

Child Welfare Training Programs

(FY2019 Appropriation Act - Public Act 207 of 2018)

January 1, 2018

Sec. 558. (1) By January 1 of the current fiscal year, the department shall provide to the senate and house appropriations subcommittees on the department budget, the senate and house fiscal agencies, the senate and house policy offices, and the state budget office a report that identifies the policies, procedures, and other relevant issues related to the modernization of the child welfare training program.

(2) Based on the results of the study of issues related to the modernization of the child welfare training program undertaken in the previous fiscal year, the department shall make a payment to private child placing agencies upon the completion of the child welfare caseworker training.



Boilerplate Section 558(1)
Public Act 207 of 2018

The Michigan Department of Health and Human Services (MDHHS) submitted a comprehensive report of child welfare training policies, procedures, and other relevant issues related to the modernization of the child welfare training program in January 2018. See Attachment A: Child Welfare Training Programs (FY2018 Appropriation Act – Public Act 107 of 2017) for the full report. The following are updates outlining modernization progress and enhancements that have been implemented over the last year.

Training Program Curriculum Enhancements

- In January 2018, MDHHS successfully launched a supplemental training package for child welfare staff who have completed pre-service training. This training is provided regionally around the state and program specific training topics are customized for each locality based on performance gaps identified by the child welfare professionals in those locations. In total, 54 sessions of in-service training have been provided across four Business Service Center regions at eight separate locations with a total of 342 staff in attendance. Included in the locations are Midland, Lansing, Jackson, Gaylord, Marquette, Muskegon, Kalamazoo, and Whitmore Lake. As of this date, in-service training has been scheduled for Business Service Center 5 but has not yet taken place.
- In November 2018, MDHHS will launch a pilot program in Business Service Center 3 to enhance trainee support during Pre-Service Institute (PSI) field weeks. Teleconferences with training staff and field supervisors will take place in advance of each of the five field weeks throughout the pilot. The teleconferences will assist supervisors with focused preparation for field week activities that trainees are required to complete as part of the PSI curriculum. Additionally, this will serve as an opportunity for supervisors to plan and share best practices on how to position their respective trainees to achieve the intended learning targets and successfully apply policies, procedures, and concepts into real-world case practice.
- In 2018, MDHHS was allocated six additional child welfare training positions for the purpose of increasing the number of Pre-Service Institute (PSI) offerings each month. The additional positions will expand the capacity of the department to deliver PSI with increased frequency and in more locations once facilities are secured.

Child Welfare Leadership Training

- In January 2018, MDHHS successfully launched the redesigned New Supervisor Institute. The new design incorporates program-specific tracks in juvenile justice, children's protective services, foster care, adoption, and licensing, as well as contemporary leadership topics. The response has been overwhelmingly positive. From January 2018 through August 2018, 20 adoption, 19 children's protective services, and 57 foster care newly hired supervisors have been trained programmatically and 91 newly hired supervisors have been trained in leadership topics, such as Managing Diversity, Building Teams, Conflict Resolution, Managing Change, Leadership Basics, Labor Relations, One on Ones, and Coaching.

Optimizing Technology

- MDHHS collaborated with the Ruth Ellis Center, a Detroit-based agency providing residential and support services for runaway, homeless, and at-risk lesbian, gay, bi-attractional, transgender and questioning (LGBTQ) youth to develop a multi-modular online LGBTQ course in lieu of a one-day in-person instructor led course. The course was launched in September 2018 in the MDHHS Learning Management System. Through strategic collaboration and innovative use of technology, public and private caseworkers across the state are now able to access the training asynchronously and benefit from the expertise of the Ruth Ellis Center.
- A new online course, Human Trafficking of Children, was launched in June 2018. The eLearning format is highly interactive and provides an opportunity for public and private child welfare professionals to access this critical content on-demand. The course has received positive feedback for relevance, applicability, a user-friendly design, and learner engagement.
- The online student guide for PSI was updated in 2018 to align with recent curriculum updates and improve the user experience. The electronic student guide provides an ongoing, current, customizable resource for trainees throughout the institute and well after they have completed the course.

Attachment A: Child Welfare Training Programs
Boilerplate Section 558(1)
Public Act 207 of 2018

The Michigan Department of Health and Human Services (MDHHS) prepares child welfare professionals to carry out their duties and responsibilities through a comprehensive training program delivered by the MDHHS Office of Workforce Development and Training (OWDT), State Court Administrative Office, Prosecuting Attorneys Association of Michigan, Wayne County Attorney General's Office, University Schools of Social Work, and several MDHHS Children's Services Agency program offices. Updating this training program is key to ensuring that workers are best prepared to serve children and families in Michigan. This is being accomplished through proactive assessment, continuous quality improvement, strategic partnerships, and technology optimization across the training program.

Child Welfare Training Policies and Procedures

Child welfare training is guided by a number of policies and procedures. Services Requirements Manual (SRM) 103 establishes policy for staff qualifications and training. This includes requirements based on child welfare position categories for pre-service, in-service, program specific transfer training, and supervisor training. See Attachment A: SRM 103 Staff Qualifications and Training for the full policy.

Additionally, the Implementation, Sustainability, and Exit Plan (ISEP) establishes minimum training requirements for child welfare case assignment, caseload progression, and licensing worker training requirements. See Attachment B: Implementation Sustainability, and Exit Plan for full details regarding the requirements.

Each year, OWDT reports to the U.S. Department of Health and Human Services Administration of Children and Families on the progress of child welfare staff and provider training via the Child and Family Services Plan (CFSP), Annual Progress Services Report (APSR). A CFSP five-year plan is established and approved by the federal government. Then each year, the APSR details the progress and areas for improvement in pre-service, in-service and caregiver training. The U.S. Department of Health and Human Services has determined that Michigan's staff and provider training systemic functioning is effective and further noted that child welfare training in Michigan is a strength.

Modernization Strategies

Modernization requires that training content is continually evaluated against the latest research and case practice standards, training delivery is assessed for transfer of learning, training technology is optimized for effectiveness, and continuous quality improvement efforts are made to ensure the best possible outcomes for children and families who encounter the child welfare system. Following are modernization strategies being employed in the child welfare training program.

Training Program Curriculum Enhancements

- In January 2017, the child welfare pre-service institute (PSI) was redesigned in response to feedback from public and private agency participants received through evaluations. The redesign increased MiSACWIS instruction and program-specific instruction in the curriculum. By condensing some existing topics and moving others to an online format, the content enhancements were accomplished without adding additional classroom time or extending the length of the institute. Additionally, the chronology of PSI topics and field weeks were adjusted so that program-specific training was delivered earlier in the curriculum giving staff more time in the field once they meet initial caseload progression requirements. Currently, over half of the entire institute (5 out of 9 weeks) is completed in the field at the trainees' office.
- Coinciding with the January 2017 PSI redesign, the Child Welfare Certificate (CWC) and Phase II training curriculum were streamlined. As a result, newly hired child welfare staff who have obtained a child welfare certificate through an endorsed university and staff who have completed approved comparable training from another state have a significantly reduced classroom training schedule. For these staff, adoption training now consists of 8 classroom days and 12 field days, foster care training is 5 classroom days and 15 field days and children's protective services is 6 classroom days and 14 field days.
- In keeping with innovations in the field of public child welfare, the Michigan Teaming Engagement Assessment and Mentoring (MiTEAM) enhanced practice model has been incorporated throughout the child welfare training program to more effectively prepare child welfare staff to carry out their duties and achieve better outcomes for the children and families they serve.
- MDHHS has a contract with Michigan universities across the state to deliver in-service training free of charge to child welfare staff, leaders, and caregivers. These training sessions provide convenient and accessible opportunities for child welfare professionals to meet their annual ISEP required in-service training at universities in their local region. Approximately 50 instructor-led trainings are provided each year. The dynamic nature of this collaboration allows just-in-time training to be delivered on emerging topics in the child welfare field each year. For example, as research matured related to trauma-informed practices, additional sessions were added on that topic. As a result of the opioid crisis, additional training sessions are planned to address this topic. Further, the university contract has recently incorporated computer-based and webinar training options in response to demand from the field and is exploring simulation and other technology assisted formats for future implementation.
- A curriculum path is being developed to provide supplemental training for child welfare staff who have completed pre-service training. Launching in January 2018, this optional multi-session, multi-topic training will be delivered regionally

around the state and will focus on program-specific topics that address performance gaps identified by public and private field staff.

Child Welfare Leadership Training

- Recognizing the role of management in worker performance, child welfare supervisory training has been fully redesigned and an enhanced New Supervisor Institute is launching in January 2018 with program specific tracks in Juvenile Justice, Children's Protective Services, Foster Care, and Adoption. In addition to program-specific content, supervisors will receive instruction on contemporary leadership topics such as emotional intelligence, creating office culture, coaching for child welfare, data driven decision making and leading change.
- To address worker retention, a new Employee Engagement workshop for managers has been developed based on the results of the 2017 State of Michigan Employee Survey. That training launched November 2017.
- In an effort to support leadership growth, the Building Teams Utilizing the PERMA Model training was developed. The PERMA model, which stands for [P]ositive emotions, [E]ngagement, [R]elationships, [M]eaning and [A]chievement equips first line supervisors with tools to support staff in accomplishing goals and providing constructive, strength based feedback through an understanding of the basic psychology of human behavior and needs.
- Training opportunities for middle managers will be developed and piloted in 2018. The objectives of the training will be to provide mid-level managers with the knowledge and skills to support first line managers, leadership growth and preparedness for succession planning. The curriculum will be developed with input and feedback from stakeholders.

Optimizing Technology

- MDHHS recently implemented a new Learning Management System (LMS). This system identifies all MDHHS and contracted child welfare professionals by their roles in MiSACWIS. This allows for job specific training to be immediately available to each person. LMS produces reports on training requirements as described above. OWDT partners with the MDHHS Division of Child Welfare Licensing and the Child Welfare Services Support offices to follow up on training non-compliance and address issues as they arise in the field.
- With improved technology, more online training opportunities are able to be provided. For example, OWDT executed a contract with Ruth Ellis Center, a Detroit-based agency providing short-term and long-term residential safe space and support services for runaway, homeless, and at-risk lesbian, gay, bi-attractational, transgender and questioning (LGBTQ) youth. Ruth Ellis Center provides a one-day instructor led training that is highly effective in dismantling myths about LGBTQ youth, as well as providing actionable information about how to support youth. This training content is critical for child welfare workers, however, to offer an instructor-led training would require out of office travel

expenses, time away from families and children on caseloads, and would take significant time to roll out to all child welfare professionals in the state. Therefore, the one-day training was re-structured into a multi-modular, interactive and engaging computer based training. This allows the effectiveness to be retained, while reducing costs and providing just-in-time training to caseworkers at the time they need it (e.g. they are assigned a case with an LGBTQ youth who needs services). This same approach is being considered currently by multi-agency workgroups meeting to address opioid abuse issues and human trafficking in Michigan.

- Multi-modal training opportunities are being implemented to enhance learning outcomes. Previously, domestic violence training in pre-service institute consisted of a computer based training and a three hour classroom training. In coordination with the MDHHS Domestic and Sexual Violence Prevention and Treatment Board, a two hour MiTEAM Domestic Violence Enhancement webinar will now be delivered to pre-service trainees during a field week. This will be followed by a three hour classroom session in a subsequent week where trainees will be able to practice skills in class with the assistance of an expert.
- Online student guides for pre-service training are now available electronically and can be customized to the individual learner. Printing student guides was expensive and cumbersome for the learner to maintain. By moving student learning guides online, the student can personalize the guide with notes, make references for themselves and then keep the guide after training to refer to on demand. The online guides are updated so former students can access updated information even after they have completed the course.

MDHHS is committed to partnerships and collaboration to meet the ever changing needs of a professional child welfare workforce. CSA and OWDT staff committees engage critical internal and external stakeholders and assist in identifying new and innovative ways to distribute information. We partner with other Michigan entities committed to improving the lives of children and families, for example universities, courts, the federation and association of private child placing and adoption agencies, service providers and oversight agencies, such as the Office of Children's Ombudsmen, Foster Care Review Board, and other advocacy organizations. Additionally, MDHHS works closely with the Michigan Department of Technology Management and Budget to stay current with the latest improvements that allow us to deliver services most effectively.

OVERVIEW

Initial and ongoing training is essential for Michigan Department of Human Services (MDHHS) and private agency child welfare staff and supervisors to provide quality services to children and families while ensuring safety, permanency, and well-being. This policy addresses qualifications, initial and in-service training requirements, and documentation requirements for completed training for caseload-carrying staff, specialized support staff, and supervisors. These requirements apply to public and private child welfare staff and supervisors.

DEFINITIONS

Definitions below apply to this policy item.

Caseload-Carrying Staff - A staff person identified as having primary responsibility for management of program-specific cases. The responsibilities of case management exist as long as the case is assigned to the staff person, regardless of their work or action on those cases as of the day of a caseload count. Examples of caseload carrying staff include:

- Children's protective services (CPS) investigator.
- CPS ongoing caseworker.
- CPS - maltreatment in care (MIC) investigator.
- Foster care caseworker.
- Unaccompanied refugee minor caseworker.
- Juvenile justice specialist.
- Adoption caseworker.
- MDHHS monitoring caseworker.
- Foster home certification caseworker.

