review of the waivers suggests there are relative homes with financial challenges and potential safety challenges that the waiver process is not addressing. The rate of abuse or neglect in these homes remains high. And every element of the relative licensure infrastructure needs attention, including management, data, staffing and training. Relative care is a child welfare best practice and the parties agreed children in these homes should have the same levels of safety, resources and supports as other children would have in non-relative care. As seen above, when DHS focuses, it can make great strides. Relative homes need that level of focus.
- *Child placement:* For the third consecutive period, DHS was unable to demonstrate that it is able to place all children consistent with the commitments in the MSA regarding: proximity to home of removal; placing siblings together; avoiding overcrowded foster homes; and limiting the use of temporary and emergency placements such as shelters. Many children continued to experience placements during MSA 3 which the parties agreed to bar.
- *Visitation:* During MSA 3, DHS did not meet the worker-child visitation commitments set forth in the MSA, nor its commitment to assure two face-to-face contacts between parents and their children in any month during the monitoring period.
- *Child abuse and neglect investigations:* DHS did not meet its commitment to commence timely all child abuse and neglect investigations. DHS identified 16,944 Priority 1 investigations throughout the monitoring period that required an immediate response, and timely contacts were made statewide 77 percent of the time. DHS further identified 26,202 Priority 2 and 3 investigations, all requiring 24 hour response. DHS reports that timely contacts were made statewide in 85 percent of these investigations. Overall, timely contacts were made statewide in 81 percent of all investigations.

MSA 3 Summary of Commitments

Section	MSA Commitment	Deadline	Achieved	Page
III.C.1	Safety – Non-Recurrence of Maltreatment within Six Months: DHS shall achieve 94.6%.	10/1/11	No	27
III.C.2	Safety – Maltreatment in Foster Care: DHS shall achieve 99.68%.	9/30/09	No	27
III.D.1	Permanency Composite One: DHS shall achieve a score of 113.	9/30/12	Yes	29
III.D.2	Permanency Composite Two: DHS shall achieve a score of 103.	9/30/12	Yes	29
III.D.3	Permanency Composite Three: DHS shall achieve a score of 121.	9/30/12	Yes	30
III.D.4	Permanency Composite Four: DHS shall achieve a score of 101.5.	10/1/11	Yes	30
V.A	DHS shall ensure that investigations of all reports are commenced timely.	10/1/11	No	55
V.A	DHS shall ensure that all investigations are completed timely.	10/1/11	Unable to verify	57
V.B	Establish statewide centralized CPS hotline.	4/30/12	Yes	54
V.D.1	In designated Counties, DHS will maintain separate Maltreatment in Care (MIC) units responsible for MIC investigations.	10/1/11	Yes	57
V.D.2.a	In non-designated counties DHS will maintain 3 separate regional MIC units for all investigations of abuse or neglect occurring in CCIs.	10/1/11	Yes	57
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. 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	57
V.D.4	DHS Child Welfare Field Operations shall ensure dedicated supervision, oversight and coordination of all MIC investigations.	10/1/11	Yes	57
VI.A.1	Entry level caseworkers have a bachelor's degree in social work or a related human services field.	10/1/11	Yes	20
VI.A.2	All caseworkers who do not have the university-based child welfare certificate will complete pre-service training that includes a total of 270 hours of competence based training, which must be completed within 16 weeks from date of hire; training must include minimum of 4 weeks of classroom instruction and 5 weeks of field instruction.	10/1/11	Yes	20
VI.A.4	Each trainee will shadow an experienced child welfare caseworker and build practice knowledge from classroom and field training; Experienced caseworker (mentor) will shadow each trainee for key activities in a case; Mentor with a trainee must have a caseload within current caseload standards.	10/1/11	No	20
VI.A.5.a.i	Caseload Progression for CPS: No cases will be assigned until the completion of the first four weeks of pre-service training.	10/1/11	Yes	21
VI.A.5.a.ii	Caseload Progression: CPS – Upon successful completion of week four of PSI and successful completion of Competency Test One, up to five total cases may be assigned with supervisory approval using the CWTI case assignment guidelines.	10/1/11	Yes	21
VI.A.5.a.iii & b.iii	Caseload Progression for CPS and Foster Care: Final caseload may be assigned after nine weeks of PSI, successful completion of Competency Test Two and satisfactory review by the trainer and supervisor.	10/1/11	No	21

Section	MSA Commitment	Deadline	Achieved	Page
VI.A.5.b.i	Caseload Progression for Foster Care: Three training cases may be assigned on or after day one of PSI at the supervisor's discretion using CWTI case assignment guidelines.	10/1/11	Yes	21
VI.A.5.b.ii	Caseload Progression for Foster Care: Upon successful completion of week three of PSI and successful completion of Competency Test One, up to five total cases may be assigned with supervisory approval using CWTI case assignment guidelines.	10/1/11	Yes	21
VI.A.6	All caseworkers will receive 24 hours of in-service training for SFY2012	9/30/12	Yes	23
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	No	23
VI.B.2	Implement a competency-based supervisory training program at least 40 hours in length and address specific skills and knowledge.	10/1/11	Yes	24
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. Failure to achieve a passing grade on written portion within two sittings requires additional training within 45 days of last failed exam. A third failure renders the individual ineligible for supervisory position.	10/1/11	Yes	24
VI.B.4	University-Based Training Opportunities: Develop and maintain relationships, joint programs with schools of social work to expand training and education for DHS and private CPA caseworkers and supervisors.	10/1/11	Yes	23
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	24
VI.E.2.b.ii	Supervisors: 80% of child welfare supervisors will supervise no more than 5 caseworkers.	9/30/12	Yes	18
VI.E.3.b	Foster Care Workers: 90% of foster care workers will have caseloads of no more than 15 children.	9/30/12	No	16
VI.E.4.b	Adoption Workers: 90% of adoption workers will have caseloads of no more than 15 children.	9/30/12	No	16
VI.E.5.b	CPS Investigation Workers: 75% of CPS investigation workers will have caseloads of no more than 12 open investigations.	9/30/12	Yes	17
VI.E.6.b	CPS Ongoing Workers: 75% of CPS investigation workers will have caseloads of no more than 17 families.	9/30/12	Yes	17
VI.E.7	POS Workers: 95% of POS workers will have a caseload of no more than 90 children.	9/30/11	No	16
VI.E.7.a	POS Worker model will not include responsibilities to: Review/approve case plans; attend court hearings unless so ordered; enter social work contacts into SWSS; attend quarterly visits with CPAs; attend PPCs.	9/30/11	Yes	18
VI.E.8.b	Licensing Workers: 90% of licensing workers will have a caseload of no more than 30 licensed foster homes or homes pending licensure.	9/30/12	No	17

Section	MSA Commitment	Deadline	Achieved	Page
VII.D	Family Engagement Model: DHS will develop policies, procedures and structure to implement a family engagement model which includes family engagement, child and family team meetings, and concurrent planning.	10/1/11	Yes	45
VII.D.5.b	Pre-Implementation of FTM: Develop policy for Family Engagement Model.	6/30/12	Yes	45
VII.D.5.c	Pre-Implementation of FTM: Communicate Family Engagement Model to all counties, private CPAs and key stakeholders.	6/30/12	Yes	47
VII.E.1	Maintaining a permanency planning goal of reunification beyond 12 months requires written approval from supervisor, justifying the goal, identifying the additional services needed to occur to accomplish goal; no goal of reunification longer than 15 months without documentation in the record, approved by supervisor, of compelling reasons.	10/1/11	Yes	41
VII.E.6	APPLA: This goal may not be assigned to a child unless specific requirements in MSA exist.	10/1/11	Yes	42
VII.E.6.e.i	Immediate Action APPLA: Conduct a review for each child who had an unapproved goal of APPLA or APPLA-E as of July 1, 2011; determine appropriateness of goal; ensure no child has a recommended goal of APPLA/APPLA-E without DHS approval, unless ordered by court.	9/30/12	Yes	42
VII.E.6.e.ii	Immediate Action APPLA: Provide Monitors a report regarding status of review.	12/31/11	Yes	42
VII.E.6.e.iii	Immediate Action APPLA: Reduce the number of children with the goal of APPLA/APPLA-E to 9% of the total foster care population, excluding youth over 18 years of age with a voluntary foster care agreement.	9/30/12	Yes	42
VII.E.7.a	Immediate Action Adoption/Guardianship: Finalize 70% of adoptions for children with goal of adoption on 9/30/11.	9/30/12	Yes	43
VII.E.7.b	Immediate Action Adoption/Guardianship: Finalize 165 juvenile guardianships for calendar year 2012.	12/31/12	Yes	44
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	47
VII.F.2	PRMs: DHS will maintain an adequate number of PRMs to review cases of children in care more than one year as indicated in VII.F.1. PRMs will have specialized training, raise awareness of establishing permanency, possess expertise in community resources and collaborate with case managers and supervisors to identify new strategies to focus permanency for these children.	10/1/11	Yes	47
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	49
VII.G.3	Worker-Parent Visits: For children with a 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 a parent's home.	10/1/11	No	50

Section	MSA Commitment	Deadline	Achieved	Page
VII.G.4	Parent-Child Visits: For children with goal of reunification, at least twice monthly visits with parents unless reasonable exceptions and documentation noted in the MSA apply.	10/1/11	No	50
VII.G.5	Sibling Visits: Children in foster care with siblings in custody but in a different placement will visit at least monthly unless reasonable exceptions and documentation noted in the MSA apply.	10/1/11	Unable to verify	49
VIII.B.2.b.i	Ensure 75% of children entering care receive a full medical exam within 45 days of entry to placement and refer for further assessment as necessary.	12/31/11	Yes	58
VIII.B.2.b.i	Ensure 75% of children entering care receive a screening for potential mental health issues within 45 days of entry to placement and refer for further assessment as necessary.	12/31/11	No	58
VIII.B.2.c.i	Ensure 40% of children have a dental examination within 90 days of entry into foster care.	12/31/11	Yes	58
VIII.B.2.d	Ensure children receive all required immunizations as defined by AAP at the appropriate age.	10/1/11	No	59
VIII.B.2.f	Ensure any needed follow-up medical, dental, mental health care as identified.	10/1/11	No	58
VIII.B.4.a.i	Medical Care & Coverage: DHS will ensure 90% of children have access to medical coverage within 30 days of entry into foster care by way of a Medicaid card or an alternative verification of the child's Medicaid status/number.	12/31/11	Yes	59
VIII.B.5.c	Psychotropic Medications: DHS will maintain processes to ensure documentation of psychotropic medication approvals, documentation of all uses of psychotropic medications, and review of such documentation by appropriate DHS staff, including the medical consultant. The Health Unit Manager and medical consultant will take immediate action to remedy any identified use of psychotropic medications in consistent with the policies and procedures approved by the Monitors.	10/1/11	No	59
VIII.B.6.c	SED Waiver Implementation in Muskegon, Washtenaw, Eaton and Clinton counties.	10/1/11	Yes	60
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	63
VIII.C.1.a.iii	Immediate Action for Youth Transitioning to Adulthood: Establish Individual Development Accounts (IDA) for youth attending youth leadership board meetings enrolled in MYOI in Wayne, Clinton/Gratiot and Ingham counties.	3/31/12	Yes	
VIII.C.1.a.iv	Immediate Action for Youth Transitioning to Adulthood: Expand implementation of MYOI, including IDAs to 12 additional counties.	9/30/12	Yes	63
VIII.C.1.a.v	Immediate Action for Youth Transitioning to Adulthood: DHS shall ensure at least 39% of youth 18 years and older leaving foster care in the Big 14 counties will have a high school diploma or GED.	6/30/12	Yes	62

Section	MSA Commitment	Deadline	Achieved	Page
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	62
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	62
VIII.C.1.c.i	Youth Transitioning to Adulthood: DHS will continue to implement policy and resources to extend all foster youths' eligibility for foster care until age 20 and make independent living services available through the age of 21.	10/1/11	Unable to verify	62
VIII.C.1.c.ii	Youth Transitioning to Adulthood: DHS will continue to implement a policy and process by which all youth emancipating from foster care at age 18 or older are enrolled for Medicaid managed care coverage so that their coverage continues uninterrupted.	10/1/11	Yes	59
VIII.C.2.b	Education: DHS will take reasonable steps to ensure that school-aged foster children are registered for and attending school within five days of initial placement or any placement change, including while placed in child care institutions or emergency placements. No child shall be home schooled.	10/1/11	Yes	61
VIII.C.2.c	Education: DHS will make reasonable efforts to ensure the continuity of a child's educational experience by keeping the child in a familiar or current school and neighborhood when in the child's best interests and feasible, by limiting the number of school changes.	10/1/11	Yes	61
VIII.D.2.b	Foster Home Capacity: When appropriate, ensure steps are taken to license relatives.	10/1/11	No	36
VIII.D.2.c	Foster Home Placement Selection: Develop a placement process in each county that ensures the best match for the child irrespective of whether the foster home is a DHS or private CPA operated home.	10/1/11	No	51
VIII.D.3.a	Foster Home Capacity for Special Populations: For the Big 14 counties, DHS will develop and provide to the Monitors and Plaintiffs recruitment plans to increase the number of available placements for adolescents, sibling groups and children with disabilities.	6/30/12	No	35
VIII.D.3.b	Treatment Foster Homes: Maintain 200 treatment foster home beds.	10/1/11	Yes	61
VIII.D.6.a.i.1	Immediate Action to Licensing Relatives: 55% of new relative foster parents will be licensed within 180 days from the date of placement.	6/30/12	No	37
VIII.D.6.a.ii	Immediate Action to Licensing Relatives: DHS will resolve the pending relative license applications for the third target established.	12/31/12	Yes	39
VIII.D.6.c.i	Relative Foster Parents: Not previously licensed relatives must have a home assessment for safety before placement.	10/1/11	No	70
VIII.D.6.c.ii	Relative Foster Parents: DHS must check law enforcement and central registry records for all adults residing in the home within 72 hours of placement.	10/1/11	No	77
VIII.D.6.c.iii	Relative Foster Parents: Within 30 days of placement, DHS must complete a home study determining whether the relative should be licensed.	10/1/11	No	70

Section	MSA Commitment	Deadline	Achieved	Page
VIII.D.6.f	Relative Foster Parents: With documented, exceptional circumstances, relatives that do not desire to be licensed may forego licensing. Approval for this waiver for licensure must be approved by the Child Welfare Director in designated counties and by the County Director in non-designated counties.	10/1/11	No	38
VIII.D.6.g	Relative Foster Parents: DHS will use a form waiver letter which must be re-signed annually for relatives who choose to forego licensure. The relative may change their mind at any time and pursue licensure.	10/1/11	No	38
VIII.D.6.i.i	Relative Foster Parents: Those pursuing licensure will be provided pre-service and in-service foster parent training which will include those parts of general foster parent training curriculum that are relevant to relative caregivers.	Ongoing	Yes	
VIII.D.6.i.ii	Relative Foster Parents: DHS shall require the designation of sufficient licensing staff to complete the licensing process for each family within 180 days from the date of placement.	10/1/11	No	10
VIII.D.6.j	Relative Foster Home Licensing: DHS will maintain a position of Relative Licensing Coordinator.	10/1/11	No	36
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	44
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 in the MSA applies.	10/1/11	No	52
X.B.2	Separation of Siblings: Siblings who enter placement at or near the same time shall be placed together, unless doing so is harmful to one or more of the siblings or other exceptions in this section are noted. In the case of separation, efforts must be made to locate/recruit a family and efforts must be documented and reassessed quarterly.	10/1/11	No	
X.B.3	Number of Children in Foster Home: No child shall be placed in a foster home if that placement will result in more than three foster children in that foster home, or a total of six children. No placement shall result in more than three children under the age of three residing in a foster home.	10/1/11	No	52
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	53
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	53
X.B.5	Placement in Jail, Correctional, or Detention Facility: Unless pursuant to a delinquency charge, no child in DHS foster care custody shall be placed by DHS in a jail, correctional, or detention facility.	10/1/11	Yes	53

Section	MSA Commitment	Deadline	Achieved	Page
XII.C	Contract Evaluations: At least once a year, DHS will conduct contract evaluations of all CCIs and private CPAs. DHS shall prepare written reports of all inspections and visits, detailed findings. DHS shall require corrective actions and require private CPAs and CCIs to report to DHS on the implementation of these corrective action plans, and shall conduct follow-up visits when necessary. Such reports shall routinely be furnished to the Monitors.	10/1/11	No	31
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	Partially	32
XII.D	Resources: DHS will maintain sufficient resources to permit staff to conduct contract enforcement activities.	10/1/11	No	32
XIII.A	DHS will generate from automated systems and other data collection methods accurate and timely data reports and information until the full implementation of SACWIS.	10/1/11	Partially	
XIV.A	DHS will, in consultation with the Monitors, develop and implement a statewide Quality Assurance (QA) program.	10/1/11	Yes	34
XIV.B	DHS will implement the QA plan pursuant to timetables established in agreement with the Monitors.	Ongoing	Yes	

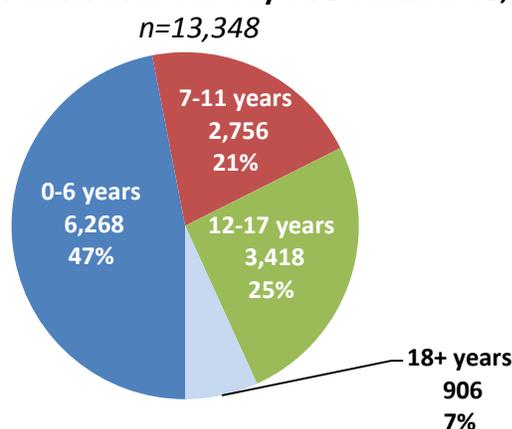
Methodology

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; meetings with advocates, relatives, foster parents, and youth; meetings with staff from the Bureau of Children and Adult Licensing (BCAL); 13 visits to local child welfare offices (five of the offices were public and eight were private); meetings with the Division of Continuous Quality Improvement (DCQI) staff; and 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 13,348 children in custody as of December 31, 2012, a decline of 508 children (3.7 percent) during MSA 3.^{1,2} DHS saw more children leave (3,953) than enter (3,445) custody, explaining the decline. Though young children aged zero to six years make up the largest portion (6,268 or 47 percent), Michigan continues to have a large population of older youth in custody. Twenty-five percent (3,418) are 12 to 17 years, and seven percent (906) are 18 years and over, as detailed in the following chart:

Figure 1: Age of Children in Custody on December 31, 2012³



With regard to gender, the population is split almost equally – 49 percent male and 51 percent female. With regard to race, the population of children is 37 percent African-American and 61 percent White. In addition, seven percent of children are identified with Hispanic ethnicity (and can be of any race).

As the following chart demonstrates, 85 percent of children in DHS custody live in family settings, including with relatives (35 percent), foster families (33 percent), with their own parents (14 percent), in homes that intend to adopt (two percent) and in homes of unrelated caregivers (one percent). Of children in custody, 864 (six percent) live in institutional settings, including residential treatment and other congregate care facilities. Another 783 children, or six

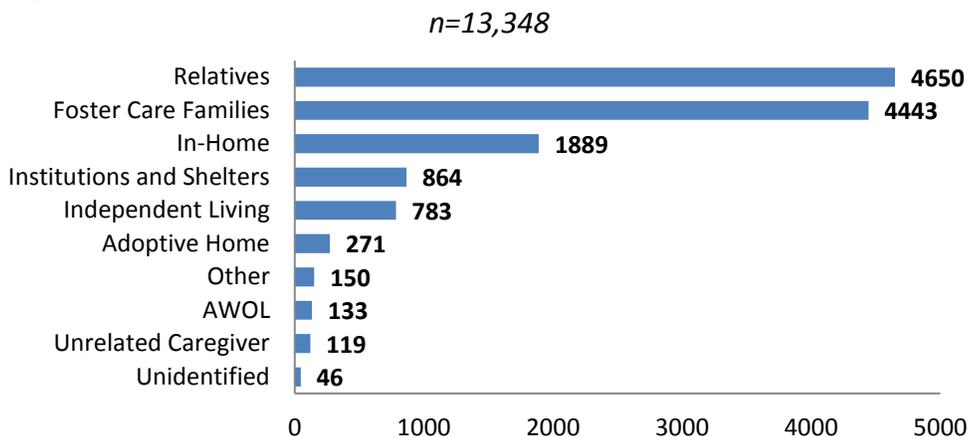
¹ In almost all instances, the references in this report to children and youth placed in DHS' supervision, custody, or care refer to DHS' child welfare responsibilities. The only exception in this report is the children and youth referenced in DHS' federal outcomes reporting, which combines DHS' child welfare and juvenile justice population together.

² DHS recently submitted an updated file containing children in custody on June 30, 2012. DHS had previously reported to the monitors that 13,882 children were in DHS custody on June 30, 2012. The updated file indicates that 13,856 children were in custody on that date. This report uses the updated figure in describing changes in the custody population.

³ For full detail by county, see the Appendix for Age Range of Children in Care on December 31, 2012.

percent, reside in independent living placements, which serve youth on the cusp of aging-out of care. The remaining two percent reside in other settings, are AWOL, or in unidentified placements.⁴

Figure 2: Placement Types of Children in Custody on December 31, 2012⁵



Of the children in care on December 31, 2012, 46 percent were in care for less than one year, while 16 percent were in care for more than three years:

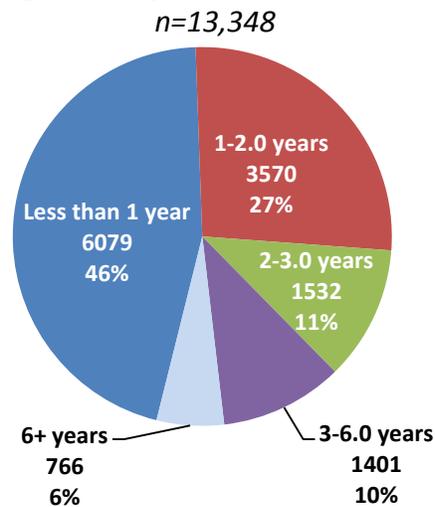
⁴ The placement percentages add to 99% instead of 100% due to rounding.

