

Progress of the Michigan Department of Human Services

Monitoring Report for *Dwayne B. v. Snyder*
IMPLEMENTATION, SUSTAINABILITY, AND EXIT PLAN

ISSUED MAY 10, 2018

ISEP 11

JULY TO DECEMBER 2016

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Introduction

This document serves as the twelfth report to the Honorable Nancy G. Edmunds of the United States District Court for the Eastern District of Michigan in the matter of *Dwayne B. v. Snyder*. On February 2, 2016, the State of Michigan and the Michigan Department of Health and Human Services (DHHS) and Children’s Rights, counsel for the plaintiffs, jointly submitted to the court an Implementation, Sustainability, and Exit Plan (ISEP) that establishes a path for the improvement of Michigan’s child welfare system. Judge Edmunds had previously approved an Initial Agreement among the parties on October 24, 2008, and a subsequent Modified Settlement Agreement on July 18, 2011. DHHS is a statewide multi-service agency providing cash assistance, food assistance, health services, child protection, prevention, and placement services on behalf of the State of Michigan. Children’s Rights is a national advocacy organization with experience in class action reform litigation on behalf of children in child welfare systems. Judge Edmunds entered an order directing implementation of the ISEP following its submission by the parties.

In sum, the ISEP:

- Provides the plaintiff class relief by committing to specific improvements in DHHS’ care for vulnerable children, with respect to their safety, permanency, and well-being;
- Requires the implementation of a comprehensive child welfare data and tracking system, with the goal of improving DHHS’ ability to account for and manage its work with vulnerable children;
- Establishes benchmarks and performance standards that the State committed to meet in order to realize sustainable reform; and
- Provides a clear path for DHHS to exit court supervision after the successful achievement and maintenance of Performance Standards for each commitment agreed to by the parties in the ISEP.

The sections of the ISEP related to monitoring and reporting to the court remain largely unchanged from the parties’ prior agreement, as do the sections regarding Enforcement, Dispute Resolution, and Attorneys’ Fees.

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

“The monitors’ reports shall set forth the steps taken by DHHS, the reasonableness of these efforts, and the adequacy of support for the implementation of these steps; the quality of the work done by DHHS 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 status of Michigan’s reform efforts as of December 31, 2016. Defined as ISEP Period 11, this report includes progress for the second half of 2016. Production of this report was initially delayed while the monitoring team and DHHS developed a Metrics Plan to guide the agency’s data reporting. Further delays occurred when the monitoring team continued to identify significant issues with data reports produced by DHHS. These issues are outlined in further detail in the data reporting section.

In the ISEP Period 10 report, the monitors recommended that five commitments exit the agreement and that eight commitments move from the “To Be Achieved” section to the “To Be Maintained” section as DHHS attained the required performance standard during ISEP 10. The court ordered the movement of these commitments on June 12, 2017.¹

Summary of Progress and Challenges

At the conclusion of ISEP 11, the monitoring team highlights several of DHHS’ accomplishments and wish to bring to the court’s and the parties’ attention that there are several commitments eligible for movement based on DHHS’ performance during the period:

- *Rolling Exit:* The ISEP allows that once DHHS’ performance for certain commitments, as validated by the Monitors, has been sustained at the Designated Performance Standard for at least two consecutive reporting periods, the commitment is eligible for rolling exit from the agreement. Based on DHHS’ performance in ISEP 11, two provisions meet these criteria: Youth Transitioning to Adulthood, MYOI (5.4) and Youth Transitioning to Adulthood, MYOI Coordinators (5.5). The monitors recommend to the court and the parties that these provisions exit the ISEP.
- *Structures and Policies:* The ISEP allows that once DHHS’ performance for certain commitments, as validated by the Monitors, has been sustained at the Designated Performance Standard for at least two consecutive reporting periods, the commitment is eligible for movement to Section 4 of the ISEP (Structures and Policies), where it remains for the duration of court jurisdiction. One commitment meets these criteria: Psychotropic Medication, Prohibition on Disciplinary Use (5.14). The monitors recommend to the court and the parties that this commitment be moved to “Structures and Policies.”

¹ For full text of the court order, see Appendix A. Dwayne B. Stipulated Order – June 12, 2017.

- *To Be Maintained:* The ISEP allows that once DHHS has satisfied the Designated Performance Standard for certain commitments at the end of one reporting period, as validated by the monitors, the commitment is eligible to be moved to Section 5 of the ISEP (To Be Maintained). Seven commitments meet these criteria: Caseload, CPS Investigation Workers (6.26); Caseload, CPS Ongoing Workers (6.27); Assessments and Service Plans, Content (6.33); Provision of Services (6.34); Education, Appropriate Education (6.36); Education, Continuity (6.38); and Psychotropic Medication, Oversight Review (6.56). The monitors recommend to the court and the parties that these provisions be moved to “To Be Maintained.”

The ISEP includes commitments that are important to children’s safety which have not taken hold. The monitoring team observes, in particular, these challenges:

- *Maltreatment in Care:* The monitoring team found that DHHS had significantly undercounted the number of children in its child welfare custody who were abused or neglected in care during FFY16. DHHS was unable to report accurately on the number of children in its care who were maltreated.
- *Relative Licensing:* A Quality Assurance Program (QAP) review conducted by DHHS on the safety of relative homes determined that 79.3 percent of relative homes in which children were placed during ISEP 11 did not meet required safety standards or did not have a timely home study completed as required in the ISEP.
- *CPS Investigations and Screening:* In the ISEP 10 report, the monitors identified concerns with the screening determinations made by Centralized Intake. Specifically, cases that met criteria for assignment for CPS investigation were inappropriately screened out. The monitoring team conducted additional reviews for ISEP 11 and continued to identify the same concerns.
- *Youth Transitioning to Adulthood:* The ISEP provides that if DHHS’ performance falls below the floor performance standard for two consecutive reporting periods, the monitors have the discretion to return the commitments to Section 6 (To Be Achieved). Before doing so, the monitors must afford DHHS the opportunity to provide information on the causes of the Department’s performance change. With respect to DHHS’ performance on provisions 5.2, 5.3, 5.6, and 5.7, all of which fell below the floor performance standard for two consecutive periods, the monitors are reviewing DHHS’ explanations and will make a determination in the monitors’ next report to the Court.

Period 11 Summary of Commitments

Section	Commitment	Period 11 Achieved	Page
Commitments to Be Maintained			
5.2	DHHS will continue to implement policies and provide services to support youth transitioning to adulthood, including ensuring youth have been informed of services available through the Young Adult Voluntary Foster Care (YAVFC) program, as measured through a QAP.	No	48
5.3	DHHS will continue to implement policies and provide services to support youth transitioning to adulthood, including ensuring access to independent living services through age 20, as measured through a QAP.	No	48
5.4	DHHS will continue to implement policies and provide services to support youth transitioning to adulthood, including maintaining Michigan Youth Opportunities Initiative (MYOI) programming, with model fidelity, at current levels in Michigan.	Yes	50
5.5	DHHS will continue to implement policies and provide services to support youth transitioning to adulthood, including maintaining established MYOI coordinators.	Yes	50
5.6	DHHS will continue to implement policies and provide services to support youth transitioning to adulthood, including ensuring that all youth age 16 and older have a Family Team Meeting (FTM) occurring 90 days before planned discharge from care or within 30 days after an unexpected discharge, as measured through a QAP.	No	49
5.7	DHHS will continue to implement policies and provide services to support youth transitioning to adulthood, including ensuring that youth age 16 and older in foster care with a permanency goal of Another Planned Living Arrangement, Another Planned Living Arrangement – Emancipation, or goal of adoption without an identified family have access to the range of supportive services necessary to support their preparation for and successful transition to adulthood, as measured through a QAP.	No	49
5.12	DHHS shall conduct contract evaluations of all CCIs and privates CPAs providing placements and services to Plaintiffs to ensure, among other things, the safety and well-being of Plaintiffs and to ensure that the CCI or private CPA is complying with the applicable terms of this Agreement.	No	21
5.13	DHHS shall maintain at least 34 Health Liaison Officers (HLOs).	Yes	43
5.14	Psychotropic Medication shall not be used as a method of discipline or be used in place of psychosocial or behavioral interventions that the child requires.	Yes	23
6.4	DHHS shall continue to train licensing workers in accordance with the 3.5.09 plan approved by the Monitors.	Yes	18
6.11	At any given time, DHHS shall have at least 200 treatment foster home beds.	Yes	46
6.20	DHHS shall commence all investigations of report of child abuse or neglect within the timeframes required by state law.	No	38
6.28	95% of POS workers shall have a caseload of no more than 90 children.	Yes	17
6.29	95% of licensing workers shall have a workload of no more than 30 licensed foster homes or homes pending licensure.	No	17

Section	Commitment	Period 11 Achieved	Page
6.35	All uses of seclusion or isolation in CCIs shall be reported to DCWL for appropriate action.	Yes	23
6.37	DHHS shall 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 (CCIs) or emergency placements. To be measured through a QAP.	No	47
6.53	Prior to initiating each prescription for psychotropic medication, the child must have a mental health assessment with a current DSM-based psychiatric diagnosis of the mental health disorder.	Yes	44
Commitments to Be Achieved			
6.1	DHHS shall ensure that all children who were victims of a substantiated or indicated maltreatment allegation during the first six months of the applicable reporting period, at least 94.6% were not victims of another substantiated or indicated maltreatment allegation within a six-month period.	No	19
6.2	DHHS shall ensure that of all children in foster care during the period, at least 99.68% were not victims of substantiated or indicated maltreatment by a foster parent or facility staff member.	No	19
6.3	DHHS shall achieve an observed performance of at least the national standard (40.5%) on CFSR Round Three Permanency Indicator One (Of all children entering foster care in a 12-month period, what percent discharged to permanency within 12 months of entering foster care?)	No	19
6.5	DHHS will maintain a sufficient number and array of homes capable of serving the needs of the foster care population, including a sufficient number of available placements for adolescents, sibling groups, and children with disabilities. In consultation with the monitors, DHHS will develop for each county an annual recruitment plan with foster home targets based on need and number of children in care, including targets for special populations. DHHS will implement said plan upon further input from and consultation with the Monitors.	Pending full implementation of the plan in ISEP 13	28
6.6	DHHS shall develop a placement process in each county that ensures that a child entering foster care for whom a suitable relative foster home placement is not available is placed in the foster home that is the best available match for that child, irrespective of whether that foster home is a DHHS or private CPA-operated foster home.	No	29
6.7	Children in the foster care custody of DHHS shall be placed only in a licensed foster home, a licensed facility, pursuant to an order of the court, or an unlicensed relative with a waiver.	DHHS is unable to provide data for this commitment ²	32
6.8	No child in DHHS foster care custody shall be placed by DHHS or with knowledge of DHHS, in a jail, correctional, or detention facility unless such child is being placed pursuant to a delinquency charge.	No	34

² DHHS notified the monitors in the summer of 2017 that the agency would be unable to provide data for this commitment for ISEP 11.

Section	Commitment	Period 11 Achieved	Page
6.9	DHHS shall place all children within a 75-mile radius of the home from which the child entered custody unless specified exceptions are met.	No	32
6.10.a	Siblings who enter placement at or near the same time shall be placed together unless specified exceptions are met. Compliance will be measured through a QAP.	No	32
6.10.b	If a sibling group is separated at any time, except for the above reasons, the case manager shall make immediate efforts to locate or recruit a family in whose home the siblings can be reunited. These efforts shall be documented and maintained in the case file and shall be reassessed on a quarterly basis. Compliance will be measured through a QAP.	No	32
6.12	No child shall be placed in a foster home if that placement will result in: (1) more than three foster children in that foster home, (2) a total of six children, including the foster family's birth and adopted children, or (3) more than three children under the age of three residing in that foster home.	No	34
6.13	Children shall not remain in emergency or temporary facilities, including but not limited to shelter care, for a period in excess of 30 days, unless specified exceptions apply. No child shall remain in a shelter in excess of 60 days.	No	34
6.14	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, unless specified exceptions apply. No child experiencing a second or greater emergency or temporary-facility within one year may remain in an emergency or temporary facility for more than seven days.	No	34
6.15	No child shall be placed in a CCI unless specified requirements are met. The initial placement of child into a CCI must be approved by the County Director, or in a Designated County, a county-level child welfare Administrator and then reassessed every 90 days. No child shall be placed in a residential placement for more than six months without the express authorization of the County Director or, in a Designated County, a county-level child welfare Administrator. No child shall be placed in a residential placement for more than 12 months without the express authorization of the director of Child Welfare Field Operations or the director's manager designee.	No	33
6.16	When placing a child with a relative who has not been previously licensed as a foster parent, DHHS shall visit the relatives home to determine if it is safe prior to placement; check law enforcement and central registry records for all adults residing in the home within 72 hours following placement; and complete a home study within 30 days.	No	29
6.17	Relative caregivers will be licensed unless exceptional circumstances exist such that it is in the child's best interest to be placed with the relative despite the relative's desire to forgo licensing.	DHHS is unable to provide data for this commitment ³	32

³ DHHS notified the monitors in the summer of 2017 that the agency would be unable to provide data for this commitment for ISEP 11.

Section	Commitment	Period 11 Achieved	Page
6.18	DHHS must license at least 85% of newly licensed relative foster parents within 180 days of the date of placement.	No	31
6.19	Except for a direct placement by court order into an unlicensed relative home, at least 80% of all relative caregivers must either (a) have submitted a license application to DHHS and not have a child placed in their home for more than 180 days, or (b) hold a valid license.	No	31
6.21	DHHS shall complete all investigations of reports of child abuse or neglect within the required timeframes.	No	38
6.22.a	DHHS shall investigate all allegations of abuse or neglect relating to any child in the foster care custody of DHHS. DHHS shall ensure that allegations of maltreatment in care are not inappropriately screened out for investigation. To be measured through a QAP.	No	38
6.22.b	When DHHS transfers a referral to another agency for investigation, DHHS will independently take appropriate action to ensure the safety and well-being of the child. To be measured through a QAP.	No	38
6.23	95% of foster care, adoption, CPS, POS, and licensing supervisors shall be responsible for the supervision of no more than five caseworkers.	No	15
6.24	95% of foster care workers shall have a caseload of no more than 15 children.	No	16
6.25	95% of adoption caseworkers shall have a caseload of no more than 15 children.	No	16
6.26	95% of CPS caseworkers assigned to investigate allegations of abuse or neglect, including maltreatment in care, shall have a caseload of no more than 12 open investigations.	Yes	16
6.27	95% of CPS caseworkers assigned to provide ongoing services shall have a caseload of no more than 17 families.	Yes	16
6.30	Supervisors shall meet at least monthly with each assigned worker to review the status and progress of each case on the worker's caseload. Supervisors shall review and approve each service plan. The plan can be approved only after the supervisor has a face-to-face meeting with the worker, which can be the monthly meeting.	Unable to verify data provided by DHHS	35
6.31	DHHS shall complete an Initial Service Plan (ISP), consisting of a written assessment of the child(ren)'s and family's strengths and needs and designed to inform decision-making about services and permanency planning, within 30 days after a child's entry into foster care.	No	35
6.32	For every child in foster care, DHHS shall complete an Updated Service Plan (USP) at least quarterly.	Unable to verify data provided by DHHS	35
6.33	Assessments and service plans shall be of sufficient breadth and quality to usefully inform case planning and shall accord with the requirements of 42 U.S.C. 675(1). To be measured through a QSR.	Yes	25
6.34	DHHS shall ensure that the services identified in the service plan are made available in a timely and appropriate manner to the child and family, and shall monitor the provision of services to determine whether they are of appropriate quality and are having the intended effect. To be measured through a QSR.	Yes	25

Section	Commitment	Period 11 Achieved	Page
6.36	DHHS shall take reasonable steps to ensure that school-aged foster children receive an education appropriate to their needs. To be measured through a QSR.	Yes	25
6.38	DHHS shall 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 this in the child's best interests and feasible, and by limiting the number of school changes the child experiences. To be measured through a QSR.	Yes	25
6.39.a	Each child in foster care shall be visited by a caseworker at least twice per month during the child's first two months of placement in an initial or new placement.	No	36
6.39.a	Each child in foster care shall be visited by a caseworker at their placement location at least once per month during the child's first two months of placement in an initial or new placement.	No	36
6.39.a	Each child in foster care shall have at least one visit per month that includes a private meeting between the child and caseworker during the child's first two months of placement in an initial or new placement.	No	36
6.39.b	Each child in foster care shall be visited by a caseworker at least once per month.	Yes	36
6.39.b	Each child in foster care shall be visited by a caseworker at their placement location at least once per month.	No	36
6.39.b	Each child in foster care shall have at least one visit per month that includes a private meeting between the child and caseworker.	No	36
6.40.a	Caseworkers shall visit parents of children with a goal of reunification at least twice during the first month of placement.	No	37
6.40.a	Caseworkers shall visit parents of children with a goal of reunification at least once in the parent's home during the first month of placement.	No	37
6.40.b	Caseworkers shall visit parents of children with a goal of reunification at least once a month, following the child's first month of placement.	No	37
6.41	DHHS shall ensure that children in foster care with a goal of reunification shall have at least twice-monthly visitation with their parents.	No	38
6.42	DHHS shall ensure that children in foster care who have siblings in custody with whom they are not placed shall have at least monthly visits with their siblings who are placed elsewhere in DHHS foster care custody.	DHHS is unable to provide data for this commitment ⁴	36
6.43	At least 85% of children shall have an initial medical and mental health examination within 30 days of the child's entry into foster care.	No	42
6.43	At least 95% of children shall have an initial medical and mental health examination within 45 days of the child's entry into foster care.	No	42
6.44	At least 90% of children shall have 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.	No	42

⁴ DHHS notified the monitors in the summer of 2017 that the agency would be unable to provide data for this commitment for ISEP 11.

Section	Commitment	Period 11 Achieved	Page
6.45	For children in DHHS custody for three months or less at the time of measurement: DHHS shall ensure that 95% of children in this category receive any necessary immunizations according to the guidelines set forth by the American Academy of Pediatrics within three months of entry into care. To be measured through a QAP.	No	42
6.46	For children in DHHS custody longer than three months at the time of measurement: DHHS shall ensure that 95% of children in this category receive all required immunizations according to the guidelines set forth by the American Academy of Pediatrics. To be measured through a QAP.	No	42
6.47	Following an initial medical, dental, or mental health examination, at least 95% of children shall receive periodic and ongoing medical, dental, and mental health care examinations and screenings, according to the guidelines set forth by the American Academy of Pediatrics.	No	42
6.48	DHHS shall maintain an up-to-date medical file for each child in care containing the information required by DHHS Policy FOM 722-05 or any successor policy approved by the Monitors. To be measured through a QAP.	No	42
6.49	At the time a child is placed or re-placed, the foster care provider shall receive the child's Medical Passport, which must contain the information required by MCL 722.954c(2) and DHHS Policy FOM 801. To be measured through a QAP.	No	42
6.50	DHHS shall provide case service plans containing the information required by DHHS policy FOM 801 (Medical, Dental, and Mental Health Consent). To be measured through a QAP.	No	42
6.51	DHHS shall ensure that at least 95% of children have access to medical coverage within 30 days of entry into foster care by providing the placement provider with a Medicaid card or an alternative verification of the child's Medicaid status and Medicaid number as soon as it is available.	No	43
6.52	DHHS shall ensure that at least 95% of children have access to medical coverage within 24 hours or the next business day following subsequent placement by providing the placement provider a Medicaid card or an alternative verification of the child's Medicaid status and Medicaid number as soon as it is available.	No	43
6.54	DHHS shall ensure that informed consent is obtained and documented in writing in connection with each psychotropic medication prescribed to each child in DHHS custody.	No	44
6.55	DHHS shall ensure that the administration of psychotropic medication to children in DHHS custody is documented in accordance with the "Documentation" section in DHHS Policy FOM 802-1 or any successor plan approved by the Monitors.	No	45
6.56	DHHS shall ensure that a qualified physician completes and documents an oversight review of a child whenever one or more of the criteria listed in the "Psychotropic Medication Oversight" section of DHHS Policy FOM 802-1 or any successor policy approved by the Monitors are met. To be measured through a QAP.	Yes	44

Section	Commitment	Period 11 Achieved	Page
6.57	DHHS shall continue to generate from automated systems and other data collection methods accurate and timely data reports and information until the full implementation of MiSACWIS. DHHS shall generate from MiSACWIS accurate and timely reports and information regarding the requirements and outcome measures set forth in this Agreement.	No	26

Methodology

To prepare this report, the monitoring team conducted a series of verification activities to further evaluate DHHS' progress implementing its commitments in the Implementation, Sustainability, and Exit Plan (ISEP). These activities included: meetings with DHHS leadership, private agency leadership, and plaintiffs' counsel; visits to local child welfare offices and private agencies; and extensive reviews of individual case records and other documentation. The monitoring team conducted joint verification activities with DHHS that included participation in two Quality Assurance Process (QAP) reviews and two Quality Service Reviews (QSRs). The QSRs covered two of Michigan's most populous counties and included: 1) interviews with DHHS stakeholders such as the judiciary staff, guardians ad litem, foster parents, service providers, caseworkers, and supervisors; and 2) case specific interviews with individuals involved in case decision making including children, parents, caregivers, caseworkers, teachers, and therapists. The monitoring team interviewed staff and supervisors and talked to public and private managers about the pace, progress, and challenges of the reform work. At the District Court's direction, the monitoring team conducted an in-depth caseload compliance review, comprised of 382 interviews with public and private agency staff across ten counties. The monitoring team also reviewed and analyzed a wide range of aggregate and detail data produced by DHHS, and reviewed policies, memos, and other internal information relevant to DHHS' work during the period. To verify information produced by DHHS, the monitoring team conducted field-based interviews, cross-data validation, and case record reviews. The monitoring team reviewed over 3,400 distinct reports from DHHS including QAP material, individual case records, Division of Child Welfare Licensing (DCWL) reports, and CPS referrals and investigations.

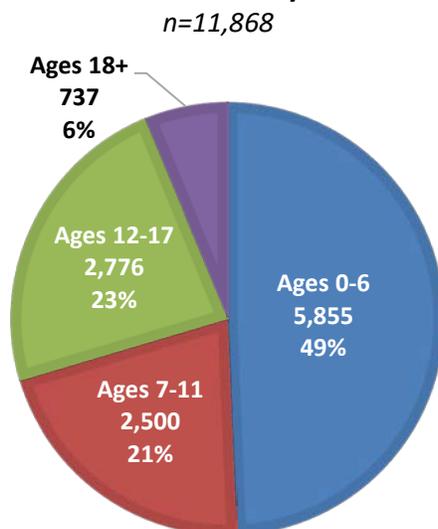
Demographics

DHHS produced demographic data for the period July 1, 2016 to December 31, 2016. DHHS data indicate that there were 11,868 children in custody as of December 31, 2016. Of the youth in care on December 31, 2016, 311 youth were enrolled in the Young Adult Voluntary Foster Care (YAVFC) program. During the reporting period, 3,220 youth were placed in foster care and 3,163 youth exited care.⁵ DHHS served 14,963 children during the period.⁶ Though young children aged zero to six years made up the largest portion (5,855 or 49 percent) of children in care, Michigan continued to have a large population of older youth in custody. Twenty-three percent (2,776) were 12 to 17 years of age and six percent (737) were 18 years and over, as detailed in Figure 1.

⁵ The monitoring team identified 13 children who appear twice in the entry cohort file. Each child appearing twice in the file entered foster care more than once during the reporting period. The monitoring team also identified nine children who appeared twice in the exit cohort file. All children appearing twice in the exit cohort file correspond to children or youth who exited foster care two times during the reporting period.

⁶ The monitoring team identified 77 children who appeared twice in the during cohort file. All children appearing twice in the during cohort were served more than once during the reporting period.

Figure 1. Age of Children in Custody on December 31, 2016



The population was about equally split by gender, with 49 percent of children in care male and 51 percent female. Regarding race, the population of children was 55 percent White, 30 percent African American, one percent Native American, under one percent Asian, and under one percent Native Hawaiian or Pacific Islander. Additionally, 14 percent of children reported being of mixed race. Eight percent of children were identified with Hispanic ethnicity and can be of any race. The race of less than one percent of children was undetermined.