Specialized Support Staff - A staff person who does not have primary responsibility for management of program-specific cases, but whose position provides event-based or specialized functions to support caseload-carrying staff on a variety of cases. Examples include:

- Centralized intake specialist.
- Child welfare funding specialist (CWFS).
- Permanency resource monitor (PRM).
- MiTEAM specialist.
- Education planner.
- Health liaison officer (HLO).
- Michigan Youth Opportunities Initiative (MYOI) coordinator.

STAFF QUALIFICATIONS

MDHHS and private agency caseload-carrying staff in the following positions must have at minimum a bachelor's degree in social work or a related human services field:

- CPS investigator.
- CPS ongoing.
- CPS - MIC investigator.
- Foster care caseworker.
- Unaccompanied refugee minor caseworker.
- Juvenile justice specialist.
- Adoption caseworker.
- MDHHS monitoring caseworker.
- Foster home certification staff.

MDHHS staff in the following specialized support positions must have at minimum a bachelor's degree in social work or a related human services field:

- Centralized intake specialist.
- Child welfare funding specialist (CWFS).
- Permanency resource monitor (PRM).
- MiTEAM specialist.
- Education planner.
- Michigan Youth Opportunities Initiative (MYOI) coordinator.

Health liaison officers (HLO) must have at minimum a bachelor's degree in any major.

With the exception of juvenile justice supervisors, MDHHS and private agency child welfare supervisors must meet one of the following criteria:

- A master's degree from an accredited college or university in social work or a related human services field and **three years** of experience in a child welfare agency, a child caring institution, or in an agency performing a child welfare function.
- A bachelor's degree from an accredited college or university in social work or a related human services field and **four years** of experience in a child welfare agency, a child caring institution, or in an agency performing a child welfare function.

Verification of Qualifications

Prior to beginning training, all new private agency caseload-carrying staff and supervisors for foster care, unaccompanied refugee minors, foster home certification, and adoption must verify their qualifications.

Email verification of qualifications the MDHHS staff qualifications mailbox at MDHHSStaffQualifications@michigan.gov.

The following information must be included:

- The new hire's name and position (caseworker or supervisor).
- The agency name.
- An official transcript from an accredited college or university. The transcript must include:
 - Name of the college or university.
 - The new hire's name.
 - Degree.
 - Degree conferred date.
 - Coursework taken.
- For supervisors only, a resume showing the required experience.

Note: If submitting one email to the mailbox with multiple individuals' documentation, separate the scanned documents for each individual. Attach resumes and transcripts each separately or combine the resume and transcript together per new hire.

Exceptions

MDHHS and private agencies must recruit and hire child welfare caseworkers and supervisors that satisfy all established degree and experience qualifications. MDHHS or a private agency may request an exception to the degree and experience qualification if unable to acquire a suitable, qualified candidate who meets the degree and experience qualifications.

If the proposed candidate for hire/promotion does not possess the degree and experience qualifications, MDHHS or the private agency must submit an exception request **prior to** hiring/promoting the individual. Employees hired or promoted without the required qualifications are not eligible for an exception after hire or

promotion. The MDHHS Division of Child Welfare Licensing (DCWL) must investigate the hiring of an employee who does not meet the degree and experience requirements and does not have an approved exception as a contract and/or licensing rule violation.

MDHHS will convene a qualifications committee to review the exception request. The committee will consist of representatives from the Children's Services Agency (CSA), Office of Human Resources, Bureau of Organizational Services, and DCWL. The qualifications committee must return a written determination to the agency, with a copy to DCWL and MDHHS' Office of Human Resources, within 10 business days of receipt of a complete exception request. The committee's decisions are final.

MDHHS and private agencies seeking exception must submit the following documentation to the MDHHS staff qualifications mailbox at MDHHSStaffQualifications@michigan.gov:

- The diligent efforts made to hire fully-qualified candidates.
 - Diligent efforts include no less than three employment postings that resulted in no qualified and acceptable candidates.
 - The number and location of the postings.
- Information on the resulting pool of candidates, including degree and experience, which summarizes why each candidate was not qualified and/or acceptable for hire/promotion.
- The proposed candidate's degree requirements.
 - Documentation must include transcripts that contain all coursework that the committee could consider in assessing applicable human behavioral science coursework.
 - The coursework must minimally satisfy Child Placing Agency Rule 400.12205, which allows the committee to consider a degree qualified if the individual has at least 25 percent of course credits earned towards the degree in human behavioral sciences; see [CWL-Pub-11, Licensing Rules for Child Placing Agencies](#).
- The proposed candidate's child welfare experience. Documentation must include a current employment history detailed by month/year.

TRAINING REQUIREMENTS

Pre-Service Institute

The following positions must complete the pre-service institute (PSI) within 16 weeks of hire, if not previously completed:

- Caseload-carrying staff in the following programs:
 - CPS.
 - Foster care.
 - Unaccompanied refugee minor.
 - Supervised independent living.
 - Adoption.
 - Juvenile justice specialists.
 - MDHHS monitoring caseworkers.
- Centralized intake specialists.
- Permanency resource monitors.
- MiTEAM specialists.
- Education planners.
- MYOI coordinators.

There are progressive caseload restrictions during PSI training for caseload-carrying staff, with the exception of juvenile justice specialists.

Caseload Progression for CPS

MDHHS must not assign cases to CPS caseworkers prior to:

- Completion of four weeks of PSI training, **and**
- A score of 70 percent or higher on the first competency exam.

After completing four weeks of training and passing the first competency exam, MDHHS may assign up to five cases to a CPS caseworker in training. The first five cases assigned must **not** include:

- Children under eight years of age.
- Children who are unable to communicate.

Caseload Progression for Foster Care and Adoption

Note: Foster care caseworkers under caseload progression requirements include MDHHS monitoring caseworkers, unaccompanied refugee minor program caseworkers, and

supervised independent living caseworkers, but **do not** include juvenile justice specialists.

MDHHS and private agencies may assign up to three cases for foster care and adoption staff on or after the first day of training. Case assignment must not occur prior to the first day of training.

MDHHS and private agencies may assign up to five total cases to foster care and adoption caseworkers when the caseworker meets **both** of the following requirements:

- Completion of three weeks of PSI training.
- A score of 70 percent or higher on the first competency exam.

Eligibility for a Full Caseload

MDHHS and private agencies must not assign a full caseload to CPS, foster care, and adoption caseworkers until the caseworker meets **all** of the following requirements:

- Completed all scheduled weeks of PSI training.
- Passed all written examinations with a score of 70 percent or higher.
- Received a competency-based evaluation, completed by the caseworker's trainer and supervisor.

Pre-Service Training from Other States

Pre-service training completions from other states may be considered. The content must be comparable to Michigan's PSI. The hiring supervisor must contact the Office of Workforce Development and Training (OWDT) for an equivalency review. Documentation must include:

- Transcript or other verification that includes number of hours of pre-service training completed, name of state, and date of completion.
- Curriculum agenda and outlines.
- Any assessments of competency.

Program Specific Transfer Training

Caseload-carrying staff who complete PSI and change programs must attend the program-specific transfer training (PSTT). Caseload-carrying staff transferring into CPS, foster care, or adoption must complete PSTT within six months of assuming the new role. There are no caseload restrictions when attending PSTT. To receive credit for completing PSTT, trainees must pass a competency-based evaluation.

Note: For PSTT requirements specific to juvenile justice specialists, see the Juvenile Justice section in this item.

Returning Caseworkers

Caseload-carrying staff who complete a PSI, leave a caseload-carrying position for a non-caseload-carrying position (such as a specialized support position), and return to a caseload-carrying position must enroll in the following training within six weeks:

- If returning **less than six months** after leaving a caseload-carrying position, there are no specific training requirements. The supervisor must identify in-service or computer-based training.
- If returning **between six months and two years** after leaving a caseload-carrying position, the caseworker must complete PSTT for the appropriate program.
- If returning **over two years** after leaving a caseload-carrying position, the caseworker must complete phase two of the PSI.

Caseload-carrying staff who complete a PSI, leave child welfare entirely (for example, work at a day care or are out on medical leave), and return to a caseload-carrying position must enroll in the following training within six weeks:

- If returning **less than six months** after leaving child welfare, there are no specific training requirements. The supervisor must identify in-service or computer-based training.
- If returning **between six months and one year** after leaving child welfare, the caseworker must complete PSTT for the appropriate program.

- If returning **between one year and two years** after leaving child welfare, the caseworker must complete phase two of the PSI.
- If returning **more than two years** after leaving child welfare, the caseworker must repeat PSI.

Progressive caseload restrictions apply when a person is repeating PSI. There are no caseload restrictions while attending phase II or PSTT. Supervisors must closely monitor the number and types of cases assigned to caseworkers while in training.

Supervisor Training

MDHHS and private agency supervisors must complete child welfare supervisory training within 90 days of hire/promotion. This requirement applies to all supervisors who oversee caseload-carrying staff in CPS, foster care, supervised independent living, adoption, and MDHHS monitor positions.

- Supervisors must pass the written examination with a score of 70 percent or higher.
- Applies to permanent, working out of class (WOC), and limited-term supervisor appointments.
- Private agency supervisors must submit their transcript and resume to the trainer on the first day of training.
- Supervisors without prior experience in the program they are managing must also complete PSTT in the new program within six months.

MDHHS supervisors are required to complete new supervisor institute (NSI) within six months. WOC supervisors are not eligible to attend NSI.

Juvenile Justice

Juvenile Justice Specialists

All juvenile justice specialists must complete juvenile justice PSTT within 90 days after their first case assignment. Certification in the Michigan Juvenile Justice Assessment System (MJJAS) is required prior to assignment of a juvenile justice case for a juvenile justice specialist.

Juvenile justice specialists who have not completed a PSI training must attend PSI for foster care. Juvenile justice specialists must complete foster care PSI prior to attending juvenile justice PSTT. Juvenile justice specialists who must attend PSI prior to completing juvenile justice PSTT must complete juvenile justice PSTT within 90 days of completing PSI. Juvenile justice specialists who previously completed PSI for CPS or adoption must complete foster care PSTT prior to attending juvenile justice PSTT.

Juvenile Justice Supervisors

Juvenile justice supervisors must complete juvenile justice supervisor training. Juvenile justice supervisors must complete training within 90 days of assignment to supervise a juvenile justice specialist who has responsibility for a juvenile justice case. Certification in MJJAS is required for supervisors prior to supervising the juvenile justice program.

Juvenile justice supervisors who have not previously completed child welfare supervisory training must also complete this training within 90 days of hire or promotion. Juvenile justice supervisors who previously completed child welfare supervisory training for CPS or adoption must attend the foster care program specific portions of child welfare supervisory training during this timeframe.

Prior to working in the Michigan Statewide Automated Child Welfare Information System (MiSACWIS), juvenile justice specialists and supervisors must complete the MiSACWIS Security computer-based training (CBT) and pass with a 90 percent or higher.

CPS - Maltreatment in Care (MIC)

CPS - Maltreatment in Care Caseworkers

CPS - maltreatment in care (MIC) caseworkers must have two years of CPS experience within the last five years of employment. CPS - MIC caseworkers, including back-up caseworkers, **must** complete CPS - MIC and Day Care computer-based training (CBT) prior to assignment to a CPS - MIC investigation.

CPS - Maltreatment in Care Supervisors

CPS - MIC supervisors must have two years of CPS experience within the last five years of employment. CPS - MIC supervisors must complete child welfare supervisory training for CPS within 90 days and new supervisor institute (NSI) within 6 months, if those

trainings were not previously completed. A CPS - MIC supervisor who has not previously managed in the CPS program must complete CPS PSTT within six months. Prior to approving any CPS - MIC Investigation Reports, CPS - MIC supervisors **must** complete the CPS - MIC and Day Care computer-based training (CBT).

Centralized Intake (CI)

Centralized Intake Specialists

Centralized intake (CI) specialists who have not previously completed a PSI must complete PSI for CPS.

CI specialists who have previously completed PSI but have not worked in CPS must attend centralized intake PSTT with OWDT and CI Local Office Experts (LOE).

CI specialists with prior CPS experience must attend training with CI LOEs.

Centralized Intake Supervisors

CI supervisors must attend CPS child welfare supervisory training if not previously completed. All will receive on-the-job training from CI LOEs.

Foster Home Certification

Foster home certification specialists must complete certification and complaint training. Certification specialists must complete training within six months of being assigned to the certification function, and must pass the written exam with a score of 70 percent or higher.

Supervisors who have not attended certification and complaint training as a certification specialist must complete training prior to supervising the certification of foster homes, and must pass the written exam with a score of 70 percent or higher.

Child Welfare Funding Specialists (CWFS)

Child welfare funding specialists (CWFS) must attend the first available CWFS training after assignment to a CWFS position. If training is not available within six months of beginning the position, the CWFS must contact the Federal Compliance Division at

MDHHS-FederalComplianceDivision@michigan.gov to arrange alternate training opportunities. CWFS workers must attend CWFS refresher sessions annually.