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

The data above for *In-Home*, *Relatives*, and *Foster Care Families* include placements both in-state and out-of-state. The *Institutions and Shelters* count includes emergency shelters (45), out-of-state institutions and agencies (18), and private child care institutions (801).

Other includes detention (30), jail (16), community justice centers (5), court treatment (5), legal guardians (26), mental health hospitals (16), boarding schools (45) and DHS training schools (7).

Figure 3: Length of Stay in Care on December 31, 2012⁶



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. The standards in effect during MSA 3 include the original POS standard established at the initiation of the MSA and interim standards for supervisors, investigators, and CPS ongoing, foster care, adoption and licensing workers to be met by September 30, 2012. To summarize, with respect to the obligations for caseloads for MSA 3, based on the February 2013 data,⁷ DHS met three of the seven caseload standards.

Reporting Methodology

DHS expects to automate caseload reporting by December 2013 after the new SACWIS system becomes fully operational, coinciding with the date the parties set for achievement of the final caseload standards. In the interim, the caseload reporting process is a hybrid of electronic and hand-counting. On a quarterly basis, DHS initiates the process by generating electronically a list of staff and cases assigned to those staff, as well as a list of supervisors and the staff assigned to those supervisors. (Note that supervisors can appear both on the supervisor list and on the

⁶ For full detail by county, see the Appendix for Length of Stay of Children in Care on December 31, 2012.

⁷ The February 2013 report was the first caseload report available after the conclusion of MSA 3.

caseload carrying staff list if they are supervisors who supervise and carry cases.) That information is then sent out to each local office and private agency for corrections to the electronic information⁸ and for additional information which cannot be collected electronically. The amended information is returned to Central Office which is then responsible for reviewing and aggregating the information and reporting on performance. Performance is assessed based on the aggregated data across both the public and private sectors.

Assessing caseload performance in Michigan requires collecting information from 45 public agency offices and 70 private agencies.⁹ There are over 3,000 caseload carrying staff and over 800 supervisors. Caseload counting 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. An ongoing challenge, for example, is assessing caseloads for the more than 100 supervisors who both carry cases and supervise staff.¹⁰ But other combinations are possible such as a single staff person who does both licensing and adoption or foster care and POS. 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, 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. Other staff report they have secondary assignments – guardianship assessments and cross-county family responsibilities for safety

⁸ Staff corrections can be made directly into the caseload information collection form and are incorporated into the analysis at the Central Office. Case information has to be corrected directly into the database rather than in the caseload information collection form. Case corrections made in the database after the initial caseload information is drawn are not currently incorporated into DHS' analysis. DHS opted to bifurcate the correction process in order to encourage all the agencies to routinely update their caseload information. Unfortunately, a review of the comments in the reporting form indicates that some of the agencies, particularly a few of the private agencies, have not updated all of their case data. The result is that the information reported for these agencies is not up-to-date and in some instances, it changes the level of compliance by worker. In the aggregate, for this period, it does not appear this issue would change the bottom-line assessment. However, as the monitoring team has discussed with DHS, as the commitment to meet the final standards draws near, these corrections will need to be made to improve the accuracy of the reporting.

⁹ The number of public agency offices is fairly stable from period to period. The number of private agencies varies from period to period as new agencies open or begin child welfare work while others close or cease doing child welfare work.

¹⁰ Some of these supervisors are in turn supervised by other supervisors, some are supervised by a senior member of the agency team (the agency director, for example), some supervisors who carry cases are supervising themselves, and some have no supervisor listed. The monitoring team has asked DHS to provide clarification as to agency policy with respect to these supervisory challenges.

assessments or visitation are examples – which are not routinely reported as part of staff caseloads. The parties set different standards for each type of child welfare work, which requires pro-rating each function for staff who serve in more than one role to see if that staff person is compliant. The pro-rating calculus remains a significant challenge in assessing compliance as the comments from the reporting offices and agencies indicate.¹¹ As the Court stressed in an earlier hearing and the monitoring team and DHS continue to discuss in meetings designed to help improve caseload reporting, work is work and all work by staff must be taken into account in assessing caseloads.

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, there are some DHS staff who 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 pro-rated 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 February 2013, 358 of 404 staff engaged in POS work or 89 percent met the standard.

Foster Care Caseloads

DHS agreed that full-time staff, public and private, solely engaged in foster care work would be responsible for no more than 15 children each. Staff who perform foster care work as well as other functions are held to a pro-rated standard. For MSA 2, DHS met the interim standard of 80 percent. On September 30, 2012, the interim standard became 90 percent. As of February 2013, 1,076 of 1,253 staff engaged in foster care work or 86 percent met the standard, below the target for MSA 3.

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

¹¹ The monitoring team and DHS have continued to meet to discuss opportunities to improve caseload analysis and reporting. DHS has made commitments to make further improvements in reporting for the next quarterly report in May 2013. DHS is hopeful the transition to electronic reporting will resolve a number of the existing challenges. The monitoring team will continue to engage in verification and work closely with DHS to assess caseloads.

other functions are held to a pro-rated standard. For MSA 2, DHS met the interim standard of 80 percent. On September 30, 2012, the interim standard became 90 percent. As of February 2013, 212 of 277 or 77 percent of staff met the standard, below the target for MSA 3.

Licensing Caseloads

DHS agreed that full-time staff, public and private, solely engaged in licensing work would be responsible for a total of no more than 30 licensed foster homes or homes pending licensure. Staff who perform licensing work as well as other functions are held to a pro-rated standard. For MSA 2, DHS exceeded the interim standard of 80 percent. On September 30, 2012, the interim standard became 90 percent. As of February 2013, 333 of 388 staff or 86 percent met the standard, below the target for MSA 3.

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 pro-rated standard. For MSA 2, DHS exceeded the interim standard of 65 percent. As of September 30, 2012, the interim standard rose to 75 percent. As of February 2013, 934 of 1,070 staff or 87 percent met the standard, exceeding the target for MSA 3.

Children's Protective Services Ongoing Caseloads

DHS agreed that full-time staff solely engaged in CPS Ongoing services, a public sector function, would be responsible for no more than 17 families each. Staff who perform CPS ongoing work as well as other functions are held to a pro-rated standard. For MSA 2, DHS exceeded the interim standard of 65 percent. As of September 30, 2012, the interim standard rose to 75 percent. As of February 2013, 726 of 835 staff or 87 percent met the standard, exceeding the target for MSA 3.

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 MSA 3 data indicates that some private agencies are continuing to struggle 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 pro-rates their availability to operate as supervisors (as well as caseworkers) with respect to the standards set forth in the MSA.¹²

For MSA 2, DHS exceeded the interim standard of 70 percent. On September 30, 2012, the interim standard rose to 80 percent. As of February 2013, DHS data indicated that 675 of 802 supervisors or 84 percent met the standard, exceeding the target for MSA 3.

Conclusion

DHS data indicates they have met the caseload standard with respect to child protective investigations and ongoing work and for supervisors. They have continued to struggle to meet the POS caseload standard and are short of the interim standards that came into effect in September 2012 for foster care, adoption, and licensing.

On an individual basis, the majority, 87 percent, of all caseload carrying staff (2,622 of 3,012), are reported to be meeting the interim workload standards for MSA 3. The remaining 390 staff with workloads exceeding those standards range from 101 percent to 250 percent.¹³ Most of the public agency offices are reporting high levels of staff with manageable caseloads, including those in four of the five largest counties. There are, however, a few offices with very high caseloads, including Oakland and Berrien. More private agencies are struggling with about 20 percent of those staff with workloads that exceed the standards. In the public offices and private agencies that are struggling, staff report turnover is a key issue. In future reporting, DHS is going to provide more information about turnover and other key contextual drivers in their push to achieve the final workload standards they agreed to meet by December 2013.

POS Monitoring Model

DHS continued to implement the new Purchase of Service (POS) model throughout the monitoring period. The model shifts responsibility for completing certain case practice activities from POS workers to private agency staff including: reviewing and approving assessments and case plans; attending court hearings (unless explicitly ordered by the court); entering social work contact information into the DHS system; conducting quarterly visits with child placing agencies; and attending permanency planning conferences. As reported

¹² 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.

¹³ DHS reported 12 staff statewide with caseloads exceeding 200%. Another 59 had caseloads between 130 and 200%.

previously, some judges expressed concerns to DHS leadership about implementation issues. Both DHS and private agency leadership continue to meet with court personnel in order to strengthen the model on both a county and statewide basis.

As previously reported in MSA 2, a Child Welfare Financial Specialist (CWFS) pilot was initiated on April 1, 2012, to support the new POS model in Wayne, Oakland, Macomb, Genesee, Kent, and Ingham counties. With the pilot, CWFS, rather than POS workers, are responsible for troubleshooting financial issues and ensuring timely foster parent payments. The CWFS pilot counties report successes and recommend sustaining the project in their counties with eventual statewide expansion. DHS reports some of the benefits of the pilot have been:

- Initial funding source determinations and redeterminations are completed accurately, reducing funding errors.
- Title IV-E case reads are completed by the CWFS and supervisor who can identify any funding errors and prepare Michigan for the Title IV-E federal review.
- Court orders are entered into the Services Worker Support System (SWSS) at the time they are received from the court, ensuring accurate legal information prior to completing initial and redetermination funding. Problematic court orders are also more quickly identified and addressed by upper management.
- Gaps within the system impacting timely and accurate provider payments are being identified. This is specific to entries for placement changes into SWSS and completion of Determination of Care (DOC) assessments.
- Procedures requiring contact between the CWFS and private agency fiscal staff have improved the timely submission of reconciliation and recoupment documentation, and encouraged timely resolution of payment questions and issues.
- Counties are establishing a standard of promptness for resolving inaccurate payments, generally within one business week.

Some of the challenges reported by DHS with the pilot are:

- Changes have been more labor intensive than anticipated. This necessitated adding more financial specialists and supervisors in each of the six counties, but additional staff are needed for optimal implementation of the model.
- The reported success of the CWFS pilot is based on anecdotal/survey information from the participating counties. DHS has identified the need for a means of collecting reliable data to support the pilot and its expansion.
- The MiSACWIS pilot conducted in the fall of 2012 did not include functionality for eligibility determinations and payments. These processes are scheduled for testing after the conclusion of MSA 3 at which time the CWFS pilot will be further assessed.

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 353 new caseworkers were hired during MSA 3 – 241 in the public agency and 112 in private agencies. All were required to have a bachelor's degree in social work or a related human services field. DHS identified two caseworkers – one public and one private – who did not have qualifying degrees and reported those workers have been moved to non-child welfare positions. The qualifications commitment was met for the remaining new caseworkers hired during the period.

Pre-Service Training

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

As noted, there were 353 new hires during the period. DHS reported that 99 percent of the 322 new workers scheduled for training in the period completed pre-service training within 16 weeks of their hire date. The remaining 31 workers were hired into their positions late in the period and enrolled in training that ends during MSA 4. The median number of days to complete training during the period was 73, or 10.4 weeks; well within the 16 weeks prescribed in the MSA.

As part of pre-service training, DHS also committed to team new workers with experienced workers who would serve as mentors to trainees as they learn to complete key activities in a case and progressively build case practice knowledge. DHS provided information regarding the assignment of mentors to trainees during MSA 3. The report indicates that only 59 percent of caseworkers who attended training during the period had a mentor assigned. DHS contends that the report reflects issues with data collection rather than non-compliance and that many more caseworkers had a mentor than is indicated. However, DHS has not demonstrated that is the case and in the absence of such documentation, the commitment has not been met. DHS

expects that mentor documentation will improve in MSA 4 as a result of mentorship guidelines and tools issued to assist the field near the end of MSA 3.

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

Table 1: Training Caseload Progression

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

Workers in pre-service training are evaluated for caseload compliance separately from other caseload carrying staff due to the nature of the caseload progression calculations. Applying the agreed-upon caseload methodology, a point-in-time electronic case count was done on October 31, 2012. There were 97 child welfare caseworkers in pre-service training on that date. Of them, 95 were compliant with trainee caseload progression standards.

CWTI partners with field supervisors of newly hired child welfare caseworkers to provide an evaluation of their progress during pre-service training. Trainees spend four weeks in the classroom with CWTI and five weeks in field training with their supervisor and mentor. A New Hire Evaluation Summary, used to record a trainee’s performance in several key competencies, is completed online by the trainer and supervisor over the course of the training period, concluding with an assessment of the trainee’s readiness to assume a full caseload after the final day of pre-service training.

The monitoring team reviewed all new hire evaluations from the three DHS offices and the four private agencies with the highest number of new workers in MSA 3.¹⁴ The review sample represents 28 percent (98 of 353) of all new hires in the period. Feedback from the trainers was consistently provided, while feedback from the supervisors was not. For 17 trainees in the sample, the supervisor did not complete any portion of the evaluation; for 29 trainees, the supervisor did not indicate whether the trainee was ready to assume a full caseload; and 26 of the evaluations reviewed did not have a mentor's name noted, although five of these had a mentor mentioned elsewhere in the evaluation.

Child Welfare Certificate Program

As an alternative to the nine-week pre-service training program, the university partnership schools that offer a Bachelor of Social Work (BSW) are creating the Child Welfare Certificate (CWC) program. This program is designed to provide child welfare specific coursework that will be embedded in Michigan social work programs' curricula and have as its foundation the core competencies central to the Council of Social Work Education. The certificate program also requires a 400-hour structured, supervised field placement in a DHS office, private agency or tribal child welfare agency for social work students seeking DHS employment. Graduation from the program will allow new staff to complete a condensed version of pre-service training and will enable them to receive a full caseload more quickly than a new hire who must complete the full nine weeks of pre-service training.

DHS submitted to the monitoring team a detailed proposal of the Child Welfare Certificate Program design including the curricula outlines for the condensed training. The monitoring team reviewed the materials, and after some discussion and additional documentation from DHS, authorized DHS to proceed with implementation. DHS anticipates that all Michigan schools of social work will offer a child welfare certificate program over the next several years. The monitoring team will report on these programs in subsequent reports as they are implemented.

In addition, DHS reports that several universities in Michigan have begun offering the curriculum and field experience necessary for endorsement by DHS as a CWC program provider. An endorsement committee consisting of university and DHS staff has been formed and an endorsement application developed. DHS anticipates beginning to accept applications for endorsement from universities in the near future. Those applicants accepted for DHS employment will later attend a condensed PSI designed to complement the CWC program.

¹⁴ The agencies and offices reviewed were Ingham County DHS, Kalamazoo County DHS, Oakland County DHS, Bethany Christian Services-Refugee Program, Catholic Charities of West Michigan, Orchards Children's Services, and Wolverine Human Services Aftercare.

University-Based Child Welfare Training

During MSA 3, DHS continued to collaborate effectively with the seven accredited Michigan graduate schools of social work to offer an extensive array of knowledge and skill-based in-service training opportunities at no cost to public and private child welfare staff.¹⁵ DHS reported that universities are providing training on targeted topics to meet the identified needs of the Department. Topics included decision-making, managing child behavior in foster care, parent-child attachments, and providing effective testimony in child welfare.

The DHS Office of Workforce Development and Training works closely with its university partners to plan, implement and evaluate the training. Michigan State University (MSU) issued a Final Evaluation Report of the 2012 cohort (child welfare staff participating in university in-service training opportunities between January and September 2012) which indicates that 972 child welfare staff attended 43 in-service trainings held in 15 different locations across the state. MSU also began offering online training options to supplement the classroom trainings during the period.

In-Service Training

DHS agreed that all caseworkers (including CPS, adoption, foster care, and POS caseworkers) will complete a minimum number of annual in-service training hours: 24 hours for FY2012 and 32 hours for FY2013.

The data DHS provided to the monitoring team indicates that of 2,143 child welfare caseworkers requiring in-service training (1,683 public agency and 460 private agency staff), 99 percent completed the requisite in-service training hours. Of the 17 staff who did not complete the necessary hours, 15 were on medical, maternity or educational leave and two were assigned to non-caseworker roles during the operative period.

Supervisory Qualifications

In the MSA, DHS agreed that new child welfare supervisors will possess either a master's degree in a human behavioral science and three years of child welfare experience or a similar bachelor's degree with three of four years of child welfare experience as a social service worker. DHS provided information that 63 supervisors were newly appointed during MSA 3. DHS certified that 35 of the 63 supervisors satisfied the qualification commitments, and did not provide certification for the 28 remaining supervisors.

¹⁵ 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.

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 provided information regarding training of new supervisors in MSA 3. The monitoring team noted discrepancies in the report that need to be reconciled against the new supervisor qualifications report. Of the 63 newly appointed supervisors in MSA 3, 97 percent met the three-month requirement for training completion. At the end of the period, all but two new supervisors were trained or were on track to be trained within three months of their start date. Two supervisors were non-compliant with the timeframe, but one had completed training during the period, albeit, late and the other supervisor was scheduled for training in MSA 4. Additionally, the three supervisors who did not complete training during MSA 2 successfully completed training in September 2012.

Licensing Worker Training

DHS agreed that licensing workers will have a bachelor's degree in social work or a related human services field and will be trained consistent with the plan submitted to and approved by the monitoring team in 2009. DHS provided information based on the October 2012 caseload count to report that there were 377 staff identified as licensing workers in MSA 3 – 128 DHS staff and 249 private agency staff – totaling 18 fewer workers than in MSA 2. With respect to training, 77 percent of the licensing workers completed both certification and complaint trainings as required. However, 23 percent of staff performing licensing functions lacked training in one or both required areas. Additionally, DHS reported that seven workers in MSA 3 who did not complete the required training are no longer performing licensing duties or no longer employed by the agency.

Table 2: Completion of Training Requirements by Licensing Staff

Type of Training Completed	Number of Staff	Percentage
Certification and Complaint	290	77%
Complaint only	9	2%
Certification only	46	12%
None	32	8%
Total	377	100%*

*Rounded to 100%.

DHS also reported that six licensing workers did not appear to have a bachelor's degree in social work or a related human services field, as agreed to in the MSA, and that follow-up was needed to confirm.

Accountability

Outcomes

Pursuant to the MSA, DHS agreed to meet key outcome performance standards regarding the safety, permanency and well-being for the children they serve. These standards are designed to assess questions such as:

- How well is the system doing at keeping children safe from a second experience of being abused or neglected?
- Are children in placement, having suffered already from both neglect or abuse and the trauma of removal, safe once they are removed from home?
- Is the system making good decisions in returning children to their families, based on how permanent that reunification proves to be?
- Is the system reunifying children quickly and if children cannot be reunified, proceeding to adoption briskly?
- How is the system doing in achieving permanency for children in placement for long periods of time?
- How stable are children's placements, recognizing placement stability is important for safety, well-being, and permanency?

The parties agreed to use the outcome methodologies developed by the federal government as a proxy for assessing those outcomes, including two safety measures and four permanency composite measures, with the four permanency composite measures encompassing 15 sub-measures. In measuring those outcomes, the safety standards were established at the start of the MSA and have remained consistent. For the permanency composites, the parties agreed to interim and final numerical standards.

For MSA 3, the parties established new interim permanency composite standards which went into effect on September 30, 2012. The 15 individual measures which are assessed to arrive at the composites are to be reported but they are not individually actionable until December 2013.

The interim standards established during this period are the last set of interim standards before the final standards go into effect. By December 2013, the parties agreed the final standards for all of the permanency composite measures would be met. Note that the final safety standards and the placement stability composite standard were established at the start of this MSA and must be maintained throughout. Also in December 2013, DHS agreed to meet the federal median standard for each of the 15 measures encompassed within the federal permanency

composites, changing that obligation from one of reporting to the substantive requirement that children be receiving care that meets each of those standards.

In sum, for MSA 3, DHS reports failing to meet two of the required outcomes – both safety measures, a persistent issue, but reports they met or exceeded the four composite standards for reunification, adoption, youth with long stays in care, and placement stability.

Methodology

In evaluating DHS' performance, the objective is to assess how the children in Michigan's care are doing with regard to well-recognized and key elements of safety, permanency and well-being. The primary tool for assessing DHS performance is the federal data profile. To support their outcome reporting, DHS committed to accurate federal reporting as a part of this MSA, as well as with respect to their other federal reporting obligations.

In addition to submitting the data which produces the federal data profile, DHS conducts its own quality assurance activities, including a modified Child and Family Services Review (CFSR) protocol which can shed light in assessing success and challenges in meeting the stated outcomes, as well as presenting an opportunity to test the accuracy of federal reporting.

For MSA 3, the monitoring team was provided with both the federally produced data profile dated December 18, 2012 and the subsequent profile dated July 24, 2013. As is standard practice, DHS produces AFCARS data for the federal government every six months and NCANDS data annually. 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, the data profile does not and cannot reflect performance for the period under review. The parties were aware of this limitation in making their agreement and so in this and future reporting, the monitoring team must necessarily report outcomes based on the time periods made available via the federal process unless or until Michigan can generate this reporting on their own. In each instance, the monitoring team will make it clear in the reporting which time period is covered by the federal fiscal year referenced in the data profile.

For this third report, the time period for all of the metrics is federal fiscal year 2012, which commenced as of October 1, 2011 and concluded as of September 30, 2012. Note this data profile includes the first three months of MSA 3.

During this period, the monitoring team requested additional data from DHS regarding two of the outcome areas, maltreatment in care and placement stability, and conducted a documentation review focused on placement stability. For more information about the placement stability review, please see the Appendix.

Safety Outcomes

Absence of Maltreatment Recurrence: The first standard selected by the parties is designed to measure how well the system does in 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 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. This standard means that 94.6 percent of children will not experience repeated substantiated incidences of abuse or neglect over a short period of time.