Table 1. Race of Children in Custody on December 31, 2016⁷

Race	Count	Percent
White	6,501	55%
Black/African American	3,553	30%
Mixed Race	1,710	14%
Native American	71	1%
Unable to Determine	23	0.2%
Asian	8	0.1%
Native Hawaiian, Pacific Islander	2	0.02%
Total	11,868	100%
Hispanic ethnicity and of any race	902	8%

Note: Percentages do not add up to 100 due to rounding.

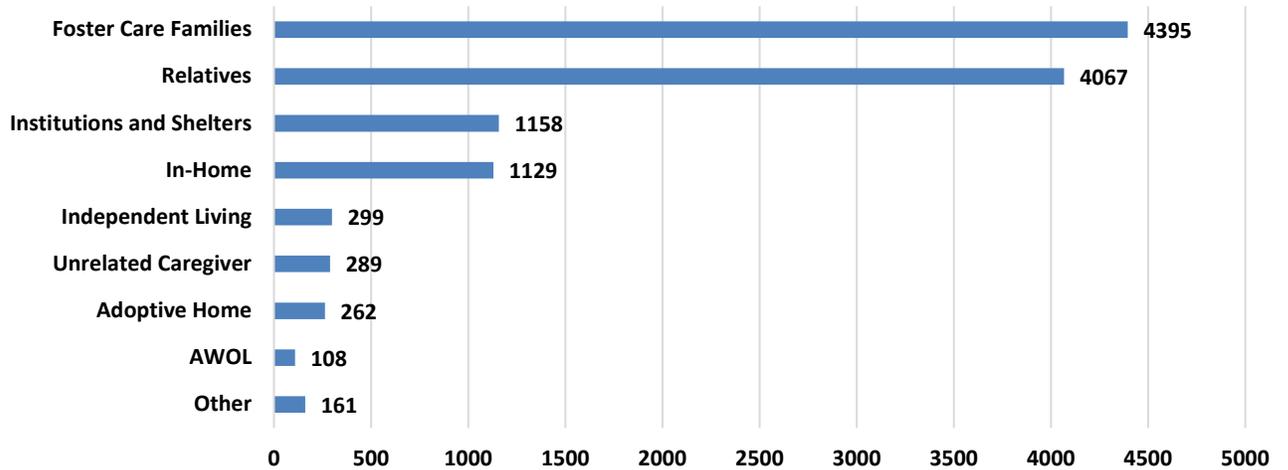
As the following figure demonstrates, 85 percent of children in DHHS' custody lived in family settings, including foster families (37 percent), with relatives (34 percent), with their own parents (10 percent), in homes that intend to adopt (2 percent), and in homes of unrelated care givers (2 percent). Of children in custody, 1,158 (10 percent) lived in institutional settings, including

⁷ Children with "Unable to Determine" and "No Match Found" entered as their race are pooled together in the "Unable to Determine" row.

residential treatment and other congregate care facilities. Another 299 children (3 percent) resided in independent living placements, which serve youth on the cusp of aging-out of care. The remaining two percent reside in other settings or are AWOL. There were no children residing in unidentified placements.

Figure 2. Placement Types of Children in Custody on December 31, 2016

n=11,868



Of the children in care on December 31, 2016, 47 percent were in care less than one year, while 12 percent were in care for more than three years.

Figure 3. Length of Stay in Care of Children in Custody on December 31, 2016
n= 11,868

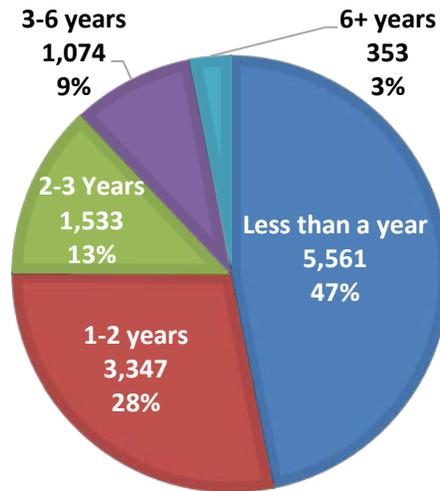


Table 2. Exits from Care by Exit Type, July 1, 2016 to December 31, 2016

Exit Type	Count	Percent
Reunification	1451	46%
Adoption	1015	32%
Emancipation	211	7%
Guardianship	180	6%
Transfer to another agency	27	1%
Living with relatives	26	1%
Runaway	16	1%
Death of a child	9	0%
No match found ⁸	228	7%
Total	3163	100%

Note: Percentages do not add up to 100 due to rounding.

⁸ The data on exit type is “no match found” when a query to MiSACWIS data warehouse does not find a matching code. DHHS reports that this happens when new codes are introduced into MiSACWIS and these codes have not yet been added into the warehouse tables. DHHS is examining the query and the codes in MiSACWIS to ensure that exit types match for future reporting.

As the table below demonstrates, of the children in custody on December 31, 2016, the majority (7,379 or 62 percent) had reunification as a federal goal. For the remaining children, 2,963 (25 percent) had a goal of adoption, 941 (8 percent) had a goal of APPLA, 426 (4 percent) had a goal of guardianship, and 93 (1 percent) had placement with a relative as a federal goal. There were 66 children (1 percent) with missing federal goal codes.

Table 3. Federal Goals for Children in Custody as of December 31, 2016⁹

Federal Goal	Count	Percent
Reunification	7,379	62%
Adoption	2,963	25%
APPLA	941	8%
Guardianship	426	4%
Relative	93	1%
Missing	66	1%
Total	11,868	100%

Note: Percentages do not add up to 100 due to rounding.

Organizational Capacity

Caseloads and Supervision

The ISEP sets forth caseload standards for staff and supervisors performing critical child welfare functions. The Plan states that caseload compliance will be measured by taking the average of three data reports each Reporting Period, prepared on the last work day of February, April, June, August, October, and December. For ISEP 11, caseload counts from August 31st, October 31st, and December 29th, 2016 were utilized to determine compliance.

Supervisor Caseloads (6.23)

DHHS agreed that full-time foster care, adoption, CPS, POS, and licensing supervisors, both public and private, would be responsible for overseeing no more than five caseload carrying staff each.¹⁰ The supervisor methodology accounts for the practice among some of the private agencies of assigning both supervisory and direct caseload responsibilities to the same person, which requires pro-rating both supervisory and caseload performance for these hybrid supervisors.

⁹ Children with a federal goal of APPLA and APPLA-E are pooled together for the “APPLA” row.

¹⁰ An employee of DHHS or a private child placing agency who does not carry a caseload counts as 0.5 of a worker in the worker-to-supervisor ratio, and administrative and technical support staff who support the supervisor’s unit are not counted toward the worker-to-supervisor ratio.

DHHS committed that 95 percent of supervisors would meet the ISEP caseload standard. During ISEP 11, DHHS averaged 84.2 percent of staff meeting the standard for supervisors, falling short of the target.

Foster Care Caseloads (6.24)

DHHS agreed that full-time staff, public and private, solely engaged in foster care work, would be responsible for no more than 15 children each.¹¹ Staff who perform foster care work as well as other functions are held to a pro-rated standard. The ISEP requires that 95 percent of staff engaged in foster care work meet the caseload standard. DHHS averaged 85.2 percent of staff meeting the standard during ISEP 11, missing the target.

Adoption Caseloads (6.25)

DHHS agreed that full-time staff, public and private, solely engaged in adoption work would be responsible for no more than 15 children each. Staff who perform adoption work as well as other functions are held to a pro-rated standard. The ISEP requires that 95 percent of staff engaged in adoption work meet the caseload standard. For ISEP 11, DHHS averaged 62.7 percent of staff meeting the standard, missing the target.

Child Protective Services (CPS) Investigations Caseloads (6.26)

DHHS agreed that full-time staff solely engaged in child abuse and neglect investigations would be responsible for no more than 12 open investigations. Staff who perform investigative work as well as other functions are held to a pro-rated standard. The ISEP requires that 95 percent of staff engaged in CPS investigations work meet the caseload standard. For ISEP 11, DHHS averaged 95.9 percent of staff meeting the standard, meeting the target. *Per the ISEP, compliance during this period makes the commitment eligible to move to "To Be Maintained."*

CPS Ongoing Caseloads (6.27)

DHHS 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. The ISEP requires that 95 percent of staff engaged in CPS ongoing work meet the caseload standard. DHHS averaged 95 percent of staff meeting the standard in ISEP 11, meeting the target. *Per the ISEP, compliance during this period makes the commitment eligible to move to "To Be Maintained."*

¹¹ Some workers are assigned secondary assignments that involve work on behalf of children. These assignments are not included in the caseload counts as DHHS has reported that secondary assignments are very rare and never constitute responsibility for the child's case.

Purchase of Service Caseloads (6.28)

Purchase of Service (POS) work includes the support and oversight that DHHS staff provide with respect to foster care and adoption cases assigned to the private sector. The ISEP established the full-time POS standard at 90 cases. However, there are some DHHS staff who are assigned a mix 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.

DHHS committed that 95 percent of staff engaged in POS work would meet the ISEP standard of 90 cases. For ISEP 11, DHHS averaged 95.1 percent of staff meeting the standard, meeting the target.

Licensing Caseloads (6.29)

DHHS 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. The ISEP requires that 95 percent of staff engaged in licensing work meet the caseload standard. DHHS averaged 92.6 percent of staff meeting the standard in ISEP 11, falling just short of the target.

Caseload Audit

In addition to the normal caseload verification activities conducted each period, the monitoring team undertook an in-depth review of caseload compliance for Periods 12 and 13, at the direction of the U.S. District Court and in response to a series of articles reporting on allegations of caseload manipulation by DHHS supervisors and staff. From May to November 2017, the monitoring team interviewed staff, who were responsible for cases in 11 DHHS offices and one private agency, regarding caseload verification. Interviews involved both supervisory and caseload carrying staff. The monitoring team conducted 382 interviews of 292 unique caseworkers and 52 supervisors, randomly selected by the monitoring team, working in Alger, Allegan, Barry, Genesee, Marquette, Monroe, Muskegon, Schoolcraft, St. Clair, and Wayne counties. Workers were directed to bring print outs of their current caseload assignments as of the day of the interview with them to interviews with the monitoring team. The monitoring team reviewed the caseload assignments with the workers and inquired whether the list represented all their caseload assignments as of that day, which was close to the date of an official DHHS caseload count. The monitoring team collected the printouts and later compared these thousands of cases identified across all of the interviews with DHHS' official submissions.

Workers in one county were interviewed twice. After a first round of interviews, the monitoring team received an anonymous email that alleged staff may not have been candid during the first visit because DHHS management was present when the monitoring team interviewed staff. The

monitoring team returned to the county and interviewed randomly selected staff privately.¹² The monitoring team inquired of workers whether they were aware of any caseload manipulation or fraud. Of the thousands of cases assigned to interviewed workers and analyzed by the monitoring team, there were six instances where it appeared a case or cases were still assigned to a worker while that worker was on leave. These cases were brought to the attention of DHHS management, who provided the monitors with reasonable explanations, including unexpected extensions of leaves that had otherwise been set to expire. Based on interviews with hundreds of staff and supervisors in Michigan, and data analysis involving thousands of cases across ten counties, focused primarily on public sector caseload compliance, the monitoring team concludes the caseload data and information provided by the Department accurately reflects DHHS' performance.

Staff Training

Licensing Worker Qualifications and Training (6.4)

DHHS committed to ensure that public and private agency staff serving Michigan's at-risk children and families receive adequate training in the practice areas to which they are assigned. DHHS agreed in the ISEP to continue to implement the training plan that was approved by the monitors in March 2009 regarding licensing workers. DHHS submitted documentation to the monitors that demonstrated that of the 466 staff who perform licensing activities, 449 (96.4 percent) were compliant with the required training. DHHS achieved the agreed upon designated performance standard of 95 percent for this ISEP provision.

Accountability

Outcomes

Pursuant to the ISEP, DHHS agreed to meet federal outcome standards regarding safety and permanency for children. The ISEP adopts the outcome methodologies developed by the federal government, including two safety measures from Round Two of the federal Child and Family Services Reviews (CFSR) and five permanency measures from CFSR Round Three. DHHS achieved compliance on four of the permanency outcomes in ISEP 10, those measures were approved by the U.S. District Court for rolling exit from the ISEP and are no longer being monitored. Performance on all measures are calculated for DHHS by the University of Michigan based on Adoption and Foster Care Analysis and Reporting System (AFCARS) and National Child Abuse and Neglect Data System (NCANDS) files produced by DHHS.

¹² Of the 382 interviews conducted by the monitoring team with DHHS, 206 were conducted privately and 176 were conducted in the presence of DHHS management. The monitoring team observed no difference in workers' surfacing of specific instances of caseload fraud or manipulation whether the interviews were private or in the presence of the DHHS management.

Safety Outcomes (6.1, 6.2)

The first child safety standard selected by the parties is designed to measure how well the child welfare system protects children from repeated incidents of abuse or neglect. DHHS committed to ensure that of all children who were victims of a substantiated or indicated maltreatment allegation within the first six months of the applicable federal reporting period, at least 94.6 percent were not victims of another substantiated or indicated maltreatment allegation within a six-month period.

Data provided by DHHS indicate that for FFY16, there was no repeat maltreatment for 16,959 of 17,967 (94.4 percent) children. DHHS came close to but did not meet the ISEP standard of 94.6 percent. To meet the agreed upon standard, DHHS would have needed to reduce repeat maltreatment for 38 additional children.

The second child safety standard selected by the parties focuses on keeping children placed in foster care safe from abuse and neglect by their caregivers. DHHS committed to ensure that of all children in foster care during the period, at least 99.68 percent were not victims of substantiated or indicated maltreatment by a foster parent or facility staff member.

On January 31, 2017, DHHS sent the monitors data identifying 77 children as victims of maltreatment in care for the year. During a June 6, 2017 meeting with DHHS leadership, the monitors expressed doubts about the accuracy of DHHS' data on the prevalence of abuse and neglect among children in the Michigan child welfare system and notified the Department that the monitors intended to undertake verification activities to confirm the data. The monitors specifically cited the steep decline in child maltreatment substantiations following the roll out of the Department's new child welfare data system in April 2014. DHHS leadership stated they had high confidence in the count of 77 and that they had conducted extensive reviews to ensure the accuracy of this number. During a hearing two days later before the U.S. District Court on June 8, 2017, counsel for DHHS described the state's performance by referencing that there were 77 child maltreatment victims in FFY16, "a decrease of 50 percent over three years," although this information had not been verified by the monitors.

The monitors asked DHHS to document its efforts to confirm the reliability of its child maltreatment count and certify to the U.S. District Court the accuracy of the data. On July 31, 2017, DHHS submitted data to the monitors that the Department said included all FFY16 abuse/neglect referrals on children in DHHS custody for the purpose of verifying the NCANDS MIC victim count. On August 14, 2017, DHHS leadership submitted a memo to the monitors certifying that DHHS had high confidence in the FFY16 MIC victim count of 77.

The monitoring team then started reading cases, reviewing hundreds of substantiated abuse and neglect investigations. That effort surfaced additional child maltreatment cases that DHHS erroneously excluded from its maltreatment-in-care count of 77 cases. In November 2017, the

monitors notified DHHS of ten cases of children in the child welfare custody of DHHS who were abused or neglected but were not included among the 77 cases. On November 11, 2017, DHHS acknowledged that all ten cases met the criteria for inclusion and committed to conduct a review to determine why these ten cases were not included in the original DHHS victim count and to discover if there were more cases that met the criteria but were initially excluded. In addition, counsel for the Department wrote to the monitors acknowledging the inaccuracy of his representations to the U.S. District Court during the June 2017 hearing and expressing regret to the court.

Throughout November and December 2017, both the monitors and DHHS separately conducted reviews of hundreds more substantiated investigations. DHHS sent the monitors 22 more cases the Department reported should have been included in the FFY16 count of maltreatment in care. In addition to the ten initial cases initially identified by the monitoring team, the monitors identified six more cases to DHHS that met the criteria for inclusion.

On January 5, 2018, DHHS notified the monitors the Department had completed its qualitative review of substantiated investigations and that 12 of the 22 cases they had identified did not in fact meet the criteria for inclusion in the MIC victim count. On January 9, 2018, agency counsel with the Michigan Attorney General sent a memo to the monitors certifying that DHHS determined the correct number of maltreatment-in-care victims to be 101 (this includes the initial 77, 16 others identified by the monitoring team, and 8 others later identified by DHHS). To arrive at this number, DHHS stated that it had reviewed all 813 FFY16 substantiated investigations that involved a child in DHHS custody. The agency identified two types of system failures that caused it to under-report the prevalence of child abuse and neglect among children in the class. According to DHHS, the first type of lapse stemmed from computer coding issues, and the second type of lapse involved human error on data entry.

To ensure that DHHS had identified all incidents of maltreatment in care, the monitors continued to review investigations and identified additional cases that should have been included in the victim count. The monitors sent two of these cases to DHHS on January 24, 2018. On January 26, 2018, during a phone conference between the monitoring team and DHHS leadership, DHHS agreed that these two cases should also have been included in the FFY16 MIC victim count. The monitors then reported to the U.S. District Court that DHHS had been unable to accurately report the number of children in its care who were abused and neglected. Rather than continue to read more cases from Period 11, and further delay the issuance of this report, the monitors concluded in February 2018 that DHHS did not achieve the ISEP child safety targets in period 11.

DHHS did not have in place a system to accurately report the number of children who are abused and neglected while in the care of DHHS. The parties met with the monitoring team on March 23, 2018, to develop a plan to assess the accuracy of DHHS' maltreatment-in-care calculation moving forward. Beginning with FFY2017, DHHS and the monitoring team will separately undertake case

record reviews of all substantiated investigations involving children in DHHS' foster care custody to determine if they meet the maltreatment-in-care criteria under the ISEP. The process will involve reading hundreds, perhaps thousands of cases.

Permanency Outcomes (6.3)

The one permanency metric remaining in the ISEP measures the percent of children who enter foster care within a 12-month period who are discharged to permanency within 12 months of their entry date. Three years of AFCARS data is required to measure performance for this outcome, therefore performance was calculated for children who entered care in FFY15, between October 1, 2014 to September 30, 2015. Michigan reported, and the monitoring team verified, that of the 6,059 children who entered foster care in FFY15, 1,879 (31.0 percent) exited to permanency within 12 months of their entry. To verify the calculations, the monitoring team used software code provided by the University of Michigan and reviewed case records for 319 of the 1,879 children who exited to permanency. DHHS did not meet the ISEP standard of 40.5 percent for this commitment.

Contract Oversight

Contract Evaluations (5.12)

The ISEP requires DHHS to conduct contract evaluations of all Child Caring Institutions (CCIs) and Child Placing Agencies (CPAs), including an annual inspection of each CPA, an annual visit to a random sample of CPA foster homes, and an annual unannounced inspection of each CCI.

The Division of Child Welfare Licensing (DCWL) is funded for 19 licensing consultants to perform consolidated monitoring activities including annual visits and investigations for the CPAs and CCIs. There are also eight field analysts who conduct safety visits to foster homes and unlicensed relatives. Two area managers supervise the licensing consultants and field analysts.

DCWL completed 36 renewal or interim inspections of contracted CPAs during ISEP 11. All thirty-six agencies required a corrective action plan (CAP) to remediate contract and/or rule non-compliance. Two CPAs received a first provisional license based on repeat violations, and one CPA was closed following a licensure revocation recommendation.

Field analysts are required by the ISEP to visit a random sample of each CPA's foster homes as part of the annual inspection. Agencies with less than 50 foster homes are required to have three homes visited. CPAs with 50 foster homes or more must have five percent of their homes visited.

DHHS reported that due to an oversight during ISEP 11, two agencies did not have foster home visits conducted by the field analysts as part of the annual inspection. In reviewing all the analysts' reports, the monitoring team also found that another agency only had one home visited, instead of the three needed to meet the requirement. Since DHHS analysts did not visit the required

random sample of foster homes during the annual inspection of all the CPAs during the period, DHHS did not meet its performance commitment for this ISEP provision, specifically 5.12.a.2.

Field analysts visited foster homes and unlicensed relative homes affiliated with 31 of the 36 CPAs. Three of the agencies did not have foster or unlicensed relative homes, and two agencies did not have an analyst visit their foster homes, as mentioned above. The field analysts visited a total of 126 foster homes, and 24 unlicensed relative homes. The monitoring team found that 14 of the 29 agencies had at least one home with a health/safety concern identified by DHHS. The analysts identified child health and safety concerns that DHHS staff and the monitors have been reporting on for years: homes lacking safety-approved cribs or having no cribs at all for infants; foster children not having beds or bedframes, and/or sleeping in the same bed as the caregiver; foster children's bedrooms not having doors; no alarms on the doors in homes where children had access to creeks and pools; homes without proper egress; a home with inadequate smoke alarms; no fire escape ladder for a second floor bedroom. Nine agencies had at least one foster home with a health/safety issue, two agencies had at least one unlicensed relative with a health/safety issue, and three agencies had at least one unlicensed relative and one foster home with a health/safety issue. There was documentation in nine of the consultants' renewal and interim reports that health and safety concerns were resolved, while five agency reports only had documentation of partial remediation.

During ISEP 11, DHHS reported that DCWL conducted 43 special investigations of CPAs for 115 potential rule violations in 33 agencies. Fifty-two (45.2 percent) of these rule violations were established, meaning that DCWL found evidence of non-compliance with regulatory requirements. Twenty-eight CAPs were required because of the rule violations, with 27 having been submitted to the monitoring team. In three instances, a staff person was disciplined.

During ISEP 11, DHHS reported that DCWL completed 38 unannounced renewal or interim inspections of contracted CCIs. Twenty-six of the inspections were renewals and 12 were interim inspections. Thirty-three inspections required a CAP. Two inspections resulted in a second provisional license recommendation. In one facility the recommendation was based on the high number of repeat violations and in the other facility a second provisional license was recommended because there were no children placed at the facility during the period.

DCWL conducted 234 special investigations in 68 CCIs during the period, looking into 348 potential rule violations. One hundred sixty-six (47.7 percent) of these rule violations were established. CAPs were required in 103 of the investigations and 32 staff were terminated because of the investigations.

The monitoring team reviewed all special investigations for the period and concluded that for eight CCI special investigations, concurrent child abuse or neglect investigations by CPS appeared to be warranted but were not conducted. Six of the incidents were reported to Centralized Intake but not accepted for investigation, while two others were not referred to Centralized Intake at all. The

incidents of concern included: staff allegedly threw a youth to the ground; a youth was hit by staff (this staff person was terminated as a result of the incident); and a youth sustained a concussion but was not evaluated by a doctor until her mother intervened the following day.

Seclusion in Contract Agencies (6.35)

The ISEP requires that all uses of seclusion or isolation in CCIs be reported to DCWL for necessary action. The licensing rules require that any room used for seclusion have the prior approval of the licensing consultant. The rules also define when seclusion may be utilized, and the type of documentation required, which is dependent on the length of time a child is secluded. Seclusion and isolation are monitored by DCWL during annual and renewal on-site inspections. Additionally, DCWL must conduct a special investigation when non-compliance is alleged. Non-compliance is substantiated by DCWL when supporting information indicates that a licensing rule was violated. DHHS reported no violations for failure to report the use of seclusion or isolation in any CCI and is compliant with this commitment.

Psychotropic Medication as a Method of Discipline (5.14)

The ISEP requires that psychotropic medication should not be utilized as a method of discipline nor be utilized in place of psychological or behavioral interventions that a child requires. DCWL monitors improper use of psychotropic medication according to CCI rules, policy, and contract obligations.

To monitor this commitment during ISEP 11, DCWL conducted 38 unannounced renewal or interim visits at contracted CCIs. Each visit included a sampling of case reviews of children who are currently in placement or had been in placement since the previous inspection. DHHS also reported that DCWL conducted 234 special investigations during the period, involving 67 contracted CCIs. One violation for noncompliance with this commitment was found. The CCI with the violation had administered two psychotropic medications to a youth without the consent of the parent and without documenting that the role of non-pharmacological interventions was considered before prescribing the medications. DHHS reported that the CCI failed to demonstrate the “urgent medical need” for the psychotropic medications, resulting in a policy non-compliance citation. The CCI submitted a corrective action plan and DCWL will monitor compliance.

Quality Service Reviews

DHHS continues to implement the Quality Service Review (QSR) to provide a comprehensive overview of case practice, identifying strengths as well as opportunities for improvement in how children and their families benefit from services. Each review focuses on an identified county or counties and includes in-depth case reviews, as well as focus groups and surveys.