Permanency Resource Monitors (PRM)

Permanency resource monitors (PRM) must complete PSI training. An individual hired as a PRM who has not completed PSI training must do so within 16 weeks of hire. PRMs may complete PSI for CPS, foster care, or adoption. There is no PSTT requirement for PRMs who have previously completed PSI.

PRM unit supervision must individually assess PRMs for specialized training needs. All PRMs must complete specialized training within 90 days of promotion or transfer. Unit supervision will select specialized training topics.

MiTEAM Specialists

MiTEAM specialists must complete PSI training. An individual hired as a MiTEAM specialist who has not completed PSI training must do so within 16 weeks of hire. MiTEAM specialists may complete PSI for CPS, foster care, or adoption. There is no PSTT requirement for MiTEAM specialists who have previously completed PSI.

MiTEAM specialists must complete trainings as required by the MiTEAM program office. MiTEAM specialists must meet with their assigned Business Service Center (BSC) MiTEAM analyst to discuss additional training needs.

Education Planners

Education planners must complete PSI training. An individual hired as an education planner who has not completed PSI training must do so within 16 weeks of hire. Education planners who have not previously completed PSI training must complete PSI for foster care.

Education planners who previously completed PSI for CPS or adoption, but who have not previously worked in foster care, must complete foster care PSTT within 6 months of hire or transfer.

All education planners must complete Initial Education Planner training. Education planners must contact the Education and Youth Services Unit at MDHHS-EducationPolicy@michigan.gov within 30 days of hire or transfer to arrange orientation and training. Within 90 days of assignment as an education planner, education planners must also complete an IEP/school advocacy course or another special education training offered in the community.

Health Liaison Officers (HLO)

The Child Welfare Medical Unit (CWMU) health analyst provides specialized health liaison officer (HLO) training and technical assistance. The CWMU determines specialized HLO training topics.

Michigan Youth Opportunities Initiative (MYOI)

Michigan Youth Opportunities Initiative (MYOI) coordinators must complete PSI training. An individual hired as an MYOI coordinator who has not completed PSI training must do so within 16 weeks of hire. MYOI coordinators who have not previously completed PSI training must complete PSI for foster care.

MYOI coordinators who previously completed PSI for CPS or adoption, but who have not previously worked in foster care, must complete foster care PSTT within 6 months of hire or transfer.

MYOI coordinators receive individual training and technical assistance regarding MYOI-specific training needs. The Education and Youth Services Unit provides training for youth in transition (YIT) funding and services available to older youth in foster care. Specialized topics include the MYOI data management system and the Opportunity Passport Data System. MYOI staff must contact the Education and Youth Services Unit at MDHHS-EducationPolicy@michigan.gov to coordinate orientation and training with the MYOI analyst within 30 days of hire or transfer.

Child Caring Institutions

Abuse and Neglect Residential Facilities

Staff training for private contracted residential facilities must satisfy Child Caring Institution Rule 400.4128; see [BCAL-Pub-452](#).

[Licensing Rules for Child Caring Institutions](#). Contracted facilities also have training requirements outlined in their contract.

Short Term Assessment Residential Facilities

Staff training for private contracted residential facilities must satisfy Child Caring Institution Rule 400.4128; see [BCAL-Pub-452, Licensing Rules for Child Caring Institutions](#). Contracted facilities also have training requirements outlined in their contract.

Juvenile Justice Residential Facilities

Juvenile justice public and private, contracted residential treatment facility staff training must satisfy Child Caring Institution Rule 400.4128; see [BCAL-Pub-452, Licensing Rules for Child Caring Institutions](#). Training requirements for juvenile justice residential facility staff are also contained in policy; see [JR1 170, Staff Development and Training](#). Private, contracted juvenile justice facilities also have training requirements outlined in their contract.

Certification in the Michigan Juvenile Justice Assessment System (MJJAS) is required for juvenile justice residential facility staff prior to completing or approving residential treatment plans. Prior to working in MiSACWIS, the MiSACWIS Security CBT must be completed and passed with a 90 percent or higher.

In-Service Training

Supervisors and staff must select in-service training topics related to their position. In-service training topics must enhance their current skills.

All public and private caseload-carrying staff and specialized support staff, as defined in this item, must complete 32 hours of in-service training each calendar year.

First line supervisors who manage caseload-carrying staff or specialized support staff must complete 16 hours of in-service training each calendar year.

New caseworkers are not required to complete in-service training hours until the calendar year following completion of PSI training.

DOCUMENTATION OF TRAINING

Staff and supervisors must correctly document training hours in Learning Management System (LMS) in order for those hours to count toward training requirements.

Exception: Some child caring institution (CCI) staff are not able to document training hours in the LMS. CCI staff who are unable to document training hours in the LMS must document training hours in accordance with Child Caring Institution Rule 400.4128; see [BCAL-Pub-452, Licensing Rules for Child Caring Institutions](#).

Trainings within the LMS

Computer-Based Trainings

The LMS will automatically record completion of computer-based trainings (CBTs) completed in the LMS to the LMS user's transcript once the user meets the requirements for the CBT. Some online trainings accessed via LMS have an associated exam. Passing the exam will automatically add hours to the user's total in-service training hours and individual transcript. Only by passing the exam does credit go onto a person's transcript. Some online trainings accessed via LMS do not have an exam. The LMS will automatically record completion of these trainings upon completion of the training module.

Classroom trainings

When registration for classroom training occurs via LMS, the trainer must provide a sign-in sheet. The participant must sign in each day to receive credit for completion. OWDT must document completion for these trainings in the LMS within two weeks of the completion of training. If the user's transcript does not reflect documentation of completion within three weeks, contact the OWDT training help desk at MDHHSTraining@michigan.gov for resolution.

Note: Participants who complete CBTs and classroom trainings for which registration occurred within the LMS must **not** add those hours as an external training.

External and University-Based Trainings

Upon completion of a training that was not in LMS, such as a training presented by the participant's local office or through a university partnership, the participant enters the external activity manually in the LMS. The participant's supervisor will review the details of the training and approve or deny the external training on the participant's LMS transcript.

CONTACT

Staff Qualifications

Child welfare staff and supervisors can obtain the current list of accepted degrees by contacting the MDHHS staff qualifications mailbox at MDHHSStaffQualifications@michigan.gov.

Direct all other questions about qualifications for MDHHS caseworkers or supervisors to the local office's assigned BSC analyst.

Direct all other questions about qualifications for private agency caseworkers and supervisors to the agency's assigned Child Welfare Services and Support (CWSS) child welfare analyst.

Training Requirements and Documentation

Except as noted elsewhere in this item, direct questions about training requirements covered in this item to the child welfare policy mailbox at Child-Welfare-Policy@michigan.gov.

Juvenile Justice

Direct questions about training requirements for juvenile justice specialists, supervisors, and residential facility staff to the juvenile justice policy mailbox at Juvenile-Justice-Policy@michigan.gov.

Office of Workforce Development and Training

Direct questions about the LMS, as well as the following trainings administered by the OWDT to the OWDT training help desk at MDHHSTraining@michigan.gov:

- PSI.

- PSTT.
- Child welfare supervisory training.
- NSI.

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.

_____ /

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No. 2:06-cv-13548

Hon. Nancy G. Edmunds

Class Action

**IMPLEMENTATION,
SUSTAINABILITY, AND
EXIT PLAN**

Table of Contents

Table of Contents	i
Index of Definitions	2
1. Preamble.....	3
2. Principles.....	4
3. Implementation, Sustainability, and Exit	5
4. Structures and Policies	8
5. To Be Maintained.....	14
6. To Be Achieved.....	18
7. Monitoring	37
8. Enforcement and Dispute Resolution	41
9. Attorneys' Fees.....	43

Index of Definitions

Agreement	3	Designated Performance Standard	5
CCI.....	12	DHHS.....	3
CFSR.....	8	Floor Performance Standard	5
Commitment.....	5	MiSACWIS.....	13
CPA.....	10	Monitors	37
CPS	9	Plaintiffs.....	3
CSA.....	9	POS	9
CWTI.....	14	QAP	3
DCWL	13	QSR.....	3
Designated Counties.....	9	Reporting Period	38

The parties agree and the Court orders as follows:

I. Preamble

- 1.1 The provisions of this Implementation, Sustainability, and Exit Plan (the “**Agreement**”) supersede and replace the July 18, 2011 Modified Settlement Agreement and Consent Order. Pursuant to Federal Rule of Civil Procedure 25(d), the individually named public officer defendants have been substituted as parties.
- 1.2 This Court has subject matter jurisdiction and personal jurisdiction over this action and the authority to enter this Agreement. The Court has continuing jurisdiction over this action to ensure compliance with the Agreement for as long as the Agreement remains in effect.
- 1.3 The term “**DHHS**” refers to all Defendants in the case of *Dwayne B. v. Snyder*, Civil Action 2:06-cv-13548, including but not limited to Rick Snyder, in his official capacity as Governor of Michigan, and Nick Lyon, in his official capacity as Director of DHHS. Any state agency responsible for the care, protection, and/or supervision of Plaintiffs shall be bound by the provisions of this Agreement. For as long as this Agreement remains in effect, all provisions referring to the Department of Health and Human Services, the Department, or DHHS, upon any subsequent changes to the current government organizational structure of the Michigan Department of Health and Human Services concerning the Plaintiffs, will apply with full force and effect to the State of Michigan and any agency or agencies with responsibilities that apply to the current DHHS under this Agreement.
- 1.4 The term “**Plaintiffs**” refers to all members of the class certified by Judge Nancy G. Edmunds on February 15, 2007, in the case of *Dwayne B. v. Snyder*, Civil Action Number 2:06-cv-13548.
- 1.5 This Agreement is not a DHHS admission of any liability concerning any of the claims and allegations in the Complaint in this litigation.
- 1.6 The parties acknowledge that this Agreement is controlled by and implemented in accordance with the United States Constitution and federal law and subject to federal court supervision and enforcement. The parties further acknowledge that this Agreement will be implemented consistent with the Michigan Constitution and State law insofar as the provisions of the Michigan Constitution and State law do not conflict with controlling federal law.
- 1.7 In this Agreement, “**QAP**” means a quality assurance process, approved by the Monitors with input from Plaintiffs, that includes cases reads and may also include other quality improvement activities like interviews and focus groups.
- 1.8 In this Agreement, “**QSR**” means a quality service review approved by the Monitors with input from Plaintiffs.

2. Principles

2.1 Interpretation of the provisions of this Agreement shall be guided by the following principles:

- (a) **Safety.** The first priority of the DHHS child welfare system is to keep children safe.
- (b) **Children's Needs.** Whenever possible, children must have a voice in decisions that affect them, and DHHS must consider the specific needs of each child as decisions are made on his or her behalf.
- (c) **Families and Communities.** Families must be treated with dignity and respect, and, whenever possible, included in decisions that affect them and their children. DHHS must actively partner with communities to protect children and support families when determining the intervention plan for a child.
- (d) **Placement.** The ideal place for children is in their own home with their own family. When DHHS cannot ensure their safety in the family home, it must place children in the most family-like and least restrictive setting required to meet their unique needs and must place siblings together whenever possible. DHHS must strive to make the first placement the best and only placement.
- (e) **Reunification and Permanency.** DHHS must reunify children with their siblings and families as soon as is safely possible. When reunification is not possible, DHHS must provide children with a permanent home and/or permanent connection with caring, supportive adults as soon as possible. DHHS must also ensure that children in its care are connected with the resources necessary for physical and mental health, education, financial literacy, and employment and that they acquire the life skills necessary to become successful adults.
- (f) **Services.** When DHHS intervenes on behalf of children it must strive to leave children and families better off than if there had been no intervention. DHHS must tailor services to meet the unique needs of each family member and provide those services in a manner that is respectful of the child and the family. Services should be outcome-based, data driven, and continuously evaluated.

3. Implementation, Sustainability, and Exit

3.1 Movement of Commitments Between Sections.

(a) Commitments To Be Achieved.

- (1) Each Arabic-numeraled section designated as a commitment (each such section, a “**Commitment**”) in section 6 (To Be Achieved) is a Commitment for which DHHS’s performance, as validated by the Monitors, has yet to attain the required standard or standards of performance for the Commitment for one Reporting Period (each such standard, a “**Designated Performance Standard**”). DHHS will provide to the Monitors for each Reporting Period all data and information necessary to assess performance on Commitments in section 6. The Monitors will review and validate this data and information, conduct whatever other monitoring it deems appropriate, and periodically report on progress to the Court, providing a monitoring report at least every six months on the status of DHHS’s performance on each Commitment.
- (2) When the Monitors determine that DHHS’s performance has satisfied the Designated Performance Standard or Standards for a Commitment in section 6 (To Be Achieved) at the end of one Reporting Period, the Commitment will be moved to section 5 (To Be Maintained).

(b) Commitments To Be Maintained.