The data profile reflects that DHS reports there was no repeat maltreatment for 15,896 of 17,477 children or 91.0 percent, below the required 94.6 percent. The DHS data reflects 1,581 children who experienced repeat incidences of abuse or neglect during FFY2012. This number is an increase in the number of children over FFY2011's 1,401 and FFY2010's 1,374. To meet the agreed upon standard, DHS would have needed to reduce repeat maltreatment for more than 500 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. The data profile reflects that DHS reports it kept 22,000 of the 22,180 children in placement during the period safe from abuse or neglect in care or 99.19 percent, below the agreed upon standard.

DHS is reporting that 180 children were abused or neglected in placement by their caretakers in FFY2012. This number is too high – DHS would be required to protect at least 100 more of these children from abuse or neglect in placement in order to meet the federal standard.

Over the course of reporting to the monitoring team for MSA 3, DHS revised downward their reported number of children maltreated in care from 255 down to 106 based on questions raised about their reporting in this area by the monitoring team. Upon further review, DHS

reported that in their previous submissions they had been over-reporting the number of children abused or neglected in care for a range of reasons:¹⁶

- Thirty of the children originally reported were victims of abuse/neglect but were excluded from the final count because they are the biological children or grandchildren of the foster caretaker. These children do not meet the criteria of being “in placement.”¹⁷
- Another 32 biological children were located in a foster home where abuse/neglect occurred but they were not the victims. These children do not meet the criteria of being victims.
- Forty-three were children in foster care living in a foster home where the abuse or neglect occurred but they were not the victim.
- Eight of the children were excluded because they were adopted. These children do not meet the criteria of being in placement. Another nine adopted children were not the victims but another child in the home was. So these children are excluded because they were not victims.
- There are another 17 children that Michigan excluded but the reason offered for the exclusion is not included in their reporting to the monitoring team. These children were all in placement.
- There are at least seven children (including one sibling group of three) where the abuse or neglect occurred either just before or just after placement. These children are excluded because they are not in placement.¹⁸

DHS provided this revised information to the monitoring team in June 2013, towards the end of MSA 4, and then further revised their submission for MSA 3 as late as September 2013 in MSA 5. The monitoring team will be doing follow-up work with DHS going forward in order to better understand the inclusions and exclusions, all in the context of improved understanding of how

¹⁶ DHS’ revisions for during and after MSA 3 indicate that it is not possible to compare the number and rate of maltreatment reported to the federal government by Michigan in this period with prior periods. DHS did not revise its analysis until this period and so the large numbers in prior periods may be a function of the same flawed analysis originally submitted to the monitoring team and the federal government or it may reflect substantive differences in the number of incidents of maltreatment in care in each period – or both. But in all instances, including the most recently revised reporting, the rates of maltreatment far exceed the standard agreed to by the parties.

¹⁷ Note that if the caretaker is found to be the perpetrator, both the license (if there is a license) and the continued placement of children in placement in those homes must be reviewed.

¹⁸ There is not an incident date in the data DHS shared with the monitoring team. A reporting date is not a substitute as a child may have reported abuse or neglect that occurred prior to placement only once they are in placement. It is more difficult to understand why the incidents DHS determined occurred after placement ended would have been included in the original data set – but it could be there was an issue with the accurate recording of the placement end date. Incidents which occur shortly after placement ends raise different questions for DHS to explore – if they are accurate findings, there are issues related to safety in the child’s home post-placement.

DHS is able to keep children in placement safe.¹⁹ This is an area of practice which is critically important, and DHS must be able to track and report accurately in order to respond and initiate actions to prevent abuse or neglect while children are in custody.

Revising the number for MSA 3 down to 106 is significant – but it is still too high. This number is for six months, the federal number is for twelve months. The federal rate reported above for FFY2012 overlaps for three months of MSA 3. Depending on the number of children served over the FFY2013 period, using the same number of children served during FFY2012, DHS would have already exceeded the twelve month standard in these six months. In short, by either count, DHS is out of compliance with this important standard. DHS has significant work to do in order to improve the safety outcomes for children in placement.

Permanency

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, 2012 DHS would achieve a score of 113. The FFY2012 data profile reflects that DHS met this standard with a score of 116.6.

With regard to the sub-measures, on the first, exits to reunification in less than 12 months, DHS reported that 54.5 percent of children who exited to reunification had done so within 12 months. 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 11.1 months. 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 26.8 percent. 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 3.6 percent had re-entered.

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, 2012, DHS would achieve a score of 103. DHS exceeded the agreed upon standard, achieving a score of 138.6.

¹⁹ As late as September 27, 2013, DHS submitted revised data with regard to maltreatment in care for MSA3. This new data submission raises additional questions about which incidents are being included and which excluded. However, even the most conservative construction of the data submitted by DHS places DHS out of compliance with respect to the standard agreed upon by the parties, at more than double the rate of children in custody found to be abused or neglected.

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 38.4 percent had. The second measures the median length of stay in care for the children who exited to adoption and DHS reported a median of 27.6 months. 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 33.5 percent had. For measure four, the focus is on the percentage of those children whose parents' had their parental rights terminated during the first six months of the period and DHS reported 18.2 percent had. 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 53.3 percent had.

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, 2012, DHS would achieve a score of 121. DHS exceeded this standard, achieving a score of 136.0.

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 39.1 percent of the defined group of children and youth had exited to permanency. 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 98.7 percent had. 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 43.2 percent.

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 reports exceeding that standard, with a composite score of 108.4.

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 87.2 percent of that group of children and youth lived in two or fewer placement settings. The second sub-

cohort consists of children and youth in care for 12 to 24 months and DHS reports that 74.1 percent of those children and youth lived in two or fewer placement settings. Finally, the third sub-cohort consists of children and youth in placement for more than 24 months and DHS reported that 48.3 percent of those children and youth lived in two or fewer placement settings.

During the verification process following MSA 3, the monitoring team asked DHS to provide further information about their AFCARS submission in general and about placement stability in particular. As of this writing, that verification process is on-going and will be reported on in future periods. For further information about the placement stability review process, see the Appendix.

Conclusion

For this period, DHS exceeded the agreed upon interim standards for the four permanency outcome measures – reunification, adoption, youth in foster care for long periods, and placement stability – but missed the standards for the two safety measures.

The reported permanency outcomes, particularly with respect to adoption, reflect good news. However, the persistent issues with safety – with respect to repeated instances of abuse or neglect for more than 1,000 children and the neglect or abuse of over 100 children by their foster care or institutional providers – are serious. Michigan has work to do in order to improve safety outcomes for the children in their care.

Contract Oversight

Contract Evaluations and Performance-Based Contracting

DHS agreed that contracts with child placing agencies (CPAs) and child caring institutions (CCIs) will be performance-based and will include requirements to ensure: 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 provider's 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 regarding MSA requirements on at least a six-month basis. During MSA 3, no changes were made to the existing child welfare contracts. However, DHS has contracted with an independent third party to conduct an assessment and make recommendations for CPA and CCI rate structure changes. DHS anticipates completion of the recommendations in MSA 4 and will develop a revised formula for rate setting, anticipating that it will be relevant to performance outcomes.

DHS continued its implementation of the consolidated monitoring model during MSA 3. With the new model, the Bureau of Children and Adult Licensing (BCAL) is responsible for both licensing and contract oversight and compliance. DHS has employed 18 child welfare licensing consultants to conduct coordinated monitoring activities, including annual agency visits and investigations. Eight field analysts have been hired to conduct visits to foster and unlicensed relative homes, assessing for safety compliance and interviewing foster parents, foster children, and biological parents (when available) regarding a broad spectrum of health, safety, support, and well-being issues. DHS intends to hire two additional field analysts to conduct field visits. Three office analysts have been employed to gather, compile, and evaluate data obtained by the licensing consultants and field analysts and to share that with DCQI.

BCAL continues to revise the consolidated monitoring tools to clarify or correct specific items and measures so that more meaningful, quantifiable data is available. Ongoing training continues through regularly held staff meetings.

DHS reports that during MSA 3, BCAL consultants conducted 105 interim and renewal CPA inspections, 39 occurring at DHS offices, and 66 at private agencies. Twelve additional inspections were conducted at non-DHS facilities. As part of the consolidated monitoring model, the BCAL analysts are to conduct visits to foster and unlicensed relative homes. During MSA 3, DHS reports that the analysts visited homes associated with 58 CPA programs. Although the monitoring team requested that DHS provide copies of all 58 BCAL analyst reports to the team, only 30 agency reports were received by April 2013. The monitoring team asked DHS several times for the remaining 28 reports which were received in August 2013, not in time to be reviewed for inclusion in this progress report.

The 30 analyst reports that were reviewed were thorough and provided pertinent information regarding the families and homes that were visited. When issues or concerns were identified, the field analysts recommended that the licensing consultant follow up with the agency to ensure that the issues were addressed and rectified. However, in reviewing the licensing consultant reports, the monitoring team did not find documentation that the issues and recommendations made by the analysts were followed up on and/or rectified, nor were they included as an integral part of the consultant's inspection assessment for continuance or renewal of licensure.

Some of the findings from the analysts' reports indicated: foster parents did not receive timely documents such as medical passports and insurance cards; agencies were not supportive nor responsive when foster parents struggled with medical and behavioral issues for the children in their care; unlicensed relatives did not receive adequate financial support and services, nor were they provided with cribs and beds to ensure safe sleeping arrangements; and some unlicensed homes had significant housing safety issues. The monitoring team brought to DHS'

attention issues with homes supervised by 11 different agencies and asked for an updated status regarding these homes and assurance that safety and risk issues had been resolved. DHS responded regarding concerns with three agencies and the monitoring team is awaiting DHS' response on the remaining eight agencies.

DHS reports that BCAL conducted 83 unannounced visits to CCI agencies during MSA 3. The monitoring team requested copies of all the CCI reports from DHS in April 2013 and received 47 of the inspection reports. Of the 83 inspections conducted, DHS reports that all but two programs were issued regular licenses while two programs were issued provisional licenses due to rule noncompliance.

In summary, while the consolidated contract monitoring process is relatively new, there is good work being done by BCAL analysts identifying issues during the foster home visits. However, there is work to be done to ensure that the model is implemented as intended, with coordination and follow-up between the analysts, the consultants and the agencies on a routine and systemic basis.

Abuse, Neglect, Corporal Punishment and Seclusion in Contract Agencies

BCAL has the responsibility for evaluating all licensed programs at regular intervals. The review consists of in-person inspections of programs and facilities, interviews with staff, clients and residents as well as record reviews. DHS agreed that during the BCAL interim and regular evaluations all incidents of abuse, neglect and corporal punishment would be given due consideration as part of the licensing renewal process. The monitoring team reviewed a sample of the interim and renewal evaluations conducted by BCAL during MSA 3 and found that the reports included the due consideration provision and, in most cases, the reports included information regarding the effectiveness of corrective action plans.

In addition to the due consideration provision, DHS is required to conduct an immediate investigation in the event an agency fails to report an incident of abuse, neglect or corporal punishment. DHS reports that during MSA 3 there were no agencies cited for violation of this provision of the MSA.

During MSA 3, DCQI began to review and analyze reports of corporal punishment and seclusions at contract agencies. BCAL and the DCQI staff met on five occasions during MSA 3 to review the data and analyze trends. DHS reports that much of the discussion centered on ways to improve the reporting requirements for the agencies to ensure a better flow of accurate information. The DCQI staff developed a draft protocol for reviewing corporal punishment and seclusion; this protocol will be finalized during MSA 4.

Continuous Quality Improvement

During MSA 3, DCQI used a modified CFSR protocol to evaluate practice in a range of areas, and the monitors agreed to shadow pieces of this work, both to evaluate the agency's performance in areas under review by DCQI and to begin to evaluate the rigor, accuracy, and reliability of DCQI qualitative reviews.

In addition, the monitors worked closely with the DCQI leadership team to develop some of the child health and well-being reading instruments, evaluate those cases and discuss findings. In general, where the monitoring team was able to form an independent judgment of DHS performance through its own case record reviews, the monitoring team has compared its findings with DCQI's findings, analyzed results and occasionally cite to both in this report. DCQI is working to strengthen 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.

In MSA 4, DHS has entered into an agreement with the Child Welfare Policy and Practice Group to design and help DCQI implement a quality assurance and improvement protocol, including a Qualitative Service Review (QSR). Over time, the QSR should provide an additional qualitative methodology for DHS to evaluate its practice, learn and improve its care for children.

Permanency

Developing Placement Resources for Children

In order to ensure that children who are removed from their families due to abuse and neglect are placed in the most appropriate and least restrictive setting, DHS agreed to develop an array of family based placement resources. The MSA requires DHS to recruit and license new foster families, to ensure each county has sufficient resource 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 that when children are placed with relatives, those homes will become licensed, and done so in a timely manner.

Resource Home Capacity and Development

DHS committed to provide a sufficient number and array of adequate resource homes for children in each county in need of a family-like placement setting. At the conclusion of MSA 3 there were 13,348 children in DHS custody. Of these children 11,459 were placed in out-of-home care with the remaining 1,889 children living in the parental home. DHS reported that there were 6,953 licensed resource homes available at the conclusion of MSA 3 and reported

that 383 relative homes and 546 non-relative homes were licensed during the monitoring period. DHS committed to license 1,450 new non-relative resource homes from July 1, 2012 through June 30, 2013, a timeframe that includes MSA 3. However, there were no specific licensing targets for DHS to achieve during MSA 3.

DHS agreed to create a unit or position within its central office to monitor the development of recruitment and retention plans and to provide statewide oversight, technical assistance and field support. DHS has established a foster and adoption home recruitment and retention coordinator position that is supervised by the central office Bureau of Child Welfare. The coordinator provides technical assistance for DHS and the department's private agency partners regarding implementation of programs, budget monitoring, policy issues and new initiatives. Additionally, the coordinator is responsible for evaluating the need for foster homes statewide through data collection, research and surveys and is responsible for reviewing and monitoring the department's recruitment and retention plans. DHS reports that the coordinator is actively engaged in implementing its recruitment strategies, including work with faith based organizations throughout the state, a strategy that DHS has embraced for the creation of foster and adoptive homes.

Resource Home Development for Special Populations

DHS agreed to prioritize the recruitment, licensing, and retention of homes willing to care for special populations of children, including adolescents, sibling groups, and children with disabilities. DHS agreed to develop recruitment plans in the Big 14 counties for both FY2012 and FY2013 in order to increase the number of available placements for special populations.²⁰ The plans were to include both strategies and county targets for the development of new homes for the special populations.

The monitoring team reviewed the special population recruitment plans, which ranged widely in both quality and specificity regarding recruitment strategies. A number of counties thoughtfully planned to recruit homes for children with disabilities by targeting hospitals, clinics, and organizations for parents of disabled children, and through contact with health professional organizations, e.g. visiting nurses associations. Some counties planned to ask currently licensed homes to expand the terms of their license to accept siblings, teens, or children with disabilities. One county planned to target licensed homes with ample space and no current placements to see whether these families would accept sibling groups. Counties also planned to raise awareness for foster teens and siblings by using MYOI youth to speak at foster parent trainings, orientation and community events, and by recruiting at schools.

²⁰ The Big 14 counties consist of Berrien, Calhoun, Genesee, Ingham, Jackson, Kalamazoo, Kent, Macomb, Muskegon, Oakland, Saginaw, St. Clair, Washtenaw and Wayne.

However, some of the plans lacked data analysis regarding the number of adolescents, children in sibling groups, or children with disabilities placed in the county and did not have specifically tailored strategies to recruit homes for the special populations. Rather, these plans noted that the counties would continue to use the same general strategies for recruiting non-relative homes while simply mentioning the need for special population homes at foster parent orientations and PRIDE trainings.

All 14 counties created targets for the development of adolescent homes in the FY2012 recruitment plans. During MSA 3 the monitoring team was advised that DHS revised the targets and reported that each of the 14 counties surpassed their new goals for licensing adolescent homes, some of which were lower than originally developed. Finally, DHS did not provide information regarding its progress in meeting licensing targets for sibling groups or children with disabilities.

Licensure of Relative Homes

DHS agreed to consider relatives as the first placement choice for children who are removed from their families. This commitment is consistent with best social work practice, as placing children with relatives reduces trauma and increases the likelihood of stability. 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. For relative caregivers in Michigan, licensure is necessary to obtain full support as relatives do not receive the same benefits that unrelated foster parents receive until their home is licensed. Timely licensure is critical for many relative caregivers who can be financially strained by the placement of children in their homes, which often happens on an emergency basis. Licensure is also important for relatives when they commit to a child's permanency – if a relative decides to become a child's guardian, they must be licensed in order to receive financial support through the guardianship assistance program. (See the Appendix for more information on relative care.)

The relative licensing commitments in the MSA are particularly important to DHS' reform efforts as more children are placed in relative care than in any other placement setting, including foster care. The following commitments were made by DHS in order to support relatives and to ensure that children are placed in safe and stable relative homes.

DHS agreed to maintain a relative licensing coordinator position to provide oversight and field support regarding the relative licensure and waiver commitments in the MSA. As in MSA 2, DHS identified a staff person as the relative licensing coordinator. However, this staff person continued to assume a lead role in the implementation of the department's case practice model and has been unable to provide focus to DHS' relative licensing work. DHS has

acknowledged that there is a need to create a full time relative licensing coordinator position in the central office field operations unit in order to provide focused attention to the relative licensing commitments in the MSA.

DHS agreed that relatives would become licensed or, in limited circumstances, a waiver of licensure could be granted by agency management. As part of the verification process, the monitors asked DHS to send data reflecting the licensing status for all relative homes active (with a child in foster care) as of December 31, 2012, the last day of MSA 3. The data set that DHS sent included information regarding 2,897 unique relative home providers responsible for caring for 4,505 children in placement.²¹ Based on the information provided by DHS:²²

- 1,077 relative homes were licensed – 37 percent
- 568 relative homes had an approved waiver – 20 percent²³
- 1,252 relative homes were not licensed and did not have a waiver – 43 percent

DHS reports that 50 percent or 2,248 of these children were living in unlicensed relative homes without a waiver.²⁴ This is a far higher percentage of children living in unlicensed homes than the parties anticipated at this stage of the reform based on the terms of their agreement.

To ensure timely licensure, DHS agreed to license relative caretakers within 180 days of the child's placement in a relative home. By June 30, 2012, DHS agreed to license 55 percent of their new relative caretakers where the provider begin date was on or after October 1, 2011 within 180 days of placement.

²¹ As part of routine reporting, DHS also separately forwards to the monitors information on all children in placement on the last day of the period, the same day from which the data in this data set was to be drawn. That data set reflects 4,443 children living in relative care on December 31, 2012, 62 fewer children than in the data set reported above. DHS has routinely had to make corrections to the point in time data sets forwarded to the monitoring team. In this instance, it is not clear whether the discrepancy is a function of a different date on which the data was pulled, issues with the cohort data or issues with this data, as DHS did not explain the discrepancy with their submission.

²² DHS provided their own analysis of the licensing status as part of their submission. They reported on the status by child, rather than by home as required by the MSA. Analyzed by child, DHS reported that 36% of children living with relatives were in a licensed home; 14% of children were living in homes with a waiver; and 50% of children – 2,248 – are living in homes that are neither licensed nor have a valid waiver.

²³ This waiver count does not include homes that were subsequently licensed. Also note that as described later in this report, waivers are listed as denied – and so not included in this count – which were later found during the case review to have been approved. The review suggests the DHS data under – counts the number and percentage of actual waivers for relative homes.

²⁴ DHS reports the status for the 2,248 children in unlicensed relative homes is as follows: 459 of these children reside in homes where waivers are pending approval and 1,789 children reside in homes where no waiver has been requested. DHS reports that 438 children reside in homes that are actively being studied for licensure.

In assessing compliance with this commitment, DHS looked only at the homes that were successfully licensed – not at all the homes that had started but had not yet completed the licensure process (although they should have as they had been in process for more than 180 days) and not the homes where the licensure process should have been started but was not.²⁵ If DHS included all of the relevant homes, as set forth below, the data reveals a compliance rate of only 34 percent. These analytic errors are worrisome not simply from a technical compliance perspective, they are worrisome from a substantive perspective. It is the homes that have received no or inadequate attention in the licensure process where there is the most work to be done – and leaving those homes out of the analyses makes it harder to see where attention is needed.

Licensing Waivers for Relative Caregivers

In exceptional circumstances DHS is permitted to waive the licensure of a relative caregiver. In those situations DHS must ensure that the home meets all the same safety standards as a non-relative home and the caregiver must be informed of the financial benefits of licensure. The waiver is signed by the caregiver and submitted for review and approval to the DHS county director. The waiver must be renewed on an annual basis. In addition, should the percentage of relatives electing not to be licensed exceed 10 percent of all unlicensed relative caregivers, the monitors are required to conduct a review and report on whether DHS has adequately instituted and followed the procedures as outlined in the MSA. During this monitoring period DHS acknowledges that they have exceeded the 10 percent threshold.

During MSA 3, DHS reports that waivers were requested for 335 relative homes. The monitoring team conducted a review of 65 of these waivers (19 percent). Based on the review the team concluded that the waiver process has not been implemented as contemplated by the MSA for the following reasons:

- Waivers were not submitted or approved in a timely manner.
- Waivers were unclear as to why relative caregivers were not interested in becoming licensed with financial benefits.
- Relatives who were financially struggling were denied licensure because of lack of financial resources, yet the children remained in their care.

²⁵In their submissions to the monitor, DHS did not report on the number or percent of homes licensed within 180 days. DHS instead provided the monitoring team information on the number of children who entered care with relatives beginning with October 1, 2011 and whose relative home was licensed by December 31, 2012. According to DHS, 376 children of 606 who met the placement date criteria were residing in relative homes that were licensed within 180 days of their placement. DHS reported that the agency exceeded the MSA standard of 55 percent by licensing 62 percent of these homes within 180 days. DHS failed to include in their denominator the total number of children living in all relative homes, as they excluded the homes that were not licensed.