The parties agreed that four commitments: Assessments and Service Plans, Content (6.33); Provision of Services (6.34); Education, Appropriate Education (6.36); and Education, Continuity (6.38), would be measured through QSR case reviews. The monitoring team did not report on compliance for these commitments in ISEP 10, as the parties had not yet reached agreement on performance standards. On March 23, 2018, the parties met and came to agreement on a designated performance standard of 83 percent with a floor performance standard of 80 percent for all four commitments.¹³

DHHS conducted two QSRs in Kent and Macomb counties during ISEP 11. Monitoring team members attended both reviews, observing and participating in focus groups, case reviews, case scoring, and presentations to administrators.

DHHS chose a randomly selected sample of open cases for review during each QSR. Cases were graded on 21 indicators covering different areas of case practice and the status of the child and family. Information was obtained through in-depth interviews with case participants including the child, parents or legal guardians, current caregiver, caseworker, teacher, therapist, service providers, and others having a significant role in the child's or family's life. A six-point rating scale¹⁴ was used to determine whether performance on a given indicator was acceptable. Any indicator scored at four or higher was determined acceptable, while any indicator scored at three or lower was determined to be unacceptable.

Assessments, Service Plans, and Provision of Services (6.33, 6.34)

DHHS agreed to develop a comprehensive written assessment of a family's strengths and needs, designed to inform decision making about services and permanency planning. The plans must be signed by the child's caseworker, the caseworker's supervisor, the parents, and the child, if age appropriate. If a parent or child is unavailable or declines to sign the service plan, DHHS must identify steps to secure their participation in accepting services.

The written service plan must include:

- A child's assigned permanency goal;
- Steps that DHHS, CPAs when applicable, other service providers, parents, and foster parents will take together to address the issues that led to the child's placement in foster care and that must be resolved to achieve permanency;

¹³ See Appendix D. Parties Agreement on QSR Performance Standards, for the written agreement reached by the parties.

¹⁴ The six-point rating scale is delineated as follows: 6 – optimal and enduring status; 5 – good and stable status; 4 – minimally adequate to fair status; 3 – marginally inadequate status; 2 – substantially poor status; 1 – adverse or poor and worsening status.

- Services that will be provided to children, parents, and foster parents, including who will provide the services and when they will be initiated;
- Actions that caseworkers will take to help children, parents, and foster parents connect to, engage with, and make good use of services; and
- Objectives that are attainable and measurable, with expected timeframes for achievement.

DHHS agreed that the services identified in the service plan will be made available in a timely and appropriate manner and to monitor services to ensure that they have the intended effect. DHHS also agreed to identify appropriate, accessible, and individually compatible services; to assist with transportation; and to identify and resolve barriers that may impede children, parents, and foster parents from making effective use of services. Finally, DHHS committed to amend the service plan when services are not provided or do not appear to be effective.

The agreed upon performance standard regarding assessment and service plans (6.33) requires that 83 percent of assessments and service plans shall be of sufficient breadth and quality to usefully inform case planning. DHHS reviewed a total of 24 cases during the two QSRs conducted during ISEP 11. Of these 24 cases, DHHS reported that 20 (83.3 percent) were rated as having acceptable assessments and service plans.

DHHS also reported that 20 (83.3 percent) of the cases reviewed during the two QSRs were rated as acceptable for provision of services (6.34), meeting the performance standard of 83 percent for this commitment. *Per the ISEP, compliance during this period makes both commitments eligible to move to "To Be Maintained."*

Education, Appropriate for Child (6.36)

The ISEP requires DHHS to take reasonable steps to ensure that school-aged foster children receive an education appropriate to their needs. DHHS reported 13 of the 24 cases reviewed during the two QSRs were applicable to this commitment. The 13 cases were rated by looking at the child's school attendance, grade level, reading level, engagement in instructional activities, and progress towards meeting requirements for promotion and course completion leading to a high school diploma, GED, or preparation for employment. DHHS reported that 12 of the 13 (92.3 percent) cases were rated as acceptable for this commitment, exceeding the agreed upon performance standard for this commitment. *Per the ISEP, compliance during this period makes the commitment eligible to move to "To Be Maintained."*

Education, Continuity (6.38)

The ISEP also requires that DHHS make reasonable efforts to ensure the continuity of a child's educational experience by keeping the child in a familiar or current school or neighborhood, when in the child's best interests and feasible, and by limiting the number of school changes the child

experiences. Of the 24 cases DHHS reviewed during the ISEP 11 QSRs, 16 were deemed applicable to this commitment. Cases were scored by the degree to which the child's daily learning arrangement was stable and free from risk of disruption. DHHS reported that 14 of the 16 (87.5 percent) cases were rated as acceptable for this commitment, exceeding the agreed upon performance standard for this commitment. *Per the ISEP, compliance during this period makes the commitment eligible to move to "To Be Maintained."*

Data Reporting

Generation of Data (6.57)

Due to the wide array of data challenges identified during the monitoring team's verification process for the ISEP 10 report, the monitoring team and DHHS decided to work together to develop a Metrics Plan¹⁵ to guide ISEP data reporting moving forward. The Metrics Plan outlines in detail the descriptions of data to be supplied by DHHS to the monitoring team and the calculation methodologies to assess performance for each commitment for which DHHS produces a data report. The monitoring team and DHHS began drafting the plan in January 2017, meeting several times throughout the spring and early summer to reach agreement in advance of ISEP 11 reporting.

DHHS produced data from MiSACWIS to demonstrate performance on commitments in ISEP 11 and to document baseline populations and samples for QAPs. DHHS produced data concerning some commitments in ISEP 11, such as 6.15 and 6.30, that were not produced in ISEP 10. DHHS continued to submit "cohort" data, which describes entries and exits from foster care during the period, the number of children served during the period, and the number of children in care at the beginning and end of the period. The monitoring team analyzed the information to verify its quality, assessed the methodology used to compute performance for each metric, and attempted to replicate the performance calculations made by DHHS. In these efforts, both DHHS and the monitoring team relied on the written Metrics Plan developed and refined throughout the past several months.

The monitoring team identified several data issues in ISEP 11 that impacted many commitments. For some submissions, DHHS' descriptions of its methods, descriptions of the data, and descriptions of the calculations did not provide enough information for the monitoring team to verify performance. In other situations, the monitoring team disagreed with or could not replicate DHHS' calculation methodology. When the monitoring team could not verify the initial submissions, the monitors informed DHHS in writing and held several conference calls to resolve data and performance verification issues. In many cases, the calls, data resubmissions, and/or recalculations allowed the monitoring team to verify DHHS' performance. For some commitments, the monitoring team was not able to verify performance despite significant efforts to do so.

¹⁵ For the full Metrics Plan, as of the writing of this report, see Appendix E. ISEP Reporting Matrix. Metric plans for commitments 6.30, 6.32 and 6.47 have not yet been finalized and have been omitted from the attached document.

The data verification issues took several forms:

1. **Duplicate and overlapping entries.** Some of DHHS' submissions contained two or more entries for the same child when only a single entry should exist. In other instances, the submission listed a child twice with the same removal date, but with only one listing having an exit date. In other cases, submissions included the same information for the same child.
2. **Data mismatches.** As part of its verification process, the monitoring team matches data used for a performance metric with other data submitted by DHHS. These matches take place most often between performance data and the "cohort" data described above. In some instances, the data submitted for a commitment did not match with data in the cohorts and did not have an explanation for the mismatch. For example, the initial data for commitment 6.41, on parent-child visits, omitted 1,500 children in the "during cohort" with a goal of reunification. The mismatch issue impacted commitments 6.12, 6.30, 6.39, 6.40, 6.41 and population or samples for the following QAPs: 5.2, 5.3, 5.7, 6.10, and 6.37. In the revised submission for 6.30, the supervisory oversight commitment, 571 children with a 'first 30-day contact period' description did not appear in the entry cohort file. Data mismatches also caused delays when verifying the populations, the samples, and the sample sizes for QAPs.
3. **Missing, unavailable, and/or unknown data.** Missing and unavailable data took several forms. In some instances, data submissions included fields that did not have data for some children. The data for commitment 6.13, for length of stay in emergency or temporary facilities, for example, had many blanks in the placement exception and Placement Exception Request (PER) status fields. Likewise, the data for commitment 6.19 pertaining to relative foster parent licensing contained 158 (6.5%) blank license status codes. In commitment 6.52, for medical cards, 1,257 (17%) of the entries contained 'N/A' under the column 'Medical Card Provided.' This issue impacted commitments: 6.8, 6.12, 6.13, 6.15, 6.19, 6.20, 6.23-6.29, 6.30, 6.31, 6.32, 6.40, 6.47, and 6.57. DHHS clarified the reasons for missing data in conference calls or addressed these issues in subsequent data resubmissions. In other instances, submissions did not have fields required to calculate some metrics properly.
4. **Out-of-range data.** Several submissions included data reflecting events that occurred either prior to or after the PUR, at times without an explanation from DHHS for why these data were included, contributing to the delays in producing this report to the U.S. District Court and the parties. This issue impacted commitments 6.12, 6.20, 6.39, 6.47, and the QAP for 6.22.
5. **Re-submissions.** DHHS needed to resubmit data and/or performance calculations for 25 commitments and QAPs, in some instances more than once. The monitoring team finally stopped accepting data resubmissions from DHHS on February 28, 2018, 14 months after the conclusion of Period 11.

The monitoring team worked through many issues with DHHS by email, conference calls, and meetings, allowing the monitors to verify DHHS' performance on 29 measures. Data issues caused delays and prevented reporting on several commitments, including 6.2 – Safety, Maltreatment in Foster Care; 6.30 – Supervisory Oversight; and 6.32 – Assessments and Service Plans, Timeliness of Updated Plans.

DHHS generated from MiSACWIS accurate reports and information regarding most, but not all, of the requirements and outcome measures set forth in the ISEP. The process was often time consuming and almost always required numerous resubmissions from the Department, which DHHS leadership represents should not recur prospectively.

Permanency

Developing Placement Resources for Children

Foster Home Array (6.5)

When it becomes necessary for a child to be removed from his or her caregiver due to abuse or neglect, DHHS has the responsibility to ensure that the child is placed in the most appropriate, least restrictive, safe placement. Through the ISEP, DHHS committed to maintain a sufficient number and array of foster homes to serve the needs of the foster care population. To accomplish this, DHHS requires the development of Adoptive and Foster Parent Recruitment and Retention (AFPRR) plans for each county, informed by specific information based on county needs. The plans detail target numbers of homes to be developed, including potential placements for adolescents, sibling groups, and children with disabilities. Information is included regarding the recruitment and retention efforts that will be utilized, timeframes for activities, a proposed budget, and the staff who will be responsible for the implementation of the plans.

Each of the five Business Service Centers (BSCs) is required to review and roll up the information in the AFPRR plans from their counties and submit one plan each federal fiscal year. According to DHHS, the Office of Child Welfare Policy and Planning analyzes each plan and sets monthly licensing targets and assists the counties and BSCs with monitoring the progress.

The first AFPRR plans finalized under the ISEP cover FY2017, running from October 1, 2016 to September 30, 2017. As is required in the ISEP, the monitoring team had the opportunity to meet with key staff from DHHS to review the plans and the method DHHS utilized to establish targets. As in previous AFPRR plans, DHHS relied on a standardized tool referred to as the “foster home estimator” to synthesize information from various data reports including, for example, the current number of available foster homes, the number of homes closed during the year, and the number of children in placement, in order to calculate foster home need and to establish licensure targets.

For FY2017, DHHS established the goal to license 1,150 nonrelative foster homes, including 797 homes for adolescents, 273 homes for sibling groups, and 663 homes for children with disabilities. As of December 31, 2016, which includes the first quarter of FY2017, DHHS reports licensing 202 nonrelative foster homes or 18 percent of the Department's overall target¹⁶; this included 51 homes that will foster adolescents, 6 percent of the target for this population; 128 homes that will foster siblings, 47 percent of the target for this population; and 133 homes that will foster children with disabilities, 20 percent of the target for this population.

DHHS reports that on December 31, 2016, there were 6,109 licensed foster homes, 4,797 of which were licensed for unrelated children. DHHS reports that this gives the Department a bed capacity of 10,928 beds for a total of 5,878 children who are in placement in an unrelated licensed foster home or will need placement in an unrelated foster home. Based on this data, DHHS asserts that the agency has an adequate, licensed, unrelated foster home capacity for all children who need placement. Although DHHS states that the total foster home capacity for a county or region may not be available at any given time, the agency can meet placement needs among contiguous counties and through diligent search efforts.

Placement Process (6.6)

The ISEP requires that DHHS implements a placement process in each county that ensures a child entering foster care for whom a suitable relative home is not available is placed in a foster home that is the best available match for that child irrespective of whether the foster home is a DHHS or private agency sponsored home.

DHHS advised the monitoring team that county placement selection plan reviews and updates will be done annually so the plans that were submitted for ISEP 10 are the same plans in effect for this ISEP 11 period. In reviewing the plans, the monitoring team found that there continue to be counties that utilize a rotational system of foster home selection, rather than considering a match that best meets the needs of the children being placed. Some counties also consider the funding source as a priority when making placement decisions. Home selection in these counties is therefore not inclusive of all available homes, a practice that is inconsistent with DHHS' commitment to ensure that placement selection ensures children are placed in the best available home to meet their needs.

Relative Placements (6.16)

DHHS relied on relative caregivers to serve as placement resources for 34.3 percent of the children in its custody at the end of ISEP 11. Placing children with a relative caregiver often ensures a greater chance of stability and can reduce potential trauma for the child. However, the decision to place a

¹⁶ This is an annual target based on the state fiscal year which runs October 1, 2016 to September 30, 2017. Therefore, compliance with this commitment will not be reported on until the end of the FY2017 in ISEP 13.

child with a relative should never compromise a child's safety or restrict the child's access to needed services. To ensure the safety of children who are placed in relative homes that were not previously licensed as foster parents, DHHS agreed to take the following actions:

- Prior to placement, DHHS will visit the home to determine that it is safe;
- Within 72 hours following placement, DHHS will check law enforcement and central registry records for all adults residing in the home; and
- Within 30 days of placement, DHHS will complete a home study determining whether the relative should, upon completion of training and submission of any other required documents, be licensed as a foster parent.

The parties agreed that performance is to be measured by a Quality Assurance Process (QAP) until MiSACWIS can produce data to evaluate DHHS' performance. The monitors and the DCQI team jointly approved the QAP review tool and the associated reviewer training. The population included in this review consisted of all children placed in an unlicensed relative home during the reporting period, a total of 1,382 children. The sample was based on a five percent margin of error, with a 95 percent confidence level. The sample size was 304 cases. Two hundred forty-one cases were judged to be non-compliant and 63 cases were compliant, resulting in 20.7 percent compliance¹⁷, well below the designated performance standard of 95 percent.

The monitoring team conducted an independent review of DHHS' results. The review consisted of 75 randomly selected cases that the DCQI unit included in their review. The monitoring team's review confirmed that DHHS did not meet the designated performance standard.

During the monitoring team's review of the randomly selected 75 cases, the monitoring team found risk and safety issues for the children who were placed with these relative caregivers. Some of the identified issues include:

- Hazardous materials, including medications not stored properly
- Insufficient income
- Lack of smoke detectors and carbon monoxide detectors
- Guns and ammunition not stored according to foster care policy
- Babies sleeping in pack n' plays, against foster care policy

¹⁷ On March 22, 2018, DHHS submitted a memo to the monitoring team reporting a revised performance calculation of 32.2 percent compliance for this commitment. DHHS reported field staff updated information in SACWIS after receiving DCQI's initial results, which led to higher performance. As this information was received during the writing of this report, the monitoring team has not verified this information.

- Homes with observable safety hazards (broken furniture, toilet not working, broken windows, exposed wires, no egress from bedroom, trash and clutter, inoperable kitchen sink)
- Homes with inadequate beds (such as a child sleeping on an air mattress and a child sleeping on a pallet in the dining room)

Because of serious safety concerns regarding relative care homes that were raised in the ISEP 10 report, DHHS agreed to develop a corrective action plan to improve the safety of these homes and to ensure that children placed in these homes are safe. The plan was developed in July 2017 and received by the monitors in January 2018. The corrective action plan includes the following actions:

- Improved tracking and reporting on relative homes. DHHS indicates that the improved tracking will allow for more timely identification of child safety concerns as well as barriers to timely licensure;
- A relative licensing point person has been identified for each district and this person is responsible for the tracking described above;
- All districts were instructed to review the completion of the home study with all CPS, foster care, and licensing workers. All specialists were provided a general overview training of what issues are non-negotiable in the home study process.

The monitoring team will report on DHHS' progress in implementing the corrective action plan in the next report.

Relative Foster Parent Licensing and Placement Standard (6.7, 6.17, 6.18, 6.19)

Consistent with the ISEP, DHHS is required to license at least 85 percent of newly licensed relative foster parents within 180 days of the date of the child's placement (6.18). According to data submitted by DHHS, the monitoring team verified the agency licensed 286 relative foster parents during ISEP 11. Of those, 80 (28.0 percent) were licensed within 180 days of the date of placement, which is well below the designated performance standard of 85 percent.

The ISEP requires that at least 80 percent of all relative caregivers must either (a) have submitted a license application to DHHS and not have had a child placed in their home for more than 180 days, or (b) hold a valid license (6.19). Exceptions are permitted if the placement was a direct placement by court order into an unlicensed relative home. On December 31, 2016, DHHS reported 3,907 children¹⁸ were placed with 2,481 relative caregivers. Of the 2,481 relative caregivers, 896 (36.1 percent) were either licensed or had submitted a license application to DCWL – 710 relative caregivers had a license as of the end of the period and 186 relative caregivers had submitted a

¹⁸ A separate DHHS submission - the ISEP 11 cohort data - indicates there were 4,067 children in relative care as of December 31, 2016. DHHS did not report on the licensure status of the homes for these additional 160 children.

license application to DCWL and did not have a child in their care for more than 180 days. This level of performance is well below the designated performance standard of 80 percent.

The ISEP requires that children in the foster care custody of DHHS shall be placed only in a licensed foster home, a licensed facility, pursuant to an order of the court, or an unlicensed relative with a waiver (6.7). In addition, the ISEP requires that relative caregivers will be licensed unless exceptional circumstances exist such that it is in the child's best interest to be placed with the relative despite the relative's desire to forgo licensing (6.17). DHHS was unable to provide information regarding the waivers of licensure for relative caregivers during ISEP 11. Therefore, the monitoring team was unable to verify performance for commitments 6.7 and 6.17.

Placement Standards

Jail, Correctional, or Detention Facilities (6.8)

DHHS agreed that unless pursuant to a delinquency charge, no child in DHHS custody shall be placed by DHHS in a jail, correctional, or detention facility. The ISEP also requires that a foster child in such a setting without a delinquency charge must be moved to a foster care placement within five days of DHHS becoming aware unless a court orders otherwise over a DHHS objection. If there is a delinquency charge and the disposition is for the child to return to a foster care placement, the child must be returned to foster care within five days of disposition of that delinquency charge.

Based on information submitted by DHHS, 124 children resided in a jail or detention facility during ISEP 11. Of the 124 children, 120 (96.8 percent) were compliant with the terms of this commitment. DHHS was noncompliant with respect to two children who were placed in a jail or detention for more than five days with no underlying charge and no objection on the record from DHHS, and with respect to another two children who were not returned to a foster care placement within five days of disposition of their delinquency charges.

Placement Proximity from Removal Home (6.9)

The ISEP requires DHHS to place all children within a 75-mile radius of the home from which the child entered custody unless:

- The child's needs are so exceptional that they cannot be met by a family or facility within a 75-mile radius; or
- The child needs replacement and the child's permanency goal is reunification with his or her parents who at the time reside out of the 75-mile radius; or
- The child is to be placed with a relative or sibling out of the 75-mile radius; or
- The child is to be placed in an appropriate pre-adoptive home that is out of the 75-mile radius.

Any of the above listed exceptions require the approval of the County Director or, in a designated county, a county-level child welfare administrator. The approving authority is specifically required to certify the circumstances supporting the placement in writing, based upon his or her own examination of the circumstances and the child's needs and best interests.

As of December 31, 2016, there were 9,978 children in DHHS custody for whom this commitment was applicable. DHHS provided data to the monitoring team indicating 9,147 (91.7 percent) of the 9,978 children were placed within a 75-mile radius of their home. DHHS performance was close to but did not meet the designated performance standard of 95 percent for this commitment.

Placing Siblings Together (6.10)

The ISEP requires DHHS to place siblings together when they enter foster care at or near the same time. Exceptions can be made if placing the siblings together would be harmful to one or more of the siblings, one of the siblings has exceptional needs that can only be met in a specialized program or facility, or the size of the sibling group makes such placement impractical notwithstanding efforts to place the group together. The commitment also requires that if siblings are separated at any time, except for any of the aforementioned reasons, the case manager shall make immediate efforts to locate or recruit a family in whose home the siblings can be reunited. Efforts to place siblings together are to be documented and maintained in the case file and reassessed quarterly.

DHHS and the monitors agreed to measure and evaluate this commitment through two separate QAP reviews. The first QAP would evaluate and review the children who enter placement and the second QAP would evaluate the Department's attempts to reunite the siblings.

The first QAP looked at children who were part of a sibling group who entered care within 30 calendar days of each other during the period and were separated. For ISEP 10, a statistically valid random sample of 261 children was selected from a total population of 792 children. The Department's DCQI unit conducted the review. Of the 261 children reviewed, DCQI found that 54 (21 percent) had an approved and timely Placement Exception Request. DHHS did not achieve the designated performance standard of 90 percent for this commitment. The monitoring team reviewed a sample of 50 cases assessed by DCQI and confirmed that DHHS did not meet the designated performance standard during ISEP 11.

The population of the second QAP consisted of children who were part of a sibling group and were separated at any time during the review period. For ISEP 11, a statistically valid random sample of 353 was selected from a total population of 4,265 children. DCQI found that DHHS met the terms of the commitment in 268 cases (75.9 percent), shy of the designated performance standard of 90 percent. The monitoring team reviewed a sample of 40 cases read by DCQI and confirmed that DHHS did not meet the designated performance standard for this commitment.

Maximum Children in a Foster Home (6.12)

In the ISEP, DHHS 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, DHHS agreed that no placement will result in more than three children under the age of three residing in a foster home. Exceptions to these limitations may be made by the Director of DCWL when in the best interest of the child(ren) being placed. As of December 31, 2016, there were 5,070 foster homes in Michigan with at least one child in placement. Of these 5,070 homes, 4,525 (89.3 percent) met the terms of this commitment. DHHS did not meet the designated performance standard.

Emergency or Temporary Facilities (6.13, 6.14)

DHHS is required to ensure children shall not remain in emergency or temporary facilities, including shelter care, for a period lasting more than 30 days unless exceptional circumstances exist. DHHS committed that no child shall remain in an emergency or temporary facility for a period lasting more than 60 days with no exceptions (6.13). During the ISEP 11 reporting period, DHHS failed to meet the 95 percent performance standard for this commitment. Of the 250 children placed in emergency or temporary facilities during the period, 190 (76.0 percent) were placed within the length of stay parameters. Eleven youth had a placement that lasted over 60 days and 49 youth had a placement that lasted over 30 days for which timely approval was not granted.

Additionally, the ISEP requires that no child shall be placed in an emergency or temporary facility more than one time in a 12-month period, unless exceptional circumstances exist, and no child experiencing a second emergency or temporary facility placement within one year may remain in an emergency or temporary facility for more than seven days (6.14). During ISEP 11, 34 children experienced 44 successive stays in shelter care. None of these stays were compliant with the terms of the ISEP and DHHS did not meet the designated performance standard of 97 percent for this commitment.

Reviewing Long-Term Institutional Placements (6.15)

The ISEP requires that for DHHS to place a child in a CCI, the placement must be initially approved by the County Director or a county-level child welfare administrator and then reassessed every 90 days. Any placements exceeding 12 months must be approved by the director of Child Welfare Field Operations or a designee. The system is designed to ensure that children are placed in the least restrictive and most family-like settings when in their best interest. During ISEP 11, there were 2,166 approvals or reassessments due for 1,312 children placed in CCIs. Of the 2,166 PERs due, DHHS completed 509 (23.5 percent) timely, well below the designated performance standard of 97 percent.

