

Progress of the Michigan Department of Human Services

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

ISSUED February 3, 2026

MISEP 27

JULY TO DECEMBER 2024

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Introduction

This document serves as the twenty-third report to the Honorable Nancy G. Edmunds of the United States District Court for the Eastern District of Michigan in the matter of *Dwayne B. v. Whitmer*, covering Period 27 (July 1, 2024 to December 31, 2024) under the Modified Implementation, Sustainability and Exit Plan (MISEP). On June 27, 2019, the State of Michigan and the Michigan Department of Health and Human Services (DHHS) and Children’s Rights, counsel for the plaintiffs, jointly submitted to the court the MISEP, which establishes a path for the improvement of Michigan’s child welfare system. Judge Edmunds entered an order directing implementation of the MISEP following its submission by the parties.

Judge Edmunds had previously approved an Initial Agreement among the parties on October 24, 2008, a subsequent Modified Settlement Agreement on July 18, 2011, and an Implementation, Sustainability and Exit Plan (ISEP) on February 6, 2016. DHHS is a statewide multi-service agency providing cash assistance, food assistance, health services, child protection, prevention, and placement services on behalf of the State of Michigan. Children’s Rights is a national advocacy organization with experience in class action reform litigation on behalf of children in child welfare systems.

In sum, the MISEP:

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

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

Pursuant to the MISEP, the court appointed Kevin Ryan and Eileen Crummy of Public Catalyst to continue to serve as the court’s monitors, charged with reporting on DHHS’ progress in meeting

its commitments. The monitors and their team are responsible for assessing the state's performance under the MISEP. The parties have agreed that the monitors shall take into account timeliness, appropriateness, and quality in reporting on DHHS' performance. Specifically, the MISEP provides that:

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

The parties jointly submitted a “Stipulated Order Amending the MISEP” to the court, which was approved by Judge Edmunds on January 25, 2024. The order recognizes Michigan's significant and sustained progress in numerous areas and continues to stress the obligation of the state to ensure child safety for plaintiff class children. Judge Edmunds has directed the monitors to continue to closely scrutinize child safety through ongoing case reviews. The order reduces the number of commitments DHHS must meet under the MISEP, with 33 provisions exiting the agreement and another 11 provisions moving out of active monitoring to MISEP Section 4, Structures and Policies. Additionally, the order amends performance measures and standards for six commitments.

This report to the Court reflects the efforts of the DHHS leadership team and the status of Michigan's reform efforts as of December 31, 2024. Defined as MISEP Period 27, this report includes progress for the second half of 2024 and covers the fourth period of DHHS' performance under the Stipulated Order Amending the MISEP.

Summary of Progress and Challenges

Michigan DHHS met or exceeded required performance standards in six of 24 areas monitored for compliance in MISEP Period 27. Among areas where the agency achieved positive levels of performance are:

- *Foster Home Array*: DHHS agreed to maintain a sufficient number and array of homes capable of serving the needs of the foster care population, including a sufficient number of available licensed placements within the child's home community for adolescents, sibling groups, and children with disabilities. DHHS agreed to develop for each county and statewide an annual recruitment and retention plan, in consultation with the monitors and experts in the field, which is subject to approval by the monitors. DHHS committed to implement the plan, with interim timelines, benchmarks, and final targets, to be measured by the monitors based on DHHS' good faith efforts to meet the final targets set forth in the plan. Based on the agency's many efforts and improvements, the monitors

find that DHHS has demonstrated good faith efforts to maintain a sufficient array of homes to meet the needs of the foster care population. Per the MISEP, performance during this period makes the commitment eligible to move to “Structures and Policies.”

- *Assessments and Service Plans, Content*: DHHS agreed that assessments and service plans would be of sufficient breadth and quality to usefully inform case planning and in accordance with the requirements of 42 U.S.C. 675(1). The designated performance standard is 83 percent, and performance is measured through a blended Child and Family Service Review (CFSR)/Quality Service Review (QSR). Of cases reviewed during MISEP 27, 89.5 percent were rated as having acceptable assessments and service plans. Per the MISEP, performance during this period makes this commitment eligible for rolling exit.
- *Child Case File, Medical and Psychological (2)*: DHHS agreed that case plans would address the issues of health and dental care needs. The designated performance standard is 90 percent, and performance is measured through a blended CFSR/QSR. Of cases reviewed during MISEP 27, 100 percent were rated as having the appropriate information documented in the case plan. Per the MISEP, performance during this period makes this commitment eligible for rolling exit.

Although Michigan DHHS did not meet the required performance standards in 18 of 24 areas monitored for compliance in MISEP Period 27, in three of these 24 areas, DHHS’ performance was within 10 percent of the performance standard. They include:

- *Child Case File, Medical and Psychological (1)*: DHHS agreed that children’s health records will be up to date and included in the case file. The designated performance standard is 90 percent, and performance is measured through a blended CFSR/QSR. Of the cases reviewed during MISEP 27, 87.5 percent were rated as acceptable for this commitment.

The 24 areas monitored for compliance in MISEP Period 27 include 14 where Michigan DHHS did not meet required performance standards by more than 10 percentage points, including:

- *Psychotropic Medication*: The monitoring team reviewed a randomly selected and statistically significant sample of 66 children who were prescribed psychotropic medication during the period under review. The monitoring team found that the electronic case records for only 33 (50.0 percent) of the children included the required documentation for each prescription including initial and ongoing medical monitoring. Additionally, DHHS data indicate that required informed consents were on file for 84.9 percent of psychotropic medications prescribed to children during the period. DHHS did not meet the designated performance standard of 97 percent for either commitment.

- *Worker-Parent and Parent-Child Visitation:* DHHS did not meet the designated performance standard of 85 percent for completion of worker-parent or parent-child visits due during the period. For worker-parent visitation, DHHS completed 66.8 percent of required visits during the first month of placement, 72.3 percent of required visits during subsequent months of placement, and 55.2 percent of required visits at the parents' place of residence. For parent-child visitation, DHHS completed 72.6 percent of required visits.

Additionally, one area of the MISEP where the Monitors assessed that Michigan DHHS did not achieve performance, and which does not have a numerical performance standard is:

- *Contract Evaluations:* In 2020, DHHS identified to the Monitors a set of strategies designed to enhance child safety following the death of a 16-year-old child in a residential facility. Those strategies included strengthening and coordinating contract monitoring, licensing oversight, and technical assistance. The monitoring team reviewed all licensing investigations conducted during MISEP 27 at Child Caring Institutions (CCIs) and private Child Placing Agencies (CPAs) along with corresponding Corrective Action Plans (CAPs) intended to address established violations. The Monitors assessed that there continued to be significant risks to youth safety at certain contracted CCIs and CPAs providing placements and services to Plaintiffs, and that the State's approach to oversight in these cases did not "ensure, among other things, the safety and well-being of Plaintiffs" as set forth in the MISEP. In several instances agencies failed to correct safety issues despite repeated rule violations, CAPs, and enhanced oversight.

Summary of Commitments

Section	Commitment	Performance	Achieved	Report Page
5.1	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.	--	No	17
6.1	DHHS shall ensure that of all children in foster care during the applicable federal reporting period, DHHS will maintain an observed rate of victimization per 100,000 days in foster care less than 9.07, utilizing the CFSR Round 4 criteria.	--	Not yet due	15
6.2	Until Commitment 6.1 is achieved, DHHS, in partnership with an independent entity, will generate, at least annually, a report that analyzes maltreatment in care data to assess risk factors and/or complete root-cause analysis of maltreatment in care. The report will be used to inform DHHS practice. The first report will be issued no later than June 1, 2020.	--	Not yet due	N/A
6.3	DHHS will develop strategy plans to be implemented in each of certain selected counties, covering at least 20% of the foster care population and at DHHS's choosing from within the Big 14 counties of the State, to improve the rate of permanency for children within their first 12 months in foster care. By Oct 1, 2025, DHHS will provide a Permanency Within 12 Months Report to the monitoring team. Based on this report, the monitoring team shall determine if DHHS made good faith efforts to improve the rate of permanency within 12 months in the selected counties.	--	Not yet due	15
6.4	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 licensed placements within the child's home community for adolescents, sibling groups, and children with disabilities. DHHS will develop for each county and statewide an annual recruitment and retention plan, in consultation with the Monitors and experts in the field, subject to approval by the Monitors. DHHS will implement the plan, with interim timelines, benchmarks, and final targets, to be measured by the Monitors based on DHHS's good-faith efforts to meet the final targets set forth in the plan.	--	Yes	28
6.6.a	Siblings who enter placement at or near the same time shall be placed together unless specified exceptions are met. This provision shall become eligible to immediately exit the MISEP after two consecutive periods of positive trending in validated performance from the baseline measure reported in the Monitor's MISEP 23 report.	81.8%	No	33

Section	Commitment	Performance	Achieved	Report Page
6.6.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. The Monitors will conduct an independent qualitative review to determine compliance with this commitment. The designated performance standard is 90%.	75.0%	No	33
6.8	Children shall not remain in emergency or temporary facilities, including but not limited to shelter care, for a period in excess of 30 days, unless specified exceptions apply. No child shall remain in a shelter in excess of 60 days. The designated performance standard is 95%.	72.1%	No	34
6.9	Children shall not be placed in an emergency or temporary facility, including but not limited to shelter care, more than one time within a 12-month period, unless specified exceptions apply. Children under 15 years of age experiencing a subsequent emergency or temporary-facility placement within a 12-month period may not remain in an emergency or temporary facility for more than 7 days. Children 15 years of age or older experiencing a subsequent emergency or temporary-facility placement within a 12-month period may not remain in an emergency or temporary facility for more than 30 days.	27.3%	No	34
6.10.a	When placing a child with a relative who has not been previously licensed as a foster parent, DHHS shall visit the relative's home to determine if it is safe prior to placement; check law enforcement and central registry records for all adults residing in the home within 72 hours following placement; and complete a home study within 30 days. The designated performance standard is 95%.	76.9%	No	31
6.10.b	When placing a child with a relative who has not been previously licensed as a foster parent, a home study will be renewed every 12 months for the duration of the child's placement with the relative. The designated performance standard is 95%.	59.1%	No	32
6.19	Assessments and service plans shall be of sufficient breadth and quality to usefully inform case planning and shall accord with the requirements of 42 U.S.C. 675(1). To be measured through a QSR. The designated performance standard is 83%.	89.5%	Yes	27
6.20	DHHS shall ensure that the services identified in the service plan are made available in a timely and appropriate manner to the child and family and shall monitor the provision of services to determine whether they are of appropriate quality and are having the intended effect. To be measured through a QSR. The designated performance standard is 83%.	83.3%	Yes	27

Section	Commitment	Performance	Achieved	Report Page
6.22.a	Caseworkers shall visit parents of children with a goal of reunification at least twice during the first month of placement unless specified exceptions apply. The designated performance standard is 85%.	66.8%	No	34
6.22.a	Caseworkers shall visit parents of children with a goal of reunification at least once in the parent's home during the first month of placement unless specified exceptions apply. The designated performance standard is 85%.	55.2%	No	34
6.22.b	Caseworkers shall visit parents of children with a goal of reunification at least once a month, following the child's first month of placement, unless specified exceptions apply. The designated performance standard is 85%.	72.3%	No	34
6.23	DHHS shall ensure that children in foster care with a goal of reunification shall have at least twice-monthly visitation with their parents unless specified exceptions apply. The designated performance standard is 85%.	72.6%	No	35
6.24	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 unless specified exceptions apply. The designated performance standard is 85%.	87.8%	Yes	35
6.25	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.	84.6%	Yes	36
6.25	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.	89.1%	No	36
6.26	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.	74.9%	No	36
6.29	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.	70.4%, 86.6%, 73.4%	No	36
6.30	DHHS shall ensure that: (1) The child's health records are up to date and included in the case file. Health records include the names and addresses of the child's health care providers, a record of the child's immunizations, the child's known medical problems, the child's medications, and any other relevant health information. The designated performance standard is 90%.	87.5%	No	37
6.30	DHHS shall ensure that: (2) the case plan addresses the issue of health and dental care needs. The designated performance standard is 90%.	100.0%	Yes	37

Section	Commitment	Performance	Achieved	Report Page
6.32	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.	80.9%	No	37
6.33	DHHS shall ensure that informed consent is obtained and documented in writing in connection with each psychotropic medication prescribed to each child in DHHS custody. The designated performance standard is 97%.	84.9%	No	38
6.34	DHHS shall ensure that: (1) A child is seen regularly by a physician to monitor the effectiveness of the medication, assess any side effects and/or health implications, consider any changes needed to dosage or medication type and determine whether medication is still necessary and/or whether other treatment options would be more appropriate; (2) DHHS shall regularly follow up with foster parents/caregivers about administering medications appropriately and about the child's experience with the medication(s), including any side effects; (3) DHHS shall follow any additional state protocols that may be in place related to the appropriate use and monitoring of medications.	50.0%	No	38

Methodology

To prepare this report, the monitoring team conducted a comprehensive series of verification activities to evaluate the Department's progress in achieving the commitments in the MISEP. These included: meetings with DHHS leadership and Plaintiffs' counsel; extensive reviews of individual children's records and other documentation; and participation in blended Child and Family Services Reviews (CFSR)/Quality Service Reviews (QSR) which included interviews with foster youth, foster parents, caseworkers, and community stakeholders. The monitoring team also reviewed and analyzed a wide range of aggregate and detailed data produced by DHHS, and reviewed policies, memos, and other internal information relevant to DHHS' work during the period. To verify information produced by DHHS, the monitoring team conducted cross-data validation and case record reviews. By agreement of the parties, the monitoring team assessed DHHS' performance for four MISEP commitments utilizing a qualitative case review¹ process. The monitoring team reviewed thousands of distinct reports from DHHS including individual case records, relative foster home studies, Division of Child Welfare Licensing (DCWL) investigations and reports, and CPS referrals and investigations.