- Relevant issues with relatives that were documented in case files were not included on waiver forms that were submitted to county directors for approval.
- Waivers were approved for homes that potentially present issues of safety and risk. Those situations were brought to the attention of DHS management by the monitoring team for review and resolution.

Immediate Action – Relative Backlog

DHS agreed to resolve its relative home backlog of 551 families who were enrolled in the licensure process but had not yet achieved licensure as of July 1, 2011.²⁶ By the end of MSA 3, DHS was to have fully resolved the backlog. DHS reported to the monitoring team that all but one home were resolved. Specifically, DHS reported that 281 homes were resolved through licensure and 270 homes were resolved either through a waiver of licensure or the closing of the BCAL application. The one outstanding home was resolved through licensure in January 2013.

The monitoring team conducted a data review of the 270 homes that were not licensed, but for whom a waiver was approved or the home was closed. The monitoring team found that 15 of the 270 homes had children placed in a home with a waiver that had either expired, was denied or never approved, or had no waiver information at all. Specifically, two homes had expired waivers, two had denied waivers where children remained in the home, one had a waiver submitted for approval but there was no action taken and 10 had no evidence that a waiver was ever submitted. Notwithstanding these 15 unresolved homes, DHS did resolve 97 percent of the relative backlog and met this immediate action commitment.

In summary, and as is presented in greater detail in Appendix A, DHS has not met its commitment to provide oversight of the relative care program, to license relatives in a timely manner or, in limited circumstances, to obtain a waiver of licensure for relatives who are not enrolled in the licensing process. Additionally, the waiver process has not been implemented as contemplated by the MSA. At the conclusion of MSA 3, it is clear that much work needs to be done to solidify the department's relative care program in order to support relatives on whom

²⁶ DHS understands this provision applies only to homes that were already engaged at that time in the relative licensing process. It does not include relative homes that were not yet enrolled in the relative licensing process. The DHS data as of December 31, 2012 reflects more than 90 relative homes which had children in them prior to July 1, 2011 and were still active as of the end of December 2012 but did not have a license or a waiver. Only a third of those had a license application date, another third had a waiver application date, and the remaining third had neither a license application nor a waiver application date. In sum, the database reflects there are relative homes that were active with children prior to July 1, 2011 and remained active up through the end of MSA 3 where the licensing process had not been resolved, but they were not included in DHS' assessment because almost all of these homes did not have an active licensing application on July 1, 2011.

the agency depends for placements and to ensure that children are placed in safe and stable relative homes.

Permanency Case Goals

On December 31, 2012, 13,348 children were in the custody of DHS, 534 (four percent) less than on June 30, 2012. The following chart documents the permanency case goals for these children, using federal reporting definitions, and shows the change in the distribution of goals between the two periods. On December 31, 2012, 8,368 children had a goal of reunification, a decline of 49 children or one percent. Children with a goal of adoption declined by eight percent to 2,998. Of the children with a goal of adoption on December 31, 2012, 2,587 (86 percent) had parental rights terminated and were legally available for adoption.²⁷ Eighty-five percent of all children had a goal of either reunification or adoption on December 31, 2012.

Over the six month period, the number of children with a goal of guardianship increased by six children (two percent). Twenty-three fewer children (nine percent) had a goal of permanent placement with a relative. Two-hundred and seventeen fewer children had a goal of another planned living arrangement (APPLA), a decline of 14 percent. The number of children with a missing goal increased by 22, or 45 percent.

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

Permanency Goal	December 31, 2012		June 30, 2012		Change	
	No.	Column %	No.	Column %	No.	%
Reunification	8,368	63%	8,417	61%	-49	-1%
Adoption	2,998	22%	3,271	24%	-273	-8%
Guardianship	390	3%	384	3%	6	2%
Permanent Placement with Relative	226	2%	249	2%	-23	-9%
Placement in Another Planned Living Arrangement	1,295	10%	1,512	11%	-217	-14%
Missing Goal Code	71	1%	49	0%	22	45%
Total	13,348	100%*	13,882	100%*	-534	-4%

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

²⁷ Michigan policy requires that parental rights must be terminated before establishing a goal of adoption. Note that 14 percent of the children DHS reports with a goal of adoption had not yet had their parents' rights terminated.

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 the services and activities that are needed to accomplish reunification. For children with reunification goals longer than 15 months, the supervisor must approve, and the case record must include, compelling reasons why and how the child can be returned home within a specified and reasonable time in order to continue the reunification goal.

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

DHS reports that during MSA 3, BCAL inspected 105 CPAs for interim or renewal inspections. During these inspections, 513 foster home files were reviewed. For children with a goal of reunification beyond 12 months placed in these homes, only one violation of the requirement to ensure written approval of the case goal was found and the agency was cited for a violation.

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 agreed to review the status of all youth with an unapproved APPLA or APPLA-E goal as of July 1, 2011, to determine the appropriateness of the goal for each youth to ensure that no youth has an APPLA or APPLA-E goal unless approved by DHS or ordered by the court. The review process was to be completed by September 30, 2012.

Finally, DHS agreed to reduce the population of youth with APPLA or APPLA-E case goals to nine percent of the foster care population by September 30, 2012, excluding youth over 18 years of age with a voluntary foster care agreement.

APPLA Case Goal Reviews

DHS reported that on July 1, 2011 there were 1,026 youth with an unapproved APPLA or APPLA-E case goal. Permanency Resource Managers (PRMs) conducted reviews on each of these cases to determine the appropriateness of the permanency goal and to facilitate either approval of the goal or a case goal change. At the conclusion of the reviews on September 30, 2012:

- 708 youth, 69 percent, had an approved APPLA or APPLA-E case goal.
- 291 youth, 28 percent, exited foster care without permanency.
- 27 cases, three percent, had an unresolved case goal.

DHS acknowledges that APPLA and APPLA-E are the least preferred permanency goals and are not intended to be default goals for youth experiencing placement instability or who have complicated needs. DHS reported that the review process afforded an opportunity to analyze practice and to provide education and assistance to staff in order to ensure that youth have permanency prior to exiting foster care.

DHS reported that prior to making the APPLA commitments in the MSA, agency policy did not expressly prohibit case closure without APPLA or APPLA-E approval. Therefore, 291 cases in the cohort closed before PRMs were able to conduct or complete a review. Of these cases, 72 youth, or 25 percent, were AWOL at the time their case was closed. DHS identified strategies to improve performance including ensuring PRM coverage statewide, conducting staff training and issuing communications to field staff describing the APPLA review and case goal approval process in order to reduce the number of youth exiting foster care without permanency. As a result of the measures described above, the number of cases closed without case goal approval and permanency declined throughout the monitoring period. DHS continues to work on the unresolved cases in the cohort and to reinforce the importance of permanency for all youth prior to exit from foster care.

Finally, DHS committed to reduce the number of youth with APPLA case goals to nine percent

of the foster care population, excluding youth over 18 years of age who remained in foster care with a voluntary placement agreement. At the conclusion of the monitoring period there were 936 youth (seven percent of the foster care population) meeting the agreed upon criteria and DHS successfully met this commitment.

Adoption and Guardianship

Adoption

DHS reported that 3,075 children and youth in its custody had adoption permanency case goals on September 30, 2011 and were legally available for adoption. In order for DHS to meet its commitment to complete 70 percent of adoptions for those children in CY2012, DHS agreed to finalize 2,153 adoptions. DHS reported and the monitoring team verified that 2,554 adoptions had been finalized, far exceeding the department's target by 401 adoptions.

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

DHS monitors the progress to permanency for children with adoption case goals through the Michigan Adoption Resource Exchange (MARE). MARE receives monthly data from DHS and then works with staff in the field to ensure compliance with the tracking provisions of the MSA. The monitoring team had an initial meeting with MARE staff during MSA 3 to learn about the adoption tracking process. MARE staff indicated that DHS continues to emphasize the importance of moving children with adoption goals to permanency and that improvements with the adoption tracking process have been evidenced in each of the monitoring periods.

Reviewing Disrupted Pre-Adoptive Placements

DHS agreed to monitor the number of pre-adoptive placements that disrupt before adoption finalization and to conduct an annual quality assurance review of a sample of these cases. DHS has defined a disrupted adoption placement as "any adoption in which the child has been legally placed for adoption, as indicated by an Order Placing the Child for Adoption, and the adoption never reached legal finalization, as indicated by a Final Order of Adoption."²⁸

²⁸ "Disrupted Adoption Protocol." DHS Division of Continuous Quality Improvement.

DCQI developed a process to review a sample of disrupted adoptive placements, which is being used during the 2012 annual reviews beginning in MSA 3. Additionally, the review protocol includes interviews with the children's case manager and with the adoptive family. DHS submitted the review tool to the monitoring team, which was assessed to be thoughtfully constructed and comprehensive.

During MSA 3 DHS conducted reviews on three adoption placements that disrupted between January 1, 2012 and May 31, 2012 and continued to identify adoption disruptions that occurred throughout the remainder of the calendar year. During MSA 4 DHS will report its findings for the entire year with an analysis of outcomes, exploring factors that led to the adoption disruptions with recommendations for system improvement.

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. At the conclusion of MSA 3, DHS reported that 458 children achieved permanency through guardianship in all of CY2012. One hundred ninety three of these children (42 percent) were enrolled in the guardianship assistance program, a program that provides post-permanency financial support to children's guardians.

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 and confirmed the number of juvenile guardianships achieved during CY2012.

Providing Support to Adoptive Families

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

DHS reports that the SFY2012 budget allocation for the adoption medical subsidy program was \$6 million during which there were 21,154 children determined eligible for an adoption medical subsidy. Of those children determined eligible, 3,586 received services reimbursable through the program. Of the 3,586 children who received services, 29,490 claims were made with expenditures totaling \$4,473,532.

As reported during MSA 2, 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.

The centers have created websites and brochures describing services available to adoptive families. The brochures are distributed within communities and to local adoption agencies. Links to the websites can be found on the DHS website at www.michigan.gov/dhs. DHS reported that the post-adoption resource centers have begun to work closely with the DHS medical subsidy unit to coordinate services in order to best meet the needs of adopted children and their families.

During MSA 3, DHS reports that 954 families throughout Michigan received services from the eight post-adoption resource centers, representing significant expansion of post-adoption support services for the state's children and families.

Case Planning and Practice

Family Engagement Model – MiTeam

DHS continued during MSA 3 with implementation of MiTeam, a case practice model that involves family engagement, family team meetings, and concurrent permanency planning. Implementation strategies over the past period consisted of initial and ongoing training, communication with internal and external partners and staff, technical assistance, and updating materials based on observations and feedback.

In launching MiTeam, DHS chose a train-the-trainer model that involves public and private managers, supervisors, and permanency planning conference facilitators initially being trained. They, in turn, are then responsible for training their front line staff, with Departmental MiTeam consultants available for technical assistance as needed.

Between July and September 2012, 199 managers, supervisors, and permanency planning conference facilitators were trained in the final implementation areas (the Upper Peninsula, northern counties, and Branch, Hillsdale, Lenawee and Monroe counties) to serve as trainers and peer coaches of the model. As of September 30, 2012, a total of 906 public and private managers, supervisors, and peer coaches were trained statewide.

While transitioning to the MiTeam family team meeting model, DHS agreed to continue conducting permanency planning conferences (PPCs). DHS reports that concurrent permanency planning continues in Clinton/Gratiot and Ingham counties throughout implementation. During MSA 3, all counties and private agencies had been trained in the model and have implemented permanency planning practices and expectations. Family team meeting policy has been drafted and was scheduled to be released in June 2013.

At the end of MSA 3, 711 (78 percent) of public and private supervisors certified that front line staff had been trained in MiTeam, while 204 (22 percent) did not certify completion of MiTeam for frontline staff. The MiTeam departmental manager is working with child welfare field operations regarding follow-up in those counties where training completion was not certified.

In July 2012, DHS and private agency staff were advised that in order to build capacity and sustain effective change, permanency planning conference facilitators would be maintained as peer coaches. The responsibilities of the peer coaches include: coaching all child welfare staff regarding the core competencies and skills of the practice model; facilitating family team meetings; collaborating with the MiTeam consultants for enhancing, refining, and maintaining the practice model; and providing feedback to staff to reinforce skill building. Once fully implemented as a supervisory role, the independent peer coaches will be phased out.

By the end of MSA 3, 15 of 67 foster care agencies had identified peer coaches, and DHS had identified 54 peer coaches in 22 counties. MiTeam consultants are working with child welfare field operations and private agencies to increase compliance with peer coach identification.

During MSA 3, two statewide MiTeam peer coach/liaison meetings were held. Over a hundred participants attended each meeting. The first meeting included: review and feedback regarding forms; discussion of implementation successes and struggles; and introduction and utilization of Observation and Proficiency Tools for assessing staff performance relevant to teaming, engagement, assessment, and mentoring. The second meeting addressed revisions and finalization of the Observation and Proficiency Tools, and provided a forum for discussion of successful regional strategies with the inherent intent of establishing an ongoing peer coach support network.

To enhance staff skill development, DHS has contracted with an independent provider to offer a three prong training entitled "Crucial Conversations, Accountability, and Influencer." Included in the curriculum are strategies for utilizing effective communication skills in difficult situations. The training also demonstrates how to use six proven strategies to influence organizational change. Five hundred twenty-six public and private staff have been trained in Crucial Conversations and 30 staff have had the train-the-trainer course in Crucial Conversations. Thirty-eight peer coaches and training staff have attended Crucial Accountability. Sixty

directors, public and private peer coaches, and Central Office staff have attended Influencer training.

MiTeam updates and clarifications are provided via monthly supervisor phone conferences, as well as issuances and newsletters. Ongoing technical assistance is provided at director meetings, focus groups, conference calls, and observations.

Some of the statewide trends DHS observed over the past period include: the need for additional training to support peer coaches; presentation of the model may have been insufficient in generating investment and commitment from the field, both public and private; field workers and supervisors are more focused on compliance-driven objectives and view new or different practice approaches as another obstacle preventing compliance with tasks, rather than part of the process for achieving better outcomes for children and families. MiTeam consultants are collaborating with Business Service Center directors to address those issues and re-engage county and private agency directors. A MiTeam refresher course and troubleshooting strategies are being provided to help better integrate components of the model into everyday practice.

The monitoring team will continue to report on DHS' progress and struggles with pre-implementation of the MiTeam case practice model during the next monitoring period.

Special Reviews for Children Awaiting Permanency-Reunification and Adoption

DHS agreed to conduct special case reviews for children who have been in foster care for more than one year and have a goal of reunification or are legally free for adoption. DHS also agreed to maintain an adequate number of 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.

DHS has defined special reviews to be contacts or a series of contacts by the PRM on a case that meets the review criteria. The goal of the contacts is to monitor timely achievement of permanency and to provide technical assistance to workers and other involved parties in order to address barriers to permanency that may exist. Contacts include electronic record review, case file reviews, emails, phone calls, and attendance at: family team meetings, annual youth transition meetings, court hearings or face-to-face contacts with workers. During MSA 3, DHS completed 3,483 contacts on reunification cases with over 48 percent of PRM contacts being face-to-face. For the TPR cases with a goal of adoption, there were 1,129 contacts with 32 percent of PRM contacts face-to-face.

DHS identified 2,923 children with a reunification goal requiring special reviews at the beginning of MSA 3. At the monitoring period's conclusion, permanency had been achieved for 890 of those children, with 2,033 cases open and subject to continued review. DHS also identified 1,045 children legally free for adoption for more than 365 days requiring review. Permanency was achieved for 291 of those children during MSA 3 with 754 adoption cases subject to continued review.

In order to ensure consistency with the special review process, during MSA 3 DHS developed draft PRM practice guidelines. The guidelines include timeframes, shortening the required initiation of the review process from 30 days to 10 days from case assignment as well as defined documentation requirements. The PRM guidelines were in the process of final review at the conclusion of MSA 3 and will be implemented in MSA 4.

At the conclusion of MSA 3, DHS identified 26 PRMs and provided the monitoring team with training logs documenting the specialized training that they received during the monitoring period. The monitoring team is satisfied that the level and subject matter of the training received by PRM during MSA 3 was appropriate to their responsibilities to conduct special reviews for the defined cohorts of children.

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.²⁹ 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

²⁹ 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.

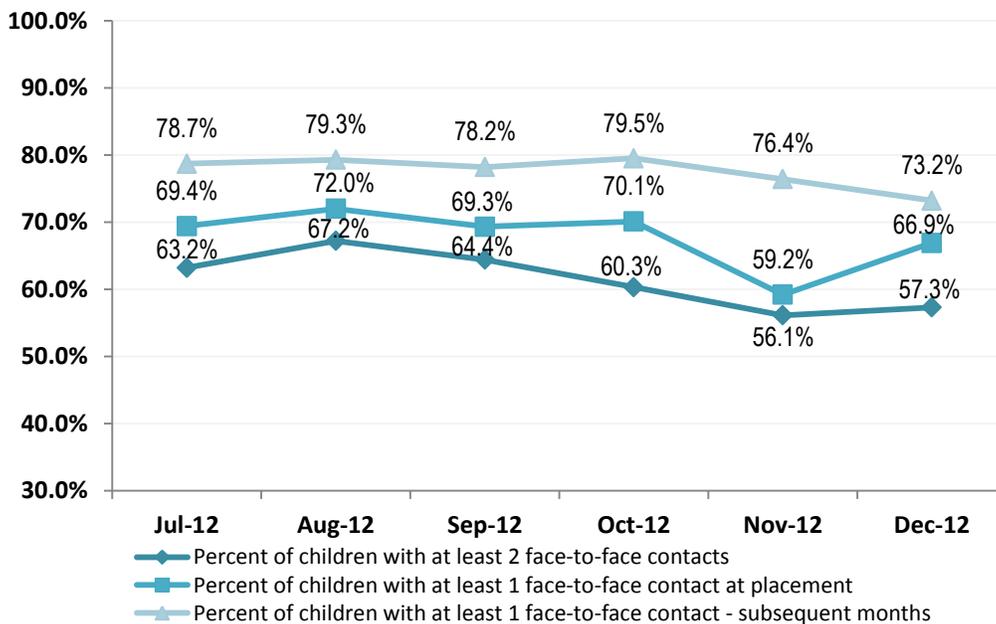
- Ensure that children with a goal of reunification visit their parents at least twice monthly unless specified exceptions exist.
- Ensure that siblings in custody visit each other at least monthly unless specified exceptions exist.

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.

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 3, DHS did not meet the worker-child visitation commitments set forth in the MSA. The Department’s performance is reflected in the following chart.³⁰

Figure 4: Worker-Child Contacts from July to December 2012

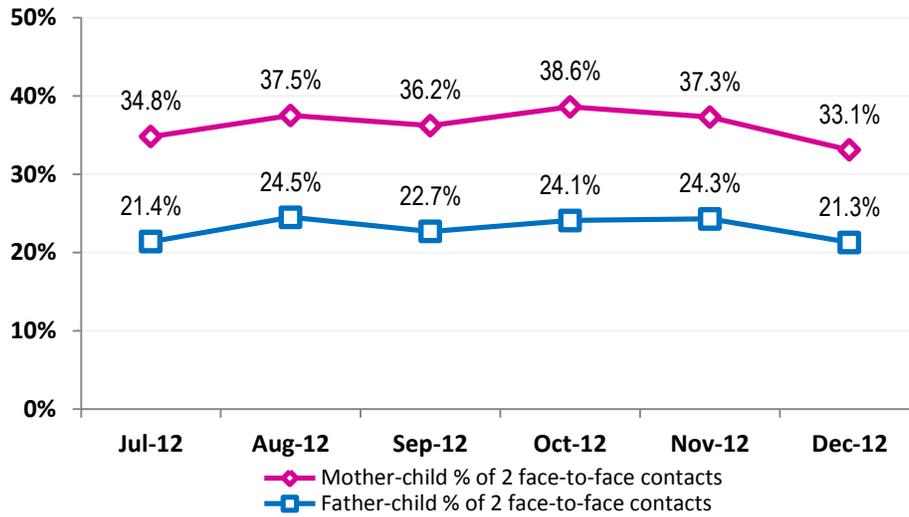


³⁰ In addition to the information provided by the Department regarding this commitment for all children, DHS reported to the monitoring team results from a federal review of a smaller sample of 415 children in FY2012. Michigan’s improvement goal was that 90% of children would receive a monthly visit. DHS reports that it exceeded that goal, completing 96.4% of monthly visits with 85.3% of those visits taking place in the child’s residence.

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.