Case Planning and Practice

Supervisory Oversight (6.30)

In the ISEP, DHHS agreed that supervisors would meet at least monthly with each assigned caseworker to review the status and progress of each case on the worker's caseload. Supervisors must review and approve each service plan after having a face-to-face meeting with the worker, which can be the monthly supervisory meeting. DHHS provided data for this commitment in August 2017. The monitoring team identified some issues with the data submission, including numerous duplicates and missing information, and requested DHHS provide a revised data set in October 2017. After DHHS provided a revised submission in December 2017, the monitoring team continued to have questions, and a call was held in January 2018 for DHHS to walk through the methodology used to produce the data report. Ultimately, the monitoring team was unable to verify DHHS' performance on this commitment as DHHS produced a data file that was based on the wrong cohort of children and did not align with the agreed upon Metrics Plan. There were additional data quality concerns as visits were counted incorrectly and the summary data file did not match the underlying data file. The monitoring team informed DHHS in February 2018 that performance could not be verified. The Department acknowledged that the data submission did not conform to the Metrics Plan.

Timeliness of Service Plans (6.31, 6.32)

The ISEP requires that DHHS complete an initial service plan (ISP) within 30 days of a child's entry into foster care (6.31) and then update the service plan at least quarterly thereafter (6.32). During ISEP 11, DHHS did not achieve the designated performance standard of 95 percent for either commitment. Of the 3,132 initial service plans (ISPs) due during the period, 2,139 (68.3 percent) were completed within 30 days of a child's entry into foster care or Young Adult Voluntary Foster Care (YAVFC).

DHHS provided data on timeliness of updated service plans (USPs) in August 2017. The monitoring team provided feedback in September 2017, identifying a number of duplicates in the original submission, and requested that DHHS resubmit the data and performance calculation. DHHS provided revised data in October 2017. The monitoring team was unable to replicate the performance calculation submitted by DHHS for the dataset and sent follow-up questions to DHHS. A call was held in January 2018 to discuss, resulting in DHHS submitting a revised performance calculation on January 19, 2018 with DHHS' suggested changes to the Metrics Plan. When the monitoring team applied DHHS' suggested methodology to the dataset, there were many children who should have been included in the performance calculation and were not. The monitoring team notified the Department in February 2018 that performance could not be verified for this commitment.

Caseworker Visitation

DHHS agreed to the following visitation schedules for all open cases with children in the state's custody:

- Caseworkers shall visit all children in custody at least twice in each of the first two months of a child's initial or new placement, and at least once in each following month. Additionally, at least one visit each month shall occur in the placement setting and include a private meeting between the worker and the child.
- Caseworkers shall visit parents of children with a goal of reunification at least twice during the first month of placement, with at least one visit in the parent's home. For subsequent months, visits must occur at least once per month, with at least one contact in each three-month period occurring in the parent's place of residence.
- All children with a goal of reunification shall visit their parents at least twice monthly unless specified exceptions exist.
- Siblings in custody who are not placed together shall visit each other at least monthly unless specified exceptions exist.

For ISEP 11, DHHS produced data on worker-child (6.39), worker-parent (6.40), and parent-child (6.41) visits. DHHS was unable to produce data on sibling visits (6.42) for the reporting period.

Worker-Child Visitation (6.39)

DHHS agreed that caseworkers shall visit children in foster care at least two times per month during the child's first two months of placement in an initial or new placement, and at least one time per month thereafter. At least one visit each month shall be held at the child's placement location and shall include a private meeting between the child and the caseworker. The designated performance standard for these commitments is 95 percent.

DHHS and the monitoring team established in the Metrics Plan assessment criteria for the six components that are included in the 6.39 commitment. As detailed in the chart below, during ISEP 11, DHHS met the designated performance standard for one of the six components, specifically the provision that each child shall be visited by a caseworker at least one time during each full month the child is in care. DHHS was close to meeting the standard that requires the caseworker and child to meet at the child's placement location each month and was somewhat further away from meeting the agreed upon standards for the remaining four components of the 6.39 visitation commitments.

Table 4. DHHS ISEP 11 Performance on Worker-Child Visitation

Requirement	Visits Required	Visits Completed	Performance Percentage
Each child shall be visited by a caseworker at least twice per month during the first two months following an initial or new placement	20,404	18,320	89.8%
Each child shall be visited by a caseworker at their placement location at least once per month during the first two months following an initial or new placement	10,202	9,212	90.3%
Each child shall have at least one visit per month that includes a private meeting between the child and caseworker during the first two months following an initial or new placement	10,202	9,105	89.2%
Each child shall be visited by a caseworker at least once per full month the child is in foster care	67,731	64,510	95.2%
Each child shall be visited by a caseworker at their placement location at least once per full month the child is in foster care	67,731	63,382	93.6%
Each child shall have at least one visit per full month the child is in foster care that includes a private meeting between the child and caseworker	67,731	61,322	90.5%

Worker-Parent Visitation (6.40)

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. Exceptions to this requirement are made if the parents are not attending visits despite DHHS taking adequate steps to ensure the visit takes place or a parent cannot attend a visit due to exigent circumstances such as hospitalization or incarceration. Exceptions are excluded from the numerator and denominator of this calculation. DHHS and the monitoring team established assessment criteria for the three components of this commitment in the Metrics Plan. As detailed in the chart below, DHHS did not meet the designated performance standard of 85 percent for any component of these worker-parent visitation commitments during ISEP 11.

Table 5. DHHS ISEP 11 Performance on Worker-Parent Visitation

Requirement	Visits Required	Visits Completed	Performance Percentage
Caseworkers shall visit parents of children with a goal of reunification at least twice during the first month of placement	9,840	4,490	45.6%
Caseworkers shall visit parents of children with a goal of reunification in the parent's place of residence at least once during the first month of placement	4,920	1,798	36.5%
Caseworkers shall visit parents of children with a goal of reunification at least once for each subsequent month of placement	63,765	33,108	51.9%

Parent-Child Visitation (6.41)

When reunification is a child's permanency goal, parents and children will visit at least twice each month. Exceptions to this requirement are made if a court orders less frequent visits; the parents are not attending visits despite DHHS taking adequate steps to ensure the parents' ability to visit; one or both parents cannot attend the visits due to exigent circumstances such as hospitalization or incarceration; or the child is above the age of 16 and refuses such visits. Exceptions are excluded from the numerator and denominator of this calculation.

Of the 88,157 parent-child visits required during ISEP 11, DHHS completed 47,021 (53.3 percent) timely. DHHS did not meet the designated performance standard of 85 percent for this commitment.

Safety and Well-Being

Responding to Reports of Abuse and Neglect

Commencement of CPS Investigations (6.20)

DHHS committed to commence investigations of reports of child abuse or neglect within the timeframes required by state law. DHHS reported that during ISEP 11, there were 43,570 complaints that required the commencement of an investigation. Of those, 40,195 (92.3 percent) were commenced timely. DHHS fell short of the designated performance standard of 95 percent for this commitment.

Completion of CPS Investigations (6.21)

DHHS agreed that all child abuse or neglect investigations would both be completed by the worker and approved by the supervisor within 44 days.¹⁹ The parties agreed that the performance standard for ISEP 11 would be 90 percent. During ISEP 11, there were 40,300 investigations reports due to be completed. Of those, 33,913 (84.2 percent) were submitted by caseworkers and approved by supervisors within 44 days. DHHS did not meet the performance standard for ISEP 11.

CPS Investigations and Screening (6.22)

Under the terms of the ISEP, DHHS is required to investigate all allegations of abuse or neglect relating to any child in the foster care custody of DHHS and to ensure that allegations of maltreatment in care are not inappropriately screened out and therefore not investigated by CPS.

¹⁹ The ISEP states that investigations must be completed by the worker within 30 days and approved by the supervisor within 14 days of worker completion. During ISEP 10, timeliness of worker completion and supervisory approval were reported separately. For ISEP 11, the monitoring team and DHHS agreed to measure compliance by whether investigations were both completed by the worker and approved by the supervisor within 44 days.

To report on this provision, DHHS agreed to conduct a QAP review, using a statistically valid sample and a set of questions established by DHHS and the monitors. The population for this QAP review was comprised of all complaints screened out for CPS investigation during the period under review.

During ISEP 11, Centralized Intake screened out 3,436 referrals for CPS investigation, from which a sample of 346 referrals was drawn for review. The DCQI unit determined that Centralized Intake made appropriate screening decisions for 340 cases (98.3 percent) of the referrals. DCQI determined that there were six referrals rejected or transferred by Centralized Intake that should have been assigned for investigation.

The monitoring team reviewed and analyzed records for 78 of the sample cases assessed by DHHS and did not confirm DHHS' reported performance. Of the 78 screened out referrals, the monitoring team determined that DHHS made appropriate screening decisions in 56 instances (71 percent). The monitors determined that 14 referrals should have been assigned for investigation and were not, and that additional information was needed to make an appropriate screening decision for eight referrals. In their review of these same referrals, DHHS leadership and DCQI determined that 72 (92.3 percent) were appropriately screened out.

Some examples of referrals that the monitoring team concluded should have been investigated for child abuse and neglect include:

- A two-year-old resided with his relative caregivers, who were in the process of adopting him. The referral alleged that the foster father is an active alcoholic, which reportedly impacted his parenting because he was traveling with the child while drunk. The following day, the foster father was allegedly drunk again, became angry, and began cursing and swearing in front of the child. The referral was discounted (not accepted) after a preliminary investigation by Centralized Intake, indicating that the relative caregiver did not have a criminal history, the allegations occurred over a year ago, and the current caseworker had no concerns. The monitoring team found that information was incorrect: the allegation occurred just one month earlier, and the foster father had past DUI incidents. The caseworker did say she did not have concerns; however, she also said she did not see the child often and a courtesy worker conducted most of the visits. The courtesy worker was not contacted by Centralized Intake.
- Four children, aged seven, nine and 11-year-old twins, resided with their relative caregiver. The allegation was that the relative caregiver "whups" the seven-year-old as a form of punishment and slapped the child in the face with her hand. No physical injuries were observed on the seven-year-old. Since no physical injuries were observed on the seven-year-old, the referral was not accepted for investigation but was sent to the licensing worker. In addition, the relative caregiver had a documented assault and battery plea. The monitoring team raised concerns about the decision, as whapping and slapping place the child at risk of harm. In addition, the child had sustained a broken arm at the time of the

referral and the referral source (private agency licensing staff) did not know how the injury occurred.

- A three-month-old was being cared for by an unlicensed relative caregiver. The child's birth parents were not allowed any contact; however, the relative caregiver allegedly allowed the parents to take the three-month-old whenever they wanted to do so. The referent alleged that the parents were drunk every weekend, and that the father beat the mother because he thought she stole crack from him. The couple's last baby died from ingesting opiates that were lying around the home. The screening decision was to refer the case to licensing. DHHS leadership agrees that this case should have been assigned for CPS investigation.

Some examples of referrals that the monitoring team concluded required additional information before making a screening decision include:

- A seven-month-old infant resided with his relatives. The baby's parents' rights were terminated, and the parents were not to have contact with their child. The relatives allegedly allowed the parents to take the infant out of the home for visits and allowed the parents to spend the night in their home. The screening decision was that the referral does not meet the definition of abuse/neglect. However, the parents' parental rights were terminated, and they are listed on the central child abuse registry as perpetrators of maltreatment of this child. The monitoring team concluded more information was needed before making a screening decision, given the age of the child. DHHS leadership agrees that additional information was needed before making a screening decision.
- A child reported that her cousin beat her with a switch and an extension cord. She did not disclose any marks or bruises. The screening decision was to transfer the referral to law enforcement as there was no information indicating that the cousin was a caregiver. The monitoring team determined additional screening was necessary to ascertain whether the cousin, who is the alleged perpetrator, was a caregiver and to ensure that the child was safe.

The monitors' review of screening documentation reveals that some screening decisions in ISEP 11 were still not being made consistent with DHHS policy. Additionally, children in some instances were left in situations that raise safety concerns.

The ISEP requires that when DHHS transfers a referral to another agency for investigation, DHHS must independently take appropriate action to ensure the safety and well-being of the child in the Department's custody. The parties agreed that performance for this provision would be measured through a QAP.

The population for this QAP review was comprised of complaints received by Centralized Intake on plaintiff class children that were transferred outside of the Department during the period under review. The sample that the Department selected was a statistically valid random sample, based

on a five percent margin of error and a 95 percent confidence level. The sample size consisted of 245 referrals that were transferred; the DCQI team found 122 cases compliant and 123 cases non-compliant for a performance calculation of 49.8 percent. The monitoring team conducted a review of 50 cases that the DCQI unit assessed and confirmed that DHHS did not meet the designated performance standard of 95 percent.

Health and Mental Health

Healthcare Quality Assurance Process Review (6.45, 6.46, 6.48, 6.49, 6.50)

The ISEP requires that DHHS ensure children receive required health services. Specifically, DHHS is required to:

- Ensure children receive all required immunizations in accordance with guidelines of the American Academy of Pediatrics (6.45 and 6.46).
- Maintain up-to-date medical files for each child in care, containing information required by DHHS policy (6.48).
- Provide the foster care provider with the child's medical passport. This is to occur at the time the child is placed or re-placed, and quarterly thereafter (6.49).
- Ensure case plans contain medical information required by DHHS policy FOM-801 (6.50).

It was agreed that DHHS would evaluate all the above health requirements together using one QAP tool approved by the monitors. The population for this QAP review was comprised of two groups. The population for 6.45 was all youth in foster care during the first 90 days of ISEP 11, July 1, 2016 to September 30, 2016. For 6.46 and 6.48, the sample was comprised of all children in care more than 90 days as of the 90th day of the reporting period. These two samples were combined and utilized for the 6.49 and 6.50 QAPs. The sample sizes selected for the review were based upon a five percent margin of error and a 95 percent confidence level. The designated performance standard for all five commitments is 95 percent. The results of the QAP reviews include a wide range of performance (2.8 percent to 92.6 percent) but for each commitment DHHS did not reach the designated performance standard.

The ISEP 11 results of the DHHS’ QAP reviews for commitments 6.45, 6.46, 6.48, 6.49, and 6.50 are charted below.

Table 6. DHHS ISEP 11 Performance on Health Requirements 6.45, 6.46, 6.48, 6.49 & 6.50

ISEP Commitment	Total Population	Sample Size	Cases Compliant	Cases Noncompliant	Performance Percentage
Immunizations/in care < 3 mos. (6.45)	1,434	311	288	23	92.6%
Immunizations/in care > 3 mos. (6.46)	10,083	379	334	45	88.2%
Up-to-date medical file (6.48)	10,083	379	123	256	32.5%
Medical passports (6.49)	11,517	690	19	671	2.8%
Case plan information (6.50)	11,517	690	69	621	10.0%

The monitoring team reviewed a sample of cases assessed by DCQI for each commitment. Fifty cases were reviewed for each of these provisions: 6.45, 6.46, and 6.48; 100 cases were reviewed for each of these provisions: 6.49 and 6.50. The monitoring team confirmed that DHHS did not meet the designated performance standard for any of the five ISEP child health commitments.

Medical and Mental Health Examinations for Children (6.43)

DHHS committed in the ISEP that at least 85 percent of children shall have an initial medical and mental health examination within 30 days of the child’s entry into foster care. During ISEP 11, the Department completed 2,282 of 3,132 (72.9 percent) required initial medical and mental health exams within 30 days of a child’s entry into care. DHHS committed in the ISEP at least 95 percent of children shall have an initial medical and mental health examination within 45 days of the child’s entry into foster care. The Department completed 2,490 of 3,114 (80.0 percent)²⁰ required initial medical and mental health exams within 45 days of a child’s entry into care. The Department’s performance did not meet the designated performance standards set forth in the ISEP for either provision.

Dental Care for Children (6.44)

DHHS committed in the ISEP that at least 90 percent of children shall have 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. During ISEP 11, the Department completed 1,151 of 1,661 (69.3 percent) initial dental exams within the required timeframe, not meeting the agreed upon performance standard.

²⁰ The monitoring team identified 207 children who were in care for at least 45 days that DHHS did not include in the data. Thus, the monitoring team’s denominator for the 45 days in care compliance indicator is larger than as reported by DHHS.

Ongoing Healthcare for Children (6.47)

DHHS committed in the ISEP that following an initial medical, dental, or mental health examination, at least 95 percent of children shall receive periodic and ongoing medical, dental, and mental health examinations and screenings, according to the guidelines set forth by the American Academy of Pediatrics. Performance for this commitment was calculated for each medical type: medical well-child visits for children age three and younger, annual physicals for children older than three, and annual dental exams. During ISEP 11, DHHS completed 3,533 of 4,471 (79.0 percent) medical well-child visits timely; 2,119 of 2,494 (85.0 percent) annual physicals timely; and 2,138 of 2,831 (75.5 percent) annual dental exams timely, failing to meet the designated performance standard for each commitment.

Access to Health Insurance (6.51, 6.52)

The ISEP requires DHHS ensure that at least 95 percent of children have access to medical coverage within 30 days of entry into foster care by providing the placement provider with a Medicaid card or an alternative verification of the child's Medicaid status and Medicaid number as soon as it is available (6.51). DHHS provided data from MiSACWIS regarding this provision during ISEP 11. The monitoring team verified the population using entry cohort data. The Department reports that placement providers received a Medicaid card or an alternative verification of the child's Medicaid status and number within 30 days of entry into foster care for 2,827 of 3,132 children (90 percent), falling short of the performance standard.

The ISEP also requires DHHS to ensure that 95 percent of children have access to medical coverage within 24 hours or the next business day following subsequent placement by giving the placement provider a Medicaid card or an alternative verification of the child's Medicaid status and Medicaid number as soon as it is available (6.52). During the period, DHHS reported 3,257 of 4,646 (70.1 percent) placement providers received Medicaid cards or alternative verification within 24 hours or the next business day following a child's subsequent placement. DHHS did not meet the agreed upon designated performance standard.

Health Liaison Officers (5.13)

In the ISEP, DHHS agreed to maintain at least 34 Health Liaison Officers (HLOs) throughout the state. During the ISEP 11 period, DHHS provided the monitoring team with information documenting that 34 HLO positions were maintained by DHHS apart from vacancies in the regular course of business created by HLO staff movement. Specifically, there was a vacancy for the four-county area of Clinton, Eaton, Gratiot, and Shiawassee from November 7, 2016 to December 31,

2016. The vacancy was filled on January 17, 2017. There was a vacancy in Genesee County from December 27, 2016 to December 31, 2016. This vacancy was filled on January 30, 2017.²¹

In Oakland County there was a vacancy from October 10, 2016 to December 31, 2016, when the Health Liaison Officer was assigned a temporary position as a Foster Care Supervisor. In Wayne County, the Health Liaison Officer began a leave of absence on December 12, 2016.

Throughout ISEP 11, DHHS has met its commitment to maintain the 34 HLO positions throughout the state.

Psychotropic Medication, Diagnosis (6.53)

The ISEP requires DHHS ensure that prior to initiating each prescription for psychotropic medication for a child in DHHS' custody, the child must have a mental health assessment with a current DSM-based psychiatric diagnosis of a mental health disorder that would require psychotropic medication as a form of treatment.

The DHHS Psychotropic Medication Oversight Unit (PMOU) conducted a review of the children subject to this commitment. To identify the group of children in care prescribed psychotropic medications, the PMOU compared a list of children in care during the period to a list of Medicaid pharmacy claims for psychotropic medication prescriptions filled within the reporting period.

There was at least one psychotropic medication filled for 2,852 children during ISEP 11. There were 23 children²² excluded from the group because they were being administered psychotropic medication for medical purposes. This left 2,829 youth requiring a DSM-based diagnosis for 6,487 different medications. DHHS reports that 2,826 (99.9 percent) of children had a DSM-based psychiatric diagnosis for a prescribed psychotropic medication thereby exceeding the performance standard of 97 percent for this commitment.

Psychotropic Medication, Informed Consent (6.54)

The ISEP requires DHHS to ensure that an informed consent is obtained and documented in writing for each child in DHHS custody who is prescribed psychotropic medication, as per DHHS policy.

²¹ DHHS had requested a three-month timeframe to fill Health Liaison positions when vacancies occur, without negatively impacting ISEP compliance. In the interim, the vacancy would be covered by Liaisons in neighboring areas. The monitoring team agreed to this request.

²² DHHS stated in a memo submitted to the monitors that 79 youth had a medical diagnosis and therefore did not require a DSM-based diagnosis, however the data submitted indicated that there were only 23 youth who should have been excluded due to a medical diagnosis.

During this period, 2,852 children had a psychotropic medication claim. DHHS reported that 79 children had the medication prescribed for a medical purpose. Therefore, consents were required for the remaining 2,773 children,²³ and for each medication that the child was prescribed. DHHS reported that 1,934 (69.7 percent) of children who were prescribed psychotropic medication had an informed consent for all prescriptions; 430 (15.0 percent) of the children did not have any informed consents; and 404 (14.6 percent) of the children had at least one consent but were missing consents for other prescriptions.

According to DHHS data, there were 6,531 unique prescription claims for the period. Consents were on file for 5,321 (81.5 percent) of the medications, however, 1,221 (22.9 percent) of those consents had expired or were dated after the first prescription was filled during the period. Therefore 4,100 (62.8 percent) of medications had a valid informed consent for the period and DHHS did not meet the designated performance standard of 97 percent for this commitment.

Psychotropic Medication, Documentation (6.55)

The ISEP requires that the administration of psychotropic medications to children in DHHS' custody be documented in accordance with the "Documentation" section in DHHS Policy FOM 802-1. The designated performance standard for this commitment is 97 percent. DHHS is reporting on this requirement for the first time, having been given time to integrate this commitment into MiSACWIS operations. Performance for this commitment was measured through a QAP.

The population for the QAP sample consisted of all children who had psychotropic medications filled during the period. DCQI reported that they utilized a statistically valid and geographically stratified sample. Reviewers looked at various documents including the Child Assessment of Needs and Strengths (CANS), service plans, case notes, the Medical Passport, and the Strengths and Needs sections of MiSACWIS. Cases were determined to be compliant when documentation supporting the use of psychotropic medications was found.

DHHS reported that there were 2,773 children who were prescribed psychotropic medications during the period. They reviewed 338 of these children and found that 110 (32.5 percent) were compliant with the documentation requirements, while 228 were not compliant. The monitoring team reviewed 35 of the cases that were assessed by DCQI and confirmed that DHHS did not meet the designated performance standard of 97 percent for this commitment.

²³ DHHS stated in a memo submitted to the monitors that 79 youth had a medical diagnosis and therefore informed consents were not required. However, data submitted for 6.53 indicate there were only 23 youth who should have been excluded due to a medical diagnosis. Therefore, DHHS did not provide information on informed consents for 56 children who required them.

Psychotropic Medication, Oversight Review (6.56)

The ISEP requires DHHS to ensure that a qualified physician completes and documents an oversight review of a child's psychotropic medication prescriptions, whenever one or more of triggering criteria, as identified in DHHS policy, exists. Triggering criteria include: four or more concomitant psychotropic medications; two or more concomitant anti-psychotic, mood stabilizing, anti-depressant, stimulant, or alpha agonist medications; psychotropic medications prescribed above recommended doses; and psychotropic medication prescribed for a child five years or younger. Performance for this commitment was measured by a QAP.

The population for the sample was comprised of all children who had psychotropic medication prescriptions filled during the period that met triggering criteria. During ISEP 11, the population consisted of 642 youth, and 240 cases were chosen for the geographically stratified sample. An initial review resulted in 102 cases being replaced because the child's psychotropic medication claim data did not actually meet triggering criteria. In most of these cases, the medication was prescribed for a medical condition. Cases in the finalized sample were determined to be compliant if the reviewer could ascertain that a physician had completed a review, as required, when triggering criteria existed.

DHHS found that 238 of the 240 cases (99.2 percent) were compliant with the physician review, exceeding the 95 percent designated performance standard. An expert consultant²⁴ who is part of the monitoring team participated in the review, meeting with the physicians in charge of oversight, and found the process to be sound. *Per the ISEP, compliance during this period makes the commitment eligible to move to "To Be Maintained."*

Treatment Homes (6.11)

DHHS committed to have, at any given time, at least 200 treatment foster home beds for youth in foster care. According to information provided to the monitoring team, DHHS has treatment foster home beds through contracts with private agencies to provide placement and services for children who are deemed eligible for a Serious Emotional Disturbance Waiver (SEDW). During ISEP 11, DHHS maintained 202 treatment foster home beds available for placement. Of these, 188 beds were licensed, and 152 beds were utilized by youth receiving SEDW services. Additionally, 14 unlicensed relative foster home beds were utilized by youth receiving SEDW services. There were 11 beds that were listed as available for placement but show no placement during the period.