- (1) Commitments in section 5 (To Be Maintained) are those for which DHHS’s performance, as validated by the Monitors, has attained its Designated Performance Standard or Standards for at least one Reporting Period. DHHS will provide to the Monitors for each Reporting Period all data and information necessary to assess performance on all Commitments within section 5. The Monitors will review and validate this data and information, conduct whatever other monitoring they deem appropriate, and periodically report on progress to the Court, providing a monitoring report at least every six months on the status of DHHS’s performance on each Commitment.
- (2) Provided that DHHS’s performance remains above a threshold level or levels designated for a Commitment (each such threshold level, a “**Floor Performance Standard**”), that Commitment will remain in section 5 (To Be Maintained). If performance falls below a Floor Performance Standard for two consecutive Reporting Periods, the Monitors will have discretion to return the Commitment to section 6 (To Be Achieved). Before such a reclassification, DHHS will have the opportunity to provide information demonstrating that the performance change resulted from unforeseen and

temporary circumstances not within DHHS's control. Commitments that the Monitors move to section 6 (To Be Achieved) must be returned to section 5 (To Be Maintained) if the Monitors determine that DHHS performance meets the Designated Performance Standard or Standards in a single Reporting Period.

- (c) **Rolling Exit and Movement from To Be Maintained.** Each Commitment will become eligible for exit, subject to court approval, based on the criteria specified in this Agreement for that Commitment, which unless otherwise specified, falls into one of the following three categories:
- (1) **Can Become Eligible for Rolling Exit.** Once DHHS's performance on a Commitment in this category, as validated by the Monitors, has been sustained at the Designated Performance Standard or Standards for at least two consecutive Reporting Periods while the Commitment is in section 5 (To Be Maintained), the Commitment will become eligible for rolling exit from this Agreement.
 - (2) **Never Eligible for Rolling Exit.** A Commitment in this category is ineligible for rolling exit from this Agreement. It will remain in section 5 (To Be Maintained) and be subject to full monitoring until this Agreement terminates.
 - (3) **Can Become Eligible To Move to Structures and Policies.** Once DHHS performance on a Commitment in this category, as validated by the Monitors, has been sustained at the Designated Performance Standard or Standards for two consecutive Reporting Periods (which may include the period of compliance while in the "To Be Achieved" classification), the Commitment will move to section 4 (Structures and Policies), where it will remain for the duration of court jurisdiction, under the terms of section 3.1(d).
- (d) **Structures and Policies.** Commitments in section 4 (Structures and Policies) are structural and policy components of the DHHS child welfare system that DHHS will maintain for the duration of this Agreement. Upon placement in section 4, these Commitments will not be actively monitored. At the Monitors' discretion, the Monitors may request, and DHHS will supply, information and data relating to any Commitment in this classification. If the information and data demonstrates a substantial departure from the structural or policy Commitment, the Monitors may request that DHHS propose corrective action. If DHHS fails, within a reasonable period of time as determined by the Monitors, to propose and implement a corrective action that reestablishes compliance with the structural or policy Commitment, the Monitors may, in their discretion, move the Commitment into section 6 (To Be Achieved) or

section 5 (To Be Maintained) and undertake full monitoring in relation to the Commitment.

- (e) **Default Performance Standard.** Unless specifically stated otherwise, for each Commitment, the Designated Performance Standard and the Floor Performance Standard are compliance with the terms of that Commitment.

3.2 Termination. This Agreement will terminate when the following conditions are simultaneously met:

- (a) Every Commitment is in section 4 (Structures and Policies) or section 5 (To Be Maintained),
- (b) DHHS has performed at the Designated Performance Standard on every Commitment in section 5 (To Be Maintained) for at least two consecutive Reporting Periods while that Commitment is in section 5, and
- (c) There are neither outstanding requests for corrective action nor incomplete corrective actions, with respect to any Commitment in section 4 (Structures and Policies).

4. Structures and Policies

- 4.1 State and Federal Funding (Commitment 1).** DHHS does not speak for the Michigan Legislature, which has the power under Michigan law to determine the appropriations for the State's child welfare programs. However, at least annually after Court approval of this Agreement, and consistent with existing state budgetary practices and legal requirements, DHHS shall request State funds and any federal/special fund authorization sufficient to effect the provisions and outcome measures set forth in this Agreement in connection with any budget, funding, or allocation request to the executive or legislative branches of State government. To the extent that it is anticipated that the funding of critical needs shall be met, in whole or in part, by way of federal sources, DHHS shall request federal fund authorization in amounts which are determined to be realizable and consistent with regular budgetary needs assessments. Such budgetary requests, which shall be provided to the Monitors, shall, among other things, identify for the executive and legislative branches of State government, with sufficient particularity, the known and anticipated costs to the State for the timely implementation of the reforms and outcome measures provided for herein. DHHS shall maximize available federal funding opportunities. Nothing in this paragraph limits Defendants' obligations under this Agreement.
- 4.2 Changes to Federal Indicators (Commitment 2).** The indicators set forth in this Agreement for safety and permanency were developed by the United States Department of Health and Human Services as part of the Child and Family Service Review ("CFSR") process. In the event that, during the term of this Agreement, Health and Human Services further modifies these indicators or the methodologies underlying these indicators, the parties and the Monitors shall meet to determine whether to make corresponding changes in DHHS's responsibilities under this Agreement.
- 4.3 Quality Assurance Program (Commitment 3).** DHHS shall maintain a statewide quality assurance program, approved by the Monitors, that shall be directed by a Quality Assurance Unit. DHHS shall ensure accurate data collection and data verification. In administering the quality assurance program, the Quality Assurance Unit will maintain internal DHHS capacity to undertake data analysis, case record or qualitative service review, and other such oversight and reporting functions that, in coordination with the Monitors and any external data review processes undertaken by the Monitors, shall facilitate ongoing assessment of DHHS child welfare performance in relation to the performance requirements and goals contained in this Agreement. The Quality Assurance Unit shall support the DHHS Director and DHHS management in identifying areas of systemic strengths and weaknesses and in formulating strategies to improve in areas of substandard performance. The Quality Assurance Unit shall provide ongoing critical evaluation and oversight of the strategies designed and undertaken to improve substandard services and outcomes. All reports provided by the Quality Assurance Unit shall be public record so long as

any individually identifying information in relation to the temporary or permanent wards in DHHS foster care custody is redacted from such report consistent with applicable state and federal confidentiality laws. The Quality Assurance Unit shall, within 60 days following the end of each Reporting Period, compile and analyze, in consultation with the Monitors, all pertinent information regarding statewide performance in relation to the requirements and outcome measures contained in this Agreement. This data shall be furnished to the Monitors and Plaintiffs.

4.4 Child Protective Service Investigations (Commitment 4). DHHS will maintain a QAP to ensure that Child Protective Services (“CPS”) reports are competently investigated and actions taken and services provided are appropriate to the circumstances. In addition, DHHS will maintain a Book of Business that will provide CPS caseworkers with an at-a-glance look at the previous 30 days’ performance, present status, and future benchmarks.

4.5 Caseworker Qualifications and Training (Commitment 5).

(a) DHHS will maintain a policy that entry-level caseworkers have a bachelor’s degree in social work or a related human services field and providing for a caseload progression for all workers that includes appropriate training before the assignment of cases and competency examinations and supervisory approval before assignment of a full caseload. DHHS will also maintain a policy that entry level licensing workers have a bachelor’s degree in social work or a related human services field.

(b) The requirements in this Commitment apply to all DHHS caseworkers for positions in CPS, foster care, and adoption, who are responsible for cases of Plaintiffs either directly or as purchase-of-service (“POS”) workers, and any private agency caseworkers with corresponding responsibilities for class members.

4.6 Children’s Services Agency (Commitment 6). DHHS shall maintain a Children’s Services Agency (“CSA”) headed by an Executive Director at the Deputy level within DHHS and dedicated solely to child welfare services. The CSA will develop child welfare policy and determine statewide standards. The CSA will take all reasonable steps necessary to ensure that statewide policies, standards, and practices are implemented and maintained in each county of the state, whether services are provided by public or private agencies, and that each county uses uniform forms, data collection, and reporting. Individual staff within Genesee, Kent, Macomb, Oakland, and Wayne counties (each county, a “**Designated County**”), including but not limited to caseworkers, supervisors, managers, and county-level Administrators, shall be assigned full-time to children’s services and shall not hold responsibility for any of DHHS’s other functions, such as cash assistance, Medicaid, or adult services.

- 4.7 Maltreatment in Care Units (Commitment 7).** DHHS will maintain regional maltreatment-in-care units, staffed by specially trained CPS staff, responsible for all investigations of abuse or neglect relating to any child in the foster care custody of DHHS. DHHS shall ensure dedicated supervision, oversight, and coordination of all maltreatment-in-care investigations.
- 4.8 Foster Home Capacity (Commitment 8).** DHHS shall continue to conduct a diligent search for kin and fictive kin caregivers upon removal of a child into DHHS custody. A designated unit or person within the DHHS central office shall be responsible for monitoring the development and implementation of the foster and adoptive home recruitment and retention plans by county offices; providing or arranging for technical assistance to the county offices concerning recruitment and retention; and reporting to the CSA Director on progress and problems in achieving the goals set forth in the recruitment and retention plans.
- 4.9 Relative Foster Care Providers and Caregivers (Commitment 9).** All licensed relative foster care providers shall receive the same foster care maintenance rates paid by DHHS to similarly situated unrelated foster care providers, including the ability to qualify for enhanced Determination of Care rates. All permanent wards living with relative caregivers shall be provided foster care maintenance payments equal to the payments provided to licensed foster caregivers.
- 4.10 Relative Foster Home Licensing (Commitment 10).** DHHS shall continue to implement the policies, procedures, and organizational structures required to license all unlicensed relative caregivers. Included within this effort, DHHS shall maintain a position of Relative Licensing Coordinator with overall responsibility for development of a combined/coordinated Family Home Assessment for relative providers, family foster care, and adoption; monitoring and reporting on the number of unlicensed relative homes and the foster children in those homes, broken down by county and private Child Placement Agency (“CPA”), where applicable; and ensure the availability of adequate staff to develop curriculum and training for and to train relative licensing staff. DHHS shall require that pre-service and in-service foster parent training be provided to relative caregivers pursuing licensure and that the content of the training include those parts of the general foster parent training curriculum that are relevant to relative caregivers.
- 4.11 Relative Licensing Waivers (Commitment 11).** DHHS shall prepare and make public the procedures on obtaining variances from standard foster care licensing requirements for purposes of licensing relative homes. DHHS shall not waive any licensing standards that are essential for the safety and well-being of the child.
- 4.12 Provision of Post-Adoption Services (Commitment 12).** DHHS shall develop and implement a full range of post-adoption services to assist all eligible special needs children adopted from state foster care and their permanent families (including, but not limited to, physical therapy, counseling, and other services required to address

the developmental and/or physical disabilities of an adopted child) and shall maintain sufficient resources to deliver such post-adoption services to all Plaintiffs who qualify for these services, along with their permanent families.

- 4.13 Placement Standards and Limitations, Policy (Commitment 13).** All children shall be placed in accordance with their individual needs, taking into account a child's need to be placed as close to home and community as possible, the need to place siblings together, and the need to place children in the least restrictive, most home-like setting. DHHS shall not place any child determined by a clinical assessment to be at high risk for perpetrating violence or sexual assault in any foster care placement with foster children not so determined without an appropriate assessment concerning the safety of all children in the placement. Race and/or ethnicity and/or religion shall not be the basis for a delay or denial in the placement of a child, either with regard to matching the child with a foster or adoptive family or with regard to placing a child in a group facility. Race and/or ethnicity shall otherwise be appropriate considerations in evaluating the best interest of an individual child to be matched with a particular family. DHHS shall not contract and shall immediately cease contracting with any program or private CPA that gives preference in its placement practices by race, ethnicity, or religion.
- 4.14 Transitional Youth Services (Commitment 14).** DHHS will maintain its Homeless Youth Initiative policy, which connects emancipated youth with community housing resources.
- 4.15 Family Engagement Model (Commitment 15).** DHHS will continue using its family engagement model, including Family Team Meetings, to make critical case decisions. DHHS will maintain a QSR process to monitor fidelity of implementation and the continuous improvement of the model.
- 4.16 Special Reviews for Children Legally Free/In Care More Than One Year (Commitment 16).** DHHS is committed to moving to permanency all children (a) who have had the parental rights of their parents terminated, have had the goal of adoption for more than 365 days, and do not have an identified adoptive placement, and (b) who have a goal of reunification and have been in care for more than 15 months. DHHS will commit to conducting special reviews for all children in these categories.
- 4.17 Health Care (Commitment 17).** DHHS shall maintain a full-time Health Unit Manager, with appropriate qualifications, who shall, among other things, be responsible for overseeing the implementation of policies and procedures concerning the use of psychotropic medications for all children in DHHS foster care custody. The Health Unit Manager shall have the authority to recommend corrective actions. The Health Unit Manager shall report directly to the CSA. DHHS shall hire or contract for the services of a medical consultant who shall be a physician. The medical

consultant shall provide consultation on all health related matters required under this Agreement. The medical consultant shall report to the Health Unit Manager.

4.18 Medical, Dental, and Mental Health Services, Policy (Commitment 18).

- (a) DHHS shall ensure that every child receives all needed emergency medical, dental, and mental health care.
- (b) DHHS shall ensure that every child receives all needed follow-up medical, dental, and mental health care as identified.