Demographics

DHHS produced demographic data from July 1, 2024 to December 31, 2024. DHHS data indicate that there were 9,200 children in custody as of December 31, 2024. Of the children and youth in care on December 31, 2024, 335 youths (3.6 percent) were enrolled in the Young Adult Voluntary Foster Care (YAVFC) program. During the reporting period, 1,756² children and youths were placed in foster care, and 1,883 children and youths exited care.³ DHHS served 11,039 children during the period.⁴

Though young children aged zero to six years made up the largest portion (4,038 or 44 percent), Michigan continued to have a large population of older youth in custody. Twenty-seven percent (2,475) were 12 to 17 years of age, and seven percent (685) were 18 years and over, as detailed in Figure 1.

¹ The sample sizes for the monitoring team's case record reviews were based on a statistically significant sample of cases and a methodology based on a 90 percent confidence level.

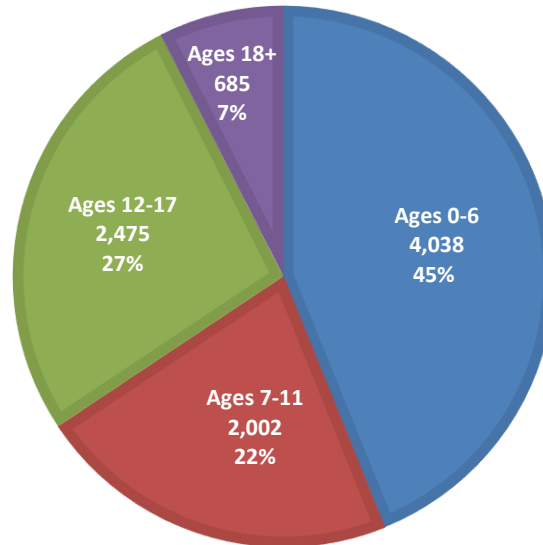
² The 1,756 entries include one child who entered care twice (the child appearing twice in the file had unique removal dates and placement setting IDs).

³ The 1,883 exits include six children who exited care twice (the children appearing twice in the file had unique removal and discharge dates).

⁴ The monitoring team identified 44 children who appeared twice in the during cohort file (0.4 percent of 11,083). All children appearing twice in the during cohort were served more than once during the reporting period.

Figure 1. Age of Children in Custody on December 31, 2024⁵

Source: MiSACWIS, *n*=9,200



With regard to gender, the population was nearly equally split—50.7 percent male and 49.3 percent female. With regard to race, the population of children was 38 percent Black/African American, 47 percent White, one percent Native American, under one percent Asian, and under one percent Native Hawaiian or Pacific Islander (see Table 1). Additionally, 15 percent of children were reported to be of mixed race. Eight percent of children were identified with Hispanic ethnicity and can be of any race. The data indicated that MIDHHS was unable to determine the race of less than one percent of children in care on December 31, 2024. In contrast, the population of all children in the state of Michigan was 73 percent White, 17 percent Black or African American, four percent Asian, one percent American Indian or Alaska Native, and under one percent Native Hawaiian or Pacific Islander. Additionally, six percent of children in the state of Michigan were of mixed race, and nine percent of children were identified with Hispanic ethnicity and can be of any race.⁶

⁵ The monitoring team identified eight instances where DHHS' child-age variable did not match the monitoring team's child-age calculation. In each of these cases, the monitoring team calculated children's ages as one year older than did DHHS.

⁶ Data on the race of all children in the state of Michigan was sourced from the U.S. Census Bureau, Population Division, 7/1/2021 Population Estimate.

Table 1. Race of Children in Custody on December 31, 2024 and Race of Children in the State of Michigan on July 1, 2023

Source: MiSACWIS, US Bureau of the Census

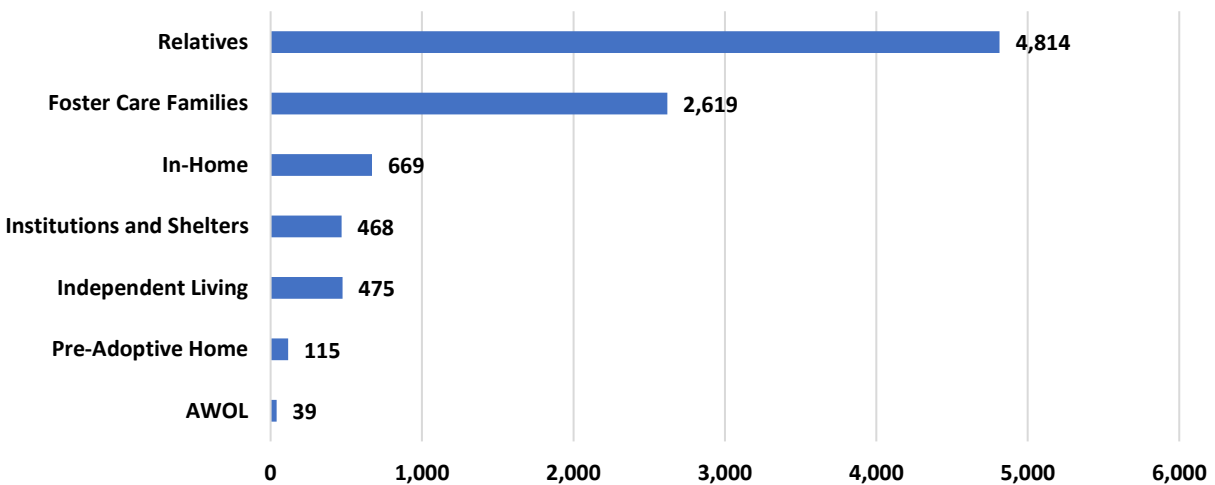
Race	Count (DHHS Custody)	Percent (DHHS Custody)	Percent (State of Michigan)
White	4,297	47%	73%
Black/African American	3,454	38%	17%
Mixed Race	1,363	15%	6%
American Indian or Alaska Native	64	1%	1%
Unable to Determine	11	<1%	--
Asian	10	<1%	4%
Native Hawaiian or Pacific Islander	1	<1%	<1%
Total	9,200	100%	100%
Hispanic ethnicity and of any race	708	8%	9%

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

As Figure 2 demonstrates, 89 percent of children in DHHS’ custody lived in family settings, including with relatives (52 percent), foster families (28 percent), their own parents (“in-home”) (seven percent), and in homes that intend to adopt (one percent). Of children in custody, 468 (five percent) lived in institutional settings, including residential treatment and other congregate care facilities. Another 475 children (five percent) resided in independent living placements, which serve youth on the cusp of aging out of care. Less than one percent were AWOL. There was one child with an unidentified placement and no children with placements in other settings.

Figure 2. Placement Types of Children in Custody on December 31, 2024

Source: MiSACWIS, n=9,200



Of the children in care on December 31, 2024, 37 percent were in care for less than one year, while 19 percent were in care for more than three years (see Figure 3).

Figure 3. Length of Stay of Children in Custody on December 31, 2024

Source: MiSACWIS, *n*=9,200

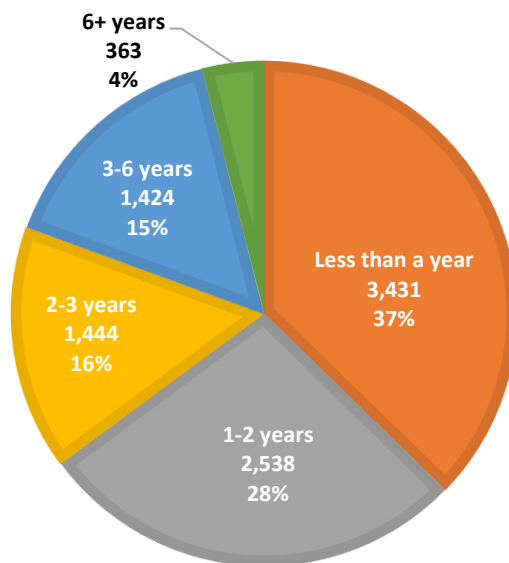


Table 2. Exits from Care by Exit Type, July 1, 2014 to December 31, 2024⁷

Source: MiSACWIS

Exit Type	Frequency	Percent
Reunification	754	40%
Adoption	700	37%
Emancipation	231	12%
Guardianship	126	7%
Living with relatives	60	3%
Transfer to another agency	10	1%
Runaway	0	0%
Death of a child	2	<1%
Total	1,883	100%

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

As Table 3 below demonstrates, of the children in custody on December 31, 2024, the majority (5,671 or 62 percent) had reunification as a federal goal. For the remaining children, 2,036 (22 percent) had a goal of adoption, 806 (nine percent) had a goal of APPLA, 573 (six percent) had a

⁷ The 1,883 exits include six children who exited care twice (the children appearing twice in the file had unique removal and discharge dates).

goal of guardianship, and 114 (one percent) had placement with a relative as a federal goal. There were no children with missing federal goal codes.

Table 3. Federal Goals for Children in Custody as of December 31, 2024

Source: MiSACWIS

Federal Goal	Frequency	Percent
Reunification	5,671	62%
Adoption	2,036	22%
APPLA	806	9%
Guardianship	573	6%
Relative	114	1%
Total	9,200	100%

Accountability

Outcomes

Safety – Maltreatment in Foster Care (6.1)

The child safety standard of maltreatment in care (MIC), focuses on keeping children in DHHS custody safe from abuse and neglect. DHHS committed to ensure that of all children in foster care during the applicable federal reporting period, DHHS will maintain an observed rate of victimizations per 100,000 days in foster care of less than 9.07, utilizing the CFSR Round 4 criteria developed by the federal government. Performance on this measure is calculated for DHHS by the University of Michigan based on the Adoption and Foster Care Analysis and Reporting System (AFCARS) and National Child Abuse and Neglect Data System (NCANDS) files produced by DHHS.

Performance for this commitment is reported annually. Performance for federal fiscal year (FFY) 2024, which ran from October 1, 2023 to September 30, 2024, was discussed in the MISEP 26 report. Performance for FFY 2025, October 1, 2024 to September 30, 2025, will be validated and reported in the future.

Permanency in 12 Months (6.3)

The Stipulated Order Amending the MISEP modified commitment 6.3 such that DHHS is required to develop strategy plans in select counties, covering at least 20 percent of the foster care population and at DHHS' choosing from among the "Big 14" counties of the State, to improve the rate of permanency for children within their first 12 months in foster care. The strategy plan is to focus on identified needs and barriers to be addressed in the respective counties to improve the rate of permanency for children within their first 12 months in foster care, such as court delays, parenting time, service array, father engagement, foster parent support, placement disruption,

and family resources among other such factors to be identified by DHHS. The strategy plan must include a description of the specific strategies to be implemented to improve permanency and set forth implementation action steps with timelines, identify lead staff responsible for implementation, and articulate the intended outcomes of each strategy.