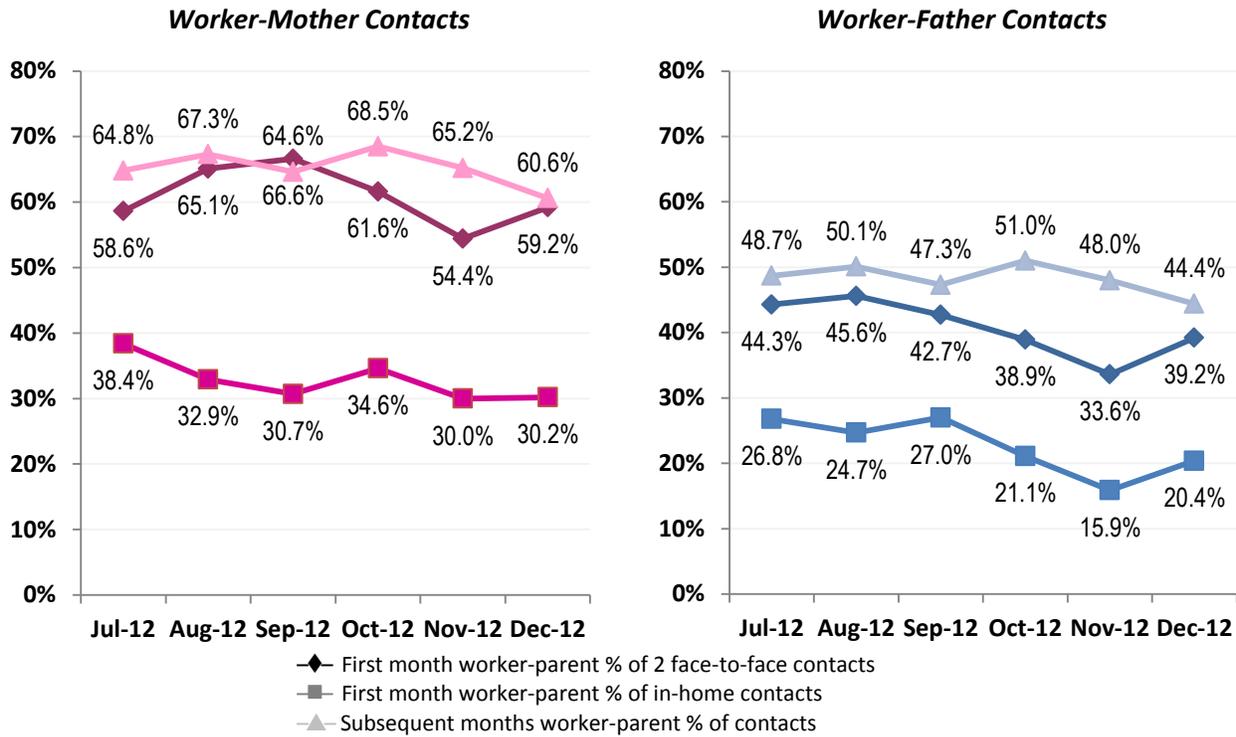
Figure 5: Parent-Child Contacts from July to December 2012



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 3 and the following charts represent the percentage of compliance by month for each of the worker-parent visitations.

Figure 6: Worker-Parent Contacts from July to December 2012



DHS reported that it undertook a series of activities, including staff training, redesign of data reports, and data entry training, to improve performance with regards to all of the visitation commitments in the MSA and, with the rollout of MiSACWIS in October 2013, believes that more accurate visitation reporting will occur as a result.

Placement Standards

Placement Process

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

DHS provided the monitoring team with 53 updated foster home placement plans inclusive of all 83 counties. The reports also provided plan modifications, as well as successes and challenges experienced in the counties over this past monitoring period. Some of the plans were modified to reflect: improved communication between CPS staff and local office and private agency foster care and placement staff; the inclusion of MiTeam protocols; and timeframe mandates for placement-related documentation. The monitoring team reviewed all of the county reports. DHS acknowledged that there currently is no uniform source of

information for all foster homes available in a community so they cannot assess placement options for best matches. DHS is in the process of considering options to meet placement challenges, such as developing a statewide electronic tool based on the Child Placing Network (CPN) system currently utilized in one large urban county. But during MSA 3, DHS was not able to meet its commitment to develop placement processes in each county based on the best interest of a child inclusive of both private and DHS foster homes.

Placement Proximity and Settings

For MSA 3, 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 complied with a fourth provision regarding the confinement of foster children in jails or detention centers.

Placement Proximity from Removal Home

DHS committed to place all children within a 75-mile radius of the home from which the child was removed, unless one of the exceptional circumstances included in the MSA applies and is approved in writing by DHS leadership. Of the 13,348 children in care on December 31, 2012, DHS reported that 722 children (5.4 percent) were in placements more than 75 miles from their removal home. DHS reports a recorded exception for 315 of the 722 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 December 31, 2012, DHS reported that 807 children were placed in 189 foster homes that exceeded more than three foster children (nine more children than reported in MSA 2). According to DHS, nine children were placed in two homes where there were more than three foster children under the age of three. This represents a decrease of 19 children from MSA 1 to MSA 3.

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

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

Emergency and Temporary Facilities

The MSA requires that children not be placed in an emergency or temporary facility more than one time within a 12-month period, with limited exceptions, and those children should not remain in an emergency or temporary facility for more than 30 days unless one of a limited number of exceptional circumstances exists. DHS placed 409 children in an emergency or temporary facility at some point during MSA 3, an increase of 124 children from MSA 1, and an increase of 44 children from MSA 2. Of these 409 children, DHS reports 131 experienced placements that exceeded 30 days.

In addition, 56 children in MSA 3 (an increase of 27 children over MSA 1, and 10 children over MSA 2) were placed in an emergency or temporary facility more than once within a 12-month period, and 16 children experienced three or more placements within that same period. Thirty-four children experienced subsequent placements in an emergency or temporary facility that lasted longer than seven days, an increase of 10 children from MSA 2. 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 3, 250 youth were confined in a jail or detention facility. DHS reports the majority of placements (64 percent) were in detention facilities. Ninety-nine youth were placed in jail. The average confinement for these youth was 41 days, but according to DHS, the median length of stay was 22 days. During MSA 3, 24 youth were in jail or detention in excess of 100 days.

According to DHS, only one youth in the child welfare custody of DHS was detained without any

underlying charge. DHS reports that its staff did not object on the record to the confinement, but did so in other instances, and no other child in its custody during MSA 3 was detained or jailed without an underlying charge. This substantially comports with the commitments DHS made as part of the court's order in this matter.

Safety and Well-Being

Statewide Child Abuse Hotline

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 successfully operationalized its hotline, referred to as Centralized Intake, during MSA 2 and continued to enhance its functioning during MSA 3.

During MSA 3 Centralized Intake received 142,320 calls from the public with 71,859 of those calls related to CPS. Sixty percent of the CPS calls resulted in 43,165 CPS complaint referrals sent to DHS field offices for investigation. Assignments of CPS complaints to field offices are based on a priority response designation outlined in the DHS Centralized Intake Abuse and Neglect Procedures. Complaints assessed as Priority 1 designations, requiring immediate response, must be referred within one hour of Centralized Intake's receipt of the call. Calls assessed to be Priority 2 or Priority 3, requiring 24-hour response, must be transferred within three hours of the call. DHS reports that during MSA 3 the median time for transfer of Priority 1 calls was 7 minutes and 49 seconds while the median transfer time for Priority 2 and Priority 3 calls was 17 minutes and 8 seconds.

At the conclusion of MSA 3 Centralized Intake was staffed with 104 workers, 24 supervisors, and a second line manager for both first and second shifts. DHS has continued to assess call volume and staffing needs, and authorized a staffing allocation increase of 20 workers and two supervisors during the monitoring period. When all allocated positions are filled, the staffing at Centralized Intake will be 121 workers and 26 supervisors, allowing a supervisory ratio of 1:5.

During MSA 3 supervisory staffing remained stable. However, of the 24 hotline supervisors, 17 had less than one year of supervisory experience while four supervisors had just one year of such experience. Supervisory inexperience required increased and frequent oversight and training by the second line managers. In order to address this issue, DHS incorporated a lead worker model at Centralized Intake with the intent of developing leadership and supervisory skills with a pool of experienced CPS workers. Lead workers assist in the training of new staff,

transferring complaints to field offices and answering complaint calls to lower call wait times. As lead workers continue to take on these functions, experienced supervisors will have the time to train and mentor less experienced supervisors while allowing second line managers to complete quality performance reviews. The lead worker positions were posted in December 2012 with interviews scheduled early in MSA 4.

DHS further increased staffing by adding two clerical positions to Centralized Intake during MSA 3. Those staff will assist with tasks such as the transmission of complaints to the field, mailing letters to mandated reporters regarding all rejected complaints and tracking tasks for supervisors.

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

Due to increased staffing allocations, additional call stations and supervisor cubicles were added to Centralized Intake during MSA 3. All work stations are equipped with phones, dual monitors and wireless headsets for staff to efficiently process complaints. In total, 49 call stations were added increasing desk capacity for 110 staff, and allowing for no overlap of work schedules for those staff who share work stations.

DHS provided the monitoring team with information from its phone system regarding call wait times and abandoned calls at the hotline. The information documents that during MSA 2 the average call wait time was between four and a half and five minutes. During MSA 3 DHS improved the average call wait time to less than two minutes. Additionally, while almost 19 percent of calls were abandoned during MSA 2, in MSA 3 the abandonment rate improved to less than nine percent. DHS must continue to focus on improvement in the call wait times and in the abandoned calls rate as it is imperative for the public to be able to reliably access hotline staff in a timely manner to report concerns regarding potentially abused and neglected children.

Responding to Reports of Abuse and Neglect

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

required by state law and policy requirements.³¹ DHS identified 16,944 Priority 1 investigations throughout the monitoring period that required an immediate response. DHS reports that timely contacts were made statewide in 77 percent of those investigations. DHS further identified 26,202 Priority 2 and 3 investigations throughout the monitoring period, all requiring 24 hour response. DHS reports that timely contacts were made statewide in 85 percent of those investigations. Overall, timely contacts were made statewide in 81 percent of all investigations.

While progress was made during MSA 3, DHS did not meet its commitment to commence timely CPS investigations and there was a wide range of timely commencement contacts in counties throughout the state.³²

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

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

³¹ 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.

³² See Appendices for “CPS Commencement Timeliness by County.”

DHS did not provide information to the monitoring team that reflects their performance on fully completing an investigation. Specifically, a complete investigation would include supervisory review and approval of the investigation report and, because this was lacking in the information submitted, the monitoring team is unable to verify DHS' timeliness commitment for the completion of CPS investigations.

Maltreatment in Care Units

Referrals that alleged abuse or neglect of any child in the custody of DHS are investigated by specially trained investigators, maltreatment in care (MIC) staff. DHS has established separate MIC units in the five urban counties and also Ingham County. In these counties direct supervision of the MIC unit is provided locally at the county level. Investigations for the remainder of the state are handled by four regional units located throughout the state. These units report to a program manager in Central Office, who is also responsible for providing statewide coordination of MIC policies, practice and training. There are also backup MIC investigative staff in every area of the state, who respond when the primary staff are not available. Prior to the assignment of MIC cases, MIC staff must complete required training, which is done through e-Learning courses. According to DHS all MIC staff who are conducting investigative work have completed the required training. Training completion is monitored through the use of JJOLT with oversight from the Child Welfare Field Operations management.

DCQI will begin evaluating the quality of MIC investigations during MSA 4. DCQI conducted a pilot review in November 2012 and as a result made adjustments to the review protocol tool. The process will consist of case file reviews (both electronic information and paper) and interviews with the MIC investigator and the supervisor. DCQI will compile the data, analyze the results and will as appropriate make recommendations for system improvement. The monitoring team will report on the MIC CQI reviews in future reports.

Health and Mental Health

Exams and Follow-Up Care

DHS made a series of commitments to ensure that children in foster care receive the medical, mental health and dental care necessary to ensure their safety and well-being. DHS does not presently have an electronic way to track and monitor its performance with respect to most of these commitments, though it anticipates its new computer system will address these gaps in MSA 5. To evaluate the state's progress, the monitoring team undertook two sets of case record reviews. The first, undertaken in January 2013, involved independent file reviews by the monitoring team of 31 randomly selected children who entered placement between March 2012 and September 2012. The second review, undertaken in February 2013, involved an independent audit by the monitoring team of the findings of the DCQI team with respect to 41

randomly selected children who entered placement between March 2012 and September 2012. Taken together, the monitoring team evaluated 72 randomly selected children's cases using a standard instrument designed to assess DHS' compliance with its various healthcare commitments for the children in its custody.

DHS pledged that by December 31, 2011, 75 percent of children shall have an initial medical and mental health examination within 45 days of a child's entry into foster care. The standard grows in percentage and closes to 30 days during subsequent monitoring periods. The monitoring team verified that 72 percent of children sampled in two case record reviews received medical examinations within 45 days of placement, and more than 75 percent of children had an initial medical examination within 48 days of placement. Of the 20 children who did not receive medical examinations within 45 days, two children received exams within 48 days, six children received one within 99 days of placement; six children received an examination more than 100 days after placement; and six children had not yet received a medical examination at the time of the review.

The monitoring team concluded from these two case reviews that 37 of 72 children (51 percent) received a mental health screening within 45 days of entry to placement. Of the remaining 35 children, there was evidence of a late mental health screening in 14 instances. Based on this review, DHS did not meet its commitment in MSA 3 to ensure that 75 percent of children shall have an initial mental health examination within 45 days of entry to placement.

Beginning with MSA 2 (January 2012 to June 2012), 40 percent of children in placement should have received an initial dental examination within 90 days of the child's entry into care unless the child has had an exam within six months prior to placement or the child is less than four years of age. The standard grows to 95 percent by June 30, 2013. The monitoring team concluded that the dental examination requirement applied to 47 of the 72 sampled children in the two reviews, and of those 47 children, 34 (72 percent) received a timely dental examination. Of the remaining 13 children, there was evidence a dental examination occurred late in seven cases. Based on this sample, DHS was able to ensure timely dental care for many more children than required and is strongly positioned to meet future targets as they accelerate to ensure a strong dental care safety net for all children in placement.

When children receive medical, dental and mental health examinations, it is important for them to receive follow-up care as prescribed in the initial and ongoing visits, and DHS committed to do just that for all children. Of the 72 sampled children, 21 needed follow-up medical care, and DHS made sure they received required care and services in 15 instances (71 percent of the time). Similarly, 22 children were identified as needing follow-up developmental or mental health care services, and DHS ensured that appropriate services were provided for 16 of the 22

children. Twenty-two children were identified as needing follow-up dental care after their initial examination, and DHS ensured that occurred for half of the affected children (11).

The monitoring team sample of children for these case reviews included 28 children under age 4, whose follow-up care required examinations timed developmentally according to the American Academy of Pediatrics. Nineteen of the 28 children received follow-up care timely.

This is the first time the monitoring team has assessed through case record reviews the follow-up health care for children in placement. Although DHS did not meet its commitment to ensure that all children in placement receive needed care and services, the range of compliance represents a strong baseline upon which DHS can build to improve services for children in future periods.

To ensure their health and well-being, children in placement must receive all required immunizations, as defined by the American Academy of Pediatrics, at the appropriate age. The monitoring team verified that immunizations were current for 58 of the 72 sampled children (81 percent), and of the remaining children, there was a plan established for the child's immunizations in 6 of 14 instances, bringing the number of children with current immunizations or a plan to become current to 64 of 72 sampled children (89 percent). While DHS did not meet its immunization commitment for all children, if the agency can improve and normalize this practice statewide, DHS may be able to fully comply with its important healthcare commitment soon.

DHS is required to ensure that 90 percent of children have access to medical coverage within 30 days of entry into foster care by way of a Medicaid card or an alternative verification of the child's Medicaid enrollment status. Based on case record reviews, the monitoring team concluded that 66 of 70 sampled children (94 percent) were enrolled as required and DHS met its target.

Medicaid for Youth Aging out of Care

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 3, DHS reports that 485 youth aged out of foster care. Of these youth, DHS reports that 99 percent of the eligible youth had ongoing health insurance upon exit. All but 30 had an identified source of Medicaid coverage including FCTMA. Of these 30 young people, DHS data and information show that 26 young people were not eligible for insurance due to a variety of

reasons (e.g., death, incarceration) and four eligible youth did not receive coverage, which DHS committed to remedy.

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 3, DHS did not request that all of the informed consent forms be sent to the Medical Consultant for review. 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 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 MSA 3, DHS had expanded SED Waiver services to children with specialized needs in all four counties. In fact, the SED Waiver Project expanded to 36 counties in MSA 3. For FY2013, DHS was appropriated approximately \$3.3 million for the program, which is a state match to draw down \$6.4 million in Medicaid funding for children within the program. Services available to children participating in the SED Waiver include: speech therapy, speech and hearing assessment and treatment, occupational therapy, treatment for chronic diseases or health problems, intensive home-based therapy, psychiatric services and wraparound services.

DHS reports that staff in Muskegon County served four children in the SED Waiver program;

staff in Eaton County served nine children; staff in Clinton County served two children; and staff in Washtenaw County served five children.

Treatment Homes

DHS identified a list of at least 200 treatment homes, consistent with its commitment in the MSA, which included both licensed placements and unlicensed relative homes serving 25 children with severe emotional disorders who are receiving enhanced behavioral health services pursuant to the SED Waiver. The unlicensed placement of a child receiving services through the SED Waiver is considered a treatment foster home due to the broad array of services and supports being provided to the youth and provider, which the monitoring team independently confirmed during MSA 3.

Education

DHS is required to make reasonable efforts to ensure the continuity of a child's educational experience by keeping the child in a familiar or current school and neighborhood, when in the child's best interests and feasible, and by limiting the number of school changes the child experiences. DHS does not have a mechanical or computerized method for tracking its progress with this commitment, so the monitoring team undertook a case record review to assess performance. As part of the January and February 2013 case record reviews, the monitoring team identified 24 school-age children who entered placement between March 2012 and September 2012. Of those children, 21 benefitted from a caseworker making reasonable efforts to ensure the continuity of the child's educational experience by keeping the child in a familiar or current school and neighborhood, when in the child's best interests and feasible. This finding closely follows findings from the DCQI, implementing the modified CFSR on a sample of 34 randomly selected cases, in which reviewers determined that in 31 cases the caseworker ensured the continuity of the child's educational experience.

Furthermore, DHS pledged to take reasonable steps to ensure that school-aged foster children are registered for and attending school within five days of initial placement or any placement change, including while placed in child care institutions or emergency placements. Because DHS does not have a computerized or mechanical way to track its performance, the monitoring team examined 26 randomly selected cases, and identified 23 children's placements where reasonable steps were taken to ensure that children were attending school within five days of initial placement. This finding closely follows findings from DCQI, implementing a CFSR on a sample of 30 randomly selected cases, in which reviewers determined that in 27 cases the caseworker took reasonable steps to ensure the child was registered for and attending school within five days of placement.

In November 2011, DHS developed and the monitors approved a baseline in the Big 14 counties of youth 18 years and older leaving foster care with a high school diploma or GED. Of the 103 youth sampled, 35 (34 percent) left foster care with a high school diploma or GED. Of this sample, 30 youth obtained a diploma and five youth obtained a GED. In concert with its MSA commitments, DHS was charged to increase this to 39 percent by June 30, 2012. DHS does not have a mechanical or computerized method to track this, so it undertook a random sample case review. A random sample of 103 youth was produced during MSA 3 based on three criteria: (1) the youth exited during the period; (2) the youth was 18 years old or older when he/she exited care; (3) the youth was served in one of the Big 14 counties. Case record data and information revealed that 42 (41 percent) of the 103 youth sampled earned their high school diploma (33) or GED (9) prior to exiting care.

Seita Scholars Program

DHS agreed to support the Seita Scholars program at Western Michigan University (WMU). DHS reports in the fall of 2012, approximately 150 Seita Scholars were enrolled and attending WMU. During MSA 3, a total of 119 Seita Scholars (an increase of 34 youth from MSA 2) were awarded Education and Training Voucher (ETV) funding, totaling \$300,000.

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

Youth Transitioning to Adulthood

Extending Eligibility and Services

DHS committed in the MSA to continue to implement policies and provide resources to extend foster youths' eligibility for foster care services until age 20 and make independent living services available through the age of 21. During MSA 3, DHS continued to implement the Young Adult Voluntary Foster Care (YAVFC) Act, allowing foster youth to voluntarily remain in the state's care after their 18th birthday if they are in job training or college, are employed, or are disabled. The DHS public website was updated to include information related to eligibility, an overview of services and frequently asked questions, as well as links to other supports available to older youth who are or who have been in foster care. The monitoring team worked closely

with DHS to refine the tracking and reporting on this group of young people, but did not have sufficiently reliable information at the close of MSA 3 to include demographic and service information in this report.

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. DHS agreed that by September 30, 2012, an additional 12 counties shall begin implementation of MYOI, and the program in fact expanded from 46 counties to 59 counties during MSA 3, and from 16 allocated MYOI coordinator positions to 31 positions.

Appendices

Appendix A: Relative Homes

Relative care is the largest single form of placement in the Michigan child welfare system. As of the end of MSA 3, more than one-third of all children, 4,500+, in out-of-home placement were living in more than 2,800 relative homes. Given that relatives are a significant resource, in the MSA, DHS committed to make several important changes to their existing relative placement practice. The most significant change was the state's commitment to begin licensing relatives. Implementing a relative licensure process provides both an extra level of review to ensure those homes are safe and opens the door for children in these placements to access the same financial support available to children in other forms of placement. In short, these commitments to relative care were designed to ensure children removed from their own families were newly placed in situations where they would be safe, with the critical supports that they need, including sufficient financial resources.

More than four years into the state's commitment to license relative homes, the process is lagging, and the level of safety and supports for children in these homes do not reflect the commitments in the MSA. As of the end of this period, DHS reports that the majority of relative homes in Michigan – 63 percent – were unlicensed. With only 37 percent of relative homes licensed, DHS has turned increasingly to waiver as an option for relative homes. By the end of MSA 3, the rate of waiver rose to 20 percent for all relative homes, surpassing the 10 percent required for the monitors' review. Of greatest concern is the large group of relative homes where there is neither a license nor a waiver – 43 percent of all homes. A small number of these came on-line late in MSA 3 and so would not be expected to have progressed through the licensure or waiver process by the end of the period. However, as detailed in this report, based on the data provided by DHS, there is a large group of relative homes where children have been living for months with no action recorded. A small group of these homes have licensing applications on file but even with those homes, timeliness of resolution has proven to be a challenge. In short, DHS is struggling to move most relative homes to licensure.

Part of that struggle may lie in the infrastructure – management, database, training, and staffing – DHS has provided to support the relative licensure process. As reported in previous periods, to date, DHS has chosen not to create the full-time relative licensure statewide coordinator envisioned in the MSA. Instead, DHS added this important responsibility for coordination onto the responsibilities held by a staff person who also plays a critical role in the important MiTeam reform. Second, the DHS relative licensure database is of such poor quality that it cannot serve as a valid management tool to manage this process. Third, DHS continues to struggle to get licensing staff the training they need. And fourth, given the caseloads for

licensing staff and the slow rate of relative licensure, it is an open question about whether DHS even has enough licensing staff (public and private) committed to this process.