DHHS reports that services provided to youth receiving SEDW services include but are not limited to wraparound services, intensive home-based therapy, speech therapy, substance abuse treatment, speech/hearing assessment and treatment, occupational therapy, treatment for health

²⁴ The expert consultant working with the monitoring team is a child psychologist with a depth of experience in assessing and improving mental health services and well-being outcomes for children in foster care.

problems, employment services, group therapy, parent to parent support, transportation, community living support, respite, community-based activities, education, psychiatric services, and other services.

During ISEP 11, DHHS met its commitment to maintain at least 200 treatment foster home beds.

Education

Enrollment and Attendance (6.37)

DHHS is required in the ISEP to take reasonable steps to ensure that school aged foster children are enrolled and attending school within five days of initial placement or any placement change, including while placed in a child caring institution or emergency placement. To measure its performance for this commitment, DHHS conducted a QAP utilizing a tool and training developed in coordination with the monitoring team.

The population under review included all children who were six years of age as of December 2015 and had an initial placement or replacement during the reporting period. DHHS utilized a statistically significant sample, stratified by county for the QAP. The sample size selected for this review was based on a five percent margin of error with a 95 percent confidence level. The total population was 2,627 children and the sample size was 396 children.

Through the QAP review, DHHS identified that it met the requirement for 88.1 percent of children in ISEP 11. Of the 396 children's cases reviewed, the Department assessed 336 children's cases as compliant and 40 children's cases as non-compliant. As such, DHHS did not meet the designated performance standard of 90 percent for this commitment. The monitoring team reviewed a sample of 50 cases assessed by DCQI and confirmed that DHHS fell short of the designated performance standard.

Youth Transitioning to Adulthood

The ISEP provides that if DHHS' performance falls below the floor performance standard for two consecutive reporting periods, the monitors have the discretion to return the commitments to Section 6 (To Be Achieved). Before doing so, the monitors must afford DHHS the opportunity to provide information on the causes of the Department's performance change. With respect to DHHS' performance on provisions 5.2, 5.3, 5.6, and 5.7, all of which fell below the floor performance standard for two consecutive periods, the monitors are reviewing DHHS' explanations and will make a determination in the monitors' next report to the Court.

Extending Eligibility and Services

YAVFC (5.2)

The ISEP requires DHHS to continue to implement policies and provide services to support youth transitioning to adulthood, including ensuring youth have been informed of services available through the Young Adult Voluntary Foster Care (YAVFC) program, as measured through a QAP. The monitoring team and DCQI unit met and mutually developed a tool and training to conduct this review.

The population for this review was comprised of all youth who exited foster care during the reporting period, age 16 and older. DHHS utilized a statistically valid, random sample, stratified by county. The sample size was based on a five percent margin of error and a 95 percent confidence level.

For ISEP 11, the total population consisted of 425 youth, with a sample size of 205. The DCQI team found that 126 of 205 youth (61.5 percent) were informed of the YAVFC program. In the remaining 79 cases there was no documentation in the youth's file that they were informed of services available through the YAVFC program. As such, DHHS did not meet the designated performance standard of 90 percent for this commitment. The monitoring team reviewed a sample of 50 cases assessed by DHHS and confirmed that the agency did not meet the designated performance standard for this commitment.

Independent Living Services (5.3)

The ISEP also requires DHHS to support youth transitioning to adulthood by ensuring they have access to independent living services through age 20. Performance relative to this commitment is measured through a QAP. DHHS and the monitoring team established a tool and training for staff who were conducting the reviews.

The population for the QAP was comprised of all youth in foster care, age 16 through 20, who were in care during the period. A statistically valid random sample that was stratified by county was utilized. The sample size selected for the review was based on a five percent margin of error and a 95 percent confidence level. For ISEP 11, the population consisted of 2,196 youth, with a sample size of 329. DHHS found that 171 (52.0 percent) of the cases were compliant with ensuring youth had access to independent living services. As such, DHHS did not meet the designated performance standard of 90 percent for this commitment. The monitoring team reviewed a sample of 50 cases assessed by DCQI and confirmed that DHHS did not meet the designated performance standard for this commitment.

APPLA Goals (5.7)

DHHS committed to ensure that youth age 16 and older in foster care with a permanency goal of Another Planned Living Arrangement (APPLA), Another Planned Living Arrangement – Emancipation, or adoption without an identified family have access to the range of supportive services necessary to support their preparation for and successful transition to adulthood. The parties agreed that this provision would be measured through a QAP.

DHHS and the monitoring team agreed upon a QAP tool and training for DHHS to utilize during the review. The population for this review was comprised of youth 16 and older with a goal of APPLA or adoption without an identified family, who were in care at the end of the period. DCQI utilized a statistically valid random sample, stratified by county. The sample size selected for the review was based on a five percent margin of error and a 95 percent confidence level. For ISEP 11, the total population was 980 youth and the sample size was 277 youth. DCQI found 185 (66.8 percent)²⁵ of the cases to be compliant. As such, DHHS did not meet the designated performance standard of 90 percent for this commitment. The monitoring team reviewed a sample of 50 cases assessed by DCQI and confirmed that DHHS did not meet the designated performance standard.

Immediate Actions for Youth Transitioning to Adulthood

Family Team Meetings (5.6)

DHHS pledged to hold a Family Team Meeting (FTM) for each youth age 16 and older occurring 90 days before planned discharge from care or within 30 days after an unexpected discharge. The meeting functions as an opportunity to inform youth leaving the child welfare system about resources available in their community, such as public benefits, housing, education, employment, transportation, financial management, and health. The parties agreed that this provision would be measured through a QAP.

DHHS and the monitoring team agreed upon a set of questions to be utilized and a training to guide staff conducting the review. The population under review was comprised of all youth 16 years of age and older who exited care during the ISEP reporting period. DCQI utilized a statistically valid random sample, stratified by county. The sample size selected for this review was based on a five percent margin of error and a 95 percent confidence level. For ISEP 11, the population consisted of 425 children, with a sample size of 205 children. Of the cases reviewed, DHHS found that 83 (40.5 percent)²⁶ were compliant with the ISEP commitment. DHHS therefore did not meet the designated

²⁵ On March 22, 2018, during the writing of this report, DHHS submitted a revised performance calculation to the monitoring team reporting 52 percent compliance. DHHS acknowledged that DCQI staff made errors in scoring, which resulted in an inflated performance calculation. The monitors did not independently verify this submission.

²⁶ On March 22, 2018, during the writing of this report, DHHS submitted a revised performance calculation to the monitoring team reporting 29.3 percent compliance. DHHS acknowledged that DCQI staff made errors in scoring which resulted in an inflated performance calculation. The monitors did not independently verify this submission.

performance standard of 90 percent for this commitment. The monitoring team assessed a sample of 50 cases reviewed by DCQI and confirmed that DHHS did not meet the designated performance standard for this commitment.

Michigan Youth Opportunities Initiative and Individual Development Accounts (5.4, 5.5)

DHHS committed to continue to implement policies and provide services to support youth transitioning to adulthood, including maintaining the Michigan Youth Opportunities Initiative (MYOI) Coordinators and programming. MYOI provides support and services to youth aging out of foster care.

During ISEP 11, MYOI was active in 64 counties, with 31 MYOI Coordinators statewide. During the reporting period, there were three additional staff who administered MYOI while also completing other direct services unrelated to MYOI.

Supports to youth included independent living skills trainings and youth board trainings. On average, these occurred monthly in each MYOI site. More frequent meeting and training opportunities occurred in some of the larger MYOI sites. DHHS reported that 170 youth board meetings and 294 independent living skills trainings were held during the reporting period. In addition, a focus on community partner development occurred to improve community supports for MYOI youth and youth in foster care. DHHS reported that 170 community partnership meetings were held during the reporting period.

Supportive services to youth included transportation, employment, accessing Chafee funding, banking, credit recovery, match purchase support, emotional support, educational support, housing, clothing, internet access, criminal justice assistance, emergency funding, family team meetings, parenting support, and financial management. DHHS reported that 67 financial literacy trainings, 56 volunteer activities, and 47 fundraising events were held during the reporting period.

There were 874 actively enrolled youth at the end of the period, including 119 new enrollments. Since program implementation, 2,764 youth have been enrolled in MYOI.

At the end of ISEP 11, there were 715 Individual Development Accounts open and active.

During ISEP 11 DHHS met its commitment to continue to implement policies and provide services to support youth transitioning to adulthood, including maintaining the Michigan Youth Opportunities Initiative (MYOI) Coordinators and programming. *Per the ISEP, compliance during this period makes both commitments eligible for rolling exit.*

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MICHIGAN

DWAYNE B., by his next friend, John Stempfle; CARMELA B., by her next friend William Ladd; LISA J., by her next friend, Teresa Kibby; and JULIA, SIMON, and COURTNEY G., by their next friend, William Ladd; for themselves and others similarly situated,

Plaintiffs,

v

RICK SNYDER, in his official capacity as Governor of the State of Michigan, *et al.*,

Defendants.

No. 2:06-cv-13548

HON. NANCY G. EDMUNDS

Class Action

**STIPULATED ORDER
REGARDING ISEP 10**

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STIPULATED ORDER REGARDING ISEP 10

The Court, having heard from the monitors and the parties regarding the Michigan Department of Health and Human Services' (Department) Progress under the Implementation, Sustainability, and Exit Plan (ISEP) during the reporting period from January to June 2016 ("ISEP Period 10"), and the Court being fully advised,

HEREBY ORDERS THE FOLLOWING:

1. Based on the Department's performance during ISEP Period 10, DHHS achieved the required performance standards for the following commitments, and said commitments shall exit the ISEP: Caseload Progression for New Employees (5.1); Permanency Indicator 2 (5.8);

Permanency Indicator 3 (5.9), Permanency Indicator 4 (5.10), and Permanency Indicator 5 (5.11); and

2. Based on the Department’s performance during ISEP Period 10, DHHS attained the required performance standards for the following commitments, and said commitments shall be moved from the “To Be Achieved” section to the “To Be Maintained” section of the ISEP: Licensing Worker Qualifications and Training (6.4); Treatment Foster Homes (6.11); CPS Investigations, Commencement (6.20); Caseload, POS Workers (6.28); Caseload, Licensing Workers (6.29); Seclusion/Isolation (6.35); Education, Attendance (6.37); and Psychotropic Medication, Diagnosis (6.53).

IT IS SO ORDERED.

Dated: June 12, 2017

s/ Nancy G. Edmunds
U.S. DISTRICT JUDGE

STIPULATED AND AGREED TO BY:

/s/ Sara M. Bartosz
Sara M. Bartosz
Attorney for Plaintiffs

/s/ Kristin M. Heyse
Kristin M. Heyse (P64353)
Attorney for Defendants

Appendix B. Age Range of Children in Care on December 31, 2016 by County

County Name	Age Group of Children in Care on December 31, 2016								Total Children
	Ages 0-6		Ages 7-11		Ages 12-17		Ages 18+		
	Children	%	Children	%	Children	%	Children	%	
ALCONA	2	33%	0	0%	4	67%	0	0%	6
ALGER	5	42%	4	33%	3	25%	0	0%	12
ALLEGAN	58	46%	29	23%	35	28%	3	2%	125
ALPENA	29	58%	11	22%	10	20%	0	0%	50
ANTRIM	11	50%	4	18%	5	23%	2	9%	22
ARENAC	20	50%	9	23%	7	18%	4	10%	40
BARAGA	3	75%	0	0%	0	0%	1	25%	4
BARRY	35	58%	12	20%	12	20%	1	2%	60
BAY	53	43%	20	16%	41	34%	8	7%	122
BENZIE	8	53%	1	7%	4	27%	2	13%	15
BERRIEN	172	52%	66	20%	73	22%	20	6%	331
BRANCH	48	52%	26	28%	16	17%	3	3%	93
CALHOUN	122	50%	55	23%	53	22%	12	5%	242
CASS	72	41%	46	26%	50	29%	6	3%	174
CHARLEVOIX	6	40%	3	20%	2	13%	4	27%	15
CHEBOYGAN	13	37%	4	11%	16	46%	2	6%	35
CHIPPEWA	25	47%	13	25%	15	28%	0	0%	53
CLARE	33	40%	22	27%	26	31%	2	2%	83
CLINTON	20	59%	5	15%	7	21%	2	6%	34
CRAWFORD	15	33%	10	22%	16	35%	5	11%	46
DELTA	33	63%	12	23%	7	13%	0	0%	52
DICKINSON	20	53%	5	13%	11	29%	2	5%	38
EATON	33	49%	13	19%	18	27%	3	4%	67
EMMET	8	33%	8	33%	7	29%	1	4%	24
GENESEE	257	47%	115	21%	135	25%	42	8%	549
GLADWIN	22	58%	5	13%	10	26%	1	3%	38
GOGEBIC	30	55%	15	27%	8	15%	2	4%	55
GRAND TRAVERSE	50	64%	15	19%	12	15%	1	1%	78
GRATIOT	18	56%	4	13%	10	31%	0	0%	32
HILLSDALE	70	62%	23	20%	18	16%	2	2%	113
HOUGHTON	2	22%	2	22%	5	56%	0	0%	9
HURON	20	43%	14	30%	10	22%	2	4%	46
INGHAM	247	46%	122	23%	112	21%	55	10%	536
IONIA	24	46%	14	27%	10	19%	4	8%	52
IOSCO	21	48%	3	7%	18	41%	2	5%	44
IRON	9	60%	2	13%	4	27%	0	0%	15
ISABELLA	40	54%	19	26%	13	18%	2	3%	74
JACKSON	112	47%	44	18%	67	28%	15	6%	238
KALAMAZOO	280	55%	98	19%	107	21%	27	5%	512
KALKASKA	17	57%	4	13%	5	17%	4	13%	30

County Name	Age Group of Children in Care on December 31, 2016								Total
	Ages 0-6		Ages 7-11		Ages 12-17		Ages 18+		
	Children	%	Children	%	Children	%	Children	%	Children
KENT	391	47%	184	22%	199	24%	55	7%	829
LAKE	7	27%	5	19%	13	50%	1	4%	26
LAPEER	31	49%	9	14%	17	27%	6	10%	63
LEELANAU	3	27%	4	36%	3	27%	1	9%	11
LENAWEE	62	60%	20	19%	19	18%	3	3%	104
LIVINGSTON	65	49%	26	20%	34	26%	7	5%	132
LUCE	11	48%	7	30%	3	13%	2	9%	23
MACKINAC	5	31%	4	25%	6	38%	1	6%	16
MACOMB	255	51%	98	20%	111	22%	36	7%	500
MANISTEE	19	59%	8	25%	5	16%	0	0%	32
MARQUETTE	23	48%	9	19%	12	25%	4	8%	48
MASON	32	53%	11	18%	16	27%	1	2%	60
MECOSTA	15	47%	3	9%	13	41%	1	3%	32
MENOMINEE	19	86%	3	14%	0	0%	0	0%	22
MIDLAND	34	40%	17	20%	32	38%	2	2%	85
MISSAUKEE	3	27%	1	9%	6	55%	1	9%	11
MONROE	102	56%	42	23%	32	18%	5	3%	181
MONTCALM	25	36%	12	17%	30	43%	2	3%	69
MONTMORENCY	4	31%	3	23%	5	38%	1	8%	13
MUSKEGON	180	51%	72	20%	71	20%	29	8%	352
NEWAYGO	31	32%	32	33%	30	31%	4	4%	97
OAKLAND	374	49%	149	19%	179	23%	66	9%	768
OCEANA	7	30%	12	52%	4	17%	0	0%	23
OGEMAW	21	39%	15	28%	15	28%	3	6%	54
ONTONAGON	6	75%	1	13%	1	13%	0	0%	8
OSCEOLA	4	33%	4	33%	4	33%	0	0%	12
OSCODA	15	75%	2	10%	2	10%	1	5%	20
OTSEGO	24	57%	12	29%	5	12%	1	2%	42
OTTAWA	65	49%	28	21%	31	23%	9	7%	133
PRESQUE ISLE	15	83%	3	17%	0	0%	0	0%	18
ROSCOMMON	11	44%	6	24%	6	24%	2	8%	25
SAGINAW	59	44%	27	20%	37	28%	10	8%	133
SANILAC	28	56%	12	24%	6	12%	4	8%	50
SCHOOLCRAFT	6	46%	2	15%	5	38%	0	0%	13
SHIAWASSEE	45	53%	15	18%	23	27%	2	2%	85
ST. CLAIR	120	49%	64	26%	53	22%	8	3%	245
ST. JOSEPH	103	53%	54	28%	34	17%	5	3%	196
TUSCOLA	41	47%	19	22%	26	30%	2	2%	88
VAN BUREN	89	54%	36	22%	35	21%	5	3%	165
WASHTENAW	75	50%	25	17%	36	24%	15	10%	151
WAYNE	1,341	49%	564	21%	626	23%	199	7%	2,730
WEXFORD	26	67%	3	8%	9	23%	1	3%	39
Total	5,855	49%	2,500	21%	2,776	23%	737	6%	11,868

Appendix C. Length of Stay of Children in Care on December 31, 2016 By County

County Name	Length of Stay of Children in Care on December 31, 2016										Total
	Less than 1 year		1-2 years		2-3 years		3-6 years		6+ years		
	Children	%	Children	%	Children	%	Children	%	Children	%	Children
ALCONA	3	50%	0	0%	3	50%	0	0%	0	0%	6
ALGER	7	58%	0	0%	0	0%	5	42%	0	0%	12
ALLEGAN	65	52%	39	31%	12	10%	7	6%	2	2%	125
ALPENA	15	30%	24	48%	9	18%	2	4%	0	0%	50
ANTRIM	13	59%	6	27%	2	9%	1	5%	0	0%	22
ARENAC	21	53%	11	28%	5	13%	3	8%	0	0%	40
BARAGA	1	25%	1	25%	1	25%	1	25%	0	0%	4
BARRY	42	70%	9	15%	6	10%	2	3%	1	2%	60
BAY	46	38%	42	34%	22	18%	12	10%	0	0%	122
BENZIE	8	53%	2	13%	1	7%	4	27%	0	0%	15
BERRIEN	169	51%	100	30%	40	12%	12	4%	10	3%	331
BRANCH	44	47%	19	20%	18	19%	10	11%	2	2%	93
CALHOUN	104	43%	83	34%	44	18%	10	4%	1	0%	242
CASS	79	45%	61	35%	21	12%	11	6%	2	1%	174
CHARLEVOIX	7	47%	3	20%	2	13%	3	20%	0	0%	15
CHEBOYGAN	19	54%	3	9%	11	31%	2	6%	0	0%	35
CHIPPEWA	24	45%	17	32%	7	13%	4	8%	1	2%	53
CLARE	40	48%	22	27%	13	16%	8	10%	0	0%	83
CLINTON	19	56%	8	24%	4	12%	2	6%	1	3%	34
CRAWFORD	18	39%	11	24%	10	22%	4	9%	3	7%	46
DELTA	34	65%	16	31%	2	4%	0	0%	0	0%	52
DICKINSON	15	39%	14	37%	4	11%	3	8%	2	5%	38
EATON	35	52%	23	34%	4	6%	1	1%	4	6%	67
EMMET	8	33%	5	21%	7	29%	3	13%	1	4%	24
GENESEE	247	45%	176	32%	50	9%	52	9%	24	4%	549
GLADWIN	30	79%	4	11%	1	3%	1	3%	2	5%	38
GOGEBIC	28	51%	17	31%	5	9%	3	5%	2	4%	55
GRAND TRAVERSE	49	63%	21	27%	2	3%	3	4%	3	4%	78
GRATIOT	11	34%	18	56%	1	3%	2	6%	0	0%	32
HIILSDALE	52	46%	37	33%	14	12%	10	9%	0	0%	113
HOUGHTON	3	33%	3	33%	0	0%	3	33%	0	0%	9
HURON	25	54%	10	22%	10	22%	0	0%	1	2%	46
INGHAM	242	45%	160	30%	62	12%	58	11%	14	3%	536
IONIA	30	58%	14	27%	2	4%	2	4%	4	8%	52
IOSCO	16	36%	14	32%	5	11%	6	14%	3	7%	44
IRON	12	80%	3	20%	0	0%	0	0%	0	0%	15
ISABELLA	33	45%	25	34%	10	14%	5	7%	1	1%	74
JACKSON	132	55%	64	27%	19	8%	21	9%	2	1%	238
KALAMAZOO	241	47%	148	29%	79	15%	39	8%	5	1%	512
KALKASKA	18	60%	7	23%	1	3%	3	10%	1	3%	30
KENT	382	46%	237	29%	129	16%	68	8%	13	2%	829

County Name	Length of Stay of Children in Care on December 31, 2016										Total Children
	Less than a year		1-2 years		2-3 years		3-6 years		6+ years		
	Children	%	Children	%	Children	%	Children	%	Children	%	
LAKE	7	27%	5	19%	6	23%	5	19%	3	12%	26
LAPEER	36	57%	22	35%	1	2%	4	6%	0	0%	63
LEELANAU	4	36%	1	9%	1	9%	0	0%	5	45%	11
LENAWEE	61	59%	29	28%	7	7%	5	5%	2	2%	104
LIVINGSTON	57	43%	46	35%	22	17%	7	5%	0	0%	132
LUCE	7	30%	7	30%	4	17%	4	17%	1	4%	23
MACKINAC	0	0%	2	13%	5	31%	6	38%	3	19%	16
MACOMB	245	49%	128	26%	43	9%	69	14%	15	3%	500
MANISTEE	14	44%	14	44%	1	3%	3	9%	0	0%	32
MARQUETTE	34	71%	7	15%	2	4%	2	4%	3	6%	48
MASON	32	53%	15	25%	8	13%	2	3%	3	5%	60
MECOSTA	11	34%	10	31%	2	6%	8	25%	1	3%	32
MENOMINEE	15	68%	3	14%	4	18%	0	0%	0	0%	22
MIDLAND	44	52%	20	24%	14	16%	4	5%	3	4%	85
MISSAUKEE	4	36%	2	18%	3	27%	2	18%	0	0%	11
MONROE	79	44%	57	31%	28	15%	13	7%	4	2%	181
MONTCALM	29	42%	22	32%	6	9%	9	13%	3	4%	69
MONTMORENCY	6	46%	5	38%	0	0%	2	15%	0	0%	13
MUSKEGON	195	55%	82	23%	43	12%	18	5%	14	4%	352
NEWAYGO	39	40%	22	23%	19	20%	17	18%	0	0%	97
OAKLAND	369	48%	204	27%	80	10%	89	12%	26	3%	768
OCEANA	14	61%	7	30%	2	9%	0	0%	0	0%	23
OGEMAW	25	46%	20	37%	8	15%	0	0%	1	2%	54
ONTONAGON	3	38%	3	38%	2	25%	0	0%	0	0%	8
OSCEOLA	6	50%	3	25%	2	17%	0	0%	1	8%	12
OSCODA	10	50%	6	30%	4	20%	0	0%	0	0%	20
OTSEGO	27	64%	13	31%	1	2%	1	2%	0	0%	42
OTTAWA	70	53%	33	25%	17	13%	9	7%	4	3%	133
PRESQUE ISLE	6	33%	9	50%	3	17%	0	0%	0	0%	18
ROSCOMMON	7	28%	7	28%	2	8%	4	16%	5	20%	25
SAGINAW	69	52%	38	29%	13	10%	11	8%	2	2%	133
SANILAC	25	50%	12	24%	12	24%	1	2%	0	0%	50
SCHOOLCRAFT	4	31%	1	8%	5	38%	3	23%	0	0%	13
SHIAWASSEE	46	54%	20	24%	11	13%	6	7%	2	2%	85
ST. CLAIR	88	36%	89	36%	34	14%	33	13%	1	0%	245
ST. JOSEPH	119	61%	49	25%	10	5%	13	7%	5	3%	196
TUSCOLA	55	63%	16	18%	12	14%	5	6%	0	0%	88
VAN BUREN	91	55%	54	33%	3	2%	13	8%	4	2%	165
WASHTENAW	44	29%	42	28%	36	24%	22	15%	7	5%	151
WAYNE	1,158	42%	735	27%	413	15%	296	11%	128	5%	2,730
WEXFORD	19	49%	10	26%	6	15%	2	5%	2	5%	39
Total	5,558	47%	3,347	28%	1,530	13%	1,074	9%	353	3%	11,862

Appendix D. Parties Agreement on QSR Performance Standards

From: Erin G. McGuinness
To: McSurelyM@Michigan.gov; BuchananD@Michigan.gov; McCallH@michigan.gov; HarrisT19@michigan.gov; heysek@michigan.gov; jbursch@burschlaw.com
Cc: [Eileen Crummy](mailto:Eileen.Crummy); kevinmichaelryan1967@gmail.com; kevinmichaelryan1967@gmail.com; [Pamela Murray](mailto:Pamela.Murray); [Peggy McHale](mailto:Peggy.McHale); [Sara Bartosz](mailto:Sara.Bartosz); [Elizabeth Pitman Gretter](mailto:Elizabeth.Pitman.Gretter); [Stephanie Persson](mailto:Stephanie.Persson); [Genevieve Caffrey](mailto:Genevieve.Caffrey)
Subject: Dwayne B. v. Snyder
Date: Friday, March 30, 2018 4:15:08 PM

Counsel:

This email is to confirm the following agreements, per our meeting on March 23, 2018:

With regard to the performance standards for ISEP commitments 6.33, 6.34, 6.36, and 6.38, the parties agreed to a Designated Performance Standard of 83% with a Floor Performance Standard of 80% for each of these commitments.