4.19 Corporal Punishment & Seclusion/Isolation, Prohibition and Policy (Commitment 19). DHHS shall prohibit the use of Positive Peer Culture, peer-on-peer restraint, and any other forms of corporal punishment in all foster care placements and shall maintain a policy regarding seclusion/isolation.

4.20 Contract Agency Requirements (Commitment 20).

- (a) DHHS's contracts with private CPAs and Child Caring Institutions ("CCI's") shall be performance-based and shall include all of the following requirements: (1) compliance with performance goals as set forth in this Agreement; (2) compliance with all aspects of all DHHS policies and procedures that apply to the provider; (3) any reports of suspected abuse or neglect of any Plaintiff while receiving such contracted placements or services shall be reported to DHHS for investigation; (4) all placement providers for foster children in DHHS foster care custody are prohibited from using or authorizing the use of corporal punishment for children under the care and supervision of DHHS or the private CPA or CCI; (5) any reports of suspected corporal punishment while in that provider's care shall be reported to DHHS and investigated by DHHS, the CPA, or the CCI, as necessary; and (6) all CCIs or private CPAs that provide placements and child welfare services to Plaintiffs report to DHHS accurate data on at least a six-month basis in relation to the requirements of this Agreement. DHHS shall independently monitor and enforce these contracts. Further, DHHS shall maintain a set of enforcement measures to be imposed in the event that a contract agency fails to comply with material terms or requirements of the performance-based contract.
- (b) DHHS shall give due consideration to any and all substantial incidents of abuse, neglect, and/or corporal punishment occurring in the placements licensed and supervised by a CPA or CCI at the time of processing its application for licensure renewal. The failure of a CPA or CCI to report suspected abuse or neglect of a child to DHHS shall result in an immediate investigation to determine the appropriate corrective action up to and including termination or modification of relevant portions of a contract, or placement of the provider on provisional licensing status. A repeated failure within one year shall result in a review of the contract agency's violations by a designated Administrative

Review Team, which shall include the Director of CSA and the Director of the Division of Child Welfare Licensing (that division, the “DCWL”) or its successor agency that shall consider mitigating and aggravating circumstances to determine the appropriate corrective action up to and including license revocation and contract termination.

- (c) DHHS shall conduct annual contract evaluations of all CCIs and private CPAs providing placements and services to Plaintiffs to ensure, among other things, the safety and well-being of Plaintiffs and to ensure that the contract is complying with the applicable terms of this Agreement.
- (d) DHHS shall maintain sufficient resources to permits its staff to undertake timely and competent contract enforcement activities as set forth in this section.

4.21 Reporting (Commitment 21). For the purposes of determining compliance with requirements of this Agreement, DHHS and the Monitors shall meet at least 30 calendar days before the end of each Reporting Period to ensure methods of data collection and data definitions are consistent with the expected reports for that period.

4.22 MiSACWIS (Commitment 22). DHHS will maintain an operational statewide automated child welfare information system (“MiSACWIS”) which will be the primary tracking system and satisfy federal reporting requirements.

5. To Be Maintained

5.1 Caseload Progressions for New Employees (Commitment 23).

- (a) No cases will be assigned to a new CPS worker until the completion of the first four weeks of pre-service training. At that point, up to five total cases may be assigned using the Child Welfare Training Institute (“CWTI”) case assignment guidelines. The first five cases will not include an investigation involving children under eight years of age or children who are unable to communicate. Final caseload may be assigned after nine weeks.
- (b) For foster care and adoption workers, three training cases may be assigned on or after day one of pre-service training at the supervisor’s discretion using CWTI case assignments guidelines. After completion of week three of pre-service training, up to five total cases may be assigned with supervisory approval using CWTI case assignment guidelines. Final caseload may be assigned after nine weeks.
- (c) The Designated Performance Standard for this Commitment is 90%, and the Floor Performance Standard is 90%. If DHHS achieves the Designated Performance Standard in Reporting Period 9, the parties and Monitors will recommend this outcome for immediate exit. If not achieved in Reporting Period 9, this Commitment will progress pursuant to the terms of section 3 and can become eligible for rolling exit.

5.2 Support for Transitioning to Adulthood, YAVFC (Commitment 24).

- (a) 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 program, as measured through a QAP.
- (b) The Designated Performance Standard for this Commitment is 90%, and the Floor Performance Standard is 80%, using a QAP instrument that is approved by the Monitors (in consultation with the parties) within 30 days following court approval of this Agreement. The instrument will be used beginning 30 days following the Monitor’s approval. This Commitment can become eligible for rolling exit.

5.3 Support for Transitioning to Adulthood, Independent Living Services (Commitment 25).

- (a) 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 process.

- (b) The Designated Performance Standard for this Commitment is 90%, and the Floor Performance Standard is 80%, using a QAP instrument that is approved by the Monitors (in consultation with the parties) within 30 days following court approval of this Agreement. The instrument will be used beginning 30 days following the Monitors' approval. This Commitment can become eligible for rolling exit.

5.4 Support for Transitioning to Adulthood, MYOI (Commitment 26).

- (a) DHHS will continue to implement policies and provide services to support youth transitioning to adulthood, including maintaining Michigan Youth Opportunities Initiative programming, with model fidelity, at current levels in Michigan.
- (b) This Commitment can become eligible for rolling exit.

5.5 Support for Transitioning to Adulthood, MYOI Coordinators (Commitment 27).

- (a) DHHS will continue to implement policies and provide services to support youth transitioning to adulthood, including maintaining established Michigan Youth Opportunities Initiative coordinators.
- (b) This Commitment can become eligible for rolling exit.

5.6 Support for Transitioning to Adulthood, Family Team Meetings (Commitment 28).

- (a) 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 occurring 90 days before planned discharge from care or within 30 days after an unexpected discharge (DHHS shall use the 90-day exit meeting as an opportunity to inform youth leaving the child welfare system regarding resources available in their community, such as support, housing, education, employment, transportation, financial management, and health, as measured through a QAP).
- (b) The Designated Performance Standard for this Commitment is 90%, and the Floor Performance Standard is 80%, using a QAP instrument that is approved by the Monitors (in consultation with the parties) within 30 days following court approval of this Agreement. The instrument will be used beginning 30 days following the Monitors' approval. This Commitment can become eligible for rolling exit.

5.7 Support for Transitioning to Adulthood, APPLA Goals (Commitment 29).

- (a) 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.
- (b) The Designated Performance Standard for this Commitment is 90%, and the Floor Performance Standard is 80%, using a QAP instrument that is approved by the Monitors (in consultation with the parties) within 30 days following court approval of this Agreement. The instrument will be used beginning 30 days following the Monitors' approval. This Commitment can become eligible for rolling exit.

5.8 Permanency Indicator 2 (Commitment 30). DHHS shall achieve an observed performance of at least the national standard (43.6%) on CFSR Round 3 Permanency Indicator Two (Of all 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, what percent discharged from foster care to permanency within 12 months of the first day of the 12-month period?). Notwithstanding section 3.1, this Commitment is eligible for rolling exit after a single period of compliance.

5.9 Permanency Indicator 3 (Commitment 31). DHHS shall achieve an observed performance of at least the national standard (30.3%) on CFSR Round 3 Permanency Indicator Three (Of all 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, what percent discharged to permanency within 12 months of the first day of the 12-month period?). Notwithstanding section 3.1, this Commitment is eligible for rolling exit after a single period of compliance.

5.10 Permanency Indicator 4 (Commitment 32). DHHS shall achieve an observed performance of the national standard (8.3%) or less on CFSR Round 3 Permanency Indicator Four (Of all children who enter foster care in a 12-month period who discharged within 12 months to reunification, living with a relative(s), or guardianship, what percent re-enter foster care within 12 months of their discharge?). Notwithstanding section 3.1, this Commitment is eligible for rolling exit after a single period of compliance.

5.11 Permanency Indicator 5 (Commitment 33). DHHS shall achieve an observed performance of the national standard (4.12) or less on CFSR Round 3 Permanency Indicator Five (Of all children who enter foster care in a 12-month period, what is the

rate of placement moves per 1000 days of foster care?). Notwithstanding section 3.1, this Commitment is eligible for rolling exit after a single period of compliance.

5.12 Contract-Agency Evaluation (Commitment 34).

- (a) DHHS shall conduct contract evaluations of all CCIs and private 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. At least once each year:
- (1) DHHS shall inspect each private CPA to review all relevant aspects of the agency's operations;
 - (2) DHHS shall visit a random sample of each CPA's foster homes as a part of the annual inspection. CPAs with less than 50 foster homes shall have three foster homes visited. CPAs with 50 foster homes or more shall have 5% of their foster homes visited; and
 - (3) DHHS shall conduct an unannounced inspection of each CCI. DHHS shall prepare written reports of all contract-agency inspections and visits, detailing findings. DHHS shall require corrective actions and require private CPAs and CCIs to report to DHHS on the implementation of these corrective action plans and shall conduct follow-up visits when necessary. Such reports shall routinely be furnished to the Monitors.
- (b) This Commitment is never eligible for rolling exit.

5.13 Health Care Liaison Officers (Commitment 35). DHHS shall maintain at least 34 Health Liaison Officers, as defined in the "Health Liaison Officers (HLO)" section of DHHS Policy FOM 801 (dated 3-1-15) or any successor policy approved by the Monitors. This Commitment can become eligible to move to structures and policies.

5.14 Psychotropic Medication, Prohibition on Disciplinary Use (Commitment 36). 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. The Monitors will measure DHHS performance of this Commitment with case-record reviews. This Commitment can become eligible to move to structures and policies.

6. To Be Achieved

6.1 Safety - Recurrence of Maltreatment Within Six Months (Commitment 37).

DHHS shall ensure that of all children who were victims of a substantiated or indicated maltreatment allegation during the first six months of the applicable federal reporting period, at least 94.6% were not victims of another substantiated or indicated maltreatment allegation within a six-month period. This Commitment is never eligible for rolling exit.

6.2 Safety - Maltreatment in Foster Care (Commitment 38).

DHHS shall ensure that of all children in foster care during the applicable federal reporting period, at least 99.68% were not victims of substantiated or indicated maltreatment by a foster parent or facility staff member. This Commitment is never eligible for rolling exit.

6.3 Permanency Indicator 1 (Commitment 39).

DHHS shall achieve an observed performance of at least the national standard (40.5%) on CFSR Round 3 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?). Notwithstanding section 3.1, this Commitment is eligible for rolling exit after a single period of compliance.

6.4 Licensing Worker Qualifications and Training (Commitment 40).

DHHS submitted a plan to the Monitors on March 5, 2009 identifying the type and amount of training to be provided to all licensing workers. The Monitors approved this plan. DHHS shall continue to train licensing workers in accordance with this plan or in accordance with a successor plan approved by the Monitors. The Designated Performance Standard for this Commitment is 95%, and the Floor Performance Standard is 90%. This Commitment can become eligible to move to structures and policies.

6.5 Foster Home Array (Commitment 41).

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, when foster home placement is appropriate. 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 the special populations identified above. After further consultation with and input from the Monitors, DHHS will implement that plan. Notwithstanding section 3.1, this Commitment will be eligible to move to section 4 (Structures and Policies) after compliance has been verified for two consecutive annual recruitment cycles.

6.6 Foster Home Placement Selection (Commitment 42).

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. This Commitment can become eligible to move to structures and policies.

- 6.7 Placement Standard (Commitment 43).** 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. This Commitment is never eligible for rolling exit.
- 6.8 Placement in Jail, Correctional, or Detention Facility (Commitment 44).** 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. DHHS shall notify the State Court Administrative Office and the Michigan State Police of this prohibition, and provide written instructions to immediately notify the local DHHS office of any child in DHHS foster care custody who has been placed in a jail, correctional, or detention facility. If it comes to the attention of DHHS that a child in DHHS foster care custody has been placed in a jail, correctional, or detention facility, and such placement is not pursuant to a delinquency charge, DHHS shall ensure the child is moved to a DHHS foster care placement as soon as practicable, and in all events within five days, unless the court orders otherwise over DHHS's objection. If a child in DHHS foster care custody is placed in a jail, correctional, or detention facility pursuant to a delinquency charge, and the disposition of such a charge is for the child to return to a foster care placement, then DHHS shall return the child to a DHHS placement as soon as practicable but in no event longer than five days from disposition, unless the court orders otherwise over DHHS objection. This Commitment is never eligible for rolling exit.
- 6.9 Placement Outside 75-Mile Radius (Commitment 45).**
- (a) DHHS shall place all children within a 75-mile radius of the home from which the child entered custody unless:
- (1) the child's needs are so exceptional that they cannot be met by a family or facility within a 75-mile radius;
 - (2) the child needs re-placement and the child's permanency goal is reunification with his or her parents who at that time reside out of the 75-mile radius;
 - (3) the child is to be placed with a relative or sibling out of the 75-mile radius; or
 - (4) the child is to be placed in an appropriate pre-adoptive or adoptive home that is out of the 75-mile radius.