DHHS committed to providing a copy of the strategy plan for each county to the monitoring team within 30 days of execution of the Stipulated Order. DHHS may thereafter modify the strategies contained in the plans during the 12-month implementation period, beginning January 1, 2024, as it deems appropriate. DHHS agreed to provide an updated strategy plan, containing the elements as described above, to the monitoring team within 30 days of any modification(s).

Then, by October 1, 2025, DHHS is to provide a Permanency within 12 Months Report to the monitoring team that shall include:

- The aggregate 12-month permanency rate for the children who entered foster care within the first six months of the previous period (January 1, 2023 – June 30, 2023) in the selected counties;
- The aggregate 12-month permanency rate for the children who entered foster care within the first six months of the period under review (January 1, 2024 – June 30, 2024) in the selected counties; and
- A summary of DHHS's efforts and strategies to improve permanency in the selected counties and data demonstrating any progress achieved.

Based on the above DHHS report, the monitoring team shall determine if DHHS made good faith efforts to improve the rate of permanency within 12 months in the selected counties. Positive trending in the aggregate permanency rate over the 12-month period shall be deemed to show that DHHS has made good faith efforts to improve permanency in the selected counties. Negative trending in the permanency rate over the 12-month period shall not, alone, be considered to show a lack of good faith efforts but will be considered by the Monitors together with all relevant factors. If DHHS is found to have made good faith efforts, this commitment shall exit court jurisdiction. Failure by DHHS to achieve a finding of good faith efforts will require an additional implementation period as described herein.

As detailed in prior reports, DHHS selected and is currently working with Ingham, Jackson, Kent, Muskegon, Oakland, and Saginaw as the focus counties for improving the permanency rate. The children in these counties constituted 20.9 percent of the foster care population served between January 1, 2023 and June 30, 2023, the baseline period for this measure. The aggregate 12-month permanency rate for children who entered foster care in the six counties during the 2023 baseline period was 9.5 percent.

DHHS developed a strategic plan to improve the 12-month permanency rate for children who entered care in the selected counties during 2024. As detailed in the MISEP 26 report, the plan identifies barriers to permanency in the selected counties and details statewide and county specific strategies to address the identified barriers with a focus on ensuring adequate services, collaborative relationships with judicial partners, and family engagement. Implementation of the plan began in January 2024 and continued through the period.

During MISEP 27, DHHS reported that executive level meetings were held with Director Hertel, DHHS executive leadership, Children's Service Agency (CSA) leadership, permanency resource monitors (PRMs), and directors in the participating counties to discuss permanency barriers and strategies. The meetings were said to have included discussion of individual cases as well as systemic barriers. DHHS reported common themes identified during case specific discussions included access to behavioral health services for children and families, housing issues, substance abuse, mental health needs, concrete needs, and court delays. Common themes related to systemic issues included service contract development/expansion, funding, legislative/rule analysis, data analysis, court orders, and collaboration with partners.

The monitoring team will report on the aggregate 12-month permanency rate for children who entered foster care between January 1, 2024 and June 30, 2024 and DHHS' good faith efforts to improve the permanency rate for this period in future reports.

Contract Oversight

Contract-Agency Evaluation (5.1)

The MISEP requires DHHS to conduct contract evaluations of all Child Caring Institutions (CCIs) and private Child Placing Agencies (CPAs), including an annual inspection of each CPA, an annual visit to a random sample of CPA foster homes, and an annual unannounced inspection of each CCI. During the required visits, the Division of Child Welfare Licensing (DCWL) is expected to monitor compliance with rule, policy, contract, and MISEP requirements, with the primary focus being the safety and well-being of children. Following the death of a child in custody in a residential facility in 2020, DHHS identified to the Monitors a set of strategies designed to improve child safety, including strengthening and coordinating contract monitoring, licensing oversight, and technical assistance regarding CCIs.

DHHS reported that during this period DCWL continued to be funded for 22 child welfare licensing agency consultants who performed monitoring activities including annual licensing inspections, investigations, technical assistance, and consultation. Additionally, DHHS reported that five agency analysts conducted visits comprised of interviews with foster parents, foster children, and unlicensed relative caregivers to evaluate licensed foster homes and relative homes for safety concerns. Three area managers and one program manager supervised the field consultants and

field analysts. The Residential Collaboration and Technical Assistance Unit (RCTAU) was reassigned to DCWL in 2023 and during the period was comprised of five analysts responsible for contract oversight and technical assistance to CCIs, along with one RCTAU manager.

DHHS reported that during the period, DCWL engaged in monthly virtual meetings to revise select CCI rules and discuss potential additions to the rules with stakeholders from public and private CCIs and court operated facilities (COFs), the Department of Education, the Juvenile Justice Program Office, MDHHS' legal division, Native American Affairs and Race Equity, and individuals from the community. Internally, DCWL reported that it focused on key processes and protocols including: refinement of corrective action plan (CAP) follow-up protocols; coaching and mentoring of staff, with DCWL area managers shadowing CCI and CPA consultants and analysts in community environments to train staff; formalized restraint review protocols, which detail processes for weekly review of restraint incident reports; and updated unannounced visit protocols. Additionally, DCWL reported it held monthly Foster Home Licensing Supervisor meetings and reviewed rules, policies, system updates, and training opportunities.

Child Caring Institutions (CCIs)

DHHS reported that during MISEP 27 DCWL conducted 17 unannounced renewal and eight unannounced interim inspections of CCIs, totaling 25 inspections for the period. DHHS determined that 14 of the CCIs required CAPs. DHHS determined eleven CCIs were in substantial compliance with statutes, administrative licensing rules, contract regulations, and MISEP requirements, as per DHHS' reporting, so CAPs were not required for these agencies.

As of the end of the period, three contracted CCIs were issued a first provisional license based on DCWL's investigational findings during the period. Two additional CCIs were recommended for a first provisional license. There were two contracted CCI closures during the period.

DCWL completed 215 special investigations involving 375 allegations in 41 contracted CCIs for MISEP 27, according to DHHS. One hundred eleven (51.6 percent) of the 215 special investigations resulted in a substantial compliance finding by DHHS with no CAP required. Violations were found in 104 (48.4 percent) of the 215 special investigations with 158 rule violations established and CAPs required in all 104 investigations.

Seventy-one of the rule violations were repeat violations of the same rule at that facility within the previous two years. The number of times that the same rule was violated at a particular facility within the previous two years ranged from one to eight times. In 20 instances, the facility had four or more instances of violations of the same rule within the previous two years.

One hundred and eighty-four (85.6 percent) of the 215 special investigations were referred to Centralized Intake (CI) and 103 of these allegations were assigned for CPS investigation into abuse

and/or neglect of children. Sixteen (15.5 percent) of the 103 investigations resulted in a substantiated disposition of child abuse and/or neglect, while 87 (84.5 percent) of the investigations resulted in an unsubstantiated disposition by DHHS.

The monitoring team reviewed all 215 CCI special investigations for the period, the CAPs that were required by DHHS in the 104 investigations that resulted in violations, and the CAP follow-up documentation provided by DHHS. This review revealed ongoing concerns for youth safety at contracted agencies, including in instances after DHHS cited the agency for rule violations and required a CAP. The safety concerns included: inappropriate placement of youths with intense needs at agencies that were not equipped to serve them safely; staff who were not trained adequately or who were not adequately qualified for their positions; youths who repeatedly walked away from facilities alone and without permission (known as going Absent Without Leave or AWOL), and failure at some agencies to correct serious safety issues despite ongoing rule violations, CAPs, and DHHS oversight.

Failure to Correct Safety Issues Despite Ongoing Rule Violations and CAPs

Sixty (27.9 percent) of the 215 special investigations involved repeat violations of the same rule within a two-year period. Many of those investigations involved multiple repeat violations of the same rule, ranging from one to six violations of the same rule in the previous two years, for a total of 178 repeat rule violations. This raises significant concerns about the effectiveness of state oversight to “ensure, among other things, the safety and well-being of Plaintiffs” as set forth in the MISEP.

The monitoring team’s review of all 215 special investigations showed that repeat rule violations within a facility were often assessed as isolated incidents without consideration of the pattern of violations. For example, repeated incidents involving physical altercations or AWOLs within a facility sometimes indicated that the existing staffing ratio was insufficient to maintain “the safety and well-being of Plaintiffs” as set forth in the MISEP and referenced above. However, this underlying issue was not considered when reviewing each incident in isolation.

The review of special investigations during this period revealed four facilities with especially concerning patterns of incidents and rule violations that continued to pose a risk to children in the class. The monitoring team reviewed each facility’s RCTAU Action Plan for the reporting

period, risk score,⁸ and use of restraints. The monitoring team also assessed the facilities' more current (as of September 2025) risk scores to assess whether DHHS had effectively addressed the 2024 safety concerns after the end of the reporting period. One of these facilities lowered its risk score beneath 15 – the DHHS-identified threshold for heightened engagement – in September 2025, but two of the facilities continued to pose a high risk through September 2025 despite multiple active CAPS and DHHS engagement. Closure of the fourth facility was recently announced. Concerning patterns at these facilities included:

- A facility with the highest risk score of any facility in Michigan for 22 of 25 weeks, ranged between 31.9 and 51.3 during the period. The average weekly score was 41.2. The score was most heavily weighted by the number of restraints recorded for this facility. During the period, this facility reported an astonishing 128 restraints of children (an average of 21 per month) for an average census of four youths. While the RCTAU Action Plan contained multiple entries indicating that “technical assistance” was being provided around restraint reduction strategies, there was only one month where the number of restraints was less than 10.⁹ This facility continued to have a risk score of 32.9 in September 2025.
- A facility that was consistently within the top five highest risk scores in the State, had scores ranging from 23.5 to 49.6 and averaging 35.5 for the period. This facility's score was most heavily weighted by confirmed allegations of child abuse and/or neglect and substantiated special investigations. As in prior reporting periods, the facility documented many instances of youths going AWOL from the grounds of the facility and a protocol that requires staff to follow a youth until they lose “line of sight” and then notify local law enforcement. Special investigations and MIC investigations quoted staff as saying that the area around the facility was not safe for staff, so they were not able to follow youths once they left the facility. At the same time, youths were routinely walking into that unsafe area. It was also documented that youths were staying in abandoned houses in the area. In mid-September of 2024, there were 12 open special investigations, seven of which were related to AWOL. There were five open investigations into child abuse and/or

⁸ During the period, DHHS calculated a risk score for each facility which was derived by taking the sum of open CPS investigations, confirmed MIC investigations, and substantiated special investigations at the facility multiplied by the factor for the facility (a number between 0.6 and 1.0 determined by the facility's average population over the last six months), then the number of restraints during the past six months was added, as well as an additional point if the facility had a regular licensing status and a substantiated violation. If a facility's risk score increased to 15.0 or higher, the facility was subject to heightened monitoring by, and engagement with, the RCTAU. The strength of the state's risk identification is in part contingent on the quality of its investigations. And while the records demonstrate that the state found rule violations in 104 of the 215 special investigations, the monitoring team determined that an additional 61 investigations missed rule violations or were conducted insufficiently.

⁹ As discussed in Footnote 8, DHHS' methodology for identifying risk to child safety at CCIs during the period included the number of restraints at the facility.

neglect, four of which were AWOL related. In a note from RCTAU in early December 2024, it was revealed that there were 39 total incidents of AWOL in the month of October and in one week in November, there were 12 incidents of AWOL. Through this reporting period, the monitoring team could not find evidence that AWOL incidents at this facility were effectively being managed or that RCTAU engagement was leading to a decrease in AWOL behaviors on the part of the youth residing there. This facility continued to have a risk score of 29 in September 2025.

- A facility that was consistently among the top four riskiest facilities ranged between 25.1 and 40.5 and averaged 32.7 for the six-month period. The facility's score was most heavily weighted by confirmed child abuse and/or neglect investigations, substantiated special investigations, and the use of restraints. Over the period, this facility reported 107 restraints (an average of 18 per month) to an average census of 16 youths.¹⁰ The facility's risk score began to slowly decline in September of 2024 and was under 15 for the first time in September 2025.
- A facility that served female youth with a history of sexual abuse and sexual exploitation ranged between 23.6 and 39.8 and averaged 30.6. The score was most heavily weighted by confirmed child abuse and/or neglect investigations and substantiated special investigations. The facility reported a total of 40 restraints during the period.¹⁰ In the latter part of the reporting period, the monitoring team reviewed several confirmed MIC investigations that were the result of staff engaging in physical altercations (fights, pushing, pulling hair) with youths. In several cases, staff were terminated by the facility prior to the conclusion of the investigation. In November 2024, this facility was placed on a First Provisional license. DHHS informed the monitoring team in October 2025 that the facility was ending residential youth mental health programming and closing their contracts with DHHS.