The parties further agreed that the QSR conducted to assess performance on the above commitments will consist of a review of at least 65 cases per year. In order for these commitments to become eligible for exit, there must be no less than an aggregate total of 95 cases reviewed in the 18 consecutive month period utilized to demonstrate sustained compliance with the commitments.

Sincerely,

Erin G. McGuinness | Senior Policy Analyst

Children's Rights

88 Pine Street

Suite 800

New York, NY 10005 212-683-

2210 x. 3345



Appendix E. ISEP Reporting Matrix

Implementation, Sustainability and Exit Plan: Metrics Plan

Commitment	5.8: Permanency Indicator Two
Unit of Analysis	The percent of children in foster care on the first day of a 12-month period, who had been in foster care (in that episode) between 12 and 23 months, discharged from foster care to permanency within 12 months of the first day of that period.
Date Range of Data	Based on Child and Family Services Review reporting periods.
Numerator	The number of children in the denominator who discharged from foster care to permanency within 12 months of the first day of the 12-month period and before turning age 18.
Denominator	The number of children in foster care on the first day of a 12-month period who had been in foster care in that episode between 12 and 23 months (AFCARS).
Missing Values	N/A
Duplicates and Other Data Issues	Same AFCARS data files provided to the federal government is provided to the MMT.
Calculation Method	Federal Syntax used for CFSR Round 3 by U of M.
Cohort Match	Not tied to a cohort.
Comments	This measure is based on the Observed Performance, which allows DHHS to monitor this measure in reference to the National Standard and is used to track performance prior to the CFSR. This measure does not include the Risk Standardized Performance (RSP) that considers risk adjustment variables e.g., age of the child and the state's foster care entry rate. The RSP is provided by the Children's Bureau right before the CFSR.
Report Columns	Standard data provided based on the Federal guidelines.

Commitment	5.9: Permanency Indicator Three
Unit of Analysis	The percent of children in foster care on the first day of a 12-month period, who had been in foster care (in that episode) for 24 months or more that were discharged to permanency within 12 months of the first day.
Date Range of Data	Based on Child and Family Services Review reporting periods.
Numerator	The number of children in the denominator who are discharged from foster care to permanency within 12 months of the first day of the 12-month period and before turning 18 (AFCARS).
Denominator	The number of children in foster care on the first day of a 12-month period who had been in foster care in that episode for 24 months or more (AFCARS)
Missing Values	N/A
Duplicates and Other Data Issues	Same AFCARS data files provided to the federal government is provided to the MMT.
Calculation Method	Federal Syntax used for CFSR Round 3.
Cohort Match	Not tied to a cohort.
Comments	This measure is based on the Observed Performance, which allows DHHS to monitor this measure in reference to the National Standard and is used to track performance prior to the CFSR. This measure does not include the Risk Standardized Performance (RSP) that considers risk adjustment variables e.g., age of the child and the state's foster care entry rate. The RSP is provided by the Children's Bureau right before the CFSR.
Report Columns	Standard data provided based on the Federal guidelines.

Commitment	5.10: Permanency Indicator Four
Unit of Analysis	The percent of children who re-enter foster care in a 12-month period who discharged within 12 months to reunification, live with a relative, or guardianship, re-entered foster care within 12 months of their discharge.
Date Range of Data	Based on Child and Family Services Review reporting periods.
Numerator	The number of children in the denominator who reentered foster care within 12 months of their discharge from foster care (AFCARS).
Denominator	The number of children who entered foster care in a 12-month period who discharged within 12 months to reunification, living with a relative, or guardianship (AFCARS).
Missing Values	N/A
Duplicates and Other Data Issues	Same AFCARS data files provided to the federal government is provided to the MMT.
Calculation Method	Federal Syntax used for CFSR Round 3.
Cohort Match	Not tied to a cohort.
Comments	This measure is based on the Observed Performance, which allows DHHS to monitor this measure in reference to the National Standard and is used to track performance prior to the CFSR. This measure does not include the Risk Standardized Performance (RSP) that considers risk adjustment variables e.g., age of the child and the state's foster care entry rate. The RSP is provided by the Children's Bureau right before the CFSR.
Report Columns	Standard data provided based on the Federal guidelines.

Commitment	5.11: Permanency Indicator Five
Unit of Analysis	The rate of placement moves per day of foster care for children who enter foster care in a 12-month period.
Date Range of Data	Based on Child and Family Services Review reporting periods.
Numerator	Among children in the denominator, the total number of placement moves during the 12-month period (AFCARS).
Denominator	Among children who enter foster care in a 12-month period, the total number of days these children were in foster care as of the end of the 12-month period (AFCARS)
Missing Values	N/A
Duplicates and Other Data Issues	Same AFCARS data files provided to the federal government is provided to the MMT.
Calculation Method	Federal Syntax used for CFSR Round 3.
Cohort Match	Not tied to a cohort.
Comments	This measure is based on the Observed Performance, which allows DHHS to monitor this measure in reference to the National Standard and is used to track performance prior to the CFSR. This measure does not include the Risk Standardized Performance (RSP) that considers risk adjustment variables e.g., age of the child and the state's foster care entry rate. The RSP is provided by the Children's Bureau right before the CFSR.
Report Columns	Standard data provided based on the Federal guidelines.

Commitment	6.1: Safety - Recurrence of Maltreatment Within 6 Months
Unit of Analysis	Of all children who were victims of substantiated or indicated maltreatment allegation during the first 6 months of the reporting period, what percent were not victims of another substantiated or indicated maltreatment allegation within a 6-month period?
Date Range of Data	Based on Child and Family Services Review reporting periods.
Numerator	Number of children not experiencing a second substantiated report within 6 months
Denominator	Number of children who experience a substantiated report during the first 6-months of a fiscal year
Missing Values	N/A
Duplicates and Other Data Issues	Same AFCARS data files provided to the federal government is provided to the MMT. DHHS also provides an AFCARS file with unencrypted identifiers suitable for matching with MiSACWIS data. Please include the name and date of the version of the AFCARS file used. Please note any changes to the SPSS syntax.
Calculation Method	Federal Syntax used for CFSR Round 2 as updated by University of Michigan
Cohort Match	Not tied to a cohort.
Comments	<p>Federal Syntax used for CFSR Round 2 as updated by University of Michigan.</p> <p>Verification. To verify the data in NCANDS concerning recurrence of maltreatment within six months, we will need the following data:</p> <p>(1) For FFY, October 1 to September 30, please provide a summary file of reports and substantiations of maltreatment for all children. The file should include an annual MiSACWIS report of all preponderance findings during the reporting period with the number of children who were subject of preponderance dispositions.</p> <p>(2) Detail file: Individual preponderance dispositions for the FFY. Please provide the following fields in the detail file: Person ID, Case ID, BSC, District, County of Investigation, Referral Date, Referral ID, Perpetrator Relationship, Reporter Type, Maltreatment Type, Placement ID, Investigation Commencement Date, Investigation Close Date, Disposition Category, Incident date.</p> <p>(3) An NCANDS file with unencrypted identifiers that can be linked to the identifiers in file (2) above.</p>
Report Columns	Standard data provided based on the Federal guidelines for the NCANDS file, as noted in comments section for MiSACWIS data. Please provide the children in the numerator and the denominator in the submission, with identifiers.

Commitment	6.2: Safety - Maltreatment in Care
Unit of Analysis	Of all children in foster care during the reporting period, what percent were not victims of substantiated or indicated maltreatment by a foster parent or facility staff member?
Date Range of Data	Based on Child and Family Services Review reporting periods.
Numerator	Number of children who were not victims of a substantiated report of maltreatment committed by a foster parent or facility staff member.
Denominator	Number of children served in foster care during the fiscal year including children over 18 years of age.
Missing Values	N/A
Duplicates and Other Data Issues	Same NCANDS data files provided to the federal government is provided to the MMT, but one with encrypted identifiers and one without encrypted identifiers that can be used for matching. Please include the name and date of the version of the AFCARS file used. Please note any changes to the SPSS syntax.
Calculation Method	Federal Syntax used for CFSR Round 2 as updated by University of Michigan
Cohort Match	Not tied to a cohort.
Comments	<p>Federal Syntax used for CFSR Round 2.</p> <p>Verification. To verify the maltreatment in care data in NCANDS, we will need the following data:</p> <p>Please provide the following datasets to identify children with MIC substantiations during the period (FFY October 1 to March 31; April 1 to September 30). DHHS will submit this file at the same time as the cohorts are submitted for the ISEP period.</p> <p>(1) Summary File: Aggregated MiSACWIS bi-annual (by FFY) MIC reports and substantiations for the reporting period with information on the number of children with MIC reports and substantiations for each BSC. Please provide the following fields in the summary file: BSC, Month, Number of Children in MIC reports, Number of Children with Substantiated MIC Reports.</p> <p>(2) Detail file: Individual MIC reports that include the following fields in the detail file: Person ID, Case ID, BSC, District, County of Investigation, Referral Date, Referral ID, Perpetrator Relationship, Reporter Type, Maltreatment Type, Placement ID, Facility or Foster Parent Name, DHHS Placement Type, Investigation Commencement Date, Investigation Close Date, Disposition Category, Removal Begin Date, Discharge Date, Incident Date, Round 2 CFSR MIC Ind.</p> <p>(3) The NCANDS file for this period with unencrypted identifiers that can be linked to the identifiers in file (2) above.</p>
Report Columns	Standard data provided based on the Federal guidelines, with and without encrypted identifiers. Please provide the children in the numerator and the denominator in the submission, with identifiers.

Commitment	6.3: Permanency Indicator One
Unit of Analysis	The percent of all children who enter foster care in a 12-month period, who are discharged to permanency within 12 months of entering foster care.
Date Range of Data	Based on Child and Family Services Review reporting periods.
Numerator	The number of children in the denominator who are discharged to permanency within 12 months of entering foster care and before turning 18 (AFCARS)
Denominator	The number of children who entered foster care in a 12-month period (AFCARS).
Missing Values	N/A
Duplicates and Other Data Issues	Same AFCARS data files provided to the federal government is provided to the MMT, but one with encrypted identifiers and one without encrypted identifiers that can be used for matching. Please include the name and date of the version of the AFCARS file used. Please note any changes to the SPSS syntax.
Calculation Method	Federal Syntax used for CFSR Round 3 as updated by the University of Michigan
Cohort Match	Not tied to a cohort.
Comments	This measure is based on the Observed Performance, which allows DHHS to monitor this measure in reference to the National Standard and is used to track performance prior to the CFSR. This measure does not include the Risk Standardized Performance (RSP) that considers risk adjustment variables e.g., age of the child and the state's foster care entry rate. The RSP is provided by the Children's Bureau right before the CFSR.
Report Columns	Standard data provided based on the Federal guidelines, with and without encrypted identifiers. Please provide the children in the numerator and the denominator in the submission, with identifiers. The MMT may ask DHHS for a file that translates the encrypted identifiers in the AFCARS files to the child's SACWIS PersonID.

Commitment	6.7: Placement Standard
Unit of Analysis	All children in the foster care custody of DHHS.
Date Range of Data	The last day of the PUR.
Numerator	Children in a licensed foster home, a licensed facility, an unlicensed relative with a waiver, or pursuant to a court order.
Denominator	All children in the class who are in foster care custody, excluding children who are temporarily absent from their foster care placement (such as children who are placed in foster care but AWOL, in the hospital, etc.).
Missing Values	There should be no missing values. Children with missing values will count as noncompliant.
Duplicates and Other Data Issues	There should be no duplicate children. The calculation should include out-of-state children. Court ordered placements are not in the system.
Calculation Method	Each child is assigned a placement type. For non-relative homes, a column should indicate if the placement is licensed. For children in relative care, columns should be included that indicate if the relative caregiver is licensed, has a waiver, if the child is placed pursuant to a court order, or in none of these categories. To calculate performance, the numerator is the sum of children in a licensed foster home, a licensed facility, an unlicensed relative with a waiver, and children placed pursuant to a court order. The denominator is the sum of children in those categories, plus the remaining children who are not temporarily absent from care (i.e. AWOL, in the hospital, etc.).
Cohort Match	End of Period Cohort
Comments	
Report Columns	County No, County Name, Person ID, First Name, Last Name, Provider ID, Provider Name, Living Arrangement Desc, Licensed Foster Home Ind, Unlicensed relative Foster Home Ind, Licensed Facilities Ind, Licensed Relatives Ind, Independent Living Ind, Other Placement Status - Not Including IL Ind, Placed pursuant to a court order (y/n), Home has Waiver (y/n/not applicable), Compliance indicator

Commitment	6.8: Placement in Jail, Correctional, or Detention Facility (1 of 3)
Unit of Analysis	Entries and exits from jail or detention facilities during the period.
Date Range of Data	For even numbered PURs, the PUR starts on January 1 and ends on June 30. For odd numbered PURs, the PUR starts July 1 and ends on December 31.
Numerator 1	Of entries in denominator 1, the number where DHHS objected on the record within five days.
Numerator 2	Of exits or case closures in denominator 2, the number where children were placed within five days of release or whose case was closed while the child was still incarcerated.
Denominator 1	All entries into jail or detention facilities during the PUR of children in Michigan foster care (at entry) that were <i>not</i> pursuant to juvenile or criminal charges.
Denominator 2	Of children in Michigan foster care who were placed in jail or detention pursuant to a juvenile or criminal charge, the sum of exits from jail or detention and foster care case closures of detained children that took place during the PUR
Missing Values	DHHS will put a value in all fields, including codes that show an event did not occur, so that there will be no blank fields.
Duplicates and Other Data Issues	If the child had multiple entries into a jail or detention facility with a lapse in consecutive days they are treated as 2 or more separate episodes. If the child has multiple entries on the system with consecutive days this is treated as 1 episode. An example of this would be if a child was transferred from 1 facility to another.

Commitment	6.8: Placement in Jail, Correctional, or Detention Facility (2 of 3)
Calculation Method	<p>This metric is calculated in three stages:</p> <p>Stage 1: Compliance on non-charge placements (youth not placed on a juvenile or criminal charge).</p> <p>Stage 2: Compliance on placements pursuant to a juvenile or criminal charge.</p> <p>Stage 3: Combining compliance on stages 1 and 2.</p> <p>Stage 1:</p> <ol style="list-style-type: none"> 1. Remove cases where the child is still detained (i.e. with a censored date indicator of 1). 2. Remove cases where the child is placed on a juvenile or criminal charge. 3. The remaining cases are the denominator, subject to the note in 4. below. <ol style="list-style-type: none"> a. Numerator: the number of kids where DHHS objected within five days of entry. 4. Note: For the case to be noncompliant, the child must be detained at least five days. If DHHS objects in less than five days and then the child leaves detention within five days, they are in the numerator and denominator. If DHHS does not object but the child leaves detention in less than five days, the child is in both the numerator or the denominator. <p>Stage 2:</p> <ol style="list-style-type: none"> 1. Remove cases where the child is still detained (i.e. with a censored date indicator of 1). 2. Denominator: children placed on a juvenile or criminal charge, subject to the note in 4. below. 3. Numerator: Of the children placed on a juvenile or criminal charge, the number placed in a foster care placement within five days of the disposition date. 4. Note: juvenile and criminal case processing is complicated. In situations where DHHS believes they complied with the metric but vary from this methodology, please mark as such for MMT review. <p>Stage 3:</p> <ol style="list-style-type: none"> 1. Check to ensure that all rows involve children still detained or who are part of the denominator of either Stage 1 or Stage 2. 2. Add the numerators and denominators of Stages 1 & 2 respectively. 3. Divide the summed numerators and denominators to produce the performance score for this metric. <p>Note: When a judge orders that a child be detained until a specific facility has a placement available, and it takes longer than five days to place the child in that facility, the case is still compliant.</p> <p>Cases where the child's foster care case is closed during the PUR while the child is incarcerated are compliant.</p> <p>If there is a disposition in which a judge orders a child released to foster care at a specific date or at the end of the child's sentence, the release date will be used to calculate compliance, not the disposition date.</p>

Commitment	6.8: Placement in Jail, Correctional, or Detention Facility (3 of 3)
Cohort Match	During Cohort
Comments	DHHS does not have disposition or objection dates in MiSACWIS. To gather this information requires intensive investigation in case records from BSC and county level professionals to maintain the level of compliance for this report. This information will be collected from the field and included in future reports. If a youth is in jail and is then released, and then violates, that violation will be treated as a separate record/instance.
Report Columns	BSC, County No, County Name, DST, Program Type, Case Id, Child Name, Person ID, Living Arrangement, Provider ID, Provider Name, Placement Begin Date, Placement End Date, LOS, Next Living Arrangement, Next Provider Name, Next Provider Begin Date, Next Provider End Date, Employee Id, Employee Name, Supervisor Name, Disposition Date, Date of Objection, Placement Pursuant to a Juvenile or Adult Offense. Compliance indicator for objecting on the record, compliance indicator for release, unusual case processing indicator.

Commitment	6.9: Placement Outside 75 Mile Radius
Unit of Analysis	All children in foster care who are under 18 years old.
Date Range of Data	The last day of the reporting period.
Numerator	All children under 18 who are placed within 75 Miles of the removal address and children under 18 placed over 75 miles of the removal address with a timely approved exception.
Denominator	All children in foster care who are under 18 years old as of the last day of the period. Children placed in parental homes are excluded.
Missing Values	Where there are missing values data fields for distance, it will be presumed that case is not compliant as it cannot be calculated, and the method used below to impute an address could not be done. For instance, if a child has a missing value for a removal street address, state, zip, or county, or a placement street address, state, zip, or county, and DHHS is unable to calculate the distance, the record is non-compliant.
Duplicates and Other Data Issues	In the event that some of the values are missing from the address, DHHS will attempt to calculate an imputed address using the zip code, county line, or city and state combination. There should not be any duplicate children on this report. Children 18 years of age or older are excluded from this metric. PERs need to be timely for the child to count as compliant.
Calculation Method	If the child is in care and is 75 miles or less from the removal home, the child is considered compliant. If the child is over 75 miles from the removal home with a timely approved exception, the child is considered compliant. If the child is over 75 miles from the removal home and the child does not have a timely approved exception, the case is considered non-compliant. If the child is 18 years of age or older, the child is excluded from the calculation. Children without a removal address or imputed address will be counted as non-compliant.
Cohort Match	End of Period Cohort
Comments	Any child with a placement over 75 miles from their removal address needs either a timely 75 Mile PER or a timely Residential PER with reason of exceeds 75 miles to be considered complaint.
Report Columns	County No, County Name, DST, Case ID, Person ID, Child Name, Living Arrangement Desc, Placement Begin Date, Provider Name, Placement City, Placement Zip, Removal City, Removal Zip, Distance from Home, Over 75 Miles Ind, Per Description, Per Status, Per Approval Date.

Commitment	6.12: Maximum Children in a Foster Home
Unit of Analysis	Licensed foster homes and unlicensed relative homes with at least one child in placement.
Date Range of Data	The last day of the PUR.
Numerator	Number of homes with three or fewer foster children AND six or fewer children (including the foster family's birth and adopted children) AND three or fewer children under the age of three. Homes with exceptions are included as compliant. Homes without a placement are excluded from the numerator.
Denominator	All foster homes including licensed foster homes and unlicensed relatives with at least one child in placement at the end of the period. Out-of-state foster homes are excluded.
Missing Values	There should be no missing values for number of children. Homes with missing values will be counted as noncompliant.
Duplicates and Other Data Issues	There should be no duplicate foster homes. Parental homes and out-of-state homes are excluded from the numerator and the denominator. Check to ensure that the number of providers in each dataset is the same, or if not the same, that the difference is explained. Please include a living arrangement variable in each dataset.
Calculation Method	<p>The summary dataset should include columns for: the number of foster children in the home, the number of other children in the home (biological, adopted, or other), the number of children under three years old, and the total number of children in the home. An additional column should be included indicating an approved exception and another column with the date of the most recent approved exception.</p> <p>The numerator is the sum of the homes that meet each of the three criteria in the numerator cell above. The denominator is the total number of foster homes in which a class member resides as of the end of the PUR, not including parental homes.</p> <p>A detail data set should list each child in each home, the date of birth and age of the child, whether the child is three or younger, and whether the child is in foster care. Standard columns on identifiers and geography should be included where appropriate.</p>
Cohort Match	End of Period Cohort.
Comments	Children who are AWOL from a home do not count as being present in a home for purposes of this metric. Foster home includes unlicensed relatives per court decision.
Report Columns	<p>Standard columns, placed pursuant to a court order (y/n), home has waiver (y/n/not applicable), compliance indicator, exception to placement criteria, approval of exception by director.</p> <p>Two datasets needed: a) the summary that lists the homes, number of children in different categories, and compliance determination and b) a detail dataset that shows the children in each of the homes.</p>

Commitment	6.13: Emergency or Temporary Facilities, Length of Stay
Unit of Analysis	First stays in emergency or temporary facilities (ETFs) within a 12-month period, with that first stay ending in the PUR.
Date Range of Data	For even numbered PURs, the PUR starts on January 1 and ends on June 30. For odd numbered PURs, the PUR starts July 1 and ends on December 31.
Numerator	Of the ETF stays in the denominator, the number of stays that lasted 30 or fewer days plus stays that lasted 31-60 days with a timely and approved exception.
Denominator	The number of stays in ETFs that ended in the PUR, with the stay being the first stay within a 12-month period.
Missing Values	There will be no missing values.
Duplicates and Other Data Issues	If a child has multiple placements with the same ETF provider over consecutive days, the placements will count as one stay.
Calculation Method	If the stay in an emergency or temporary facility that ended during the period lasted 30 days or less, the stay is compliant. If a stay in an emergency or temporary facility that ended during the period lasted 31-60 days with a timely exception the stay is compliant. If a stay in an emergency or temporary facility that ended during the period lasted 31-60 days without an exception or without a timely exception the stay is non-compliant. If a stay in an emergency or temporary facility that ended during the period lasted over 60 days, the stay is non-compliant. For stays where the child is in an ETF at the end of the PUR, DHHS will censor the date to the last day of the period, indicate that the child is still in shelter, and exclude that child from the calculation.
Cohort Match	During Cohort
Comments	Add a censored date indicator to the last day of the period if the child is still in the shelter. If the child does not have a PER, then we should put a value in that column to indicate that they did not have one (not leave blank).
Report Columns	BSC, County No, County Name, DST, Case Id, Person Id, Child Name, Provider Name, Place Begin, Place End, LOS, Included in Population Ind, 30 and Under Ind, 31-60 With Ex Ind, 31-60 Without Ex Ind, Over 60 Ind, Placement Exception, Per Status, PER Approval Date, Censored Date Ind.