- (b) If a child is placed outside the 75-mile radius, the County Director or, in a Designated County, a county-level child welfare Administrator, shall be specifically required to certify the circumstances supporting the placement in writing, based on his or her own examination of the circumstances and the child's needs and best interests.
- (c) This Commitment can become eligible to move to structures and policies.

6.10 Separation of Siblings (Commitment 46).

- (a) Siblings who enter placement at or near the same time shall be placed together unless:
 - (1) doing so is harmful to one or more of the siblings;
 - (2) one of the siblings has exceptional needs that can only be met in a specialized program or facility; or
 - (3) the size of the sibling group makes such placement impractical notwithstanding efforts to place the group together.
- (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.
- (c) Compliance with this Commitment will be measured through a QAP. The Designated Performance Standard for this Commitment is 90%, and the Floor Performance Standard is 85%. This measure is never eligible for rolling exit.

6.11 Treatment Foster Homes (Commitment 47). At any given time, DHHS shall have at least 200 treatment foster home beds. This Commitment can become eligible to move to structures and policies.

6.12 Maximum Children in a Foster Home (Commitment 48).

- (a) 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.
- (b) Exceptions to these limitations may be made by the Director of the DCWL, on an individual basis documented in the case file, when in the best interest of the child(ren) being placed.
- (c) DHHS will continue working to implement a system in which this measure can be evaluated in MiSACWIS by the end of Reporting Period 12 unless the parties agree to an extension. This Commitment will be measured with a QAP until

MiSACWIS can produce data to measure it. This Commitment is never eligible for rolling exit.

6.13 Emergency or Temporary Facilities, Length of Stay (Commitment 49).

- (a) Children shall not remain in emergency or temporary facilities, including but not limited to shelter care, for a period in excess of 30 days. An exception to this limitation may be made for:
 - (1) children who have an identified and approved placement but the placement is not available within 30 days of the child's entry to an emergency or temporary facility, and
 - (2) children whose behavior has changed so significantly that the County Director or the County Director's manager designee has certified that a temporary placement for the purposes of assessment is critical for the determination of an appropriate foster placement.
- (b) The Designated Performance Standard and Floor Performance Standard for this Commitment are 95%. In determining DHHS's compliance with this Commitment a child in custody may never remain in a shelter in excess of 60 days, with no exceptions. This Commitment is never eligible for rolling exit.

6.14 Emergency or Temporary Facilities, Repeated Placement (Commitment 50).

- (a) 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. An exception to this limitation may be made for: (1) children who are absent without legal permission; (2) children facing a direct threat to their safety or who are a threat to the safety of others such that immediate removal is necessary; and (3) children whose behavior has changed so significantly that the County Director or the County Director's manager designee has certified that a temporary placement for the purpose of assessment is critical for the determination of an appropriate foster placement.
- (b) No child experiencing a second or greater emergency or temporary-facility placement within one year may remain in an emergency or temporary facility for more than seven days.
- (c) The Designated Performance Standard for this Commitment is 97%, and the Floor Performance Standard is 95%. This Commitment is never eligible for rolling exit.

6.15 Residential Care Placements (Commitment 51).

- (a) No child shall be placed into a CCI unless:
 - (1) there are specific findings, documented in the child's case file, that:
 - (i) the child's needs cannot be met in any other type of placement;
 - (ii) the child's needs can be met in the specific facility requested; and
 - (iii) the facility is the least restrictive placement to meet the child's needs; and
 - (2) A description of the service available in the facility to address the individual child's needs must also be documented in the case file.
- (b) The initial placement of a child into a CCI must be approved by the County Director or, in a Designated County, a county-level child welfare Administrator. The need for a CCI shall be reassessed every 90 days. No children shall be placed in a residential placement for more than six months without the express authorization, documented in the child's case file, 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, documented in the child's case file, of the director of Child Welfare Field Operations or the director's manager designee.
- (c) The Designated Performance Standard for this Commitment is 97%, and the Floor Performance Standard is 95%. This Commitment is never eligible for rolling exit.

6.16 Relative Foster Parents (Commitment 52).

- (a) When placing a child with a relative who has not been previously licensed as a foster parent, DHHS shall:
 - (1) prior to placement, visit the relative's home to determine that it is safe;
 - (2) within 72 hours following placement, check law enforcement and central registry records for all adults residing in the home; and
 - (3) within 30 days, complete a home study determining whether the relative should, upon completion of training and submission of any other required documents, be licensed as a foster parent.
- (b) The Designated Performance Standard for this Commitment is 95%, and the Floor Performance Standard is 90%. DHHS's compliance with this Commitment will be measured through a QAP until MiSACWIS can produce data to evaluate this measure. This Commitment is never eligible for rolling exit.

6.17 Relative Foster Parent Licensing, Generally (Commitment 53).

- (a) 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. Such circumstances must be documented in the child's case file and approved by the County Director or, in a Designated County, a county-level child welfare Administrator.
 - (1) In such circumstances:
 - (i) the relative caregiver and the other adult household members must meet the same safety standards as non-relative providers;
 - (ii) the relative caregiver must be fully informed of the benefits, including the exact amount of monetary benefits, of licensure; and
 - (iii) the relative caregiver must sign a waiver stating understanding that he or she is foregoing the benefits, including the exact amount of monetary benefits of licensure.
 - (2) DHHS will continue to use a form waiver letter, consistent with this Commitment. This waiver must be re-signed by the relative caregiver annually and a copy must be placed in the child's case file. The relative caregiver may change his or her mind and choose to undergo licensing at any time, and when this occurs, DHHS must allow the relative caregiver to undergo the licensing process.
- (b) The Designated Performance Standard for this Commitment is 90%, and the Floor Performance Standard is 85%. This Commitment can become eligible to move to structures and policies.

6.18 Relative Foster Parent Licensing, Timeliness (Commitment 54). DHHS must license at least 85% of newly licensed relative foster parents within 180 days of the date of placement. This Commitment is never eligible for rolling exit.

6.19 Relative Foster Parent Licensing, Proportion Licensed (Commitment 55). 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 had a child placed in their home for more than 180 days, or (b) hold a valid license. Compliance with this Commitment will be measured on the last work day of each Reporting Period. This Commitment can become eligible to move to structures and policies.

6.20 CPS Investigations, Commencement (Commitment 56).

- (a) DHHS shall commence all investigations of report of child abuse or neglect within the timeframes required by state law.
- (b) The Designated Performance Standard for this Commitment is 85% for Reporting Period 10 and is 95% for Reporting Period 11 and thereafter, and the Floor Performance Standard is 90% for all Reporting Periods. Although there is no Designated Performance Standard for Reporting Period 9, DHHS must still provide the Monitors with data for that Reporting Period. This Commitment is never eligible for rolling exit. This Commitment cannot move to section 5 (To Be Maintained) until DHHS has met the Designated Performance Standard of 95%.

6.21 CPS Investigations, Completion (Commitment 57).

- (a) DHHS shall complete all investigations of reports of child abuse or neglect within the following timeframes:
 - (1) completion of the investigation by the worker and submission of the investigative report to the supervisor within 30 days; and
 - (2) supervisory review (review and approval of the investigation report) within 14 days.
- (b) Measuring DHHS performance on this Commitment will exclude supervisor-approved extensions for the following circumstances: (1) arranging travel and coordinating interview schedules with the alleged victims who do not reside in the county or are not available for immediate interviews; (2) obtaining a second medical opinion to verify an injury was not accidental or related to an existing medical condition; and (3) coordinating interviews of sexual abuse victims with law enforcement.
- (c) The Designated Performance Standard for this Commitment is 85% for Reporting Period 10 and is 90% for Reporting Period 11 and thereafter, and the Floor Performance Standard is 88% for all Reporting Periods. Although there is no Designated Performance Standard for Reporting Period 9, DHHS must still provide the Monitors with data for that Reporting Period. This Commitment is never eligible for rolling exit. This Commitment cannot move to section 5 (To Be Maintained) until DHHS has met the Designated Performance Standard of 90%.

6.22 CPS Investigations, Screening (Commitment 58). DHHS shall investigate all allegations of abuse or neglect relating to any child in the foster care custody of DHHS (Maltreatment in Care). DHHS shall ensure that allegations of Maltreatment in Care are not inappropriately screened out for investigation. In addition, when DHHS transfers a referral to another agency for investigation, DHHS will independently take appropriate action to ensure the safety and wellbeing of the child. Compliance

with this measure will be evaluated through a QAP based on a sample size agreed on between DHHS and the Monitors. The Designated Performance Standard for this Commitment is 95%, and the Floor Performance Standard is 90%. This Commitment can become eligible to move to structures and policies.

6.23 Caseload, Supervisors (Commitment 59).

- (a) 95% of foster care, adoption, CPS, POS, and licensing supervisors shall be responsible for the supervision of no more than five caseworkers, excluding non-child welfare supervisors. Supervisors may provide supervision to administrative support staff associated with the caseworkers. An employee of DHHS or a private child placing agency that is non-caseload carrying will count as .5 towards the worker to supervisor ratio (with the exception of new staff that are currently participating in the CWTI, which will count as 1.0 towards the worker to supervisor ratio). Administrative and technical support staff that support the supervisor's unit are not counted toward the worker to supervisor ratio. In instances where a DHHS or Private Agency Foster Care supervisor provides direct case management for one or more of the programs listed in this Agreement, one-fifth of a caseload equals a services worker position. (For example, a supervisor carrying one-fifth of a caseload and four services workers would meet the 5:1 ratio.)
- (b) This Commitment applies equally to both DHHS caseworkers and supervisor caseloads and caseloads of private CPA caseworkers and supervisors with comparable case responsibilities. 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. A mixed caseload comprised of more than one program type shall not exceed the prorated total equal to one full caseload. Mixed caseloads will be measured pursuant to the "Caseload Definitions and Calculating Methodology" approved by the Monitors. This Commitment is never eligible for rolling exit.

6.24 Caseload, Foster Care Workers (Commitment 60).

- (a) 95% of foster care caseworkers shall have a caseload of no more than 15 children.
- (b) This Commitment applies equally to both DHHS caseworkers and supervisor caseloads and caseloads of private CPA caseworkers and supervisors with comparable case responsibilities. 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. A mixed caseload comprised of more than one program type shall not exceed the prorated total equal to one full caseload. Mixed caseloads will be measured pursuant to the

“Caseload Definitions and Calculating Methodology” approved by the Monitors. This Commitment is never eligible for rolling exit.

6.25 Caseload, Adoption Workers (Commitment 61).

- (a) 95% of adoption caseworkers shall have a caseload of no more than 15 children.
- (b) This Commitment applies equally to both DHHS caseworkers and supervisor caseloads and caseloads of private CPA caseworkers and supervisors with comparable case responsibilities. 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. A mixed caseload comprised of more than one program type shall not exceed the prorated total equal to one full caseload. Mixed caseloads will be measured pursuant to the “Caseload Definitions and Calculating Methodology” approved by the Monitors. This Commitment is never eligible for rolling exit.

6.26 Caseload, CPS Investigation Workers (Commitment 62).

- (a) 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.
- (b) 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. A mixed caseload comprised of more than one program type shall not exceed the prorated total equal to one full caseload. Mixed caseloads will be measured pursuant to the “Caseload Definitions and Calculating Methodology” approved by the Monitors. This Commitment is never eligible for rolling exit.

6.27 Caseload, CPS Ongoing Workers (Commitment 63).

- (a) 95% of CPS caseworkers assigned to provide ongoing services shall have a caseload of no more than 17 families.
- (b) 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. A mixed caseload comprised of more than one program type shall not exceed the prorated total equal to one full caseload. Mixed caseloads will be measured pursuant to the “Caseload Definitions and Calculating Methodology” approved by the Monitors. This Commitment is never eligible for rolling exit.

6.28 Caseload, POS Workers (Commitment 64).

- (a) 95% of POS workers shall have a caseload of no more than 90 children. If DHHS changes operations such that the job function of POS Workers is modified or eliminated, DHHS may present to the Monitors a report that details the changes and a proposal to modify or eliminate the POS workers caseload measure. If the Monitors approve, the Monitors will recommend to the Court that the proposal be adopted.
- (b) 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. A mixed caseload comprised of more than one program type shall not exceed the prorated total equal to one full caseload. Mixed caseloads will be measured pursuant to the “Caseload Definitions and Calculating Methodology” approved by the Monitors. This Commitment is never eligible for rolling exit.

6.29 Caseload, Licensing Workers (Commitment 65).

- (a) 95% of licensing workers shall have a workload of no more than 30 licensed foster homes or homes pending licensure.
- (b) This Commitment applies equally to both DHHS caseworkers and supervisor caseloads and caseloads of private CPA caseworkers and supervisors with comparable case responsibilities. 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. A mixed caseload comprised of more than one program type shall not exceed the prorated total equal to one full caseload. Mixed caseloads will be measured pursuant to the “Caseload Definitions and Calculating Methodology” approved by the Monitors. This Commitment is never eligible for rolling exit.

6.30 Supervisory Oversight (Commitment 66). 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. The Designated Performance Standard for this Commitment is 95%, and the Floor Performance Standard is 90%. This Commitment can become eligible to move to structures and policies.