Inappropriate Placement of Youth with Intense Needs

While 176 special investigations did not raise issues around youths' access to necessary mental health services, 39 of the special investigations provided evidence that the significant mental health needs of youths were not being met, leading to serious safety risks to children. In many of these cases youths had significant psychiatric needs that worsened, often evidenced by ongoing emotional outbursts and aggression, including physical altercations with staff and other youths. Some of the youths were described as being severely dysregulated. The documents included numerous examples of youths whose psychiatric needs went unmet and whose extreme behaviors outmatched the training and capacity of staff, leading to safety issues such as a youth

¹⁰ As discussed in Footnote 8, DHHS' methodology for identifying risk to child safety at CCIs during the period included the number of restraints at the facility.

choking another resident until that child lost consciousness, self-harming behaviors such as cuts that required up to 15 sutures, youths’ attempts to strangle themselves, and almost daily fights resulting in youth and staff injuries. The prevalence of youths who could not be prevented from going AWOL despite documentation that apparently required them to be subject to one-on-one staffing raises serious safety and suitability concerns about these particular institutional placements.

Failure to Address Systemic Issues Related to Unsafe Physical Intervention with Youths

Twenty-six violations of CCI rule 400.4158(1)(a)(ii), which prohibits any type of physical punishment including hitting or striking, throwing, kicking, pulling, or pushing a youth on any part of their body, were cited during the period. Of the 41 facilities that were subject to special investigations during the period, fifteen facilities (36.6 percent) were cited for violations of this rule, including ten (24.4 percent) which also had previous violations of this rule within the last two years. The repeated pattern of unsafe physical intervention with youths calls into question the adequacy of the state’s response to these incidents. While staff were often terminated as a result of these violations, the repeated pattern of violations of this rule at these facilities suggests that a more systemic review of the causes of these incidents and implementation of corresponding systemic corrective action is needed to ensure the safety of youths. The following table shows the number of investigations with violations of this rule by facility during this period for the facilities that also had at least one previous prior violation of this rule in the prior two years. The table shows the number of violations of this rule, by facility, during the period and in the prior two years.

Table 4. CCI Violations of Rule 400.4158(1)(a)(ii)

Facility	Violations of rule during MISEP 27	Violations of rule in previous 2 years
Facility A	2	2
Facility B	1	1
Facility C	2	5
Facility D	2	1
Facility E	1	4
Facility F	3	6
Facility G	2	3
Facility H	1	1
Facility I	4	5
Facility J	2	4

Repeated Youth AWOLs

Twenty-eight (13.0 percent) of the 215 investigations involved youths going AWOL from 12 facilities. Nine of these facilities had one or two investigations involving a youth AWOL during the period, one facility had three, one facility had four, and one facility had ten such investigations.

While some of the AWOL incidents were brief in nature and youths did not go far from the facility, others involved youths who repeatedly walked away from the facility for extended periods of time. Significant safety issues accompanied many AWOL incidents, including: youths with significant mental health needs, including active suicidality, hallucinations, or cognitive impairments, who were without supervision and who had access to methods for self-harm; youths who engaged in sexual activities while AWOL; two youths who returned with matching brands that raised concern about human trafficking; youths running close to or across heavily trafficked roads; youths whose whereabouts were unknown overnight and who sometimes obtained rides from strangers; a youth who climbed to the top of an antenna that was 25 – 40 feet in the air; youths leaving facilities without shoes, sometimes in very cold weather; and youths using drugs and alcohol and panhandling while AWOL.

The ineffectiveness of state oversight was implicated in those facilities where AWOL behavior appeared to be routine and frequent. Facility policy often included that staff should follow youth when they walk away from the facility as long as they can maintain a line of sight to the youth. Once they cannot see the youth, policy directs they report the youth as missing. The evidence in many investigations showed that staff followed these policies, sometimes over and over again for the same youth. Because staff followed policy, rule violations were often not established related to patterns of ongoing and repeated AWOL behavior. The risks recurred over and over again in these facilities and DHHS did not adequately address the safety concerns and underlying root causes related to youth going AWOL.

Significant Delays in Implementation of Corrective Action

Significant amounts of time elapsed between the incident resulting in a rule violation and the implementation of corrective action, per the implementation dates in the CAPs, in 55 (25.6 percent) of the investigations. In 49 of these cases the CAP was not submitted timely. Once submitted, CAPs often had corrective action implementation dates scheduled for many weeks beyond the CAP submission date. This pattern resulted in corrective action implementation dates that often occurred five or six months after the incident and in extreme cases was even longer. While staff termination was often implemented timely, there were delays in other important types of corrective action such as real-time feedback for staff, training, review of policies in staff

meetings, and rectifying program operation violations such as a failure to provide outdoor recreation or to prevent youth access to a central control room.¹¹

Child Placing Agencies (CPAs)

DHHS reported that during MISEP 27 there were 35 CPA inspections, which included 13 interim and 22 biennial renewal inspections. The annual inspections were conducted on-site by agency consultants for the purpose of determining compliance with applicable Michigan statutes, licensing rules, DHHS select contract components, and federal regulations. Six (17.1 percent) inspections resulted in a finding of substantial compliance and therefore no CAP was required. Twenty-nine (82.9 percent) inspections required CAPs due to non-compliance involving 263 established violations. In addition to 56 violations of contract and/or policy violations, as with MISEP 26, the most violated rules involved: Foster Parent Information (R400.12417); Development of Service Plan (R400.12418); Personnel Records (R400.12212); and Special Evaluation (R400.12327). One CPA was issued a second provisional license, and another CPA remained on a provisional license. There were two CPA closings during the period.

DCWL field analysts conducted annual home visits to assess safety and service provision within licensed foster homes, as well as unlicensed relative homes supervised by agencies with interim and renewal inspections. According to DHHS, DCWL field analysts visited a random sample of licensed foster homes and unlicensed relatives associated with 31 of the 35 contracted CPAs scheduled for a renewal or interim inspection during MISEP 27. Four of the agencies did not supervise any foster or unlicensed relative homes.

DCWL field analyst reports indicated that 91 foster homes and 87 unlicensed relative homes were visited during MISEP 27 for a total of 178 home visits. DCWL issued 20 safety alerts for urgent or critical concerns in eight licensed foster homes and 12 unlicensed relative homes. The safety alerts addressed a range of concerns.¹²

¹¹ Youth are not supposed to have access to the control room in this secure facility because the controls to lock and unlock unit doors are located there, and items that could be used as weapons are kept there as well, such as pens and toothbrushes. However, several investigations at this facility during MISEP 27 included incidents in which staff left the door to this room open and youths gained access, resulting in a range of dangerous outcomes including physical altercations between staff and youths, youths accessing prohibited items that could be used as weapons, and one youth pushing buttons and then escaping the secure unit.

¹² Documented concerns included household disrepair (unfinished ceiling and walls in a child's bedroom, a ceiling hole in a breakfast nook that exposed plumbing, peeling paint in a bedroom, and water in a basement); inoperable or missing smoke and carbon monoxide detectors; nine unvaccinated animals in a home; improper bedroom egress; unsecured weapons; improper medication and chemical storage; and homes with pools lacking proper door alarms or safety equipment. Follow-up to the safety alerts was noted on the safety alert form and in the annual agency inspection reports.

The MISEP requires that the field analysts visit a certain number of each CPAs’ foster homes, relative to the total number of homes supervised by the agency. CPAs with fewer than 50 homes are required to have at least three licensed foster homes visited, and those agencies with 50 or more licensed homes are required to have five percent of those foster homes visited. All agencies under CPA supervision met this visit requirement during the period.

During MISEP 27, DCWL licensing consultants conducted 57 special investigations in 30 contracted CPAs. The investigations addressed 88 allegations of non-compliance related to rule, policy, contract, and MISEP requirements. The chart below details the findings of the 57 investigations.

Table 5. CPA Special Investigation Outcomes, MISEP 27

Investigation Outcome	Count	Percent
CPA was found in substantial compliance	32	56%
Licensing violation(s) established, CAP required	24	42%
Licensing violation(s) established, licensure revocation recommended	1	2%
Total	57	100%

Forty-two (47.7 percent) of the 88 allegations of non-compliance were established as licensing violations.¹³ Fourteen (46.7 percent) of the 30 agencies investigated had established violations. Six agencies had multiple investigations with established violations, accounting for 28 (66.7 percent) of the 42 established violations.

The monitoring team reviewed all 57 CPA special investigations and all 24 CAPs. Agencies with violations were notified by a DCWL special investigation letter that a CAP was due 15 days from

¹³ Examples of instances resulting in established violations included: a pregnant non-English speaking teen at an independent living home had not been advised of what to do when she went into labor, and when she and another resident reported contractions to staff they were unresponsive until the following morning when they told the pregnant teen’s friend to call 911; parenting time visits were cancelled by an agency due to staffing shortages and visits were not rescheduled; a staff person at an independent living home, who was subsequently terminated, spoke in a demeaning manner to a youth, telling her she was promiscuous, a liar, and manipulative; an agency allowed a foster child to use an unfinished basement as a bedroom; the agency’s foster care worker was aware of a youth smoking marijuana in the presence of and with his foster parent, and did nothing to stop it, and upon a special evaluation, instructed the foster mother what to say to cover up what was occurring; a staff member at an independent living home, who was subsequently terminated, told a resident that it wasn’t an issue that he took another youth’s medication, and then asked the youth which staff persons he would want to have sexual encounters with and proceeded to graphically describe to the youth how she would perform particular sexual acts; a staff member falsified records, documenting visits that had never occurred; an agency ignored an applicant’s history and reopened a foster home with no restrictions, despite previous revocation recommendations and concern regarding her caring for youth with severe behavioral issues; the water at an independent living home had mold in it, causing youth to have health issues including infections, rashes, and for a youth with psoriasis, painful skin irritations that resulted in a hospital visit; and a youth at an independent living facility with a head injury was advised by the doctor to have his staples removed in five days, but the agency failed to bring him back until day 11, and the youth also missed several of his medication dosages as refills did not occur timely.

the date of the letter. The letter also indicated that failure to submit an acceptable CAP would result in disciplinary action.

DHHS reported that during MISEP 27, CPAs conducted 259 foster home special evaluations, which are investigations initiated by a supervising agency when an allegation is made concerning a foster home within its network. If the supervising agency determines the foster home has not complied with licensing rules, the foster home may be required to implement a CAP, which is developed and monitored for compliance by the CPA.¹⁴ In other instances, the CPA may recommend a foster home be put on a provisional license or have their license revoked. The following chart details the findings of the MISEP 27 special evaluations.

Table 6. CPA Special Evaluation Outcomes, MISEP 27

Evaluation Outcome	Count	Percent
Foster home was found in substantial compliance	177	68%
Licensing violation(s) established, CAP required	65	25%
Licensing violation(s) established, licensure revocation recommended	17	7%
Total	259	100%

The monitoring team reviewed all 259 special evaluations and corresponding CAPs. Of the investigations, 77 were referred to and accepted for child abuse and/or neglect investigations. Seventy-three (94.8 percent) of these investigations resulted in unsubstantiated dispositions, and four resulted in substantiated dispositions.

Quality Service Reviews

DHHS continues to implement the QSR process to provide a probative review of case practice in a selection of cases, surfacing strengths as well as opportunities for improvement in how children and their families benefit from services. Each review focuses on an identified county or counties and includes in-depth case reviews, as well as focus groups and surveys.

The parties agreed that performance for two commitments would be measured through QSR case reviews. The first commitment is Assessments and Service Plans, Content (6.19). The performance standard for this commitment is 83 percent.¹⁵ The second commitment is Provision of Services (6.20). The performance standard for this commitment is 83 percent.

¹⁴ DCWL is not required to approve CAPs for special evaluations. As part of DCWL’s CPA audit inspections, consultants review all special evaluations for corporal punishment and a sample of other special evaluations occurring after the last inspection.

¹⁵ On September 6, 2022, Judge Edmunds issued a Stipulated Order which amends the Designated Performance Standard for Section 6.19 from 90 percent to 83 percent and the Floor Performance Standard from 85 percent to 80 percent. These amended performance standards are retroactive to June 27, 2019, the day the MISEP was filed.

During MISEP 27, DHHS conducted six blended CFSR/QSR reviews. The monitoring team participated in the blended reviews in July 2024, joining in case reviews and scoring.