Commitment	6.14: Emergency or Temporary Facilities, Repeated Placement
Unit of Analysis	Successive stays in an Emergency or Temporary Facility (ETF) that ended during the PUR.
Date Range of Data	For even numbered PURs, the PUR starts on January 1 and ends on June 30. For odd numbered PURs, the PUR starts July 1 and ends on December 31. DHHS will send 18 months of shelter stay data to identify children who started a shelter stay during the PUR that was a successive stay within 12 months.
Numerator	The total number of successive stays of a child that were compliant during the period.
Denominator	The number of successive stays in an ETF that ended during the PUR. A successive stay is a stay that occurs within 12 months from a prior stay. For example, to determine if a stay that started on August 1, 2017 and ended on August 21, 2017 was an initial or successive stay, DHHS would review data from August 1, 2016 to July 31, 2017 to see if a prior stay overlapped with any part of that 12-month period.
Missing Values	There should be no missing values.
Duplicates and Other Data Issues	If a child has multiple placements with the same ETF provider over consecutive days, the placements will count as one stay.
Calculation Method	If a second or successive stay in an emergency shelter facility during the PUR is under 7 days with a timely approved exception, the stay is compliant. If a second or successive stay in an emergency shelter facility during the PUR is under 7 days without an exception, the stay is non-compliant. If a second or successive stay during the PUR is greater than 7 days, the stay is non-compliant. Children still in an ETF at the end of the PUR are excluded from the calculation.
Cohort Match	During Cohort
Comments	To be eligible for this commitment DHHS is looking at all children with ETF stays during the period. DHHS will then assess the data during the period by looking at the length of stays in ETFs, with or without exceptions. DHHS will include all successive ETF stays during the period within a 12-month timeframe. The 12-month period is defined by 12 months prior from the beginning of the second or successive ETF stay. DHHS will add a censored date indicator to the last day of the period if the child is still in the shelter. DHHS will include a column indicating whether there is a PER for the stay another column for the type of PER. If there is no reason associated with the PER, the stay will be deemed non-compliant. The dataset will list the stays in chronological order.
Report Columns	BSC, County No, County Name, DST, Case Id, Person Id, Child Name, Provider Name, Place Begin, Place End, Included in Population Ind, Stay No, Stay During the Period Ind, LOS, More Than 1 Stay Under 7 Days with Exception Ind, More Than 1 Stay Under 7 Days Without Exception, More Than 7 Day Ind, compliant Ind, Placement Exception, PER Status, Approval Date, Censored Date Ind, PER Reason.

Commitment	6.15: Residential Care Placements (1 of 3)
Unit of Analysis	PER approvals for Residential Care Placements.
Date Range of Data	For even numbered PURs, the PUR starts on January 1 and ends on June 30. For odd numbered PURs, the PUR starts July 1 and ends on December 31.
Numerator	The total number of approved and timely PERs during the period.
Denominator	The total number of PERs required during the period.
Missing Values	There should be no missing values. If the PER was not completed, we will indicate it as such.
Duplicates and Other Data Issues	Check to ensure that all moves in the 6.15 data are reflected in the replacement file, and that all applicable moves in the replacement file are reflected in the 6.15 data.

Commitment	6.15: Residential Care Placements (2 of 3)
Calculation Method	<p>DHHS will look for all residential placements during the period. DHHS will also provide all Placement Exception Requests during the period. If the child is in the residential placement during the period and has a PER for every 90-day assessment, each PER is evaluated for its compliance. If a child enters the residential care placement during the period with an initial placement they must be pre-approved prior to entry to be compliant for that specific PER. A verbal approval date is also considered in the initial placement. DHHS is evaluating initial and 90-day assessments that fall during the period.</p> <p>There are several scenarios to assess for this metric, with the following rules (entry and exit below refer to entering and exiting a CCI):</p> <ol style="list-style-type: none"> 1. Entry before the PUR, exit during the PUR after 90 days expire with no subsequent re-entry: one subsequent PER. 2. Entry before the PUR, exit during the PUR after 90 days expire with a subsequent re-entry before 60 days expire: keep 90-day schedule starting with initial entry-one or two subsequent PERs. 3. Entry before the PUR, exit during the PUR after 90 days expire with a subsequent re-entry 60 days or more after exit: one subsequent PER, one initial PER. An additional subsequent PER is possible depending on the timing of the entries and exits. 4. Entry during the PUR, exit during the PUR after 90 days expire with no subsequent re-entry: one initial PER, one subsequent PER. 5. Entry during the PUR, exit during the PUR after 90 days expire with a subsequent re-entry less than 60 days after exit: one initial PER, one subsequent PER. 6. Entry during the PUR, exit during the PUR after 90 days expire with a subsequent re-entry more than 60 days after exit: Two initial PERs, one subsequent PER. 7. Entry during the PUR, exit during the PUR before 90 days expire with no subsequent re-entry: one initial PER. 8. Entry during the PUR, exit during the PUR before 90 days expire with subsequent re-entry under 60 days: one initial PER, and subsequent PERs based on 90 days schedule from initial entry. 9. Entry during the PUR, exit during the PUR before 90 days expire with subsequent re-entry after 60 days: two initial PERs and subsequent PERs based on the 90 days schedule from the second entry. 10. Entry during the PUR, no exit during the PUR: one initial PER plus 90-day schedule for subsequent PURs. 11. Entry before the PUR with no exit during the PUR: Two subsequent PERs.
Cohort Match	During Cohort. Replacement file needed to confirm entries and exits into CCIs.

Commitment	6.15: Residential Care Placements (3 of 3)
Comments	<p>If a child has multiple placements in a residential facility and the placement dates do not lapse 60 days then they are still considered in a residential placement and therefore do not have to submit the initial placement exception request again. Children in these situations will be reassessed at the next 90-day benchmark. If the child left a residential facility and returns to a residential facility greater than 60 days between residential placements, they are considered to be a new residential placement and must complete the initial placement and reassessment every 90 days.</p> <p>A PER is considered timely if there is a verbal and/or written approval completed within 10 days of the PER due date. This grace period does not apply to the residential placement-Initial PER. If a PER was verbally approved but later denied the PER is marked non-compliant unless it is a residential placement-Initial PER.</p>
Report Columns	BSC, County No, County Name, DST, Person Id, Last Name, First Name, Living Arrangement, Placement Begin Date, Placement End Date, LOS, Placement Exception Request, PER Status, Verbal Approval Date, Per Approval Date.

Commitment	6.17: Waivers
Unit of Analysis	Relative foster homes requiring a waiver.
Date Range of Data	For even numbered PURs, the PUR ends on June 30. For odd numbered PURs, the PUR ends on December 31.
Numerator	6.17a: The total number of unlicensed relative foster homes with an approved initial waiver at the end of the period. 6.17b: The total number of unlicensed relative foster homes with their renewal waiver completed timely at the end of the period.
Denominator	6.17a: All unlicensed relative homes who have a child placed in their home for over 180 days, excluding those who are enrolled for licensure. 6.17b: All unlicensed relative homes with an approved waiver for at least one year.
Missing Values	There will be no missing values on the report.
Duplicates and Other Data Issues	There should be no duplicate homes in the dataset. Data should reflect activity only through the end of the PUR.
Calculation Method	DHHS will determine the number of unlicensed relative foster homes with a child placed in the home for over 180 days at the end of the period (excluding those homes enrolled for licensure). For 6.17a: If a home in this category has an approved waiver then the home is compliant. If a home in this category does not have an approved waiver then they are not compliant. For 6.17b: the denominator is the number of homes with an approved waiver for at least one year. To qualify as timely and count in the numerator, a home must have an annual renewal signed within 365 days from the date of the County Directors' past signature that the home is compliant. If the annual renewal was signed greater than 365 days from the date of the County Directors' signature then the home is noncompliant. If there is no signed annual renewal, the home is noncompliant.
Cohort Match	End of Period
Comments	Waivers are not in SACWIS currently. The population for this metric is a subset from commitment 6.19.
Report Columns	County No, County Name, Person ID, First Name, Last Name, Provider ID, Provider Name, Living Arrangement Desc, Waiver Approval Date, Waiver Approval Person (i.e. County Director or designee), Indicator that home is in the denominator for 6.17a, indicator that the home is in the denominator of 6.17b, indicator that the home is in the numerator for 6.17a, indicator that home is in the numerator for 6.17b.

Commitment	6.18: Relative Foster Parent Licensing, Timeliness
Unit of Analysis	The number of relative homes newly licensed during the PUR.
Date Range of Data	For even numbered PURs, the PUR starts on January 1 and ends on June 30. For odd numbered PURs, the PUR starts July 1 and ends on December 31.
Numerator	Number of newly licensed relative caregiver homes licensed within 180 days from earliest placement date.
Denominator	Number of newly licensed relative caregivers during the PUR.
Missing Values	N/A
Duplicates and Other Data Issues	Person ID is the child with the earliest placement for each relative caregiver (when a relative caregiver has multiple foster-child placements). DHHS will supply a separate placement moves table. Check to ensure that all license effective dates are during the PUR.
Calculation Method	For all relative caregivers licensed during the period (the denominator), subtract the licensure date from the earliest child placement date to calculate the number of days from placement to licensure. See comments section on calculating the earliest child placement date. Homes licensed in 180 days or less are counted in the numerator.
Cohort Match	During Cohort
Comments	For example, if there was a child placed in the relative home and a second child was placed days later, DHHS would use the date of the earliest placement date of the children in the home to determine the 180-measure due date so long as there was continuously a child in the home. If there is a gap with no children in care in the home and then a child is placed in the home, the earliest placement date will be the date after the gap. DHHS will provide a separate placement moves data table. For verification purposes, DHHS will need to include both the DCWL and SACWIS dates with standard column names.
Report Columns	Person ID, placement begin date, placement end date, provider ID, provider name, license effective date, lic expiration date, license status desc, license number, License application date, License effective date, license close date, Days from Placement to licensure (using placement effective Date), Days from Placement to licensure (using MiSACWIS date), Licensed <180 Days From Placement, Licensed >180 Days From Placement Date, tribal lic ind. Compliance indicator.

Commitment	6.19: Relative Foster Parent Licensing
Unit of Analysis	Relative provider homes at the end of the PUR.
Date Range of Data	For even numbered PURs, the PUR starts on January 1 and ends on June 30. For odd numbered PURs, the PUR starts July 1 and ends on December 31.
Numerator	Numerator: The sum of the number of relative homes in categories 1 and 2 (see calculation section for category definitions).
Denominator	Number of relative homes at the end of the PUR.
Missing Values	There will be no missing values in the report.
Duplicates and Other Data Issues	Person ID is the child with the earliest placement for each relative caregiver (when a relative caregiver has multiple foster-child placements).
Calculation Method	<p>Calculation method: Exclude court-ordered placements from the population. DHHS must identify those placements that were excluded based on a court order. For each relative caregiver at the end of the PUR, classify into only one of the following categories. Start with category 1, and if it does not apply, move to the next category.</p> <ol style="list-style-type: none"> (1) Caregiver is licensed. (2) Caregiver submitted a license application and has not had any child in their home more than 180 days. (3) Caregiver submitted a license application and has had a child in their home more than 180 days. (4) Caregiver has not submitted an application. <p>Note that the categories apply the home's status on the last day of the PUR. Please do not include information after that date.</p>
Cohort Match	To verify the relative homes, please include a file of all relative children in care and their relative caregiver. This file should match the relative caregiver file used for the performance calculation. The children in this calculation should match the end of the PUR children with a living arrangement of relative care (or an explanation for why these files do not match for specific groups of children).
Comments	Please include a data dictionary as well as standard column names, the source of the data (DCWL or SACWIS), and a compliance indicator. Court-ordered placements cannot be reported on at this point so they are included in the denominator and counted as non-compliant.
Report Columns	Person ID, placement begin date, placement end date, provider ID, provider name, license effective date, lic expiration date, license status desc, license number, License application date, License effective date, license close date, Days from Placement to licensure (using placement effective Date), Days from Placement to licensure (using MiSACWIS date), Licensed <180 Days From Placement, Licensed >180 Days From Placement Date, tribal lic ind. Category column from the calculation method cell above, Compliance Indicator.

Commitment	6.20: CPS Investigations, Commencement
Unit of Analysis	Investigation commencements due during the PUR
Date Range of Data	Commencement due dates/times that occur during the PUR. For even numbered PURs, the PUR starts on January 1 00:00 and ends on June 30 23:59. For odd numbered PURs, the PUR starts July 1, 00:00 and ends on December 31 23:59.
Numerator	Of cases in the denominator, the number of investigations commenced timely (compliant).
Denominator	The number of investigations due to commence during the PUR.
Missing Values	Investigations that have missing identifiers, such as the Person ID should be submitted in the detail file but omitted from the calculations.
Duplicates and Other Data Issues	There will be duplicate Person IDs in the file as some children will be a part of multiple investigations. DHHS will indicate the policy used for consolidating investigations and how that impacts the data submitted. All commencement times should be after the referral time. If the commencement time is prior to the referral time, please provide an explanation.
Calculation Method	<p>Eliminate cases with blank identifiers.</p> <ol style="list-style-type: none"> 1. Establish the contact due time as follows: for PR1, the due time is 12 hours from the intake time. For PR2, P1, and P3, the due time is 24 hours from the intake time. 2. If the contact date/time occurs before the contact due time, the case is compliant. This is the numerator. 3. If the contact date/time occurs after the contact due time or is not entered, the case is noncompliant. 4. Divide the number of compliant cases by all cases due during the PUR. <p>A contact date cannot be listed more than 24 hours prior to the intake date.</p>
Cohort Match	The cohort is not applicable to this report.
Comments	Report will have two tabs. The first tab will show all of the commencements required. The second tab will show all of the intakes associated to a single investigation. Quality checks should be run on contact times prior to intake dates, with the due date consistent with the priority code. The due date cannot fall before the intake date.
Report Columns	BSC, County Name, DST, Person Id, Last Name of CRP, First Name of CRP, Intake Id, Intake Date/Time, Priority Name, Priority Code, Commencement Desc, Investigation Case Id, Due Date, Contact Start Date/Time, Due QTY, Completed QTY, & Timely QTY, Intake Count.

Commitment	6.21: CPS Investigations, Completion
Unit of Analysis	All investigations commenced during the PUR.
Date Range of Data	Investigations that start during the PUR. For even numbered PURs, the PUR starts on January 1 00:00 and ends on June 30 23:59. For odd numbered PURs, the PUR starts July 1, 00:00 and ends on December 31 23:59. Data extraction will take place at least 44 days after the end of the PUR.
Numerator	Number of investigative reports submitted by a worker to a supervisor <i>and</i> approved by a supervisor within 44 days, excluding the supervisor approved extensions.
Denominator	Number of investigations assigned during the PUR, excluding supervisor approved extensions.
Missing Values	There will not be any missing values. DHHS will put an indicator in the field to denote that the investigation was incomplete.
Duplicates and Other Data Issues	In investigations that combine multiple intakes, the number of days for investigation and supervisor approval will start with the first intake.
Calculation Method	<ol style="list-style-type: none"> 1. Determine the number of days between the intake date and the investigation submitted date (exclude supervisor approved extensions) 2. Determine the number of days between the investigation submitted date and the supervisor approval date. 3. Add the days calculated in 1. & 2. above to determine the days to complete the investigation. 4. Calculate the number of investigations that took 44 days or less to complete. This is the numerator. (Note that investigations commenced during the PUR but not completed after 44 days should be marked as noncompliant.) 5. Divide the numerator by the number of investigations assigned during the PUR.
Cohort Match	The cohort is not applicable to this report.
Comments	Quality checks should be run to ensure that the due date does not fall before the intake date and that the supervisory approval date does not fall before the due date or the intake date. Extensions will be assessed outside of this report through a case read or other measure.
Report Columns	BSC, County No, County Name, Intake Received Date, Intake Id, Screening Decision, Case Id, Inv Status, Dispo Due Date, Dispo Completed Date, Dispo Category, Sup Approval Date, Sup Action, Sup Approval Date, Dispo Submitted Within 30 Days Ind, Sup Approved Within 14 Days Ind, Approved 44 Ind.

Commitment	6.31: Assessments and Service Plans, ISP
Unit of Analysis	Foster care children who entered care during the PUR.
Date Range of Data	For even numbered PURs, the PUR starts on January 1 and ends on June 30. For odd numbered PURs, the PUR starts July 1 and ends on December 31.
Numerator	The number of ISPs completed timely for children entering care during the PUR and remaining in care for at least 30 days.
Denominator	The number of ISPs due for children entering care during the PUR and remaining in care for at least 30 days.
Missing Values	There will be no missing values. If a worker did not complete the ISP, DHHS will denote such in the data. If the ISP was completed after the due date or not entered, the case is non-compliant.
Duplicates and Other Data Issues	To calculate length of stay for entries that occur during the last month of the PUR, data will be extracted at least one month after the end of the PUR. For even numbered PURs, this means extracting the data as of January 31st or later. For odd numbered PURs, this means extracting the data as of July 31st or later. Exit and ISP data for this month should be included in the dataset. If a child entered care more than once during the PUR, then the youth will be included in the dataset twice.
Calculation Method	Extract the data at least 30 days after the end of the PUR so that entries during the last month of the PUR can be incorporated and evaluated accurately. If an ISP has not occurred, set the default ISP date as at the end of the month after the PUR, either July 31 for even numbered PURs or January 31 for odd numbered PURs. For each child who entered care during the PUR and stayed at least 30 days, calculate the number of days that passed before an ISP was completed. In cases where an ISP was completed 30 days or less after a removal date, the case is compliant and counted in the numerator. In cases where an ISP was completed 31 days or more after removal, the case is not compliant and should not be counted in the numerator. In cases where children have stayed in care for 31 days or more and have not had an ISP completed, the case is not compliant.
Cohort Match	Entry Cohort
Comments	There is an indicator column on the report to denote if the ISP was completed timely. This report contains a statewide and county summary in addition to the details page.
Report Columns	County Name, DST, Case ID, Person ID, Last Name, First Name, Birth Date, Discharge Date, Cohort Removal Date, MiSACWIS Removal Date, Service Plan Desc, Case Plan Due Date, Case Plan Completed Date, Due Quantity, Completed Timely Quantity, Timely Ind.

Commitment	6.39a: Worker-Child Visits After Entry or Replacement (1 of 3)
Unit of Analysis	Required visits between workers and children who entered care or were replaced during the PUR, and who stayed in care at least 30 days after entry or replacement.
Date Range of Data	For even numbered PURs, the PUR starts on January 1 and ends on June 30. For odd numbered PURs, the PUR starts July 1 and ends on December 31. When the commitment requires visits past the end of the PUR, the data should include those visits.
Numerator	The number of visits that were required within complete 30-day periods and in which at least two visits occurred with a visit taking place in private and a visit taking place at the child's placement. Numerator 1: Number of required visits completed face-to-face timely. Numerator 2: Number of required visits completed at home timely. Numerator 3: Number of required visits completed in private timely.
Denominator	Denominator 1: Number of 30-day periods following an entry or a replacement, times two. Denominator 2: Number of 30-day periods following an entry or a replacement, times two. Denominator 3: Number of 30-day periods following an entry or a replacement, times two.
Missing Values	There should be no blank cells. If information from the visit is not entered into MiSACWIS, DHHS will mark those data as missing.
Duplicates and Other Data Issues	The detail file will contain duplicate entries by child, as a child may receive more than one visit from a worker. The summary file will contain duplicate entries, as the results for each entry or replacement ("triggering event") should be summarized, and some children will have more than one triggering event that does not overlap. Ensure that moves in the 6.39 data are reflected in the replacement file, and that applicable moves in the replacement file are reflected in the 6.39 data.

Commitment	6.39a: Worker-Child Visits After Entry or Replacement (2 of 3)
Calculation Method	<p>Calculating the metric requires the following steps:</p> <ol style="list-style-type: none"> 1. Extract a file of all children who either entered care and stayed in care at least 30 days, or who were replaced during the PUR and stayed in care at least 30 days after the replacement. Include in the file the worker-child visits that took place during the PUR and 60 days after the PUR. Ensure that the extract accounts for children who may have had multiple spells during the PUR. To determine if the child stayed 30 days or longer, use January 31 as the default end date for odd number PURs and July 31 for even numbered PURs. 2. Match the extract with the during cohort to ensure that every child in the extract appears in the during the cohort. For those children that appear in the during cohort but not the extract, check to ensure that those children did not stay in care for 30 days following entry or replacement. 3. Check to ensure that no visits are included that took place before the PUR and that contacts made on the same day as a removal are flagged so that they are not counted in the calculations. 4. Determine the 30-day periods for which each child was in care following removal or replacement, and thus required two visits. The visit requirement is not triggered when children are discharged or replaced within 30 days of an entry or replacement. A maximum of two visits is required each month for each of the three calculations. A single visit can count as face-to-face, private, and in the child's own home if it meets each of these criteria. Only one visit per day counts in the calculation of this metric. Visits that occur on the day of removal do not count for this metric and only visits that take place in the 30 days following removal count for this metric. 5. Determine if a face-to-face, private, and own home visit took place in each 30-day period in which visits were required. These are three separate determinations. 6. Multiply the number of 30-day periods in which visits were required by two: this is the denominator for each of the three calculations. 7. Sum the number of required visits completed for each of the three calculations. This is the numerator. 8. For each of the three calculations, divide the number of completed required visits by the number of required visits. <p>The summary file should include a variable indicating whether at least two visits occurred in a 30-day period following entry or replacement, with one visit an in-home, private, and face-to-face visit, and whether that visit took place during that month.</p>
Cohort Match	During cohort. Movements will be verified with replacement file.

Commitment	6.39a: Worker-Child Visits After Entry or Replacement (3 of 3)
Comments	DHHS will provide three data files: 1. The detail file should include all the visits between workers and children, and whether those visits took place in-home, face-to-face, and in private. The file should have the child and worker identifiers and geography. 2. The second file should be a summary file that shows performance related to a triggering event (an entry or a replacement). See the sample data file. 3. The third file should contain data on entries and placement moves that trigger the commitment. The file should contain child and placement identifiers, as well as the date of placement moves. The file should be "compressed"--i.e. kinship licensure should not be listed as a placement move. The cover memo should include performance percentage, the numerator and the denominator.
Report Columns	<p>Monthly Visits Summary: County No, County Name, DST, Person Id, Removal Date, Discharge Date, Last Name, First Name, Monthly Number, Visit Required Ind, Face to Face Ind, Private Meeting Ind, Own Home Ind.</p> <p>Twice in 30 Days Summary: County No, County Name, DST, Person Id, Removal Date, Discharge Date, Last Name, First Name, Placement/Replacement Begin Date, Placement/Replacement End Date, First 3- Day Contact Period End Date, Second 30 Day Contact Period End Date, Exclude 1st 30 Days Ind, Exclude 2nd 30 Days Ind, Exclude Outside Timeframe, Face to Face Count 1st 30 Days, Private Meeting Count 1st 3- days, Own Home Meeting 1st 30 Days, Face to Face Count 2nd 30 Days, Private Meeting Count 2nd 30 Days, Own Home Meeting 2nd 30 Days.</p>

Commitment	6.39b: Worker-Child Visits Monthly (1 of 2)
Unit of Analysis	Visits required and due between workers and children for children in care for at least one full calendar month during the PUR.
Date Range of Data	For even numbered PURs, the PUR starts on January 1 and ends on June 30. For odd numbered PURs, the PUR starts July 1 and ends on December 31.
Numerator	Numerator 1: Number of visits required and due during the PUR completed timely. Numerator 2: Number of visits required and due during the PUR completed at home timely. Numerator 3: Number of visits required and due during the PUR completed in private timely.
Denominator	Denominator 1: Number of visits required and due in the first full calendar month and full subsequent months during the PUR. Denominator 2: Number of visits required and due at home in the first full calendar month and full subsequent months during the PUR. Denominator 3: Number of visits required and due in private in the first full calendar month and full subsequent months during the PUR.
Missing Values	There should be no missing values. If a visit was incomplete, DHHS will mark the date field incomplete for the visit.
Duplicates and Other Data Issues	The detail file will contain duplicate entries by child, as a child may receive more than one visit from a worker. DHHS will use an indicator to note which visit fulfilled the requirement for face-to-face, in private, and in-home.