6.31 Assessments and Service Plans, Timeliness of Initial Plan (Commitment 67). DHHS shall complete an Initial Service Plan, 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. The Designated Performance Standard for this Commitment is 95%,

and the Floor Performance Standard is 90%. This Commitment can become eligible for rolling exit.

6.32 Assessments and Service Plans, Timeliness of Updated Plans (Commitment 68). For every child in foster care, DHHS shall complete an Updated Service Plan at least quarterly. The Designated Performance Standard for this Commitment is 95%, and the Floor Performance Standard is 90%. This Commitment can become eligible for rolling exit.

6.33 Assessments and Service Plans, Content (Commitment 69).

- (a) 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), and shall indicate:
 - (1) the assigned permanency goal;
 - (2) how DHHS, other service providers (including the private CPAs, where applicable), parents, and foster parents shall work together to confront the difficulties that led to the child's placement in foster care and achieve the permanency goal;
 - (3) the services to be provided to the child(ren), parent(s), and foster parent(s);
 - (4) who is to provide those services and by when they are to be initiated; and
 - (5) the actions to be taken by the caseworker to help the child(ren), parent(s), and foster parent(s) connect to, engage with, and make good use of services.
- (b) The service plan shall contain attainable, measurable objectives with expected timeframes, and shall identify the party or parties responsible for each task.
- (c) Service plans shall be signed by the caseworker, the caseworker's supervisor, the parent(s), and the child(ren), if of age to participate. If the parent(s) or child(ren) or both are not available or decline to sign the plan, the service plan shall include an explanation of the steps taken to involve them and shall identify any follow-up actions to be taken to secure their participation in services.
- (d) When a child is placed with a private CPA or CCI, the private CPA or CCI shall complete the assessment and the service plan in accordance with the requirements of this Agreement.
- (e) Compliance with this Commitment will be measured through a QAP subject to the approval of and independently verified by the Monitors. The Designated

Performance Standard for this Commitment is 90%, and the Floor Performance Standard is 85%. This Commitment can become eligible for rolling exit.

- 6.34 Provision of Services (Commitment 70).** 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. DHHS is responsible for helping the parent(s) from whom the child has been or may be removed, the child(ren), and the foster parent(s) identify appropriate, accessible, and individually compatible services; assisting with transportation when necessary; helping to identify and resolve any barriers that may impede parent(s), child(ren), and foster parent(s) from making effective use of services; and intervening to review and amend the service plan when services are not provided or do not appear to be effective. Compliance with the requirements of this Commitment shall be measured through a QSR, subject to the approval of and independently verified by the Monitors. This Commitment can become eligible for rolling exit.
- 6.35 Seclusion/Isolation (Commitment 71).** All uses of seclusion or isolation in CCIs shall be reported to DCWL for appropriate action. This Commitment is never eligible for rolling exit.
- 6.36 Education, Appropriate Education (Commitment 72).** DHHS shall take reasonable steps to ensure that school-aged foster children receive an education appropriate to their needs. Compliance with the requirements of this Commitment shall be measured through a QSR, subject to the approval of and independently verified by the Monitors. This Commitment can become eligible for rolling exit.
- 6.37 Education, Attendance (Commitment 73).** 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 or emergency placements. No child shall be schooled pursuant to MCL 380.1561(3)(f). Compliance with the requirements of this Commitment shall be measured through a QAP, subject to the approval of and independently verified by the Monitors. This Commitment can become eligible for rolling exit.
- 6.38 Education, Continuity (Commitment 74).** 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 is in the child's best interests and feasible, and by limiting the number of school changes the child experiences. Compliance with the requirements of this Commitment shall be measured through a QSR, subject to the approval of and independently verified by the Monitors. This Commitment can become eligible for rolling exit.

6.39 Visits, Worker-Child (Commitment 75).

- (a) Each child in foster care shall be visited by a caseworker 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 take place at the child's placement location and shall include a private meeting between the child and the caseworker.
- (b) This Commitment applies to all children in DHHS foster care custody, including those children placed through private CPAs. In this Commitment "caseworker" is defined as (1) a caseload-carrying caseworker, or (2) a supervisor.
- (c) The Designated Performance Standard for both the total number of visits and the number of visits occurring in the placement location is 95%. The Floor Performance Standard for both of these measures is 90%. The performance standards for this Commitment will be calculated as the number of visits that occurred during the Reporting Period divided by the number of visits required by the Commitment during the Reporting Period. This Commitment is never eligible for rolling exit.

6.40 Visits, Worker-Parent (Commitment 76).

- (a) For each child in foster care with a permanency goal of reunification, the child's caseworker shall have face-to-face contacts with the child's parent(s) as follows:
 - (1) for the first month the child is in care, two face-to-face contacts with each parent, at least one of which must occur in the parent's place of residence;
 - (2) for each subsequent month, at least one face-to-face contact with each parent and phone contact as needed, with at least one contact in each three-month period occurring in the parent's place of residence.
- (b) Exceptions to section (a) are cases in which:
 - (1) the parent is not attending visits despite DHHS taking adequate steps to ensure the visit takes place; or
 - (2) a parent cannot attend a visit due to exigent circumstances such as hospitalization or incarceration.
- (c) Exceptions and reasonable steps to assure that visits take place shall be documented in the case file.
- (d) This Commitment applies to all children in DHHS foster care custody, including those children placed through private CPAs. In this Commitment "caseworker" is defined as (1) a caseload-carrying caseworker, or (2) a supervisor.

- (e) The Designated Performance Standard for each measure in this Commitment is 85%, and the Floor Performance Standard for each measure in this Commitment is 80%. The performance standards for this Commitment will be calculated as the number of visits that occurred during the Reporting Period divided by the number of visits required by the Commitment during the Reporting Period. This Commitment is never eligible for rolling exit.

6.41 Visits, Parent-Child (Commitment 77).

- (a) DHHS shall ensure that children in foster care with a goal of reunification shall have at least twice-monthly visitation with their parents. Exceptions to this requirement are cases in which:
 - (1) a court orders less frequent visits;
 - (2) the parents are not attending visits despite DHHS taking adequate steps to ensure the parents' ability to visit;
 - (3) one or both parents cannot attend the visits due to exigent circumstances such as hospitalization or incarceration; or
 - (4) the child is above the age of 16 and refuses such visits.
- (b) All exceptions and all reasonable steps to assure that visits take place shall be documented in the case file. If such exceptions exist, DHHS shall review the appropriateness of the child's permanency goal.
- (c) This Commitment applies to all children in DHHS foster care custody, including those children placed through private CPAs. In this Commitment "caseworker" is defined as (1) a caseload-carrying caseworker, or (2) a supervisor.
- (d) The Designated Performance Standard for this Commitment is 85%, and the Floor Performance Standard is 80%. The performance standards in this Commitment will be calculated as the number of visits that occurred during the Reporting Period divided by the number of visits required by the Commitment during the Reporting Period. This Commitment is never eligible for rolling exit.

6.42 Visits, Between Siblings (Commitment 78).

- (a) 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. Exceptions to this requirement are cases in which:
 - (1) the visit may be harmful to one or more of the siblings;
 - (2) the sibling is placed out of state in compliance with the Interstate Compact on Placement of Children;

- (3) the distance between the children's placements is more than 50 miles and the child is placed with a relative; or
 - (4) one of the siblings is above the age of 16 and refuses such visits.
- (b) All exceptions and all reasonable steps taken to assure that visits take place shall be documented in the case file.
- (c) This Commitment applies to all children in DHHS foster care custody, including those children placed through private CPAs. In this Commitment "caseworker" is defined as (1) a caseload-carrying caseworker, or (2) a supervisor.
- (d) The Designated Performance Standard in this Commitment is 85%, and the Floor Performance Standard is 80%. The performance standards in this Commitment will be calculated as the number of visits that occurred during the Reporting Period divided by the number of visits required by the Commitment during the Reporting Period. This Commitment is never eligible for rolling exit.

6.43 Medical and Mental Health Examinations (Commitment 79). 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, and 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. This Commitment is never eligible for rolling exit.

6.44 Dental Examinations (Commitment 80). 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. This Commitment is never eligible for rolling exit.

6.45 Immunizations, In Custody Three Months or Less (Commitment 81).

- (a) Children shall receive all required immunizations according to the guidelines set forth by the American Academy of Pediatrics. 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.
- (b) The following exceptions apply to this category:
 - (1) the child's immunizations are not up to date, and it is documented in the child's case file that the physician determined that a longer schedule will be in the child's best interest. When this exception applies, DHHS shall ensure that the child's immunizations will be brought up to date within a schedule established by a qualified physician.

- (2) the child's parent refuses to consent, and DHHS obtains a signed statement from the parent as required by the "Immunizations" provisions contained in DHHS Policy FOM 801 (dated 3-1-2015) or any successor policy approved by the Monitors.
- (c) Compliance with this Commitment will be measured through a QAP conducted in coordination with the Monitors. This Commitment is never eligible for rolling exit.

6.46 Immunization, In Custody Longer than Three Months (Commitment 82).

- (a) Children shall receive all required immunizations according to the guidelines set forth by the American Academy of Pediatrics. For children in DHHS custody for 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.
- (b) The following exceptions apply to this category:
 - (1) the child's immunizations are not up to date, and it is documented in the child's case file that the physician determined that a longer schedule will be in the child's best interest. When this exception applies, DHHS shall ensure that the child's immunizations will be brought up to date within a schedule established by a qualified physician.
 - (2) the child's parent refuses to consent, and DHHS obtains a signed statement from the parent as required by the "Immunizations" provisions contained in DHHS Policy FOM 801 (dated 3-1-2015) or any successor policy approved by the Monitors.
- (c) Compliance with this Commitment will be measured through a QAP conducted in coordination with the Monitors. This Commitment is never eligible for rolling exit.

6.47 Examinations and Screenings (Commitment 83). 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. This Commitment is never eligible for rolling exit.

6.48 Child Case File, Medical and Psychological (Commitment 84). 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. By Reporting Period 11 and thereafter, the Designated Performance Standard for this Commitment will be 95%, and the Floor Performance Standard will be 90%. Incremental performance standards for Reporting Periods 9 and 10 shall be

set by DHHS, subject to the approval of the Monitors. But this Commitment cannot move to section 5 (To Be Maintained) until DHHS has met the Designated Performance Standard of 95%. Compliance with this Commitment will be measured through a QAP conducted in coordination with the Monitors. This Commitment can become eligible to move to structures and policies.

6.49 Medical Passports (Commitment 85).

- (a) At the time the 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 (dated 3-1-2015) (or any successor policies approved by the Monitors). And at least quarterly thereafter, an updated Medical Passport must be prepared, as required by the "Medical Passports" section of DHHS Policy FOM 801 (dated 3-1-2015) (or any successor policy approved by the Monitors), and provided to the foster care provider.
- (b) By Reporting Period 11 and thereafter, the Designated Performance Standard for this Commitment will be 95%, and the Floor Performance Standard will be 90%. Incremental performance standards for Reporting Periods 9 and 10 shall be set by DHHS, subject to the approval of the Monitors. But this Commitment cannot move to section 5 (To Be Maintained) until DHHS has met the Designated Performance Standard of 95%. Compliance with this Commitment will be measured through a QAP conducted in coordination with the Monitors. This Commitment can become eligible to move to structures and policies.

6.50 Medical, Dental, and Mental Health Content in Case Service Plan (ISP/USP) (Commitment 86).

- (a) DHHS shall provide case service plans containing the information required by DHHS Policy FOM 801 (dated 3-1-2015) (or any successor policy approved by the Monitors).
- (b) By Reporting Period 11 and thereafter, the Designated Performance Standard for this Commitment will be 95%, and the Floor Performance Standard will be 90%. Incremental performance standards for Reporting Periods 9 and 10 shall be set by DHHS, subject to the approval of the Monitors. But this Commitment cannot move to section 5 (To Be Maintained) until DHHS has met the Designated Performance Standard of 95%. Compliance with this Commitment will be measured through a QAP conducted in coordination with the Monitors. If the child's case service plan lacks an affirmative statement as to whether the child needs medical or dental follow-up treatment or needs mental health treatment, it will be treated as a deficiency for purposes of compliance. This Commitment can become eligible to move to structures and policies.