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

Assessments, Service Plans, and Provision of Services (6.19, 6.20)

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

The written service plan must include:

- A child's assigned permanency goal;
- Steps that DHHS, CPAs when applicable, other service providers, parents, and foster parents will take together to address the issues that led to the child's placement in foster care and that must be resolved to achieve permanency;
- Services that will be provided to children, parents, and foster parents, including who will provide the services and when they will be initiated;
- Actions that caseworkers will take to help children, parents, and foster parents connect to, engage with, and make effective use of services; and
- Objectives that are attainable and measurable, with expected timeframes for achievement.

DHHS reviewed 25 children's cases, with 67 applicable items relevant to this commitment during MISEP 27. Of the 67 applicable items, DHHS reported that 60 (89.5 percent) were rated as having acceptable assessments and service plans, exceeding the performance standard of 83 percent for this commitment. *Per the MISEP, performance during this period makes this commitment eligible for rolling exit.*

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

DHHS reviewed 25 children's cases, with 66 applicable items relevant to this commitment during MISEP 27. Of the 66 applicable items, DHHS reported that 55 (83.3 percent) were rated as acceptable for provision of services, meeting the 83 percent performance standard for this commitment.

Permanency

Developing Placement Resources for Children

Foster Home Array (6.4)

In the MISEP, DHHS committed to maintain a sufficient number and array of homes capable of serving the needs of the foster care population, including a sufficient number of available licensed placements within a child's home community for adolescents, sibling groups, and children with disabilities. DHHS agreed to develop for each county and statewide an annual recruitment and retention plan, in consultation with the monitors and experts in the field, which is subject to approval by the monitors. DHHS committed to implement the plan, with interim timelines, benchmarks, and final targets, to be measured by the monitors based on DHHS' good faith efforts to meet the final targets set forth in the plan.

DHHS' Adoption and Foster Parent Recruitment and Retention (AFPRR) plans cover the state fiscal year (SFY), running from October 1st to September 30th each year. This report covers DHHS' recruitment efforts for SFY 2024 which concluded on September 30, 2024, during MISEP 26. In addition, this report covers the first three months of the SFY 2025 recruitment cycle, which extended from October 1, 2024 through December 30, 2024.

For SFY 2024, DHHS agreed to license 915 new non-relative homes. Statewide, DHHS licensed 809 new unrelated homes, 88.4 percent of the SFY 2024 non-relative licensing goal. During that same period, 978 unrelated foster homes were closed, for a net loss of 169 homes, although the population of children in custody remained relatively stable during this period. On December 31, 2023, the child custody population was 9,152 and on December 31, 2024, the child custody population was 9,200.

For the special populations of children, DHHS agreed to license 589 foster homes willing to accept adolescent placements, 570 homes for sibling groups, and 76 homes for children with disabilities. DHHS licensed 244 adolescent homes during SFY 2024, 41.4 percent of the target for the year. During the same period, 350 homes for teens were closed, resulting in a net loss of 106 homes. Regarding homes for children with disabilities, DHHS licensed 570 homes, surpassing the SFY 2024 licensing goal. However, 685 homes for children with disabilities were closed, resulting in a net loss of 115 homes available for placement of children with disabilities. Four hundred fifty-seven homes were licensed for siblings, 80.2 percent of the SFY 2024 licensing goal. Simultaneously, 611 homes for sibling groups were closed, for a net loss of 154 sibling homes.

For SFY 2025, DHHS agreed to license 721 new non-relative homes of which 482 will accept adolescent placements, 36 homes will accept children with disabilities, and 530 homes will accept sibling groups. During the first three months of the fiscal year, DHHS licensed 131 non-relative foster homes statewide, 18.2 percent of the SFY 2025 licensing goal. During this same time, 195 existing homes were closed, resulting in a net loss of 64 homes. In the first three months of SFY 2025, 44 homes for teens were licensed, 9.1 percent of the full year's licensing goal. Simultaneously, during the first three months of the fiscal year, 65 homes for teens were closed, resulting in a net loss of 21 homes. There were 92 homes for children with disabilities licensed in the first three months of SFY 2025, surpassing the licensing goal for SFY 2025. However, 145 homes willing to accept children with disabilities were closed resulting in a net loss of 53 homes. Sixty-nine homes accepting sibling groups were licensed, 13.0 percent of the SFY 2025 licensing goal. Meanwhile, 125 homes for sibling groups were closed, resulting in a net loss of 56 homes.

To maintain an array of foster homes to meet the needs of the foster care population, DHHS must continue to work towards closing the gap between newly opened and closed homes. Focusing on the retention of already existing homes should remain a top priority as well as continuing recruitment efforts. During the last several years, DHHS began to develop, implement, and monitor systemic strategies directed to achieving its recruitment and retention goals. The Department collaborated with several external agencies and experts in the field and brought together DHHS and private agency staff, foster parents, and community members for conferences and training. Highlights of DHHS' recruitment efforts include:

- Updated Foster Family Recruitment, Support, and Development Policy: An updated policy took effect on October 1, 2024. The policy requires that prospective foster parents be contacted within three business days of inquiry and invited to attend an orientation. If a family cannot attend the scheduled training sessions, the licensing agency can request an exception to provide individualized training or make alternate arrangements.
- Monthly Meetings Between Business Service Center (BSC) Directors and Central Office: Monthly meetings are held with BSC Directors and foster home development staff from

Central Office to discuss foster home licensing data, recruitment challenges, and effective strategies to develop new foster homes.

- Community and Faith-Based Initiative on Foster Care and Adoption: DHHS has hired a full-time employee dedicated to leading the Community and Faith-Based Initiative on Foster Care and Adoption. The goal of the initiative is to build partnerships with local community leaders, business representatives, and faith leaders to meet the needs of foster and adoptive children and their families. Focuses include helping to develop placements for children within their communities and placements to keep siblings together.
- Licensing and Adoption Special Conference: In November 2024, Michigan hosted a two-day Licensing and Adoption Special Conference for licensing workers and supervisors, with approximately 350 attendees. The conference featured sessions and workshops on foster home recruitment, with an emphasis on targeted recruitment.
- Foster Home Referral Incentive Program: DHHS implemented a Foster Home Referral Incentive Program making available to foster parents a \$250 incentive payment for making referrals that lead to a foster parent's licensure. Foster parents qualify for an additional incentive up to \$500 after the referred foster parent maintains placement of a child for at least 90 days.
- Family Incentive Grant Funding: DHHS continues to use family incentive grant funding to assist families with overcoming financial barriers to achieving licensing rule compliance. Funds are available to help with home improvements, medical clearances, and any potential safety concerns in the home.
- Raising Hope and Foster Dreams Marketing Plan: DHHS collaborated with a professional marketing firm to create marketing materials and purchase advertising for foster home recruitment. Some strategies included social media ads, YouTube ads, as well as a specialized recruitment effort with Michigan State University's athletic department to advertise during sporting events.

DHHS' retention efforts, with a goal of reducing the number of foster home losses, include:

- Foster Parent Retention Framework: DHHS in collaboration with AdoptUsKids developed a Michigan specific Foster Parent Retention Framework to address longstanding issues regarding foster parent retention. In addition, DHHS then directed that county retention plans must include specific strategies directed to support the needs of foster parents.
- Statewide Foster Family Support Services Survey Report: DHHS sent licensed foster families a Statewide Foster Family Support Survey, which was completed by 1,002 foster parents. The number one area identified as needing more support was respite.

- Statewide Respite Program: This program was developed during SFY 2023 and continues to grow. Through this program, foster families can access respite care for up to 12 days per quarter per child. Respite offers crucial support to foster families helping to prevent burnout and providing much needed relief.
- Closed Foster Home Surveys: DHHS sends approximately 100 surveys each month to foster parents whose license was recently closed to gain an understanding of the reasons for home closure, services that were beneficial to the family, and whether additional support was needed. Statewide, regional, and agency specific reports are completed and provided to every agency in Michigan. During SFY 2024, 359 former foster parents completed the survey for an overall response rate of 29.4 percent. The top three reasons for foster parents closing their homes are children being adopted (39.8 percent), family needs (32.8 percent), and burnout/frustration (29.9 percent).

While much work remains, the department’s recruitment and retention efforts, as outlined above, have resulted in progress. DHHS achieved 88.4 percent of the total foster home licensing goal for FY 2024, an increase from the 84.1 percent achieved in FY 2023. DHHS exceeded the target for homes for children with disabilities and reached 80.2 percent of the target for homes that take sibling groups. Additionally, DHHS saw the total number of foster home closures at its lowest point in five fiscal years. DHHS has also increased their use of kinship homes, which accounted for 52.0 percent of placements as of December 31, 2024. Based on the agency’s many efforts and improvements, the monitors find that DHHS has demonstrated good faith efforts to maintain a sufficient array of homes to meet the needs of the foster care population. *Per the MISEP, performance during this period makes the commitment eligible to move to “Structures and Policies.”*

Relative Foster Parents, Initial Home Studies (6.10.a)

When children are placed in out-of-home care, preference must be given to placement with a relative. DHHS committed to ensuring that safety assessments, safety planning (when appropriate), and background checks occur for all non-licensed homes. The MISEP relative commitments are particularly important to child safety as 52 percent of children in DHHS custody were living with relatives at the conclusion of MISEP 27. In the MISEP, DHHS committed to ensure that:

- Prior to a child’s placement, DHHS will visit with relatives to determine if it is safe;
- Law Enforcement and Central Registry background checks for all adults living in the home will be completed within 72 hours of placement; and

- A home study will be completed within 30 days of placement to determine whether the placement is safe and appropriate.

The parties agreed that the Monitors will conduct an independent qualitative review each period to measure DHHS' performance for this commitment. The designated performance standard is 95 percent.

For MISEP 27, the monitoring team reviewed a random sample of 65 unlicensed relative homes. The monitoring team determined that performance was achieved overall in 50 cases (76.9 percent) and was not achieved in 15 cases (23.1 percent), therefore DHHS did not meet the designated standard of 95 percent. For four of the 15 noncompliant cases, the deficiency was solely due to insufficient evidence to validate the timely completion of background checks. For each of the individual safety requirements, DHHS' performance was as follows:

- An initial home safety visit prior to placement was completed for 65 homes (100 percent).
- Law Enforcement and Central Registry background checks were completed for caregivers within 72 hours of placement for 59 (90.8 percent) of the 65 homes.
- Twenty-eight homes had additional adult household members. Law Enforcement and Central Registry background checks were completed timely for 24 (85.7 percent) of the 28 homes.
- Michigan policy requires that all caregivers and adult household members must have their names and addresses searched on the Michigan Public Sex Offender Registry. The monitoring team was able to find evidence that this background check was completed for 59 (90.8 percent) of the 65 homes.
- A home study was completed within 30 days for 65 relative placements (100 percent).¹⁶

Relative Foster Parents, Annual Home Studies (6.10.b)

The MISEP requires that a relative placement home study, including all clearances, must be completed, and approved annually¹⁷ for unlicensed caregivers to ensure the safety of children placed in relative homes. An approved relative home study is valid for one year. This commitment is measured through an independent qualitative review conducted by the Monitors with a designated performance standard of 95 percent.

For this commitment, the monitoring team reviewed a random sample of 66 unlicensed relative homes due for an annual home study. The monitoring team found that 39 homes (59.1 percent)

¹⁶ Credit for timeliness was given to one home study completed three days late.

¹⁷ Annually is defined as within 365 days of the last relative home study. The supervisor must review and approve the DHS-3130A within 14 calendar days after the date it was completed.

met each of the performance requirements in the MISEP, and 27 homes (40.9 percent) did not. The performance requirements were not met for 17 of the 27 homes solely because of insufficient evidence to support the timely completion of updated background checks.

An annual home study was approved timely by the supervisor for 66 homes (100.0 percent). Additionally, for relative caregivers, Central Registry checks were completed timely, prior to the approval of the annual home study, in 53 cases (80.3 percent), and law enforcement background checks were completed timely in 50 cases (75.8 percent). Thirteen homes had additional adult household members. Central Registry checks were completed timely for 10 (76.9 percent) of these homes, and law enforcement background checks were completed timely for nine (69.2 percent) of these homes. Michigan policy requires that all caregivers and adult household members must have their names and addresses searched on the Michigan Public Sex Offender Registry. The monitoring team was able to find evidence that this background check was completed for relevant individuals in 48 cases (72.7 percent). DHHS did not meet the designated performance standard of 95 percent during the period.