Commitment	6.39b: Worker-Child Visits Monthly (2 of 2)
Calculation Method	<p>Calculating the metric requires the following steps:</p> <ol style="list-style-type: none"> 1. Extract a file of all children in care for at least one full calendar month during the PUR. Include in the file the worker-child visits that took place during the PUR. Ensure that the extract accounts for children who may have had multiple spells during the PUR. 2. Match the extract with the during cohort to ensure that every child in the extract appears in the during the cohort. For those children that appear in the during cohort but not the extract, check to ensure that those children did not stay in care for a full calendar month. 3. Check to ensure that no visits are included that took place outside the PUR. 4. Check to ensure that contacts made on the same day as a removal are flagged so that they are not counted in the calculations. 5. Determine the full calendar months for which each child was in care, and thus required a visit. A maximum of one visit is required each month for each of the three calculations. A single visit can count as face-to-face, private, and in the child's own home if it meets each of these criteria. Only one visit per day counts in the calculation of this metric. Visits that occur on the day of removal do not count for this metric. 6. Determine if a face-to-face, private, and own home visit took place in each month in which a visit was required. These are three separate determinations. 7. Sum the number of visits required: this is the denominator for each of the three calculations. 8. Sum the number of visits completed for each of the three calculations. This is the numerator. 9. For each of the three calculations, divide the number of completed visits by the number of required visits.
Cohort Match	During cohort.
Comments	<p>DHHS should provide two data files:</p> <ol style="list-style-type: none"> 1. The detail file should include all the visits between workers and children required during the PUR, and whether those visits took place in-home, face-to-face, and in private. The file should have the child and worker identifiers and geography. 2. The second file should be a summary file that shows whether DHHS made the required visit for each full month a child was in care. The file should indicate if the required visit took place each month. The denominator is the number of full calendar months that the children were in care, the numerator is the number of child-months in which the required visit took place. <p>The cover memo should include performance percentage, the numerator and the denominator.</p>
Report Columns	County No, County Name, Person Id, Last Name, First Name, Removal Date, Discharge Date, Worker Last Name, Worker First Name, Contact Date, Face to Face Ind, Private Meeting Ind, Own Home Ind, Supervisor Ind, Subsequent Same Day Contact Ind, Exclude Outside Timeframe Ind, Monthly Consideration Ind, 1st 30 Days Consideration Ind, 2nd 30 Days Consideration Ind.

Commitment	6.40a: Worker-Parent Visitation During the First 30 Days in Care (1 of 2)
Unit of Analysis	Required visits between workers and the parents of children who entered and stayed in DHHS custody for at least 30 days and who have a federal goal of reunification.
Date Range of Data	Entries from the month prior to the start of the PUR through the end of the fifth month of the PUR. This date range ensures that all required visits will have the opportunity to be completed during the PUR and that all entries had time to cover at least 30 days in care. For even numbered ISEP periods, the period starts December 1, 20XX and ends May 31, 20XX. For odd numbered ISEP periods, the PUR starts June 1, 20XX and ends on November 30, 20XX.
Numerator	Numerator 1: The number of completed required face-to-face visits with parents of children with a goal of reunification within the first 30 days of children's entry into foster care. Numerator 2: The number of completed required visits with parents of children with a goal of reunification taking place in the parent's place of residence within the first 30 days of children's entry into foster care.
Denominator	Denominator 1: The number of required face-to-face visits due with parents of children with a goal of reunification within the first 30 days of children's entry into foster care. Denominator 2: The number of required visits with parents of children with a goal of reunification taking place in the parent's place of residence within the first 30 days of children's entry into foster care.
Missing Values	There should be no blank cells. If information from visits is not entered into MiSACWIS, DHHS will mark those data as missing.
Duplicates and Other Data Issues	There can be duplicates in the "first month in care detail" file as more than one visit will be listed and a child can re-enter care during the period. Check to make sure that goal is reunification.

Commitment	6.40a: Worker-Parent Visitation During the First 30 Days in Care (2 of 2)
Calculation Method	<p>Calculating the metric requires the following steps:</p> <ol style="list-style-type: none"> 1: Extract a file of all children with a goal of reunification who entered care beginning 30 days before the start and through the end of the data range specified above and who stayed in care at least 30 days. Ensure that the extract accounts for children who may have had multiple spells during the PUR. To determine length of stay, use the last day of the PUR as the default end date. 2. Match the extract with the during cohort to ensure that children in the extract appear in the during cohort. For those children that appear in the during cohort but not the extract, check to ensure that those children did not stay in care for a full calendar month, did not have a goal of reunification, or entered during the last month of the PUR. For those children who appear in the extract but not the during cohort, check to ensure that they entered care in the month prior to the PUR. 3: For each child, indicate whether one or both parents meet one or more exception. If a parent meets an exception, a visit is not required and thus not counted in the numerator or denominator. 4: Sum the number of required visits by child. Only one visit per day counts in the calculation of this metric. Visits that occur on the day of removal do not count for this metric. Only visits that take place in the 30 days following removal count for this metric. Only visits that take place during the PUR should be counted for this metric. 5. Sum the number of required worker-parent visits. This is the denominator. 6. Sum the number of completed required worker-parent visits. This is the numerator. 7. Divide the number of completed required visits by the number of required visits.
Cohort Match	<p>The "first month in care child-level" file should be matched with cohort entries from the current PUR and the prior PUR (to capture the first 30-day period after entry into care). All children in the "first month in care detail" file should match with all children in cohort one on person ID. Movements will be verified in the replacement file.</p>
Comments	<p>Exceptions will be put on their own file 6.40 (B)(1)</p>

Commitment	6.40b: Worker-Parent Visitation in Full Calendar Months in Care (1 of 2)
Unit of Analysis	Monthly visits between workers and the parents of children who have a federal goal of reunification.
Date Range of Data	For even numbered ISEP periods, the PUR starts January 1, 20XX and ends June 30, 20XX. For odd numbered ISEP periods, the PUR starts July 1, 20XX and ends on December 31, 20XX.
Numerator	The number of completed required monthly face-to-face visits with parents of children with a goal of reunification.
Denominator	The number of required monthly face-to-face visits with parents of children with a goal of reunification.
Missing Values	There should be no blank cells. If information from visits is not entered into MiSACWIS, DHHS will mark those data as missing.
Duplicates and Other Data Issues	There can be duplicates in child level files and monthly summary files, as multiple visits may take place with each parent, and children may be in care for multiple months.
Calculation Method	<p>Calculating the metric requires the following steps:</p> <ol style="list-style-type: none"> 1. Extract a file of all children in care for at least one full calendar month during the PUR with a goal of reunification. Include in the file the worker-parent visits that took place during the PUR. Ensure that the extract accounts for children who may have had multiple spells during the PUR. 2. Match the extract with the during cohort to ensure that every child in the extract appears in the during the cohort. For those children that appear in the during cohort but not the extract, check to ensure that those children did not stay in care for a full calendar month or did not have a goal of reunification. 3: For each child, indicate whether one or both parents meet one or more exception. If a parent meets an exception, a visit is not required and thus not counted in the numerator or denominator. 4. Check to ensure that no visits were included that took place outside the PUR. 5. Determine the full calendar months for which each child with a goal of reunification was in care, and thus face-to-face worker-parent visits were required. A maximum of one face-to-face visit per parent is required each month. Provide data on the date of goal changes from reunification, which indicates when worker-parent visits were no longer required. 6. Only one visit per day counts in the calculation of this metric. Visits that occur on the day of removal do not count for this metric. 7. Sum the number of required face-to-face worker-parent visits. This is the denominator. 8. Sum the number of completed required face-to-face worker-parent visits. This is the numerator. 9. Divide the number of completed required visits by the number of required visits.
Cohort Match	3: For each child, indicate whether one or both parents meet one or more exception. If a parent meets an exception, a visit is not required and thus not counted in the numerator or denominator.
Comments	For this metric, visits are only required for full calendar months when the child is in care and has a goal of reunification.

Commitment	6.40b: Worker-Parent Visitation in Full Calendar Months in Care (1 of 2)
Report Columns	County No, County Name, DST, Case Id, Person Id, Removal Date, Discharge Date, Last Name, First Name, Parent Person Id, Worker Last Name, Worker First Name, Contact Date, Face to Face Ind, Own Home Ind, Worker Title, Supervisor Ind, Exclude Outside Timeframe Ind, Subsequent Same Day Contact Ind, Monthly Consideration Ind, Entry Consideration Ind.

Commitment	6.41: Parent-Child Visits (1 of 2)
Unit of Analysis	Monthly parent-child visits required during the PUR.
Date Range of Data	For even numbered PURs, the PUR starts on January 1 and ends on June 30. For odd numbered PURs, the PUR starts July 1 and ends on December 31.
Numerator	The number of completed required monthly visits between parents and children with a goal of reunification.
Denominator	The number of required monthly visits between parents and children with a goal of reunification. Two visits each month are required for each parent for full calendar months in which a child is in care and has a goal of reunification for the entire calendar month.
Missing Values	There should be no blank cells. If information from visits is not entered into MiSACWIS, DHHS will mark those data as missing.
Duplicates and Other Data Issues	N/A
Calculation Method	<p>Calculating the metric requires the following steps:</p> <ol style="list-style-type: none"> 1. Extract a file of all children in care for at least one full calendar month during the PUR and who had a goal of reunification throughout that calendar month. Include in the file the parent-child visits that took place during the PUR. Ensure that the extract accounts for children who may have had multiple spells during the PUR. 2. Match the extract with the during cohort to ensure that every child in the extract appears in the during the cohort. For those children that appear in the during cohort but not the extract, check to ensure that those children did not stay in care for a full calendar month or did not have a goal of reunification. 3. Check to ensure that no visits were included that took place outside the PUR. 4. Determine the full calendar months for which each child with a goal of reunification was in care, and thus parent-child visits were required. Two parent-child visits are required for each parent for each full calendar month. Provide data on the date of goal changes from reunification, which indicates when parent-child visits were no longer required. 5. Exceptions such as a parent non-participation should be noted and visits for these parents are not required. Only one visit per day counts in the calculation of this metric. Visits that occur on the day of removal do not count for this metric. In the case where a visit occurs when one is not required, this should not be counted in the numerator. 6. Sum the number of required parent-child visits. This is the denominator. 7. Sum the number of completed required parent-child visits. This is the numerator. 8. Divide the number of completed required visits by the number of required visits.
Cohort Match	During Cohort

Commitment	6.41: Parent-Child Visits (2 of 2)
Comments	<p>Parent visits are separated for Parent 1 and Parent 2. If a parent is not participating or if the child is placed at home, then there are no parent-child contacts due for that youth. If a child is AWOL for any portion of a contact period, then a parent-child contact will not be required for that contact period. DHHS will use the composition of the household to determine parent-child contacts are required. DHHS will explore ways to capture exceptions, which cannot be captured as of this writing on June 7, 2017.</p>
Report Columns	<p>County No, County Name, DST, Case Id, Person Id, Month Number, Child Name, Date of Birth, Removal Date, Discharge Date, Federal Goal Desc, Date Goal Changed From Reunification, Exclude Last 30 Days In Care, URM Ind, Exclude Goal Not Reunification, Child Visits Required Ind, Parent 1 Person Id, Parent 1 Name, Parent 1 Jail/Prision Ind, Parent 1 Hospital Ind, Parent 1 Non-Participating Reason Desc, Parent 1 Non-Participation Start Date, Parent 1 Non-Participation End Date, Parent 1 Exception Desc, Parent 1 Exception Start Date, Parent 1 Exception End Date, Parent 1 Visits Required, Parent 1 Visit Max Count, Parent 2 Person Id, Parent 2 Name, Parent 2 Jail/Prision Ind, Parent 2 Hospital Ind, Parent 2 Non Participating Reason Desc, Parent 2 Non-Participation Start Date, Parent 2 Non-Participation End Date, Parent 2 Exception Desc, Parent 2 Exception Start Date, Parent 2 Exception End Date, Parent 2 Visits Required, Parent 2 Visit Max Count.</p> <p>Excluded Population: County No, County Name, DST, Case Id, Person Id, Child Name, Date of Birth, Removal Date, Discharge Date, Federal Goal Desc, Date Goal Changed from Reunification, Parent 1 Person Id, Parent 2 Person Id.</p>

Commitment	6.42: Visits Between Siblings
Unit of Analysis	Separated sibling pairs as of the end of the PUR where at least two siblings reside within the state of Michigan.
Date Range of Data	The PUR--for even numbered PURs, the PUR starts on January 1 and ends on June 30. For odd numbered PURs, the PUR starts July 1 and ends on December 31.
Numerator	The numerator is the number of separated sibling-pair visits completed during the PUR with a maximum of one counted each calendar month for each separated sibling pair.
Denominator	The denominator is the number of separated sibling pair visits required during the PUR with a maximum of one counted each calendar month for each sibling pair.
Missing Values	There should be no missing values.
Duplicates and Other Data Issues	Where multiple sibling pairs participate in the same visit, such as a sibling group of four separated siblings visiting at the same location, each visit pair counts toward the numerator.
Calculation Method	<p>Step 1: Identify separated sibling pairs as of the end of the PUR. A separated sibling pair is two siblings placed in different locations (see definition of sibling in comments section below). A sibling group may have more than one sibling pair (e.g. a sibling group of three all living in different locations would have three different sibling pairs).</p> <p>Step 2: Eliminate siblings pairs where one child lives outside the state of Michigan.</p> <p>Step 3: Identify sibling pairs that meet exceptions. Exception types should be recorded and reported but will be eliminated from the calculation.</p> <p>Step 4: Identify the date of sibling separation.</p> <p>Step 5: Calculate the number of required sibling visits during the PUR, starting with the first full month of separation. For example, a sibling pair separated on February 11 would have a required visit in the month of March, but not in February and therefore four required visits for the PUR.</p> <p>Step 6: Calculate the number of completed sibling pair visits with a maximum of one per month. One meeting can count as more than one sibling pair visit--see the "Duplicates and Other Data Issues" section of this Metrics Plan.</p> <p>Step 7: Divide the number of completed sibling pair visits by the number of required sibling pair visits.</p>
Cohort Match	End of period cohort.
Comments	Michigan FOM 722-03 page 6 defines siblings as "children who have one or more parents in common. The relationship can be biological, through adoption, or through marriage, and includes siblings as defined by the AI/AN child's tribal code or custom. A sibling relationship continues regardless of legal status or when a marriage ends by death or divorce."
Report Columns	

Commitment	6.43: Medical and Mental Health Exams
Unit of Analysis	Entries into foster care.
Date Range of Data	For even numbered PURs, the PUR starts on January 1 and ends on June 30. For odd numbered PURs, the PUR starts July 1 and ends on December 31. Data will need to be extracted at least 45 days after the PUR.
Numerator	Numerator 1: Number of children with an appointment that took place within 30 days of the removal date. Numerator 2: Number of children with an appointment that took place within 45 days of the removal date
Denominator	Denominator 1: Number of children that stayed in foster care for at least 30 days. Denominator 2: Number of children that stayed in foster care at least 45 days.
Missing Values	There will be no missing values. DHHS will mark an incomplete event as such in the data set.
Duplicates and Other Data Issues	Children who entered care twice during the date range and stayed at least 30 days in each spell would be included twice in the dataset. The same would apply to children entering twice who stayed at least 45 days. Otherwise, duplicates would not be expected. To calculate length of stay for entries that occur during the last 45 days of the PUR, data will be extracted at least 45 days after the end of the PUR. For even numbered PURs, this means extracting the data as of February 14 or later. For odd numbered PURs, this means extracting the data as of August 14 or later. Exit and exam data for this 45-day period should be included in the dataset.
Calculation Method	To calculate 30-day performance, add 30 days to the removal date to create the 30-day appointment due date. If an appointment took place on or before the 30-day appointment due date, the performance is marked as compliant. If the appointment took place after the 30-day due date or if there is no appointment listed, the performance is marked noncompliant. To calculate 45-day performance, add 45 days to the removal date to create the 45-day appointment due date. If an appointment takes place on or before the 45-day appointment due date, the performance is marked as compliant. If the appointment took place after the 30-day due date or if there is not an appointment date listed, the performance is marked as noncompliant. Make sure to exclude children who stayed in care for less than 45 days from the 45-day calculation.
Cohort Match	Entry Cohort
Comments	
Report Columns	BSC, County Name, DST, Agency Name, Case Id, Person Id, Last Name, First Name, Date of Birth, Removal Date, Discharge Date, Prior Appointment Date, Appointment Date, 30 Day Due Date, Due QTY, Completed QTY, Timely 30 Ind. entry start date.

Commitment	6.44: Dental Exams
Unit of Analysis	Children entering foster care who stayed in care for at least 90 days, excluding children who had a dental exam six months or less prior to entry and children less than four years of age on the due date of the appointment.
Date Range of Data	For even numbered PURs, the PUR starts on January 1 and ends on June 30. For odd numbered PURs, the PUR starts July 1 and ends on December 31. Data will need to be extracted 90 days from the end of the PUR.
Numerator	Number of children who required a dental exam who had a dental exam within 90 days from the removal date.
Denominator	Number of children who required a dental exam within 90 days from the removal date.
Missing Values	There will be no missing values. DHHS will mark an incomplete event as such in the data set.
Duplicates and Other Data Issues	There should be no children entered more than once in this data. To calculate length of stay for entries that occur during the last 90 days of the PUR, data will be extracted at least 90 days after the end of the PUR. For even numbered PURs, this means extracting the data as of April 1 or later. For odd numbered PURs, this means extracting the data as of September 29 or later. Exit and dental exam data for this 90-day period should be included in the dataset.
Calculation Method	To calculate 90-day performance, add 90 days to the removal date to create the 90-day appointment due date. If an appointment took place on or before the 90-day appointment due date, the case is marked as compliant. If the appointment took place after the 90-day due date or if there is no appointment listed, the case is marked noncompliant.
Cohort Match	Entry cohort
Comments	Please include discharge date variable to ensure that child stayed at least 90 days. There should not be a default discharge date. Children who had dental exams six months or less prior to entry are not required to have another dental exam within 90 days of entry, and therefore are exempt from this commitment. DHHS will include an auxiliary dataset that lists the children who had dental exams six months or less prior to entry, the date of the dental exam, and the standard identifiers for the children.
Report Columns	BSC, County No, County Name, DST, Agency Name, Case Id, Person Id, Last Name, First Name, Date of Birth, Removal Date, Discharge Date, LOS, Due Date, Appointment Date, Timely Ind, In Care 90 Days Ind, Under 4 Ind, Exam 6 Months Prior to Placement Ind

Commitment	6.51: Medical Care and Coverage, At Entry
Unit of Analysis	Entries into foster care during the PUR that lasted at least 30 days.
Date Range of Data	For even numbered PURs, the PUR starts on January 1 and ends on June 30. For odd numbered PURs, the PUR starts July 1 and ends on December 31. Data will need to be extracted at least 30 days after the PUR.
Numerator	For each entry into foster care during the PUR that lasted at least 30 days, the number of entries where providers had children's medical cards on their 30th day in care.
Denominator	Entries during the PUR that lasted at least 30 days.
Missing Values	If the medical card was not provided within 30 days, then the Medical Date Provided column will be marked as null. There will be no blank cells.
Duplicates and Other Data Issues	If a child entered care more than once during the PUR, each entry that lasted at least 30 days will be assessed at the 30th day. To calculate length of stay for entries that occur during the last month of the PUR, data will be extracted at least one month after the end of the PUR. For even numbered PURs, this means extracting the data as of January 31st or later. For odd numbered PURs, this means extracting the data as of July 31st or later. Exit and medical card data for this month should be included in the dataset.
Calculation Method	Extract data on date the provider received the medical card for each child who entered foster care during the PUR. Calculate the due date by adding 30 days to the removal date. If the medical card was provided on or before the due date, the case is compliant. If the medical card was provided after the due date or not provided as of the extraction date, the case is non-compliant.
Cohort Match	Entry Cohort
Comments	If the child moved during the first 30 days, the subsequent provider should have the medical card on the 30th day. In other words, the 30th day assessment should use a point-in-time. There is a 7-day grace period in which the Medical Card can be provided prior to entry. Medical cards provided 8 days or more prior to the initial placement are non-compliant.
Report Columns	County Name, DST, Case ID, Person ID, Child Name, Birth Date, Recipient ID, Legal Status, Removal Date, Discharge Date, Placement Begin Date, Placement End Date, Provider ID on 30th day, Living Arrangement on 30th day, Provider Name on 30th day, Provider has Medical Card on 30th day, Date Card Provided to Current Provider, Greater than 30 Days Ind, Parental Home Ind, AWOL Ind, Independent Living Ind, Card Provided Prior to Entry, Hospital Ind, Unable to Determine Ind, Compliant Ind

Commitment	6.52: Medical Care and Coverage, Subsequent Placement
Unit of Analysis	Replacements in foster care.
Date Range of Data	For even numbered PURs, the PUR starts on January 1 and ends on June 30. For odd numbered PURs, the PUR starts July 1 and ends on December 31. Data will need to be extracted at least four days after the end of the PUR.
Numerator	The total number of children whose subsequent placement providers received a child/youth's medical card within 24 hours or the next business day during the PUR.
Denominator	The total number of child replacements during the PUR.
Missing Values	There will be no missing values. If a date is missing, a null value will be entered.
Duplicates and Other Data Issues	<p>Because children may be replaced more than once during a PUR, Person IDs may appear multiple times.</p> <p>To account for replacements at the end of the period, the data will be extracted at least four days after the end of the PUR. For example, if a replacement took place on Friday, December 31, the medical card would not be due until January 3.</p> <p>If N/A is listed as the due date, MI will include the reason the due date is not applicable.</p>
Calculation Method	Extract replacements for all children in foster care. For each replacement, calculate the due date to ensure that weekends and holidays are included in the calculations. If the medical card was provided on or before the due date, the case is compliant. If the medical card was provided after the due date or is null, the case is noncompliant.
Cohort Match	During Cohort. Ensure that moves in the 6.52 data are reflected in the replacement file, and that all applicable moves in the replacement file are reflected in the 6.52 data.
Comments	This is a count of placement changes not of distinct children. If a new placement started on Friday then the due date for the Medical Card is Monday, or 3 days later. If the new placement started on a Saturday then the due date for the Medical Card is Monday or 2 days later. There is an indicator on the report to denote if the card was provided timely. If a replacement occurs on the Friday before a Monday legal holiday, the card is due on the following Tuesday. There is a 7-day grace period in which the Medical Card can be provided prior to the placement change. Medical cards provided 8 days or more prior to the replacement are non-compliant.
Report Columns	County Name, DST, Case ID, Person ID, Child Name, Birth Date, Recipient ID, Legal Status, Removal Date, Discharge Date, Placement Begin Date, Placement End Date, Provider ID, Living Arrangement, Provider Name, Medical Card Provided, Date Medical Card Due, Date Card Provided, Days to Medical Card Provided, Medical Card Provided Prior to Replacement Ind, Parental Home Ind, AWOL Ind, Independent Living Ind, Card Provided Prior to Entry, Hospital Ind, Unable to Determine Ind, Compliant Ind.

Commitment	6.57: Cohorts and Replacement File
Unit of Analysis	Children who spent at least one day in out of home placement during the PUR who are part of the subject class
Date Range of Data	For even numbered PURs, the PUR starts on January 1 and ends on June 30. For odd numbered PURs, the PUR starts July 1 and ends on December 31.
Numerator	N/A
Denominator	N/A
Missing Values	DMU will provide analysis of the missing values by data element
Duplicates and Other Data Issues	DMU will provide analysis of duplicate children within the same removal episode.
Calculation Method	N/A
Cohort Match	<p>Cohorts Include:</p> <p>Cohort 1: Entry Cohort: Children who were removed from their homes and placed in an out-of-home placement during the period.</p> <p>Cohort 2: Exit Cohort: Children who were discharged from Foster Care.</p> <p>Cohort 3: During Cohort: Children who were in any day during the period.</p> <p>Cohort 4: End of Period: Children who remained in care at the end of the reporting period. This does not include children who left on the last day of the period.</p> <p>Cohort 5: Beginning of Period: Children who were in care at the beginning of the period. This would not include children who came into care on the first day of the period.</p> <p>Cohort 6: Late Entries: Children who were in care on the first day of the period but were not in care on the last day of the previous ISEP Cohort 4.</p> <p>Cohort 7: Late Exits: Children who were not in care on the first day of the period but were in care on the last day of the previous ISEP Cohort 4.</p> <p>In addition, DHHS will provide a file of children who experienced replacements during the PUR.</p>
Comments	
Report Columns	County Number, County Name, District (Wayne Only), ISEP Period, Cohort Type, SACWIS Case ID, Program Type, SACWIS Child ID, Child Recipient ID, Child Last Name, Child First Name, Removal Date, Discharge Date, Child Birth Date, Child Age, Child Gender, Child Race Code, Child Race Desc, Hispanic Ethnicity, Child Living Arrangement ID, Child Living Arrangement Desc, AFCARS Placement ID, AFCARS Placement Desc, Child Legal Status ID, Child Legal Status Desc, Federal Goal Code Desc, Worker ID, Worker Name, Supervisor Name, Adoption Date, Parents Term of Right Date, Exit Type, Legally Free Ind, Childs Length of Stay, Provider ID for Cohorts 1, 2, 4, and 5.