- 6.51 Medical Care and Coverage, At Entry (Commitment 87).** 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. This Commitment can become eligible to move to structures and policies.
- 6.52 Medical Care and Coverage, Subsequent Placement (Commitment 88).** 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. This Commitment can become eligible to move to structures and policies.
- 6.53 Psychotropic Medication, Diagnosis (Commitment 89).** 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. The Designated Performance Standard for this Commitment is 97%, and the Floor Performance Standard is 95%. This Commitment can become eligible to move to structures and policies.
- 6.54 Psychotropic Medication, Informed Consent (Commitment 90).** DHHS shall ensure that informed consent is obtained and documented in writing in connection with each psychotropic medication prescribed to a child in DHHS custody. This informed consent must be obtained in accordance with the "Informed Consent" section contained in DHHS Policy FOM 802-1 (dated 5-1-2015) or any successor policy approved by the Monitors. The Designated Performance Standard for this Commitment is 97%, and the Floor Performance Standard is 95%. To provide DHHS time to integrate this Commitment into MiSACWIS, monitoring will begin with Reporting Period 11. This Commitment can become eligible to move to structures and policies.
- 6.55 Psychotropic Medication, Documentation (Commitment 91).** 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 (dated 5-1-2015) or any successor policy approved by the Monitors. The Designated Performance Standard for this Commitment is 97%, and the Floor Performance Standard is 95%. To provide DHHS time to integrate this requirement into MiSACWIS, monitoring will begin with Reporting Period 11. This Commitment can become eligible to move to structures and policies.
- 6.56 Psychotropic Medication, Oversight Review (Commitment 92).** 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 (dated 5-1-2015) or any successor

policy approved by the Monitors are met. The review shall be completed according to the "DHHS 1643 Physician Review Form" that DHHS currently uses, or any successor form approved by the Monitors. Compliance with this Commitment will be measured through a QAP conducted in coordination with the Monitors. This Commitment can become eligible to move to structures and policies.

6.57 Generation of Data (Commitment 93). 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. This Commitment can become eligible to move to structures and policies.

7. Monitoring

- 7.1 The parties agree that Kevin M. Ryan and Eileen Crummy of the Public Catalyst Group shall be the monitors (the “**Monitors**”) of DHHS's compliance with the terms of this Agreement.
- 7.2 Neither party, nor any employee or agent of either party, shall have any supervisory authority over the Monitors' activities, reports, findings, or recommendations. The retention of the Monitors shall be conducted solely pursuant to the procedures set forth in this Agreement and shall not be governed by any formal or legal procurement requirements. The Monitors shall hire such staff as the Monitors deem necessary to discharge their responsibilities under this Agreement.
- 7.3 The Monitors shall have free and complete access to records maintained by DHHS, its divisions and any successor agencies or divisions, and by its private CPAs and CCIs. The Monitors shall also have free and complete access to the staff of DHHS; its divisions and any successor agencies or divisions; persons within the executive branch; private CPAs and CCIs; children in the care of DHHS and of private CPAs and CCIs; and other individuals that the Monitors deem relevant to their work. DHHS shall direct all employees and contract providers to cooperate fully with the Monitors and shall assist the Monitors in gaining free access to other stakeholders in the child welfare system.
- 7.4 All non-public information obtained by the Monitors shall be maintained in a confidential manner. In providing the public reports described in section 7.10, and consistent with applicable state and federal confidentiality requirements, the Monitors shall not identify public or private staff or private agencies, except to the extent that such information about public or private staff and private agencies has already been made public. The parties shall have access, through the Monitors, to all information made available to the Monitors, subject to the existing protective order in effect in this case.
- 7.5 The Monitors shall have the authority to conduct, or cause to be conducted, such case record reviews, qualitative reviews, and audits as the Monitors reasonably deem necessary. In order to avoid duplication and build capacity within the agency, DHHS shall provide the Monitors with copies of all state-issued data reports regarding topics covered by this Agreement. Notwithstanding the existence of state data, data analysis or reports, the Monitors shall have the authority to prepare new reports on outcome measures and all other terms of this Agreement to the extent the Monitors deem necessary.
- 7.6 The Monitors and Plaintiffs shall receive, and the Monitors shall review (and, for data, verify the accuracy of) all written processes, programs, procedures, statements of work, formal analyses, system designs, and data reports developed pursuant to this Agreement. The Monitors shall take into account the timeliness, appropriateness, and

quality of these work products in reporting on the State's compliance with the terms of this Agreement.

- 7.7 The Monitors may grant extensions to due dates outlined in this Agreement after consultation with Plaintiffs.
- 7.8 In addition to the requirements set forth above, the Monitors' duties shall be to: confirm independently the data reports and statistics provided pursuant to this Agreement; conduct independent case record or other qualitative reviews or audits; review and approve plans, documents, and data reports agreed to be developed and produced by DHHS pursuant to this Agreement; and report on DHHS's progress in implementing the terms of this Agreement and the achievement of the outcomes set forth herein.
- 7.9 Within three months from the date of court approval of this Agreement, the Monitors shall provide the parties with a written monitoring plan setting forth the methodologies by which the Monitors shall measure DHHS's progress in implementing the terms of this Agreement and achieving the outcomes set forth herein. Specifically, the Monitors' methodologies may include, but are not limited to, analyses of information collected: (a) by DHHS's management and information systems if and when available and accurate; (b) from a review of relevant case records; (c) from the production of data aggregated by the Monitors or third parties; and (d) from interviews with DHHS staff, resource families, class members or prior class members and their families, contract agency staff, service providers, and other child welfare stakeholders. The Monitors shall make best efforts to specify the methods they will utilize to perform their duties as to each and every section of this Agreement. The plan may be periodically revised by the Monitors, after consultation with the parties, particularly if and when DHHS data becomes more available and accurate and when a Quality Assurance Unit becomes functional. Nothing in this paragraph is intended to in any way limit the scope of the Monitors' access to information and individuals as otherwise set forth herein.
- 7.10 The Monitors shall issue a report setting forth the measurable progress made by DHHS in relation to each of the performance (process and outcome) requirements contained in this Agreement for each six-month period (each such period, a "**Reporting Period**"). Reporting Period 10 begins on January 1, 2016 and ends on June 30, 2016. Each subsequent Reporting Period begins on the day following the completion of the previous Reporting Period.
- 7.11 The Monitors' reports shall be public documents upon formal submission to the Court.
- 7.12 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. Such reports shall be issued every six months, unless the parties agree otherwise.

- 7.13** The Monitors and the parties shall develop a plan to transfer the primary monitoring function to DHHS's Quality Assurance Unit upon the termination of this Agreement, or at such earlier time as the parties may agree. The Monitors shall work in collaboration with DHHS in building its quality assurance capacity.
- 7.14** The Monitors shall not express any conclusions as to whether DHHS has reached legal compliance on any item or items required under this Agreement.
- 7.15** If at any time the Monitors can no longer serve, the parties shall agree on another Monitor, with input and recommendations from the outgoing Monitors.
- 7.16** DHHS shall enter into a contract to secure the services of the Monitors. The Monitors shall have a budget and staff sufficient to allow the Monitors to carry out the responsibilities described in this Agreement, and may contract with such experts or consultants as he or she may deem appropriate, in consultation with the parties. Experts or consultants hired by the Monitors may initiate and receive ex parte communications with the parties.
- 7.17** Other than as expressly provided in this Agreement, this Agreement shall not be deemed a waiver of any privilege or right DHHS may assert, including those recognized at common law and created by statute, rule, or regulation against any other person or entity with respect to the disclosure of any information.
- 7.18** The Monitors shall be permitted to engage in ex parte communications with all parties. The Monitors may periodically meet privately with the Court concerning issues related to this case, provided the parties are made aware of the occurrence of such a meeting.
- 7.19** Unless such conflict is waived by the parties, the Monitors and any expert hired by the Monitors shall not accept employment or provide consulting services that would present a conflict of interest with the Monitors' responsibilities under this Agreement, including being retained (on a paid or unpaid basis) by any current or future litigant or claimant, or such litigant's or claimant's attorney, in connection with a claim or suit against the state of Michigan or its departments, officers, agents, or employees.
- 7.20** The Monitors are not a state or local agency or an agent thereof, and accordingly the records maintained by the Monitors shall not be deemed public records subject to public inspection. Neither the Monitors nor any person or entity hired or otherwise retained by the Monitors to assist in furthering any provision of this Agreement shall be liable for any claim, lawsuit, or demand arising out of the Monitors' good-faith performance pursuant to this Agreement. This paragraph does not apply to any proceeding before a court related to performance of contracts or subcontracts for monitoring this Agreement.

- 7.21** For provisions of this Agreement requiring Monitors' approval, the Monitors shall respond in writing within 45 days of receiving the required proposal, unless otherwise specified in this Agreement. Signature by either Kevin Ryan or Eileen Crummy on a written approval shall be deemed approval by the Monitors.
- 7.22** For provisions of this Agreement requiring Plaintiffs' approval, Plaintiffs' counsel shall respond in writing within 45 days of receiving the required proposal in writing, unless otherwise specified in this Agreement.

8. Enforcement and Dispute Resolution

- 8.1** This Agreement shall constitute the entire integrated Agreement of the parties. No prior or contemporaneous communications, oral or written, shall be relevant or admissible for purposes of determining the meaning of any provisions herein in this matter or in any other proceeding.
- 8.2** In the event that Plaintiffs identify an area in which they believe DHHS is not in substantial compliance with an enforceable provision of this Agreement:
- (a) Plaintiffs shall, prior to seeking judicial relief, notify DHHS and the Monitors, in writing, of the compliance issue.
 - (b) Within 15 calendar days of Plaintiffs' notification, DHHS shall respond in writing to Plaintiffs and the Monitors as to what actions, if any, it proposes to take with regard to the issue of alleged non-compliance. The 15 day period may be extended by the Monitors for good cause.
 - (c) The parties shall meet with the Monitors within 15 calendar days from Plaintiffs' receipt of the DHHS response, unless otherwise agreed by the parties. The purpose of this meeting shall be for the parties to engage in good faith discussions facilitated by the Monitors to determine whether additional actions are necessary to address Plaintiffs' assertion of non-compliance. The parties shall engage in these facilitated dispute resolution discussions for a period not to exceed 30 calendar days, unless extended by mutual agreement of the parties.
 - (d) If at the end of the 30-day period, or the period as extended by mutual agreement of the parties, Plaintiffs determine that judicial action is necessary, Plaintiffs may seek further relief from the Court.
 - (e) To the extent that any non-compliance by DHHS is in whole or in part attributable to DHHS's organizational structure, changes in organizational structure shall be considered as among the elements of the corrective actions needed to correct the non-compliance.
 - (f) If Plaintiffs believe that DHHS has violated this Agreement and, as a result, have caused or are likely to cause immediate and irreparable harm to a child(ren) in DHHS's foster care custody, they may seek emergency judicial relief. Before taking such action, however, Plaintiffs must give DHHS written notice with respect to any such harm, including with such notice any documentation that Plaintiffs believe supports their decision to invoke the provisions of this paragraph. DHHS shall respond to this notice in writing within three business days. The parties must then invoke the provisions in this section 8.2, provided that the entire process shall be completed within 10

business days of DHHS's response to Plaintiffs' notice, unless extended by mutual agreement of the parties.

- 8.3 DHHS shall maintain sufficient records to document its compliance with all of the requirements of this Agreement. During the term of this Agreement, DHHS shall maintain any and all records required by or developed under this Agreement.
- 8.4 In the event that legislation known as the "Federal Consent Decree Fairness Act" is enacted into law, DHHS agrees that it shall not invoke their right under that Act to modify or vacate the consent decree resulting from this Agreement. Nothing in this section limits DHHS's ability to seek to modify or vacate the provisions of this Agreement under other law.
- 8.5 This Agreement shall be binding on all successors, assignees, employees, agents and all those working for or on behalf of Plaintiffs and DHHS.

9. Attorneys' Fees

- 9.1 For purposes of this Agreement, the parties acknowledge that Plaintiffs, as prevailing parties in this lawsuit, are entitled to recover and reserve the right to seek expenses of litigation, including reasonable attorneys' fees and nontaxable costs, pursuant to 42 U.S.C. § 1988 and Fed. R. Civ. P. 23(h).

[Signature Page Follows]

Each party is signing this agreement on the date stated opposite that party's signature.

For Plaintiffs

Date: January 8, 2016 By:

Sara Bartosz

Sara M. Bartosz
CHILDREN'S RIGHTS, INC.
330 Seventh Ave., Fourth Floor
New York, NY 10001
Phone: 212.683.2210

For Defendants

Date: January 7, 2016

By:

Rick Snyder

Rick Snyder, in his official capacity as
Governor of the State of Michigan

Date: January 7th, 2016

By:

Nick Lyon

Nick Lyon, in his official capacity as Director
of DHHS

IT IS SO ORDERED.

s/ Nancy G. Edmunds

HON. NANCY G. EDMUNDS, U.S.D.J.

DATED:

February 2, 2016

CERTIFICATE OF SERVICE

I certify that on February 2, 2016, I electronically filed the above Implementation, Sustainability, and Exit Plan with the Clerk of the Court using the ECF system, which will send notification of such filing to:

Sara M. Bartosz, sbartosz@childrensrights.org
Jay C. Boger, jbogger15@gmail.com
Michelle M. Brya, bryam@michigan.gov
Elizabeth P. Hardy, ehardy@kohp.com
Kristin M. Heyse, heysek@michigan.gov
Noel D. Massie, nmassie@kohp.com
William R. Morris, morrisw@michigan.gov
P. Rivka Schochet, prschochet@yahoo.com, prschochetpllc@gmail.com

and that copies of said document were placed in first-class United States mail, addressed to:

Elissa Hendler
Marcia Lowry
Gena E. Wiltsek
Children's Rights
330 Seventh Avenue, 4th Floor
New York, NY 10001

Charleszetta Cheeks
131 Atkinson Street
Detroit MI 48202

s/ John J. Bursch

John J. Bursch (P57679)