Placement Standards

Placing Siblings Together (6.6)

The MISEP requires DHHS to place siblings together when they enter foster care at or near the same time. Exceptions can be made if placing the siblings together would be harmful to one or more of the siblings, one of the siblings has exceptional needs that can only be met in a specialized program or facility, or the size of the sibling group makes such placement impractical notwithstanding efforts to place the group together. The Stipulated Order Amending the MISEP specifies that this commitment shall become eligible to immediately exit the MISEP and the Court's jurisdiction after two consecutive periods of positive trending in validated performance from the baseline measure (78.4 percent) reported in the Court Monitor's report for MISEP Period 23. DHHS provided data to the monitoring team indicating there were 352 sibling groups whose members entered foster care within 30 days of each other during MISEP 27. Of these 352 sibling groups, 288 (81.8 percent) were either placed together or had a timely approval for an allowable exception. This represents a 0.1 percent decrease from the MISEP 26 performance of 81.9 percent, which is at best flat across the periods and does not reflect positive trending.

Section 6.6b requires that when siblings are separated at any time except for any of the aforementioned reasons, the case manager shall make immediate efforts to locate or recruit a family in whose home the siblings can be reunited. Efforts to place siblings together are to be documented and maintained in the case file and reassessed quarterly. The parties agreed that the monitoring team would conduct an independent qualitative review to measure performance for this commitment.

For MISEP 27, the monitoring team reviewed 44 randomly selected children's case records subject to this provision and found that DHHS met the terms of the commitment in 33 cases (75.0 percent), below the designated performance standard of 90 percent.

Emergency or Temporary Facilities, Length of Stay (6.8)

DHHS is required to ensure children shall not remain in emergency or temporary facilities, including shelter care, for a period lasting more than 30 days unless exceptional circumstances exist. DHHS committed to ensure that no child shall remain in an emergency or temporary facility for a period lasting more than 60 days with no exceptions. The agreed-upon performance standard for this commitment is 95 percent. DHHS served 11,039 children during MISEP 27, and 61 (0.55 percent) were placed in emergency or temporary facilities during the reporting period. Of these 61 children, 44 (72.1 percent) were placed within the length of stay parameters. DHHS did not meet the performance standard during MISEP 27.

Emergency or Temporary Facilities, Repeated Placement (6.9)

The MISEP requires that no child be placed in an emergency or temporary facility more than one time in a 12-month period unless exceptional circumstances exist. Children under 15 years of age experiencing a subsequent emergency or temporary facility placement within a 12-month period may not remain in such a placement for more than seven days. Children 15 years of age or older experiencing a subsequent emergency or temporary facility placement within a 12-month period may not remain in such a placement for more than 30 days. During the reporting period, children experienced 22 subsequent stays in shelter care, of which six placement episodes (27.3 percent) met the terms of this commitment. DHHS did not meet the agreed-upon performance standard of 97 percent.

Caseworker Visitation

Worker-Parent Visitation (6.22)

Caseworkers must visit parents of children with a reunification goal at least twice during the first month of placement with at least one visit in the parental home. For subsequent months, visits must occur at least once per month. Exceptions to this requirement are made if the parent(s) are not attending visits despite DHHS taking adequate steps to ensure the visit takes place or if a parent cannot attend a visit due to exigent circumstances such as hospitalization or incarceration. Exceptions are excluded from the numerator and denominator of this calculation. DHHS and the monitoring team established assessment criteria for the three components of this commitment in the Metrics Plan. The designated performance standard is 85 percent for all components.

DHHS' MISEP 27 performance on the three components of worker-parent visitation is included below. As the table indicates, DHHS did not achieve the designated performance standard of 85 percent for any component of the worker-parent visitation commitment during MISEP 27.

Table 7. Worker-Parent Visitation Performance, MISEP 27

Requirement	Performance
(1) Caseworkers shall visit parents of children with a goal of reunification at least twice during the first month of placement	66.8%
(2) Caseworkers shall visit parents of children with a goal of reunification in the parent's place of residence at least once during the first month of placement	55.2%
(3) Caseworkers shall visit parents of children with a goal of reunification at least once for each subsequent month of placement	72.3%

Parent-Child Visitation (6.23)

When reunification is a child's permanency goal, parents and children will visit at least twice each month. Exceptions to this requirement are made if a court orders less frequent visits, the parents are not attending visits despite DHHS taking adequate steps to ensure the parents' ability to visit, one or both parents cannot attend the visits due to exigent circumstances such as hospitalization or incarceration, or the child is above the age of 16 and refuses such visits. The designated performance standard is 85 percent.

Of the 29,904 parent-child visits required during MISEP 27, DHHS completed 21,699 (72.6 percent) timely. DHHS did not meet the designated performance standard during the period.

Sibling Visitation (6.24)

For children in foster care who have siblings in custody with whom they are not placed, DHHS shall ensure they have at least monthly visits with their siblings. Exceptions to this requirement can be made if the visit may be harmful to one or more of the siblings, the sibling is placed out of state in compliance with the Interstate Compact on Placement of Children, the distance between the child's placements is more than 50 miles and the child is placed with a relative, or one of the siblings is above the age of 16 and refuses to visit. The designated performance standard is 85 percent.

Of the 14,524 sibling visits required during MISEP 27, DHHS completed 12,748 (87.8 percent) timely, exceeding the performance standard of 85 percent.

Child Well-Being

Health and Mental Health

Medical and Mental Health Examinations for Children (6.25)

DHHS committed in the MISEP that at least 85 percent of children shall have an initial medical and mental health examination within 30 days of the child's entry into foster care and that at least 95 percent of children shall have an initial medical and mental health examination within 45 days of the child's entry into foster care.

During MISEP 27, DHHS completed 1,467 (84.6 percent) of 1,735 required initial medical and mental health exams within 30 days of a child's entry into care. Additionally, DHHS completed 1,537 (89.1 percent) of 1,726 required initial medical and mental health exams within 45 days of a child's entry into care.

Dental Care for Children (6.26)

DHHS committed in the MISEP that at least 90 percent of children shall have an initial dental examination within 90 days of the child's entry into care unless the child had an exam within six months prior to placement or the child is less than four years of age.

During the period under review, 677 (74.9 percent) of 904 required initial dental exams were completed timely for children in DHHS custody. DHHS did not meet the performance standard of 90 percent for this commitment.

Ongoing Healthcare for Children (6.29)

DHHS committed in the MISEP that following an initial medical, dental, or mental health examination, at least 95 percent of children shall receive periodic and ongoing medical, dental, and mental health examinations and screenings, according to the guidelines set forth by the American Academy of Pediatrics. Performance for this commitment was calculated for each medical type: medical well-child visits for children aged three and younger, annual physicals for children older than three, and semi-annual dental exams.

During MISEP 27, DHHS completed 2,459 (70.4 percent) of 3,492 medical well-child visits timely, 3,909 (86.6 percent) of 4,514 annual physicals timely, and 5,136 (73.4 percent) of 6,998 semi-annual dental exams timely. DHHS did not meet the performance standard of 95 percent for any component of this commitment.

Child Case File, Medical and Psychological (6.30)

The MISEP requires that DHHS will ensure that:

- Children’s health records are up to date and included in the case file. Health records include the names and addresses of the child’s health care providers, a record of the child’s immunizations, the child’s known medical problems, the child’s medications, and any other relevant health information;
- The case plan addresses the issue of health and dental care needs; and
- Foster parents or foster care providers are provided with the child’s health care records.

The Stipulated Order Amending the MISEP specifies that the designated performance standard for this commitment shall be reduced to 90 percent and the provisions shall become eligible to immediately exit the MISEP and the Court’s jurisdiction after two consecutive periods of compliance with the modified designated performance standard. The third component of this commitment exited the MISEP and the Court’s jurisdiction after MISEP 25. DHHS’ MISEP 27 performance on the two remaining components of the child’s medical and psychological case files is charted below. To measure performance, DHHS reviewed 32 foster care cases utilizing CSFR Item 17 criteria described in the chart below. DHHS achieved the 90 percent performance standard for one of the two remaining components of the child case file commitment during MISEP 27. *Per the Stipulated Order, compliance during this period makes the second component of this commitment, requiring that the case plan addresses the issue of health and dental care needs, eligible for rolling exit.*

Table 8. Child Case File, Medical and Psychological Performance, MISEP 27

Requirement	Applicable Cases	Cases not Compliant	Cases Compliant	Performance Percentage
To the extent available and accessible, the child’s health records are up to date and included in the case file.	32	4	28	87.5%
The case plan addresses the issue of health and dental care needs.	32	0	32	100%

Access to Health Insurance (6.32)

The MISEP requires DHHS to ensure that 95 percent of children have access to medical coverage within 24 hours or the next business day following subsequent placement by giving the placement provider a Medicaid card or an alternative verification of the child’s Medicaid status and Medicaid number as soon as it is available.

During MISEP 27, evidence supports that 2,602 (80.9 percent) of 3,215 placement providers received Medicaid cards within 24 hours or the next business day following a child's subsequent placement. Data provided by DHHS also indicated that for all 3,215 subsequent placements, either the provider received a Medicaid card within 24 hours or the next business day following a child's subsequent placement, or the child had Medicaid coverage within 24 hours of the date of placement.

Psychotropic Medication, Informed Consent (6.33)

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

During MISEP 27, the Department reported 2,272 children required informed consent documentation, for 6,727 unique prescriptions. Data indicated that valid consents were on file for 5,714 (84.9 percent) of the medications. Therefore, DHHS did not meet the designated performance standard of 97 percent for this commitment.

Psychotropic Medication, Documentation (6.34)

Under the MISEP, DHHS must ensure that:

- A physician sees a child regularly to monitor the effectiveness of the medication, assess any side effects and/or health implications, consider any changes needed to dosage or medication type and determine whether medication is still necessary and/or whether other treatment options would be more appropriate;
- DHHS shall regularly follow up with foster parents/caregivers about administering medications appropriately and about the child's experience with the medication(s), including any side effects; and
- DHHS shall follow any additional state protocols that may be in place and related to the appropriate use and monitoring of medications.

Evidence of these actions should be documented in the child's case record. The parties agreed that performance for this commitment would be measured through an independent qualitative review conducted by the monitoring team.

The population for review was comprised of children in DHHS custody who were prescribed psychotropic medication during the period under review. Consistent with the parameters the parties approved, the monitoring team reviewed a random sample of cases, stratified by county, to determine performance. The designated performance standard for this commitment is 97 percent.

For MISEP 27, the monitoring team randomly selected a sample of 66 cases from a total population of 2,263 children. The monitoring team found 33 cases (50.0 percent) met the terms of this commitment and 33 cases (50.0 percent) did not meet the terms of this commitment. DHHS did not meet the designated performance standard of 97 percent for the period.