Most worrisome is the maltreatment in care data which continues to exceed federal standards, with substantiated instances of maltreatment in relative homes – particularly unlicensed relative homes – disproportionate to the rate of relative placement. In MSA 3 alone, there were 45 children in unlicensed relative homes and another seven in licensed relative homes who were victims of maltreatment.³³

Interviews with staff, providers, and managers, along with BCAL analyst reports, data and case documentation reviews, suggest that relative placement practice has not kept pace with the reform. Emergency placements are routinely made with caretakers without the pre-screening envisioned in the MSA. These relative caretakers open their doors to the children, usually with very little notice, and they are expected to manage all of the financial arrangements to accommodate those children on their own. For example, our review showed that children were placed in relative homes that did not have beds or cribs for them. DHS staff visiting those relative homes consequently found a variety of inappropriate sleeping arrangements including one instance in which a child was sleeping in a hallway and another instance in which a child was sleeping in a basement with a pool of water with frogs living in it. In another instance, a relative agreed to DHS' guidance to allow a child to sleep in a dresser drawer.

In other instances, there are barriers to licensure – issues with the home or with the history of the caretaker or another adult in the home – which raise questions, appropriately identified by DHS or private agency staff, about whether the home is a safe environment for the child. The issue is identified but it is not addressed, and the child or children remain in those homes.

As documented elsewhere in this report, when DHS focuses on an issue, it can make great strides. With relative licensure, there are some counties which have had success. There are 11 counties – including the large counties of Kent and Saginaw – which DHS reports have licensed 60 percent or more of their relative homes. Another 13 counties – including Washtenaw and Van Buren – are coming up just behind those counties with 50 percent to 58 percent of their relative homes licensed. Several counties have been able to keep their relative waiver rates relatively low. The rates for four large counties – Genesee, Kalamazoo, Kent, and Muskegon – are in the 11-13 percent range. The reported performance of these counties suggests that there are opportunities in Michigan to learn from counties where the relative licensure process has been more successful.

³³ As reported in the Outcomes section, while Michigan reports the number of children maltreated in care during MSA 3 declined compared to prior periods, Michigan's number and rate of maltreatment in care remain among the highest in the country.

But that level of focus is not yet evident statewide with regard to children in relative placements. Over the course of MSA 3, the monitoring team did intensive work to assess the implementation of the commitments that Michigan made with regard to relative care. Building on the work in prior periods, the monitoring team took a comprehensive look at DHS' relative care practice. Unfortunately, it is the assessment of the monitors that at every level, infrastructure; data-gathering; timeframes; licensing processes; and oversight, Michigan still has significant work to do to meet their commitments with respect to relative care and ensure this large and important group of children and their caretakers are safe and have the resources and supports they need.

MSA Provisions

In the MSA, the state and plaintiffs agreed to a series of detailed steps with regard to the licensure of relative homes. DHS made complimentary commitments with regard to adding infrastructure designed to help support progress towards full licensure and improve oversight and support of these homes.

The MSA underlines that relative homes must meet the same safety standards as foster homes and that relative caregivers must be screened as would any foster parent. This screening includes checks to ensure the caretaker and all adults in the home do not have a history as a perpetrator of child abuse or neglect nor do they have criminal convictions that would disqualify them from serving as foster caregivers or being present in a foster home.

All new relative homes are to be licensed and licensed quickly, with pre-screening prior to placement to ensure the home is safe and meets standards; a home study is to be completed within 30 days of the placement; and the entire licensing process is to be completed within 180 days. Existing relative homes were to be given the support they needed to become licensed.

With regard to infrastructure, a new position in Central Office was to be established to oversee this important and significant initiative. New licensing staff were to be added if they were needed to ensure the relative licensure process had the support necessary to be successful. And all licensing staff were to be trained to ensure they had the knowledge necessary to ensure homes met the safety standards required by the state.

Once the safety requirements are met, the MSA allows for a narrow exception to the commitment that all relative homes be licensed. That exception can only be triggered at the request of the relative caretaker after the relative caretaker is fully informed of the benefits associated with licensure and the disadvantages of not proceeding through the licensing process. After the relative caretaker is fully briefed, if they do not wish to be licensed, the

caretaker can sign a waiver form to that effect.³⁴ The parties agreed the waiver would be reviewed at a very high level in DHS, by the county director. This high level review is intended to ensure waivers are providently granted. Each waiver is only good for one year after which time DHS must once again initiate a conversation to ensure relative caretakers have the opportunity to gain access to the benefits of licensure at any time.

In addition to the licensing provisions, for the first time, the MSA provides that relative homes are to be visited as part of the contract oversight process. Caretakers and children are to be interviewed to assess the services they are receiving, and the homes are visited so that they can be re-viewed to see if they meet standards.

Yet another safeguard for children in relative homes is the work Michigan committed to do in revising their maltreatment in care investigative practice. While Michigan has always investigated maltreatment in foster homes, as part of the broader reform initiative, DHS designated specially trained investigators to focus on maltreatment in care. Michigan also agreed to increase the severity of response with agencies who failed to report suspected abuse or neglect in foster homes, including relative homes, to ensure children in placements were kept as safe as possible.

In all, the MSA envisions a comprehensive series of supports designed to ensure children placed in relative homes are safe and have all the supports they need – financial and otherwise – to achieve permanency.

Methodology

During MSA 3, the monitoring team requested data on children in relative homes, on the relative homes, on the licensure process, waivers, contracting oversight, licensing staffing, the training of licensing staff and maltreatment in care. The monitoring team interviewed DHS and private agency staff and managers about the relative licensure process.

The team also reviewed 30 BCAL analyst reports encompassing information on visits to 55 unlicensed relative homes. The monitoring team also took a closer look at the 335 homes in the database where there had been a request for a waiver during MSA 3 and conducted a case review involving those homes. The team targeted 15 percent of these homes for review, but was able to do more, reviewing 65, or 19 percent. Finally, the monitoring team analyzed the data provided by DHS with respect to all 4,505 children they reported living in relative homes on the last day of the period. The team looked at the reported status of each of the 2,897

³⁴ DHS requires waivers by child, not by home. However, for the purposes of assessing performance in this report, as the focus in the MSA is on the relative home, all counts will be by home – license, waiver, and no action.

homes with regard to placement dates, filing of licensing applications, filing of waiver applications, granting of licensure and granting of waiver.

Data and Analytic Issues

The data on relative licensure provided to the monitors by DHS is of poor quality. We saw the following:

- Child placement dates are erroneous
- Relative provider begin dates are inconsistently documented
- Waiver submission dates are erroneous
- Waivers are listed as submitted, and some approved, which were not submitted
- Waivers are listed as denied when they were approved
- Waiver approval dates are missing
- Homes are listed as licensed which are not licensed

Every bullet listed above relates to a provision in the MSA and so is information that DHS must collect in order to manage the relative licensure process in accordance with the MSA. However, it does not appear this is a database that is in use by central management. Instead, it appears that DHS cobbled together the relative licensure database from a variety of sources but did no data quality checks prior to submitting the information to the monitors. More importantly, this data is of such poor quality that it could not serve as a valid management tool for DHS in managing the relative licensure process.

In addition, the data provided has vital information missing. For example, there is no field to denote whether the pre-screening of the home was completed. No field to denote if Central Registry and criminal checks were done with regard to the adults in the home. No field to denote if a home study was completed and if it was, when. Waivers are listed as approved with the reason for the waiver listed as “relative provider cannot be licensed.” However, the fact that a relative provider cannot be licensed is not sufficient to establish whether or not the waiver is appropriate. The data should include the information about why the relative cannot be licensed as some of the reasons would preclude a waiver.

These data issues are compounded by basic analytic errors. In the analyses that DHS provides to the monitors, DHS consistently fails to include all the relevant homes. For example, in assessing compliance with the commitment to license 55 percent of relative homes during a pre-determined time period within 180 days, DHS looked only at the homes that were successfully licensed – not at all the homes that had started but had not yet completed the

licensure process (although they should have as they had been in process for more than 180 days) and not the homes where the licensure process should have been started but was not.³⁵ If DHS included all of the relevant homes, as set forth below, the data reveals a compliance rate of only 34 percent. These analytic errors are worrisome not simply from a technical compliance perspective, they are worrisome from a substantive perspective. It is the homes that have received no or inadequate attention in the licensure process where there is the most work to be done – and leaving those homes out of the analyses makes it harder to see where attention is needed.

More than four years into the relative licensure process, it is reasonable to expect that the quality of the data and analysis would be better than it is. DHS has consistently reported to the monitoring team that they expect data reporting to improve with the implementation of MiSACWIS. However, the data quality and analytic issues which surfaced in this review will require specific attention that goes beyond the rolling out of a new database.

Findings

As part of the verification process, the monitors asked DHS to send data reflecting the licensing status for all relative homes active (with a child in foster care) as of December 31, 2012, the last day of MSA 3. The dataset that DHS sent included information regarding 2,897 unique relative home providers responsible for caring for 4,505 children in placement.³⁶ Based on the information provided by DHS:³⁷

- 1,077 relative homes were licensed – 37 percent

³⁵In their submissions to the monitor, DHS did not report on the number or percent of homes licensed within 180 days. DHS instead provided the monitoring team information on the number of children who entered care with relatives beginning with October 1, 2011 and whose relative home was licensed by December 31, 2012. According to DHS, 376 children of 606 who met the placement date criteria were residing in relative homes that were licensed within 180 days of their placement. DHS reported that the agency exceeded the MSA standard of 55 percent by licensing 62 percent of these homes within 180 days. DHS failed to include in their denominator the total number of children living in all relative homes, as they excluded the homes that were not licensed.

³⁶ As part of routine reporting, DHS also separately forwards to the monitors information on all children in placement on the last day of the period, the same day from which the data in this dataset was to be drawn. That data set reflects 4,443 children living in relative care on December 31, 2012, 62 fewer children than in the data set reported above. DHS has routinely had to make corrections to the point in time datasets forwarded to the monitoring team. In this instance, it is not clear whether the discrepancy is a function of a different date on which the data was pulled, issues with the cohort data or issues with this data, as DHS did not explain the discrepancy with their submission.

³⁷ DHS provided their own analysis of the licensing status as part of their submission. They reported on the status by child, rather than by home as required by the MSA. Analyzed by child, DHS reported that 36% of children living with relatives were in a licensed home; 14% of children were living in homes with a waiver; and 50% of children – 2,248 – are living in homes that are neither licensed nor have a valid waiver.

- 568 relative homes had an approved waiver – 20 percent³⁸
- 1,252 relative homes were not licensed and did not have a waiver – 43 percent

DHS reports that 50 percent or 2,248 of these children were living in unlicensed relative homes without a waiver.³⁹ This is a far higher percentage of children living in unlicensed homes than the parties anticipated at this stage of the reform based on the terms of their agreement.

Timeliness

As detailed above, the parties designed the relative licensure process to happen quickly. The pre-screening, 30-day home study, and 45 days for resolving a waiver or initiating the licensing application were established as standard processes from the start of the MSA. However, the parties knew DHS would need some time to develop the capacity to support timely licensure resolution and so staggered the implementation of the 180 day timeframe with an interim target that began in October 2011 before the final target of December 2012.

DHS is struggling to meet these timeliness standards. The data provided by DHS to the monitoring team does not include information on the pre-screening or on how often relative home studies are completed or how long the ones that are completed are taking. For these standards, the monitoring team drew information from case reviews:

- Pre-Screening: With regard to 22 of the 65 homes, DHS made a pre-screening home visit prior to the placement. With 26 of the homes, the record reflected DHS did not make a home visit prior to the placement. With 16 of the homes, the record was silent on whether the required pre-screening visit was made. One home was the natural parents' home in which the relative was living.
- Home Study: With regard to the home study, 30 of 65 were completed within the required 30 days; another 29 were completed later, after the 30-day period; and the other six case records do not include home studies.

The data set includes a field to denote whether or not a licensing application was filed and how long it took for the filing. Based on the data submitted by DHS, there were 667 relative homes

³⁸ This waiver count does not include homes that were subsequently licensed. Also note that as described later in this report, waivers are listed as denied – and so not included in this count – which were later found during the case review to have been approved. The review suggests the DHS data undercounts the number and percentage of actual waivers for relative homes.

³⁹ DHS reports the status for the 2,248 children in unlicensed relative homes is as follows: 459 of these children reside in homes where waivers are pending approval and 1,789 children reside in homes where no waiver has been requested. DHS reports that 438 children reside in homes that are actively being studied for licensure.

that came on-line in MSA 3 between July and October 2012.⁴⁰ Among those 667, 210 (31 percent) had a licensing application filed or a waiver granted within 45 days of the child's placement in the relative home. Another 12 percent had a licensing application filed but beyond the 45 days. Most had neither a timely waiver nor a licensing application on file, 377 or 57 percent. In sum, DHS has not yet achieved the standards for initiation of timely licensure as envisioned in the MSA and DHS policy.

For new relative homes coming on line between October 1, 2011 and June 30, 2012, DHS agreed 55 percent would be licensed within 180 days. Based on the December 31, 2012 relative home cohort provided by DHS, DHS was unable to meet this standard. The DHS data reflects that there were 938 relative caretaker homes where the provider start date was between October 1, 2011 and June 30, 2012. Forty-five percent, 421, of those homes were licensed. Only 27 percent of all homes in the cohort (34 percent of the homes not waived) were licensed within 180 days, below the agreed upon standard of 55 percent.⁴¹ Another 172 homes or 18 percent were licensed but it took DHS more than 180 days to complete the licensure process. DHS granted another 202 homes, 22 percent, a waiver. And finally, there were 315 homes or 34 percent which had neither a license nor a waiver.

The BCAL analyst reports provide examples of relatives who want licensure and need the financial support licensure can provide but the licensure process is slow:

- A relative reported she had been in the licensing process for more than nine months. She reported the strain of trying to stretch to cover the costs of the two children in her care on her own.
- A relative reported that the licensure process had been continuing for 10 months and that she was still not licensed despite having two additional children (half-siblings to the child already in the home) placed with her. She reported the licensing worker could not tell her the reason for the delay.

Between initiation of the licensing process and resolution of the waiver and licensure process, DHS has work to do in order to meet the timeliness standards set forth in the MSA and help alleviate the financial strains reported by these relatives.

⁴⁰ The analysis excludes November and December 2012 to allow for the 45 days after placement. It also excludes relative homes licensed or waived prior to the start of the period.

⁴¹ See the note in the data and analysis section above about the error DHS made in analyzing this information.

Staffing and Training

DHS reports that only 383 relative homes were licensed during the six month period of MSA 3. With more than 1,200 remaining relative homes without a license or a waiver, the rate of relative licensure will have to more than triple in upcoming periods if DHS is to meet its commitment to license relative homes. As reported in the caseload section of this report, there are 388 public and private staff in Michigan engaged in licensing work. This means that over the six months of MSA 3, there was an average of only one relative home successfully licensed per licensing staff person. On the face of it, with almost 400 staff engaged in licensing work, DHS should be meeting its obligation under the MSA to ensure that there are sufficient staff engaged in the relative licensure process.⁴² However, the results suggest otherwise: it is an open question whether DHS should consider adding more licensing staff in order to meet the terms of the MSA.

With regard to the training of the licensing staff, as documented in prior reports, DHS has struggled to meet this commitment, and has been out of compliance with this requirement for each of the prior reporting periods. Those challenges continued in MSA 3 with 23 percent of licensing staff not having completed the required training. With almost one out of every four licensing staff lacking the required training, this raises questions about the breadth of knowledge of safety standards, licensing procedure, caretaker screening, and other critical elements of the licensure process.

Licensing Waivers for Relative Caregivers

The MSA is clear that the parties intended all foster homes would be licensed, including all relative homes. In exceptional circumstances, DHS is permitted to waive the licensure of a relative caregiver. In these situations, DHS must ensure that the home meets all the same safety standards as a non-relative home and the caregiver and other adults residing in the home are subject to all of the screening requirements – child abuse registry and criminal – as the caregivers and adults in non-relative homes. If the safety standards are met, the child can be placed in the home. The only exception to the safety standard is when the court orders the placement over DHS objection or ICWA trumps. The data from DHS indicates these two exceptions are rare and account for less than one percent of the waivers DHS has granted. In

⁴² As reported in the caseload section of the report, DHS had agreed that 90% of licensing staff would meet caseload standards by MSA 3 – and they fell short at 86%. Of course, licensing staff support both relative licensure and foster home licensure. But more children are living in relative homes than in foster homes in Michigan – and the nature of relative placement requires more resources as new relatives must be licensed as new children are brought into placement. (Foster homes, once licensed, can serve a range of children from different families.) Therefore, relative licensure should be the majority of the work for licensing staff.

the December 2012 cohort, there were three homes where a waiver was given on ICWA grounds and another six where the court ordered placement with a relative over DHS objection.

Once the safety standards are met, DHS can place the child in the relative home if that placement is in the child's best interest. DHS must inform the relative caregiver about the benefits and obligations of licensure. It is only if the relative is fully informed and opts to decline licensure that a waiver can be given.

In the early days of Michigan's reform, there were many relatives who did not need licensure to access financial support for the children in their care. Those children had been declared wards, with their parents' legal rights terminated, and they received the same level of financial support as if they lived in non-relative homes. For those relatives, incentives to pursue licensure were few.

However, as the children in those homes have been adopted, aged out or otherwise achieved permanency, the balance of children living in relative homes in Michigan has changed. More and more of these children entered the relative home after the licensure initiative began. Many were placed in these homes early in their placement – some from the very first day – and many are temporary wards. Children in these relative homes cannot receive financial support unless they are licensed. Licensure is also a necessary pre-requisite for subsidized guardianship, an option that was not available prior to the reform in Michigan.

In short, the need for licensure of relative homes in Michigan and the incentives for relatives to consent to licensure have only grown in recent years. Therefore, it is important to understand why the rate of waiver in Michigan has grown substantially over the last two periods, rather than declining.

Other than the two exceptions noted above (court order and ICWA), the only other reason a waiver can be granted is at the instigation of the fully informed caregiver. The parties were so concerned about ensuring that waivers were providently granted that they included in the MSA a series of strict requirements. The waiver had to be signed by the caregiver. Every waiver had to be submitted for high level review and approval by the DHS county director. The waiver had to be pro-actively renewed on an annual basis after another discussion with the caregiver about the benefits and obligations of licensure.

As a further safeguard, should the percentage of relatives electing not to be licensed exceed 10 percent of all unlicensed relative caregivers, the monitors are required to conduct a review and report on whether DHS has adequately instituted and followed the procedures as outlined in the MSA. During this monitoring period DHS acknowledges that they have exceeded the 10 percent threshold.

The monitoring team conducted a review of 19 percent of the homes where a waiver had been submitted for approval during MSA 3 – 65 of 346.⁴³ Of the 65 waiver requests (by home) reviewed, DHS granted 56 (86 percent) and declined or otherwise did not complete the process for nine (14 percent) of those homes. This sample suggests a high approval rate.

The case review further suggests the waiver approval rate is higher than it appears looking at the DHS relative home data provided to the monitoring team. Of the 56 homes that were found to be approved during the case review, 18 were in the database as having a waiver that had been declined. Five of those had approvals during MSA 3. The other 13 approvals occurred during MSA 4, after the period had ended and beyond the 45 days required for resolution, some of them many months after the waiver should have been resolved. DHS leadership informed the monitoring team that the database had a built-in default which registers that a waiver has been declined after the permissible time passes. The default can be overridden by the worker if they check approved – but if they do not make the correction, the database is not updated. Based on the case review, the database is subject to under-counting the actual number and percentage of relative homes with a waiver. As reported earlier, the data submitted by DHS indicated that 20 percent of all relative homes or 568 had an approved waiver – but that is likely to be an undercount of relative homes with an active waiver.

No reason was provided in the data for 18 percent of the waivers, which is problematic. However, documentation in the relative home database of the reason for a waiver improved during MSA 3.

The case review revealed that the reason given on the waiver paperwork did not always agree with the reason recorded in the database. In 44 of the 56 instances where a waiver was granted, the reason provided was the same – but it was different in the remaining 12 cases.

The database includes the following reasons for seeking and granting a waiver:

Caregiver declined licensure (56 percent of homes where a waiver reason was provided): The title of this category is the same as the overall exception and so can shed little light on the underlying reason for the relative's decision to decline. When a waiver is granted on this basis, it should reflect situations in which children are safe, caretakers are screened, and the caretaker understands fully the benefits of licensure, but declines to be licensed. Because the data tells us so little about the underlying circumstances of the waiver, the case review included 32 homes where DHS indicated this was the reason for the waiver request.

⁴³ This review consisted of 65 relative homes with 76 waivers by child. The sample was randomly selected from among the 346 relative homes with a child in that home on December 31, 2012 with a relative who requested a waiver during MSA 3 as indicated by DHS.

Permanency pending or imminent (24 percent): There are three waiver categories where the reason given is that permanency – adoption, unsubsidized guardianship or reunification - is imminent or pending. Note that technically speaking the fact that permanency is imminent or pending is not an adequate reason under the terms of the MSA to provide a waiver. Once permanency is achieved, the MSA does recognize that if the home was not licensed prior to the child’s exit from care, there is no need to retroactively license the home. But while permanency is still pending, licensure should remain a goal unless this is the reason the caretaker declines to be licensed. The case review included 14 waiver requests where pending or imminent permanency was the reason given.

If the plan for a family is unsubsidized guardianship that family should be in a position to financially support themselves and the child without state support. The imminence of an unsubsidized guardianship as the reason given for the waiver is relatively rare, only eight homes statewide.