Appendix A. Age Range of Children in Care on December 31, 2024 by County

County Name	Ages 0-6		Ages 7-11		Ages 12-17		Ages 18+		Total
	Children	%	Children	%	Children	%	Children	%	
Alcona	8	53.3%	4	26.7%	1	6.7%	2	13.3%	15
Alger	2	25.0%	2	25.0%	2	25.0%	2	25.0%	8
Allegan	54	48.2%	22	19.6%	30	26.8%	6	5.4%	112
Alpena	20	52.6%	7	18.4%	9	23.7%	2	5.3%	38
Antrim	5	50.0%	2	20.0%	1	10.0%	2	20.0%	10
Arenac	14	43.8%	4	12.5%	12	37.5%	2	6.3%	32
Baraga	5	50.0%	4	40.0%	1	10.0%	0	0.0%	10
Barry	9	34.6%	3	11.5%	10	38.5%	4	15.4%	26
Bay	45	38.8%	20	17.2%	38	32.8%	13	11.2%	116
Benzie	2	15.4%	5	38.5%	6	46.2%	0	0.0%	13
Berrien	93	40.4%	50	21.7%	75	32.6%	12	5.2%	230
Branch	32	48.5%	19	28.8%	14	21.2%	1	1.5%	66
Calhoun	116	52.3%	48	21.6%	42	18.9%	16	7.2%	222
Cass	34	43.6%	15	19.2%	25	32.1%	4	5.1%	78
Central Office	0	0.0%	0	0.0%	4	100.0%	0	0.0%	4
Charlevoix	2	40.0%	2	40.0%	0	0.0%	1	20.0%	5
Cheboygan	9	42.9%	4	19.0%	6	28.6%	2	9.5%	21
Chippewa	30	50.8%	14	23.7%	11	18.6%	4	6.8%	59
Clare	22	46.8%	10	21.3%	11	23.4%	4	8.5%	47
Clinton	4	12.9%	3	9.7%	21	67.7%	3	9.7%	31
Crawford	5	17.2%	6	20.7%	14	48.3%	4	13.8%	29
Delta	15	78.9%	2	10.5%	2	10.5%	0	0.0%	19
Dickinson	4	36.4%	2	18.2%	5	45.5%	0	0.0%	11
Eaton	28	50.9%	5	9.1%	13	23.6%	9	16.4%	55
Emmet	8	50.0%	0	0.0%	7	43.8%	1	6.3%	16
Genesee	183	44.0%	75	18.0%	116	27.9%	42	10.1%	416
Gladwin	13	36.1%	5	13.9%	16	44.4%	2	5.6%	36
Gogebic	6	46.2%	1	7.7%	5	38.5%	1	7.7%	13
Grand Traverse	26	44.1%	18	30.5%	9	15.3%	6	10.2%	59
Gratiot	12	46.2%	3	11.5%	9	34.6%	2	7.7%	26
Hillsdale	28	36.4%	26	33.8%	19	24.7%	4	5.2%	77
Houghton	9	45.0%	6	30.0%	4	20.0%	1	5.0%	20
Huron	9	45.0%	3	15.0%	5	25.0%	3	15.0%	20
Ingham	125	47.5%	59	22.4%	63	24.0%	16	6.1%	263
Ionia	17	56.7%	4	13.3%	7	23.3%	2	6.7%	30
Iosco	17	48.6%	8	22.9%	10	28.6%	0	0.0%	35
Iron	0	0.0%	0	0.0%	1	50.0%	1	50.0%	2
Isabella	19	47.5%	7	17.5%	10	25.0%	4	10.0%	40
Jackson	96	51.1%	33	17.6%	44	23.4%	15	8.0%	188
Kalamazoo	141	43.8%	82	25.5%	71	22.0%	28	8.7%	322
Kalkaska	15	57.7%	7	26.9%	2	7.7%	2	7.7%	26

County Name	Ages 0-6		Ages 7-11		Ages 12-17		Ages 18+		Total
	Children	%	Children	%	Children	%	Children	%	
Kent	151	35.4%	77	18.0%	133	31.1%	66	15.5%	427
Keweenaw	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1
Lake	13	46.4%	5	17.9%	10	35.7%	0	0.0%	28
Lapeer	27	51.9%	13	25.0%	8	15.4%	4	7.7%	52
Leelanau	7	41.2%	6	35.3%	4	23.5%	0	0.0%	17
Lenawee	40	47.6%	11	13.1%	26	31.0%	7	8.3%	84
Livingston	24	37.5%	14	21.9%	22	34.4%	4	6.3%	64
Luce	5	55.6%	3	33.3%	1	11.1%	0	0.0%	9
Mackinac	10	66.7%	1	6.7%	4	26.7%	0	0.0%	15
Macomb	187	44.4%	86	20.4%	113	26.8%	35	8.3%	421
Manistee	6	33.3%	5	27.8%	7	38.9%	0	0.0%	18
Marquette	19	54.3%	6	17.1%	9	25.7%	1	2.9%	35
Mason	17	54.8%	5	16.1%	8	25.8%	1	3.2%	31
Mecosta	2	20.0%	2	20.0%	3	30.0%	3	30.0%	10
Menominee	19	44.2%	11	25.6%	12	27.9%	1	2.3%	43
Midland	22	33.3%	14	21.2%	22	33.3%	8	12.1%	66
Missaukee	3	18.8%	4	25.0%	6	37.5%	3	18.8%	16
Monroe	28	34.6%	22	27.2%	25	30.9%	6	7.4%	81
Montcalm	16	26.7%	11	18.3%	31	51.7%	2	3.3%	60
Montmorency	4	80.0%	0	0.0%	1	20.0%	0	0.0%	5
Muskegon	168	48.6%	79	22.8%	77	22.3%	22	6.4%	346
Newaygo	16	29.6%	7	13.0%	25	46.3%	6	11.1%	54
Oakland	204	46.2%	101	22.9%	114	25.8%	23	5.2%	442
Oceana	10	55.6%	1	5.6%	6	33.3%	1	5.6%	18
Ogemaw	6	50.0%	1	8.3%	3	25.0%	2	16.7%	12
Ontonagon	0	0.0%	1	100.0%	0	0.0%	0	0.0%	1
Osceola	7	53.8%	0	0.0%	3	23.1%	3	23.1%	13
Oscoda	3	50.0%	2	33.3%	1	16.7%	0	0.0%	6
Otsego	20	46.5%	13	30.2%	7	16.3%	3	7.0%	43
Ottawa	40	51.3%	8	10.3%	24	30.8%	6	7.7%	78
Presque Isle	0	0.0%	2	66.7%	1	33.3%	0	0.0%	3
Roscommon	21	52.5%	8	20.0%	8	20.0%	3	7.5%	40
Saginaw	99	58.2%	27	15.9%	33	19.4%	11	6.5%	170
Sanilac	9	32.1%	8	28.6%	8	28.6%	3	10.7%	28
Schoolcraft	0	0.0%	1	11.1%	7	77.8%	1	11.1%	9
Shiawassee	9	23.7%	9	23.7%	15	39.5%	5	13.2%	38
St. Clair	59	40.1%	34	23.1%	43	29.3%	11	7.5%	147
St. Joseph	48	44.4%	32	29.6%	20	18.5%	8	7.4%	108
Tuscola	4	33.3%	2	16.7%	4	33.3%	2	16.7%	12
Van Buren	30	37.5%	16	20.0%	27	33.8%	7	8.8%	80
Washtenaw	53	50.5%	14	13.3%	27	25.7%	11	10.5%	105
Wayne	1,336	43.3%	747	24.2%	815	26.4%	191	6.2%	3,089
Wexford	13	44.8%	3	10.3%	11	37.9%	2	6.9%	29
Total	4,038	43.9%	2,002	21.8%	2,475	26.9%	685	7.4%	9,200

Appendix B. Length of Stay of Children in Care on December 31, 2024 by County

County Name	Less than a year		1-2 years		2-3 years		3-6 years		6 years plus		Total
	Children	%	Children	%	Children	%	Children	%	Children	%	
Alcona	6	40.0%	4	26.7%	1	6.7%	4	26.7%	0	0.0%	15
Alger	0	0.0%	1	12.5%	6	75.0%	1	12.5%	0	0.0%	8
Allegan	45	40.2%	32	28.6%	23	20.5%	10	8.9%	2	1.8%	112
Alpena	18	47.4%	10	26.3%	6	15.8%	4	10.5%	0	0.0%	38
Antrim	8	80.0%	0	0.0%	1	10.0%	1	10.0%	0	0.0%	10
Arenac	16	50.0%	9	28.1%	2	6.3%	2	6.3%	3	9.4%	32
Baraga	5	50.0%	1	10.0%	3	30.0%	1	10.0%	0	0.0%	10
Barry	7	26.9%	13	50.0%	2	7.7%	4	15.4%	0	0.0%	26
Bay	48	41.4%	37	31.9%	7	6.0%	19	16.4%	5	4.3%	116
Benzie	7	53.8%	1	7.7%	0	0.0%	5	38.5%	0	0.0%	13
Berrien	99	43.0%	62	27.0%	36	15.7%	31	13.5%	2	0.9%	230
Branch	44	66.7%	13	19.7%	8	12.1%	0	0.0%	1	1.5%	66
Calhoun	98	44.1%	70	31.5%	31	14.0%	17	7.7%	6	2.7%	222
Cass	31	39.7%	21	26.9%	14	17.9%	9	11.5%	3	3.8%	78
Central Office	2	50.0%	0	0.0%	1	25.0%	1	25.0%	0	0.0%	4
Charlevoix	1	20.0%	3	60.0%	0	0.0%	0	0.0%	1	20.0%	5
Cheboygan	6	28.6%	11	52.4%	3	14.3%	1	4.8%	0	0.0%	21
Chippewa	31	52.5%	18	30.5%	2	3.4%	8	13.6%	0	0.0%	59
Clare	27	57.4%	10	21.3%	5	10.6%	4	8.5%	1	2.1%	47
Clinton	16	51.6%	8	25.8%	2	6.5%	5	16.1%	0	0.0%	31
Crawford	12	41.4%	6	20.7%	3	10.3%	5	17.2%	3	10.3%	29
Delta	14	73.7%	4	21.1%	0	0.0%	1	5.3%	0	0.0%	19
Dickinson	9	81.8%	2	18.2%	0	0.0%	0	0.0%	0	0.0%	11
Eaton	25	45.5%	10	18.2%	11	20.0%	6	10.9%	3	5.5%	55
Emmet	8	50.0%	2	12.5%	1	6.3%	3	18.8%	2	12.5%	16
Genesee	148	35.6%	108	26.0%	84	20.2%	57	13.7%	19	4.6%	416
Gladwin	21	58.3%	4	11.1%	5	13.9%	5	13.9%	1	2.8%	36
Gogebic	10	76.9%	1	7.7%	0	0.0%	2	15.4%	0	0.0%	13
Grand Traverse	28	47.5%	9	15.3%	9	15.3%	13	22.0%	0	0.0%	59
Gratiot	11	42.3%	11	42.3%	1	3.8%	3	11.5%	0	0.0%	26
Hillsdale	30	39.0%	27	35.1%	11	14.3%	9	11.7%	0	0.0%	77
Houghton	13	65.0%	6	30.0%	0	0.0%	1	5.0%	0	0.0%	20
Huron	10	50.0%	4	20.0%	3	15.0%	3	15.0%	0	0.0%	20
Ingham	117	44.5%	55	20.9%	38	14.4%	49	18.6%	4	1.5%	263
Ionia	18	60.0%	7	23.3%	0	0.0%	4	13.3%	1	3.3%	30
Iosco	16	45.7%	8	22.9%	3	8.6%	8	22.9%	0	0.0%	35
Iron	1	50.0%	1	50.0%	0	0.0%	0	0.0%	0	0.0%	2
Isabella	16	40.0%	14	35.0%	9	22.5%	0	0.0%	1	2.5%	40
Jackson	87	46.3%	69	36.7%	10	5.3%	18	9.6%	4	2.1%	188
Kalamazoo	98	30.4%	76	23.6%	70	21.7%	64	19.9%	14	4.3%	322
Kalkaska	10	38.5%	10	38.5%	2	7.7%	3	11.5%	1	3.8%	26