The imminence of reunification is the reason provided for a waiver for 26 homes statewide. Experience suggests these waivers need to be tracked carefully. Relatives may be willing at the start to stretch themselves in the hope the situation is temporary – and short. But if the placement persists, the financial strain may grow and the home may need more support. For example, the data reflects that one relative home had the waiver granted on this basis in November 2011 but a year later, the child was still in the home and had been in the home for more than two and a half years.

Adoption pending is different because in most instances, the family is likely to be receiving financial support. There is a relatively small number of homes with this type of waiver – 74. The team’s review found that some of the homes where the reason given for the waiver is “caregiver declined licensure” could also be attributable to a pending adoption. The case review suggests that most of the homes in this category have children who are wards – and so those families have access to financial support. However, there are some homes reviewed where waivers on this basis were granted prior to the child becoming a ward. The relative appeared to be anticipating the financial support that would come post-TPR but it was not yet available.

Caregiver unable to be licensed (15 percent): The MSA does not include an exception for caregiver unable to be licensed. The tension with this category is that there may be very good reasons to place or retain placement of a child in a relative home which could not be licensed – or cannot be licensed absent a granted variance to the licensure standards. But such a placement cannot be at the cost of a child’s safety or well-being, and it must be in the child’s best interests. Therefore, the reason why the caregiver cannot be licensed matters a great deal. Some licensing provisions directly address safety concerns – for example, the pre-screening of adults in the home with respect to the child maltreatment registry. Others are

more cautionary but are not as directly about safety: Does the family have the necessary financial resources or do all of the adults have a bedroom to sleep in? Michigan does permit variances to licensure provisions which do not impact the safety or well-being of the child – but historically, licensing staff have been reluctant to seek them out, presuming they will not be granted. During the case review, the team examined the records for 15 homes where this was the reason given for the waiver. After reviewing these homes, the team would recommend eliminating the “relative cannot be licensed” as a reason to grant a waiver. See the examples below.

Other (5 percent): Some of the waivers categorized as “other” appear to belong in one of the other more specific categories - for example, a relative who is anticipating imminent adoption or reunification. However, in some instances, the “other” category is utilized in circumstances in which it does not appear a waiver is the appropriate response. For example, there are cases in which the reason given for the waiver is that the relative is involved in the licensing process but that process has not yet been completed. Delays in completing the licensure process are not a reason under the MSA to grant a waiver.

Waiver Findings

Based on review of data, documentation, and interviews with private and public agency staff, the team concluded that the waiver process has not been implemented as contemplated by the MSA for the following reasons:

- Waivers were approved for homes that potentially present issues of safety and risk.
- Relatives who were financially struggling were denied licensure because of lack of financial resources, yet the children remained in their care. Note that denying those relatives licensure also denied the children of the financial support which would have been available to them had they been in a non-relative home – and that financial support would appear to have been all the more critical and necessary given the relative’s lack of financial resources.
- Waivers are granted in lieu of supporting potentially appropriate variances to the licensure process and so denying children access to the financial support that would come with licensure.
- County directors approved waivers that lacked key and critical information, including waiver requests that stated only that the relative declined licensure, without providing individualized facts in support of the waiver request.
- Waivers were not submitted or approved in a timely manner.

Safety

As described above, a waiver is not a solution for a home that would otherwise be deemed unsafe – either because a caretaker or adult in the home is on the registry or has a criminal conviction that would be disqualifying, or because the home’s physical condition is unsafe. The relative home database did not include information on the pre-screening of the homes or on the safety screenings of the adults in those homes. For insight into practice in these areas, the team reviewed case documentation.

With regard to pre-screening the home to see if it was a safe and appropriate place for the children, the case review reflected that most relative homes were not pre-screened prior to placement. If some of these homes had been pre-screened, it is unlikely a placement would have been made. For example:

- In a home where a waiver was granted, children were placed with a relative who was then evicted for over-crowding the apartment. That relative subsequently moved to another home which was deemed uninhabitable and dangerous because of an issue with an oil tank under that home. But the family continued to reside in that home with the children. The waiver was granted on the grounds the relative could not be licensed.
- In another example where a waiver was granted, children were placed with relatives residing in a retirement community where children were not allowed to live. That waiver was also granted on the ground the relatives could not be licensed.

The monitors also requested a copy of the DHS-588 safety assessment for each of these cases. This form requires assessing the safety conditions of the home and the screening of all adults residing in the home within 72 hours of the child’s placement. In 25 of the 65 cases, the safety screen was conducted within 72 hours of the placement. In another 28 cases, the safety screen was conducted – but after the 72 hours. In 11 of those cases, the screen was conducted more than 72 hours but less than 10 days after placement. In the other 16 cases, it took longer – including screens that were not documented as completed until three months, six months or even in two cases, one year after placement. In two cases, the record of when the safety screen had been completed was unclear. Nine records did not include a safety screen. The failure to complete timely safety screens with regard to relative homes is of serious concern.

Even where the safety screen is completed, there is information that surfaced in that screen or in the record, which suggested there were safety issues, issues that were never addressed as remediated or resolved in the record.

- A waiver was granted to a relative where the record noted that relative had prior CPS history (details about that history are missing from the record); her live-in boyfriend has

a criminal history; and another adult in the home had a criminal history. The waiver was granted on the grounds the child was legally free and the relative was adopting.

- In another instance, a waiver was granted to a relative denied licensure for a wide variety of reasons including a home that was in disrepair and concerns that both she had a criminal history and her son, who might be visiting the home, had convictions and a history of domestic violence. The home study notes that none of these issues were followed up or addressed by the licensing worker because licensure would be denied. However, none of these issues were addressed in the waiver. The waiver was granted on the grounds the relative could not be licensed.
- In another instance, a waiver was granted because the relative could not be licensed because the home was in significant disrepair.
- In yet another example, a relative “declined” licensure because the home needed repairs in order to be licensed, and the relative reported he was not in a position financially to make those repairs.

In all of these examples, the children remained in the homes.

Some of the home disrepair cases suggest that with some support from DHS, the homes could be repaired and meet licensing standards. Instead, the DHS response is to grant a waiver and keep the children in these homes. The record suggests children are living in homes in disrepair and without financial support from licensure.

If a home cannot be licensed due to safety concerns, a waiver should not be granted unless those safety concerns can be resolved. If they cannot be resolved, the children should not be living in the home. If they can be resolved, those safety concerns should be – rather than utilizing a waiver as a substitute for licensure. DHS has work to do in order to ensure the relative homes in which children are placed are safe or are made safe so that children can then have the financial support that would be available to them if they were not living with a relative.

Relative Finances

The relatives’ financial situation and/or how that financial situation is impacted by the child’s status play a significant role in the waiver process. Some families, as the parties anticipated, decide they have sufficient resources to support the children and so do not see the need to negotiate the licensure process. Examples include:

- Relative "declined licensure as he states he is able to care and provide for his grandchildren sufficiently."
- "The relatives do not want to go through the licensing process and do not need the financial assistance."

- Children "receive Social Security benefits that, in conjunction with Ineligible Grantee Services, are more financially beneficial than the licensing payments."

However, there are other instances in which the relative appears to need the financial support for the children that a license would provide but a waiver is granted without addressing the identified financial need. Most troubling are the examples in the reviewed cases where the reason the license was denied was because the relative lacked sufficient financial resources to qualify for licensure and the reason provided for the waiver was that the relative could not be licensed. There is no reference in the record in these examples that a variance from that licensing regulation was sought or if sought, was denied. Instead, the children are kept in the home with insufficient financial resources. These cases appear to be directly contrary to the intent of the parties in the MSA.

There are a number of examples in which it is clear the relative lacks the resources necessary to provide basic supports to the children being placed in that home - support licensure could provide. Interviews with staff, BCAL analyst reports, and the case reviews revealed that one of the most concrete ways in which the lack of financial resources available to relatives arose is sleeping arrangements for the children. Examples include:

- A BCAL analyst found a child sleeping in a hallway without a bed.
- A private agency reports they called DHS concerned that an infant was in a relative home that the private agency has been asked to try to license had no crib. The DHS worker suggests the family could use one of the dresser drawers.
- Documentation indicates the child is sleeping in a basement with a hole in the floor filled with water in which three frogs are living.
- The relative caregiver explains to the BCAL analyst that they needed financial help in order to get a car seat and a crib. The caregiver reports that when she asked DHS for the help, the worker told them that if the relative could not buy those items on their own, the child would be removed. The caregiver is now reluctant to ask DHS for any help for fear of losing the child.
- The waiver request notes that the home cannot be licensed and it cannot be licensed because the child is sleeping on the couch in the living room.
- Documentation indicates there is no crib available for the child when the child is placed in the home and the relative is told to go get a crib from a furniture donation resource.
- Documentation indicates the child is sleeping in a pack and play because there is no crib available in the home.

The theme that runs through these reviews is that these relatives are on their own financially when it comes to caring for these children unless and until they get licensed or the child's parental rights are terminated and they become wards of the court and receive the financial support available to all other children not living with relatives. In the BCAL analyst reports, there are interviews with relatives who request clothing allowances and other basic necessities for children – and those requests are denied. The monitoring team is aware that families who receive support from DHS are unlikely to raise this issue to a BCAL analyst. The team is also aware from reviews and interviews that there are relatives who have the financial wherewithal on their own to support their children. But there is enough information in DHS' own records to suggest that not enough is being done to help relatives who are financially struggling to access the support they need – either financial support from DHS absent licensure or swift assistance to get licensure into place.

Other Issues

There are a few other themes that surfaced in the team's review of the cases in which waivers were granted: insufficient information upon which to make a waiver decision; questions about why variances are so rarely sought or offered as a remedy; questions about how accessible the licensing process is being made to relatives; and questions about whether waivers are truly being sought at the instigation of the relative alone or whether they are being encouraged as a resolution by staff.

- With regard to insufficient information, there are waivers granted where the only reason provided was the relative was “unlicensable”; “licensure was denied by the licensing agency”; “the relative was denied licensure...and now doesn't want to be a foster parent, only wants to adopt”; or there was no reason at all.
- It is not clear from the record that appropriate variances from licensing regulations are considered – and the failure to see appropriate variance as an option deprives some of these families of what appears to be much needed financial support for the children in their care.
 - For example, there were three families where the home was unable to be licensed because of adult sleeping arrangements. Two cases involved adults sleeping in the living room and another involved an adult sleeping in a room without a window. Not granting a variance did not change the facts of where those adults were sleeping and continued to sleep with the children in the home – but it did deprive the children of the financial support that could come with licensure.
 - Similarly, with families that do not have adequate income to be licensed. If those families are an appropriate placement for those children, why is a variance not an option? Not granting a variance did not change the lack of income – in

fact, it made it worse by also depriving the family of financial support via licensure.

- Several relatives cited the “burden” of the licensure process as the reason why they opted for a waiver. There were examples in the record of relatives who reported they could not get to the training sites or that the training was offered at times that conflicted with other obligations. Some of these examples raised issues about how medically fit these relatives were and so how able they were to care for the children in their homes. But other examples suggested that there might be room for DHS to consider how to make licensure less of a burden. DHS has developed a training DVD that could bring training to the foster parent in the home but it appears staff are either unaware or have decided that it is not an appropriate option. This is one example of how a barrier cited by relatives could be overcome, and smooth the path to licensure, providing families with financial resources some of them need.
- Interviews with staff, the BCAL analyst reports and the case reviews suggest that there are DHS staff who do not understand the benefits of licensure for relatives and so encourage relatives to pursue waivers when they might otherwise opt for licensure or share limited or no information about the benefits of licensure. The rising waiver rate suggests that waiver is increasingly seen as a strong option to take relatives out of the licensing process. There is sufficient information available to DHS in the BCAL analyst reports and in the case documentation to suggest there are relatives who can and should be pursuing licensing and staff need support to help them achieve that goal.

Conclusion

Placing children with relatives is a recognized best practice in child welfare. The parties in the MSA set out to continue to support a strong relative placement process in Michigan. The commitments made in that MSA address critical needs for supporting children in relative care – additional safeguards with respect to safety in those homes and financial support for these children. Michigan needs to look at the infrastructure and the supports that are currently being provided to meet these goals in the MSA to assess whether or not they are sufficient. The results to date suggest they are not. The majority of these children continue to live in unlicensed homes without the safeguards and supports that can be provided through licensure. Waivers are being granted in circumstances which raise issues about safety and the financial goals embedded in the MSA. Licensing applications are not being filed timely and relatives report – and the data supports – that the licensing resolution process is taking too long. The monitoring team will pay close attention to the work by DHS with relative homes in upcoming periods in the hope that it will improve – and that more of the children living in these homes will be able to benefit from these provisions in the MSA.

Appendix B: Placement Stability

Child welfare experts recognize the importance of placement stability for children in out-of-home care. A number of studies have demonstrated that placement stability is highly correlated with safety in placement; well-being, particularly with regard to emotional and behavioral health and educational outcomes; and timely permanency.

In recognition of the importance of placement stability, the parties included it among the outcomes to be tracked in assessing system performance. The set of metrics chosen by the parties to monitor placement stability are the federal measures associated with Permanency Composite 4. The composite includes three measures which focus on placement stability for three different cohorts of children in placement: those in placement for less than 12 months (C4-1); those in placement for 12 to 24 months (C4-2); and those in placement for more than 24 months (C4-3). All three measures look at the percentage of children who have no more than two placement settings. There is also an aggregate score encompassing all three sub-measures. The parties set the standard at a score of 101.5. DHS has consistently reported exceeding that standard, most recently achieving a score of 108.4 for FFY2012.

With regard to the three individual measures, DHS will have to achieve the federal median for each by December 2013. Until that time, DHS is obligated only to report on those three measures. For the first, children in placement under 12 months, DHS is reporting a high rate of placement stability, with 87.2 percent of these children living in only one or two placement settings over the course of their first year in placement, exceeding the national median for FFY2011 of 85.9 percent.⁴⁴ For the second, those children who remained in placement for more than 12 months but less than 24 months, the reported rate declines to 74.1 percent, exceeding the FFY2011 federal median of 63.4 percent. Finally, for the last group, children who have been in placement for the longest period of time, for 24 months or longer, stability declines yet further, down to 48.3 percent. But again, that reported rate exceeds that of the FFY2011 federal median of 32.8 percent.

During MSA 3, the monitoring team worked with DHS to better understand the state's placement stability reporting. That work will be ongoing in upcoming periods.

Initial Findings

For the purposes of assessing placement stability, the team examined the cohort data provided by DHS – particularly the data on all children that entered placement in October 2011 – and DHS AFCARS submissions for FFY2012, both the A and the B files.

⁴⁴ FFY2011 is the most recent federal data published. See Child Welfare Outcomes 2008-2011 (published August 16, 2013).

The team focused on entries in October 2011 to allow for twelve months of placement activity through September 2012. These children would have been included in the FFY12 placement stability metrics reported above, all within the first measure, children in placement for less than 12 months. The team compared the cohort data and the AFCARS data. There were significant differences. The largest differences were found in Wayne County.

The cohort data includes children who are placed with DHS for child welfare reasons, including dual wards (children placed for both child welfare and juvenile justice). The cohort data excludes youth placed with DHS for juvenile justice reasons only. DHS' AFCARS data includes many juvenile justice only youth.

Among 111⁴⁵ children recorded with an AFCARS entry data in October 2011 for Wayne County, only 60 were also included in the cohort data. Forty-six of the 51 children in the AFCARS data but not in the cohort data were reported to the monitoring team by DHS as juvenile justice only. Among the remaining five children, four were recorded in the cohort data as having entered in November 2011, not October, and one was found to have entered care in October 2012, not 2011.

The Wayne County October 2011 entry cohort data also included children who were not included in the AFCARS data. There were 22 children recorded in the entry cohort data with a placement date of October 2011 but the AFCARS data reflected a placement date either before or after October 2011. Four children were included in the cohort but excluded from AFCARS because although they had contact with DHS, they were never placed.

In Macomb County, there were October 2011 AFCARS entry dates for 33 children. Twenty-six of the 33 were in the cohort data. Among the remaining seven, four were juvenile justice only cases and the remaining three were child welfare cases. There was only one child who was in the cohort data but not the AFCARS data – that child never entered placement.

In sum, differences in placement dates or inclusion of children who were never placed accounted for 35 differences in entries between AFCARS and the cohort data for October 2011 for Wayne and Macomb. And the inclusion of 50 juvenile justice only youth in the AFCARS data for October 2011 for Wayne and Macomb accounts for the remaining difference. These two types of differences have two very different implications for understanding DHS' AFCARS reporting for placement stability.

⁴⁵ This analysis excludes three duplicate entries in AFCARS, counting each of those only once, and it excludes two cases that further analysis revealed to be CPS only, with children who never entered placement. All five of these entries were listed in AFCARS as compliant with the stability standards.

Juvenile Justice Only

The inclusion of children from the juvenile justice only population in AFCARS is permitted by the federal government, subject to certain restrictions, including the requirement that those children are placed by court order with the Title IV-E agency, which Michigan DHS is. For DHS, the inclusion of these juvenile justice only children in their placement stability metrics makes a significant difference with regard to outcomes, particularly in Wayne County. And as Wayne County accounts for one in five children in placement statewide, what impacts Wayne County impacts the statewide aggregate data.

For example, among the 111 children with AFCARS entry dates in October 2011 in Wayne County, DHS reports that 46 of these children were juvenile justice only or 41 percent. DHS records those 46 children as highly stable in their placements with 45 of the 46 meeting the placement stability standard. The other 65 children, the child welfare only group, reflect a different pattern of stability. Only 44 or 68 percent of them met the placement stability standard. In sum, the inclusion of these juvenile justice only youth raises DHS' performance on placement stability for this group as a whole to 80 percent, an improvement of 12 percent compared to the child welfare population alone.

Data Disparities

The impact of the data disparities between the cohort data and the AFCARS data that are not juvenile justice related are harder to assess. In order to better understand DHS reporting, the monitoring team took a closer look at 101 children from Macomb (23) and Wayne (78 – one of which later proved to be an Oakland case) who were recorded in the cohort data and/or in AFCARS as having entered placement in October 2011. Juvenile justice only cases were excluded from the review. The selection process began by focusing first on the cohort data, supplemented by additional information that DHS provided on the non-cohort AFCARS entries.

Eleven of the 101 cases were excluded during the review. Six of 10 were found only in the cohort data and then excluded from the AFCARS data. The exclusion from AFCARS was appropriate because in all six cases, the child was not placed. In three of the remaining four cases, where the child had been included in both AFCARS and the cohort, the child was never placed. In the fourth, the child was placed but much later, in October 2012. The final child was excluded because his first placement was detention but he was also recorded as child welfare only, which left his status unclear. The exclusion of these 11 cases left 90 children for review.

The team examined the 90 case files for placement history and worked with DHS staff to look as well at the electronic record for all 90 of these children. The team examined the number of placement settings using the AFCARS guidance about which placement settings should be included. If a child had two or fewer qualifying placement settings, the child would be found to

be stable. If the child had three or more qualifying placement settings, the child would be found to be unstable. The team found that the number of placements recorded in AFCARS matched the record in 68 cases, 76 percent. However, the team found differences between the record and AFCARS for the other 22 cases (24 percent):

- Six cases moved from stability in AFCARS to instability after review
- Three cases moved from instability in AFCARS to stability after review
- Thirteen cases had records which reflected a different number of placements than were recorded in the AFCARS data but those differences would not impact whether that child was deemed stable or unstable

After review, among the 90 children, 79 percent were stable and the other 21 percent were not. This rate is obviously much lower than Michigan's reported rate for FFY2012 for this metric of 87.2 percent. Most of the difference could be attributable to the role the juvenile justice only youth play in the placement stability rate. But the differences in the data recorded at each stage of this analytic process also have the potential to impact the reported rate of placement stability.

Next Steps

Given the challenges set forth above, the monitoring team cannot yet affirm the reported rates of placement stability. In upcoming periods, the team will work further with DHS to understand the role the juvenile justice only youth play in AFCARS reporting, including the recording and reporting of placement settings for this significant group of youth.⁴⁶ With respect to the child welfare youth, there were enough data disparities at each stage of this analysis to raise questions the monitoring team will partner with DHS to resolve in upcoming periods.

⁴⁶ In Wayne County, the juvenile justice only youth are not managed by DHS but rather by the county. In the rest of the state, juvenile justice only youth placed with DHS are managed by DHS.