County Name	Less than a year		1-2 years		2-3 years		3-6 years		6 years plus		Total
	Children	%	Children	%	Children	%	Children	%	Children	%	
Kent	156	36.5%	113	26.5%	74	17.3%	68	15.9%	16	3.7%	427
Keweenaw	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	1
Lake	15	53.6%	4	14.3%	3	10.7%	6	21.4%	0	0.0%	28
Lapeer	32	61.5%	17	32.7%	1	1.9%	0	0.0%	2	3.8%	52
Leelanau	1	5.9%	9	52.9%	5	29.4%	1	5.9%	1	5.9%	17
Lenawee	49	58.3%	13	15.5%	9	10.7%	11	13.1%	2	2.4%	84
Livingston	28	43.8%	20	31.3%	4	6.3%	12	18.8%	0	0.0%	64
Luce	1	11.1%	1	11.1%	7	77.8%	0	0.0%	0	0.0%	9
Mackinac	7	46.7%	2	13.3%	2	13.3%	4	26.7%	0	0.0%	15
Macomb	138	32.8%	99	23.5%	92	21.9%	75	17.8%	17	4.0%	421
Manistee	4	22.2%	6	33.3%	3	16.7%	5	27.8%	0	0.0%	18
Marquette	18	51.4%	13	37.1%	2	5.7%	2	5.7%	0	0.0%	35
Mason	21	67.7%	3	9.7%	6	19.4%	1	3.2%	0	0.0%	31
Mecosta	6	60.0%	2	20.0%	1	10.0%	1	10.0%	0	0.0%	10
Menominee	20	46.5%	17	39.5%	0	0.0%	6	14.0%	0	0.0%	43
Midland	33	50.0%	25	37.9%	3	4.5%	4	6.1%	1	1.5%	66
Missaukee	4	25.0%	7	43.8%	1	6.3%	3	18.8%	1	6.3%	16
Monroe	22	27.2%	23	28.4%	15	18.5%	19	23.5%	2	2.5%	81
Montcalm	25	41.7%	18	30.0%	5	8.3%	12	20.0%	0	0.0%	60
Montmorency	2	40.0%	1	20.0%	0	0.0%	2	40.0%	0	0.0%	5
Muskegon	111	32.1%	123	35.5%	51	14.7%	51	14.7%	10	2.9%	346
Newaygo	16	29.6%	16	29.6%	13	24.1%	6	11.1%	3	5.6%	54
Oakland	160	36.2%	123	27.8%	79	17.9%	63	14.3%	17	3.8%	442
Oceana	3	16.7%	8	44.4%	2	11.1%	5	27.8%	0	0.0%	18
Ogemaw	2	16.7%	7	58.3%	1	8.3%	1	8.3%	1	8.3%	12
Ontonagon	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1
Osceola	7	53.8%	3	23.1%	2	15.4%	0	0.0%	1	7.7%	13
Oscoda	5	83.3%	1	16.7%	0	0.0%	0	0.0%	0	0.0%	6
Otsego	13	30.2%	14	32.6%	9	20.9%	6	14.0%	1	2.3%	43
Ottawa	24	30.8%	25	32.1%	13	16.7%	13	16.7%	3	3.8%	78
Presque Isle	2	66.7%	0	0.0%	0	0.0%	1	33.3%	0	0.0%	3
Roscommon	19	47.5%	9	22.5%	7	17.5%	4	10.0%	1	2.5%	40
Saginaw	69	40.6%	54	31.8%	26	15.3%	17	10.0%	4	2.4%	170
Sanilac	4	14.3%	12	42.9%	4	14.3%	6	21.4%	2	7.1%	28
Schoolcraft	3	33.3%	0	0.0%	3	33.3%	3	33.3%	0	0.0%	9
Shiawassee	22	57.9%	5	13.2%	6	15.8%	3	7.9%	2	5.3%	38
St. Clair	53	36.1%	53	36.1%	11	7.5%	20	13.6%	10	6.8%	147
St. Joseph	47	43.5%	30	27.8%	15	13.9%	11	10.2%	5	4.6%	108
Tuscola	7	58.3%	1	8.3%	3	25.0%	1	8.3%	0	0.0%	12
Van Buren	29	36.3%	36	45.0%	4	5.0%	5	6.3%	6	7.5%	80
Washtenaw	37	35.2%	19	18.1%	24	22.9%	22	21.0%	3	2.9%	105
Wayne	981	31.8%	839	27.2%	524	17.0%	571	18.5%	174	5.6%	3,089
Wexford	17	58.6%	9	31.0%	0	0.0%	2	6.9%	1	3.4%	29
Total	3,431	37.3%	2,538	27.6%	1,444	15.7%	1,424	15.5%	363	3.9%	9,200

Appendix C. MISEP Performance, Summary of Commitments

Commitment	Standard	MISEP 17	MISEP 18	MISEP 19	MISEP 20	MISEP 21	MISEP 22	MISEP 23	MISEP 24	MISEP 25	MISEP 26	MISEP 27
Met the performance standard in all eligible periods												
6.2 - MIC Data Report	N/A	N/A	Yes	N/A	Yes	N/A	Yes	N/A	Yes	N/A	Yes	N/A
6.15 - Caseload, Adoption Workers	Positive trending							85.5% Baseline	Yes, 88.1%	Yes, 89.3% Eligible to move to "Structures and Policies"	N/A	N/A
6.30 - Child Case File, Medical & Psychological (3)	90%								Yes, 100.0%	Yes, 90.9% Eligible for rolling exit	N/A	N/A
6.37 - Support for Transitioning to Adulthood, Permanency	Positive trending							45.4% Baseline	Yes, 46.8% Eligible for rolling exit	N/A	N/A	N/A
Met the performance standard in at least one eligible period												
6.4 - Foster Home Array	N/A	Yes	N/A – COVID-Impacted	N/A – COVID-Impacted	Will be included in the MISEP 21 Report	No	Will be reported on at the end of the fiscal year	No	Will be reported on at the end of the fiscal year	Yes	Will be reported on at the end of the fiscal year	Yes Eligible to move to "Structures and Policies"
6.6(a) - Separation of Siblings	Positive trending							78.4% Baseline	Yes, 80.8%	No, 79.8%	Yes, 81.9%	No, 81.8%
6.19 - Assessment and Service Plans, Content	83%	No, 66.7%	No, 73.5%	No, 57.6%	No, 73.2%	No, 79.7%	No, 69.5%	No, 67.1%	No, 82.1%	Yes, 85.0%	Yes, 89.5%	Yes, 89.5% Eligible for rolling exit
6.20 - Provision of Services	83%	No, 69.3%	No, 71.6%	No, 51.7%	No, 70.0%	No, 68.5%	No, 62.2%	No, 67.1%	No, 60.7%	Yes, 85.7%	No, 80.4%	Yes, 83.3%
6.22(a) - Visits, Worker-Parent: Two visits per month during the first month of placement	85%	No, 73.6%	N/A – COVID-Impacted 71.7% (Jan-Feb), 83.2% (March-June)	N/A – COVID-Impacted 85.2%	Yes, 85.2%	No, 59.1%	No, 59.5%	No, 60.1%	No, 64.4%	No, 65.6%	No, 64.5%	No, 66.8%
6.24 - Visits, Between Siblings	85%	No, 72.9%	N/A – COVID-Impacted 69.5% (Jan-Feb), 56.8% (March-June)	N/A – COVID-Impacted 69.2%	No, 73.7%	No, 67.6%	No, 70.1%	No, 70.8%	No, 78.2%	No, 83.6%	Yes, 86.6%	Yes, 87.8%

Commitment	Standard	MISEP 17	MISEP 18	MISEP 19	MISEP 20	MISEP 21	MISEP 22	MISEP 23	MISEP 24	MISEP 25	MISEP 26	MISEP 27
6.25 - Medical & Mental Health Examinations: Within 30 days of the child's entry into foster care	85%	No, 83.9%	N/A – COVID-Impacted 69.8%	N/A – COVID-Impacted 69.8%	N/A – COVID-Impacted 78.0%	No, 72.9%	No, 72.9%	No, 71.0%	No, 80.9%	No, 80.6%	Yes, 86.5%	Yes, 84.6%
6.30 - Child Case File, Medical and Psychological (2)	90%								Yes, 93.8%	No, 51.5%	Yes, 90.5%	Yes, 100% Eligible for rolling exit
Within 10 percent of the performance standard in at least one period												
6.10(a) - Relative Foster Parents: Initial Home Studies	95%	No, 53.0%	No, 73.8%	No, 41.5%	No, 43.1%	No, 70.8%	No, 65.6%	No, 67.7%	No, 71.9%	No, 61.5%	No, 86.4%	No, 76.9%
6.25 - Medical & Mental Health Examinations: Within 45 days of the child's entry into foster care	95%	No, 89.3%	N/A – COVID-Impacted 76.6%	N/A – COVID-Impacted 77.9%	N/A – COVID-Impacted 85.6%	No, 82.1%	No, 81.4%	No, 79.8%	No, 87.1%	No, 86.5%	No, 90.5%	No, 89.1%
6.30 - Child Case File, Medical & Psychological (1)	90%								No, 71.8%	No, 45.5%	No, 68.8%	No, 87.5%
Performance is consistently more than 10 percentage points below the standard												
6.6(b) - Separation of Siblings	90%	No, 61.2%	No, 36.8%	No, 29.8%	No, 38.1%	No, 50.0%	No, 72.7%	No, 66.7%	No, 62.5%	No, 56.1%	No, 69.6%	No, 75.0%
6.22(b) - Visits, Worker-Parent: One visit per month in subsequent months	85%	No, 69.4%	N/A – COVID-Impacted 69.6% (Jan-Feb), 71.7% (March-June)	N/A – COVID-Impacted 74.1%	No, 73.6%	No, 60.4%	No, 64.6%	No, 63.2%	No, 71.7%	No, 72.3%	No, 70.5%	No, 72.3%
6.23 - Visits, Parent-Child	85%	No, 62.5%	N/A – COVID-Impacted 64.7% (Jan-Feb), 59.4% (March-June)	N/A – COVID-Impacted 62.0%	No, 59.1%	No, 57.8%	No, 62.6%	No, 63.1%	No, 66.0%	No, 67.1%	No, 69.1%	No, 72.6%
6.26 - Dental Examinations	90%	No, 77.3%	N/A – COVID-Impacted 36.4%	N/A – COVID-Impacted 56.7%	N/A – COVID-Impacted 66.4%	No, 62.8%	No, 62.6%	No, 64.8%	No, 72.4%	No, 70.8%	No, 75.9%	No, 74.9%

Commitment	Standard	MISEP 17	MISEP 18	MISEP 19	MISEP 20	MISEP 21	MISEP 22	MISEP 23	MISEP 24	MISEP 25	MISEP 26	MISEP 27
6.32 - Medical Care & Coverage, Subsequent Placement	95%	No, 82.8%	No, 82.1%	No, 78.5%	No, 79.3%	No, 80.6%	No, 80.1%	No, 80.7%	No, 82.9%	No, 79.5%	No, 80.7%	No, 80.9%
6.33 - Psychotropic Medication, Informed Consent	97%	No, 75.9%	No, 74.4%	No, 76.1%	No, 71.8%	No, 72.5%	No, 72.2%	No, 75.9%	No, 74.7%	No, 77.7%	No, 79.8%	No, 84.9%
Performance is consistently more than 20 percentage points below the standard												
6.8 - Emergency or Temporary Facilities, Length of Stay	95%	No, 67.9%	No, 64.2%	No, 62.9%	No, 68.7%	No, 55.9%	No, 47.3%	No, 68.5%	No, 70.6%	No, 71.2%	No, 68.7%	No, 72.1%
6.29 - Examinations and Screenings	95%	No, 69.7%, 87.7%, 92.1%	N/A – COVID-Impacted 58.3%, 75.6%, 38.6%	N/A – COVID-Impacted 61.8%, 81.7%, 70.5%	N/A – COVID-Impacted 68.7%, 85.0%, 74.5%	No, 66.5%, 83.0%, 71.0%	No, 66.5%, 84.5%, 73.7%	No, 65.4%, 84.4%, 69.9%	No, 69.4%, 85.0%, 75.0%	No, 69.2%, 87.1%, 74.7%	No, 70.4%, 85.3%, 75.7%	No, 70.4%, 86.6%, 73.4%
Performance is consistently more than 30 percentage points below the standard												
6.9 - Emergency or Temporary Facilities, Repeated Placement	95%	No, 6.3%	No, 12.5%	No, 2.9%	No, 18.2%	No, 4.5%	No, 0.0%	No, 18.2%	No, 20.7%	No, 47.5%	No, 21.4%	No, 27.3%
6.10(b) - Relative Foster Parents: Annual Home Studies	95%	No, 9.7%	No, 36.5%	No, 14.1%	No, 37.9%	No, 42.4%	No, 51.5%	No, 48.5%	No, 62.5%	No, 54.5%	No, 59.1%	No, 59.1%
6.22(a) - Visits, Worker-Parent: One visit per month at the parent's residence during the first month of placement	85%	No, 47.9%	N/A – COVID-Impacted 53.4%	N/A – COVID-Impacted 45.6%	No, 52.4%	No, 50.0%	No, 51.3%	No, 50.7%	No, 52.4%	No, 51.8%	No, 48.4%	No, 55.2%
6.34 - Psychotropic Medication, Documentation	95%	No, 33.8%	No, 26.9%	No, 34.8%	No, 27.3%	No, 36.4%	No, 31.8%	No, 31.8%	No, 34.8%	No, 45.5%	No, 48.8%	No, 50.0%
Performance has never been achieved												
5.1 - Contract-Agency Evaluation	N/A	No	No	No	No	No	No	No	No	No	No	No
6.1 - Safety – Maltreatment in Foster Care	≤ 9.07	Unable to verify	N/A	Unable to verify	N/A	Unable to verify	Unable to verify	N/A	Unable to verify	N/A	No	N/A

Commitment	Standard	MISEP 17	MISEP 18	MISEP 19	MISEP 20	MISEP 21	MISEP 22	MISEP 23	MISEP 24	MISEP 25	MISEP 26	MISEP 27
Not applicable or unable to verify in all periods												
6.3 - Permanency Indicator 1	N/A								N/A	N/A	N/A	N/A