Appendix C: Age Range of Children in Care on December 31, 2012

County	Age Range of Children in Care on December 31, 2012								
	0-6 Years Old		7-11 Years Old		12-17 Years Old		18 and Older		Total
	Children	%	Children	%	Children	%	Children	%	Children
Alcona	8	57%	4	29%	2	14%	0	0%	14
Alger	0	0%	0	0%	3	100%	0	0%	3
Allegan	78	46%	40	24%	46	27%	6	4%	170
Alpena	28	52%	8	15%	16	30%	2	4%	54
Antrim	24	45%	15	28%	11	21%	3	6%	53
Arenac	13	31%	18	43%	10	24%	1	2%	42
Baraga	8	57%	5	36%	1	7%	0	0%	14
Barry	30	55%	14	25%	11	20%	0	0%	55
Bay	78	60%	27	21%	22	17%	3	2%	130
Benzie	4	57%	2	29%	1	14%	0	0%	7
Berrien	177	50%	76	21%	87	25%	14	4%	354
Branch	48	46%	26	25%	30	29%	0	0%	104
Calhoun	133	55%	57	24%	46	19%	6	2%	242
Cass	63	43%	36	25%	45	31%	2	1%	146
Central Office	7	50%	3	21%	4	29%	0	0%	14
Charlevoix	17	45%	8	21%	12	32%	1	3%	38
Cheboygan	28	43%	13	20%	20	31%	4	6%	65
Chippewa	51	68%	11	15%	12	16%	1	1%	75
Clare	15	44%	7	21%	9	26%	3	9%	34
Clinton	36	41%	22	25%	23	26%	6	7%	87
Crawford	18	42%	5	12%	20	47%	0	0%	43
Delta	16	73%	4	18%	2	9%	0	0%	22
Dickinson	27	55%	11	22%	10	20%	1	2%	49
Eaton	73	57%	26	20%	25	19%	5	4%	129
Emmet	15	29%	14	27%	19	37%	4	8%	52
Genesee	402	50%	139	17%	185	23%	72	9%	798
Gladwin	26	67%	6	15%	7	18%	0	0%	39
Gogebic	14	48%	1	3%	12	41%	2	7%	29
Grand Traverse	32	45%	21	30%	14	20%	4	6%	71
Gratiot	30	43%	20	29%	15	22%	4	6%	69
Hillsdale	45	52%	22	25%	19	22%	1	1%	87
Houghton	10	45%	8	36%	4	18%	0	0%	22
Huron	11	35%	6	19%	11	35%	3	10%	31
Ingham	295	49%	108	18%	152	25%	47	8%	602

Age Range of Children in Care on December 31, 2012									
County	0-6 Years Old		7-11 Years Old		12-17 Years Old		18 and Older		Total
	Children	%	Children	%	Children	%	Children	%	Children
Ionia	41	52%	13	16%	22	28%	3	4%	79
Iosco	18	39%	8	17%	18	39%	2	4%	46
Iron	6	50%	5	42%	1	8%	0	0%	12
Isabella	46	59%	20	26%	11	14%	1	1%	78
Jackson	149	54%	56	20%	54	20%	16	6%	275
Kalamazoo	305	50%	140	23%	136	22%	27	4%	608
Kalkaska	9	33%	9	33%	9	33%	0	0%	27
Kent	484	52%	165	18%	216	23%	58	6%	923
Lake	26	44%	13	22%	19	32%	1	2%	59
Lapeer	27	53%	12	24%	11	22%	1	2%	51
Leelanau	12	34%	7	20%	13	37%	3	9%	35
Lenawee	38	40%	26	28%	27	29%	3	3%	94
Livingston	66	55%	20	17%	30	25%	5	4%	121
Luce	4	44%	5	56%	0	0%	0	0%	9
Mackinac	11	50%	8	36%	3	14%	0	0%	22
Macomb	354	46%	152	20%	209	27%	56	7%	771
Manistee	12	46%	6	23%	8	31%	0	0%	26
Marquette	52	48%	23	21%	31	28%	3	3%	109
Mason	20	44%	12	27%	11	24%	2	4%	45
Mecosta	32	55%	13	22%	12	21%	1	2%	58
Menominee	16	52%	10	32%	5	16%	0	0%	31
Midland	32	41%	22	28%	22	28%	2	3%	78
Missaukee	7	41%	4	24%	6	35%	0	0%	17
Monroe	72	56%	25	19%	29	22%	3	2%	129
Montcalm	50	45%	23	21%	34	30%	5	4%	112
Montmorency	2	22%	0	0%	5	56%	2	22%	9
Muskegon	233	51%	97	21%	115	25%	15	3%	460
Newaygo	37	46%	22	28%	20	25%	1	1%	80
Oakland	289	43%	139	21%	179	27%	66	10%	673
Oceana	17	53%	10	31%	3	9%	2	6%	32
Ogemaw	14	58%	3	13%	6	25%	1	4%	24
Osceola	24	49%	9	18%	14	29%	2	4%	49
Oscoda	8	53%	5	33%	2	13%	0	0%	15
Otsego	14	48%	2	7%	12	41%	1	3%	29
Ottawa	79	46%	46	27%	39	23%	8	5%	172

Age Range of Children in Care on December 31, 2012									
County	0-6 Years Old		7-11 Years Old		12-17 Years Old		18 and Older		Total
	Children	%	Children	%	Children	%	Children	%	Children
Presque Isle	6	75%	1	13%	1	13%	0	0%	8
Roscommon	15	31%	13	27%	17	35%	3	6%	48
Saginaw	78	46%	33	19%	39	23%	21	12%	171
Sanilac	29	45%	16	25%	18	28%	1	2%	64
Schoolcraft	12	50%	5	21%	7	29%	0	0%	24
Shiawassee	52	63%	9	11%	16	20%	5	6%	82
St Clair	150	52%	67	23%	61	21%	9	3%	287
St Joseph	73	54%	29	21%	28	21%	5	4%	135
Tuscola	44	44%	25	25%	31	31%	1	1%	101
Van Buren	60	47%	32	25%	33	26%	3	2%	128
Washtenaw	111	52%	38	18%	53	25%	10	5%	212
Wayne	1146	39%	565	19%	857	29%	362	12%	2930
Wexford	26	46%	10	18%	19	34%	1	2%	56
Total	6268	47%	2756	21%	3418	26%	906	7%	13348

Appendix D: Length of Stay of Children in Care on December 31, 2012

County	Length of Stay of Children in Care on December 31, 2012										
	Less than 1 year		1-2 years		2-3 years		3-6 years		6 years+		Total
	Children	%	Children	%	Children	%	Children	%	Children	%	Children
Alcona	14	100%	0	0%	0	0%	0	0%	0	0%	14
Alger	1	33%	1	33%	0	0%	1	33%	0	0%	3
Allegan	100	59%	43	25%	12	7%	13	8%	2	1%	170
Alpena	31	57%	10	19%	7	13%	6	11%	0	0%	54
Antrim	27	51%	18	34%	6	11%	0	0%	2	4%	53
Arenac	29	69%	9	21%	3	7%	1	2%	0	0%	42
Baraga	11	79%	3	21%	0	0%	0	0%	0	0%	14
Barry	40	73%	11	20%	0	0%	4	7%	0	0%	55
Bay	65	50%	50	38%	12	9%	3	2%	0	0%	130
Benzie	2	29%	4	57%	1	14%	0	0%	0	0%	7
Berrien	179	51%	95	27%	44	12%	23	6%	13	4%	354
Branch	50	48%	26	25%	22	21%	6	6%	0	0%	104
Calhoun	133	55%	64	26%	27	11%	17	7%	1	0%	242
Cass	88	60%	44	30%	8	5%	1	1%	5	3%	146
Central Office	1	7%	1	7%	2	14%	7	50%	3	21%	14
Charlevoix	21	55%	10	26%	4	11%	3	8%	0	0%	38
Cheboygan	29	45%	23	35%	8	12%	3	5%	2	3%	65
Chippewa	55	73%	16	21%	1	1%	3	4%	0	0%	75
Clare	9	26%	19	56%	4	12%	2	6%	0	0%	34
Clinton	47	54%	21	24%	11	13%	5	6%	3	3%	87
Crawford	16	37%	14	33%	3	7%	10	23%	0	0%	43
Delta	12	55%	5	23%	4	18%	0	0%	1	5%	22
Dickinson	37	76%	3	6%	2	4%	5	10%	2	4%	49
Eaton	57	44%	37	29%	18	14%	16	12%	1	1%	129
Emmet	15	29%	22	42%	3	6%	12	23%	0	0%	52
Genesee	320	40%	193	24%	96	12%	93	12%	96	12%	798
Gladwin	21	54%	11	28%	3	8%	3	8%	1	3%	39
Gogebic	10	34%	9	31%	4	14%	4	14%	2	7%	29
Grand Traverse	32	45%	25	35%	3	4%	9	13%	2	3%	71
Gratiot	43	62%	16	23%	7	10%	2	3%	1	1%	69
Hillsdale	56	64%	22	25%	9	10%	0	0%	0	0%	87
Houghton	13	59%	2	9%	2	9%	5	23%	0	0%	22
Huron	11	35%	12	39%	4	13%	2	6%	2	6%	31

Length of Stay of Children in Care on December 31, 2012											
County	Less than 1 year		1-2 years		2-3 years		3-6 years		6 years+		Total
	Children	%	Children	%	Children	%	Children	%	Children	%	Children
Ingham	312	52%	135	22%	70	12%	63	10%	22	4%	602
Ionia	40	51%	20	25%	9	11%	6	8%	4	5%	79
Iosco	25	54%	9	20%	5	11%	3	7%	4	9%	46
Iron	3	25%	3	25%	5	42%	1	8%	0	0%	12
Isabella	34	44%	34	44%	8	10%	2	3%	0	0%	78
Jackson	149	54%	76	28%	18	7%	16	6%	16	6%	275
Kalamazoo	315	52%	150	25%	78	13%	51	8%	14	2%	608
Kalkaska	21	78%	3	11%	1	4%	1	4%	1	4%	27
Kent	408	44%	310	34%	121	13%	58	6%	26	3%	923
Lake	32	54%	16	27%	5	8%	3	5%	3	5%	59
Lapeer	37	73%	11	22%	1	2%	2	4%	0	0%	51
Leelanau	11	31%	8	23%	4	11%	9	26%	3	9%	35
Lenawee	58	62%	16	17%	4	4%	10	11%	6	6%	94
Livingston	55	45%	46	38%	13	11%	2	2%	5	4%	121
Luce	5	56%	4	44%	0	0%	0	0%	0	0%	9
Mackinac	12	55%	8	36%	1	5%	1	5%	0	0%	22
Macomb	317	41%	228	30%	101	13%	94	12%	31	4%	771
Manistee	13	50%	8	31%	3	12%	2	8%	0	0%	26
Marquette	56	51%	42	39%	3	3%	6	6%	2	2%	109
Mason	24	53%	14	31%	2	4%	0	0%	5	11%	45
Mecosta	31	53%	21	36%	1	2%	5	9%	0	0%	58
Menominee	15	48%	8	26%	3	10%	4	13%	1	3%	31
Midland	43	55%	19	24%	11	14%	3	4%	2	3%	78
Missaukee	7	41%	7	41%	2	12%	1	6%	0	0%	17
Monroe	102	79%	19	15%	3	2%	3	2%	2	2%	129
Montcalm	60	54%	38	34%	8	7%	4	4%	2	2%	112
Montmorency	5	56%	1	11%	0	0%	3	33%	0	0%	9
Muskegon	253	55%	129	28%	30	7%	31	7%	17	4%	460
Newaygo	42	53%	28	35%	3	4%	5	6%	2	3%	80
Oakland	293	44%	174	26%	75	11%	81	12%	50	7%	673
Oceana	21	66%	8	25%	1	3%	2	6%	0	0%	32
Ogemaw	7	29%	13	54%	1	4%	1	4%	2	8%	24
Osceola	29	59%	11	22%	2	4%	7	14%	0	0%	49
Oscoda	4	27%	8	53%	3	20%	0	0%	0	0%	15
Otsego	21	72%	5	17%	1	3%	1	3%	1	3%	29

Length of Stay of Children in Care on December 31, 2012											
County	Less than 1 year		1-2 years		2-3 years		3-6 years		6 years+		Total
	Children	%	Children	%	Children	%	Children	%	Children	%	
Ottawa	89	52%	49	28%	21	12%	11	6%	2	1%	172
Presque Isle	5	63%	2	25%	1	13%	0	0%	0	0%	8
Roscommon	23	48%	8	17%	5	10%	8	17%	4	8%	48
Saginaw	80	47%	46	27%	22	13%	11	6%	12	7%	171
Sanilac	37	58%	19	30%	4	6%	1	2%	3	5%	64
Schoolcraft	15	63%	2	8%	5	21%	0	0%	2	8%	24
Shiawassee	41	50%	22	27%	13	16%	2	2%	4	5%	82
St Clair	140	49%	85	30%	42	15%	14	5%	6	2%	287
St Joseph	63	47%	36	27%	15	11%	19	14%	2	1%	135
Tuscola	61	60%	32	32%	6	6%	1	1%	1	1%	101
Van Buren	78	61%	30	23%	6	5%	13	10%	1	1%	128
Washtenaw	73	34%	82	39%	32	15%	20	9%	5	2%	212
Wayne	900	31%	680	23%	429	15%	560	19%	361	12%	2930
Wexford	39	70%	8	14%	5	9%	1	2%	3	5%	56
Total	6079	46%	3570	27%	1532	11%	1401	10%	766	6%	13348

Appendix E: CPS Commencement Timeliness by County from July 1 to December 31, 2012

County	Priority Response	# of Contacts Due	# of Contacts Completed Timely	% of Contacts Completed Timely
ALCONA	Immediate	16	15	94%
	24 Hr	27	23	85%
	Total	43	38	88%
ALGER	Immediate	8	8	100%
	24 Hr	17	17	100%
	Total	25	25	100%
ALLEGAN	Immediate	117	77	66%
	24 Hr	418	324	78%
	Total	535	401	75%
ALPENA	Immediate	56	49	88%
	24 Hr	98	87	89%
	Total	154	136	88%
ANTRIM	Immediate	55	47	85%
	24 Hr	107	103	96%
	Total	162	150	93%
ARENAC	Immediate	35	27	77%
	24 Hr	49	46	94%
	Total	84	73	87%
BARAGA	Immediate	16	9	56%
	24 Hr	22	21	95%
	Total	38	30	79%
BARRY	Immediate	120	105	88%
	24 Hr	181	166	92%
	Total	301	271	90%
BAY	Immediate	266	231	87%
	24 Hr	360	351	98%
	Total	626	582	93%
BENZIE	Immediate	33	31	94%
	24 Hr	64	61	95%
	Total	97	92	95%
BERRIEN	Immediate	309	274	89%
	24 Hr	481	440	91%
	Total	790	714	90%
BRANCH	Immediate	99	93	94%
	24 Hr	169	168	99%
	Total	268	261	97%
CALHOUN	Immediate	380	280	74%
	24 Hr	524	457	87%
	Total	904	737	82%
CASS	Immediate	67	51	76%
	24 Hr	163	146	90%
	Total	230	197	86%
CHARLEVOIX	Immediate	47	41	87%
	24 Hr	90	89	99%
	Total	137	130	95%

County	Priority Response	# of Contacts Due	# of Contacts Completed Timely	% of Contacts Completed Timely
CHEBOYGAN	Immediate	49	49	100%
	24 Hr	116	116	100%
	Total	165	165	100%
CHIPPEWA	Immediate	88	79	90%
	24 Hr	154	148	96%
	Total	242	227	94%
CLARE	Immediate	68	48	71%
	24 Hr	135	120	89%
	Total	203	168	83%
CLINTON	Immediate	60	46	77%
	24 Hr	143	105	73%
	Total	203	151	74%
CRAWFORD	Immediate	43	35	81%
	24 Hr	65	64	98%
	Total	108	99	92%
DELTA	Immediate	79	77	97%
	24 Hr	135	135	100%
	Total	214	212	99%
DICKINSON	Immediate	37	37	100%
	24 Hr	97	95	98%
	Total	134	132	99%
EATON	Immediate	177	112	63%
	24 Hr	316	267	84%
	Total	493	379	77%
EMMET	Immediate	32	30	94%
	24 Hr	101	97	96%
	Total	133	127	95%
GENESEE	Immediate	1124	959	85%
	24 Hr	1349	1221	91%
	Total	2473	2180	88%
GLADWIN	Immediate	52	44	85%
	24 Hr	93	89	96%
	Total	145	133	92%
GOGEBIC	Immediate	27	22	81%
	24 Hr	53	52	98%
	Total	80	74	93%
GRAND TRAVERSE	Immediate	131	102	78%
	24 Hr	273	259	95%
	Total	404	361	89%
GRATIOT	Immediate	62	55	89%
	24 Hr	125	104	83%
	Total	187	159	85%
HILLSDALE	Immediate	94	89	95%
	24 Hr	205	197	96%
	Total	299	286	96%
HOUGHTON	Immediate	51	42	82%
	24 Hr	67	67	100%
	Total	118	109	92%

County	Priority Response	# of Contacts Due	# of Contacts Completed Timely	% of Contacts Completed Timely
HURON	Immediate	40	36	90%
	24 Hr	99	98	99%
	Total	139	134	96%
INGHAM	Immediate	622	459	74%
	24 Hr	913	687	75%
	Total	1535	1146	75%
IONIA	Immediate	153	130	85%
	24 Hr	257	236	92%
	Total	410	366	89%
IOSCO	Immediate	54	44	81%
	24 Hr	108	106	98%
	Total	162	150	93%
IRON	Immediate	19	19	100%
	24 Hr	42	42	100%
	Total	61	61	100%
ISABELLA	Immediate	83	71	86%
	24 Hr	183	157	86%
	Total	266	228	86%
JACKSON	Immediate	412	360	87%
	24 Hr	613	492	80%
	Total	1025	852	83%
KALAMAZOO	Immediate	694	612	88%
	24 Hr	1023	876	86%
	Total	1717	1488	87%
KALKASKA	Immediate	38	33	87%
	24 Hr	84	79	94%
	Total	122	112	92%
KENT	Immediate	1217	1022	84%
	24 Hr	1907	1650	87%
	Total	3124	2672	86%
KEWEENAW	Immediate	1	1	100%
	24 Hr	4	4	100%
	Total	5	5	100%
LAKE	Immediate	35	26	74%
	24 Hr	67	62	93%
	Total	102	88	86%
LAPEER	Immediate	98	94	96%
	24 Hr	269	256	95%
	Total	367	350	95%
LEELANAU	Immediate	12	6	50%
	24 Hr	36	33	92%
	Total	48	39	81%
LENAWEE	Immediate	128	108	84%
	24 Hr	320	298	93%
	Total	448	406	91%
LIVINGSTON	Immediate	147	117	80%
	24 Hr	299	291	97%
	Total	446	408	91%

County	Priority Response	# of Contacts Due	# of Contacts Completed Timely	% of Contacts Completed Timely
LUCE	Immediate	9	9	100%
	24 Hr	27	27	100%
	Total	36	36	100%
MACKINAC	Immediate	12	9	75%
	24 Hr	21	20	95%
	Total	33	29	88%
MACOMB	Immediate	829	530	64%
	24 Hr	1360	1129	83%
	Total	2189	1659	76%
MANISTEE	Immediate	24	22	92%
	24 Hr	84	84	100%
	Total	108	106	98%
MARQUETTE	Immediate	114	108	95%
	24 Hr	157	156	99%
	Total	271	264	97%
MASON	Immediate	59	52	88%
	24 Hr	92	89	97%
	Total	151	141	93%
MECOSTA	Immediate	80	69	86%
	24 Hr	168	161	96%
	Total	248	230	93%
MENOMINEE	Immediate	44	40	91%
	24 Hr	63	63	100%
	Total	107	103	96%
MIDLAND	Immediate	137	107	78%
	24 Hr	181	174	96%
	Total	318	281	88%
MISSAUKEE	Immediate	10	10	100%
	24 Hr	2	1	50%
	Total	12	11	92%
MONROE	Immediate	188	135	72%
	24 Hr	388	341	88%
	Total	576	476	83%
MONTCALM	Immediate	174	144	83%
	24 Hr	272	220	81%
	Total	446	364	82%
MONTMORENCY	Immediate	8	7	88%
	24 Hr	24	23	96%
	Total	32	30	94%
MUSKEGON	Immediate	278	215	77%
	24 Hr	697	541	78%
	Total	975	756	78%
NEWAYGO	Immediate	117	98	84%
	24 Hr	207	196	95%
	Total	324	294	91%
OAKLAND	Immediate	1212	873	72%
	24 Hr	1699	1283	76%
	Total	2911	2156	74%

County	Priority Response	# of Contacts Due	# of Contacts Completed Timely	% of Contacts Completed Timely
OCEANA	Immediate	43	34	79%
	24 Hr	98	97	99%
	Total	141	131	93%
OGEMAW	Immediate	38	37	97%
	24 Hr	102	101	99%
	Total	140	138	99%
ONTONAGON	Immediate	9	9	100%
	24 Hr	18	17	94%
	Total	27	26	96%
OSCEOLA	Immediate	66	57	86%
	24 Hr	125	122	98%
	Total	191	179	94%
OSCODA	Immediate	15	12	80%
	24 Hr	33	33	100%
	Total	48	45	94%
OTSEGO	Immediate	38	33	87%
	24 Hr	116	115	99%
	Total	154	148	96%
OTTAWA	Immediate	265	235	89%
	24 Hr	466	444	95%
	Total	731	679	93%
PRESQUE ISLE	Immediate	18	16	89%
	24 Hr	30	29	97%
	Total	48	45	94%
ROSCOMMON	Immediate	55	51	93%
	24 Hr	94	90	96%
	Total	149	141	95%
SAGINAW	Immediate	456	421	92%
	24 Hr	603	586	97%
	Total	1059	1007	95%
ST CLAIR	Immediate	334	289	87%
	24 Hr	564	491	87%
	Total	898	780	87%
ST JOSEPH	Immediate	165	145	88%
	24 Hr	283	271	96%
	Total	448	416	93%
SANILAC	Immediate	57	53	93%
	24 Hr	199	193	97%
	Total	256	246	96%
SCHOOLCRAFT	Immediate	11	10	91%
	24 Hr	29	29	100%
	Total	40	39	98%
SHIAWASSEE	Immediate	171	155	91%
	24 Hr	240	237	99%
	Total	411	392	95%
TUSCOLA	Immediate	92	82	89%
	24 Hr	205	193	94%
	Total	297	275	93%

County	Priority Response	# of Contacts Due	# of Contacts Completed Timely	% of Contacts Completed Timely
VAN BUREN	Immediate	189	161	85%
	24 Hr	231	205	89%
	Total	420	366	87%
WASHTENAW	Immediate	442	361	82%
	24 Hr	518	403	78%
	Total	960	764	80%
WAYNE	Immediate	3373	1881	56%
	24 Hr	3947	2567	65%
	Total	7320	4448	61%
WEXFORD	Immediate	101	87	86%
	24 Hr	202	198	98%
	Total	303	285	94%
CENTRAL OFFICE	Immediate	160	139	87%
	24 Hr	236	219	93%
	Total	396	358	90%
Statewide Total	Immediate	16944	12998	77%
	24 Hr	26202	22150	85%
	Total	43146	35148	81%

