

Progress of the Michigan Department of Human Services

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

ISSUED APRIL 13, 2015

MSA 6

JANUARY TO JUNE 2014

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Introduction

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

In sum, the MSA:

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

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

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

This report to the court reflects the efforts of the DHS leadership team and the status of Michigan's reform efforts as of June 30, 2014, including progress for the first half of 2014, defined as Period Six in the MSA (MSA 6), with two important exceptions. The first exception involves a set of performance areas where DHS requested to submit data and information only from January 1, 2014 through April 24, 2014, due to data limitations growing from the initiation of its new statewide child welfare database (MiSACWIS). The court and the plaintiffs agreed to permit DHS to adopt an abridged reporting period in instances where the rollout of the new MiSACWIS system during MSA 6 prevented DHS from providing accurate data and information for the entire period. The second exception involves three specific performance areas: caseloads, safety outcomes for children, and implementation of the MiSACWIS system. The court directed the monitoring team to assess performance and provide information through January 31, 2015, where possible, following a motion by the State of Michigan and DHS to dissolve or modify the MSA in December 2014. The state subsequently withdrew its motion to dissolve or modify the MSA.

There is a wide range of commitments contained in the MSA that DHS could not track for children in the class during MSA 6.¹ These include:

- A series of commitments regarding children's immunizations, as well as their medical, mental, and dental health care;
- A series of commitments regarding children's education, including timely enrollment, limits on the number of school changes, and the familiarity of the school;
- Commitments regarding the administration and oversight of psychotropic medication to children;
- Children's visits with their brothers and sisters in care;
- Children placed together with their brothers and sisters in care;
- Children placed more than 75 miles from the child's removal home;
- DHS' commitment regarding the placement of high risk youth;
- A series of commitments regarding residential care placements; and

¹ The DHS Division of Continuous Quality Improvement (DCQI) conducted limited case record reviews among some children for select MSA commitments for which DHS had no other reliable data and information to measure its performance. Internal agency staff conducted the reviews on small samples of randomly selected children. Several of the reviews are described throughout this report.

- Assessments, service plans, and provision of services, including supervisory oversight of this work.

DHS hopes to be able to track many of the above commitments at some point in 2015. For the purposes of this report, the monitoring team has relied on information and data for MSA 6 from January 1, 2014 through June 30, 2014, unless otherwise noted as described above.

Summary of Progress and Challenges

As of the conclusion of MSA 6, the monitoring team highlights several significant accomplishments DHS made for children:

- *Guardianship:* DHS committed to finalize 165 juvenile guardianships during CY2014 and exceeded the commitment early, as 179 juvenile guardianships were entered by the court for children in DHS' custody between January 1, 2014 and April 24, 2014.
- *Staff Qualifications and Training:* From 2011 through 2014, DHS effectively reformed its staff training program. Once a source of chronic difficulty, DHS' training initiatives now represent a continuum of public-private initiatives that are delivered timely and better prepare staff and supervisors for the challenging work ahead. During MSA 6, all but one of the 213 new caseworkers hired had a bachelor's degree in social work or a related human services field and nearly all of the 199 new workers scheduled for training in the period completed pre-service training within 16 weeks of their hire date.
- *Federal Outcomes for Adoption, Youth with Long Stays in Care, and Placement Stability:* Based on DHS' data, the United States Department of Health and Human Services (USDHHS) reported that DHS exceeded the agreed upon standards for Permanency Composites Two, Three, and Four – respectively, timeliness of adoptions, permanency for children and youth in foster care for long periods of time, and placement stability.

The most pressing challenges confronting DHS are the imperatives: (1) to better protect children from harm; and (2) to stabilize the new child welfare data system, known as MiSACWIS. The first is an urgent problem of long-standing, and the second is an enormously complex undertaking that will require many more technical software fixes, trainings, and module redesigns over at least the next 12 months.

Children's Freedom from Harm

DHS continues to expose hundreds more foster children to abuse and neglect in care than permitted by the MSA, and continues to lag far behind the majority of the states in protecting children from harm. DHS agreed in the MSA to perform at or above two national child safety standards established by the federal government, which DHS has not met, even as of the most

recently available data from the USDHHS Administration for Children and Families (ACF), described in more detail within this report. The standards require Michigan – and all other states – to reduce recurrent child abuse and neglect, and keep safe those children who are placed in foster care. As detailed in this report, DHS should have protected at least 215 more children from repeat harm and at least 81 more children from abuse and neglect in foster care in order to meet the federal standards in the operative period.

DHS’ failure to achieve the minimum safety standards for children in foster care is a persistent and dire problem, extending through all prior periods under the MSA. To meet the first child safety standard as reported during these six periods, DHS should have protected at least 1,240 additional children from repeat maltreatment. To meet the second federal child safety standard, DHS should have protected at least 434 additional children from abuse or neglect in placement as reported since the start of the MSA.²

Many of the commitments in the MSA are designed to strengthen DHS’ system for protecting children from harm. For example, the DHS Health Plan, required by the MSA, committed the Department to develop and implement a robust system for overseeing the prescription and administration of psychotropic medication to children in DHS’ custody. That system was largely unimplemented for the 2,833 foster children prescribed psychotropic medication during MSA 6. This included 150 children ages five and under who were prescribed psychotropic medications during the period and 252 children who were prescribed four or more concomitant psychotropic medications during the period.

Data and information supplied to the monitoring team in preparation for this report provide additional clues to some of the causes of DHS’ failure to protect children adequately. DHS appears to place at least some children in institutional settings that, to a significant extent, continue to harm them, according to DHS’ own staff. Of the 207 special investigations conducted by DHS’ licensure staff across more than 60 institutions during MSA 6, 74 (36 percent) investigations centered on the improper, unnecessary, or harmful use of restraints. The documents indicate at least 34 children were injured as a result of the restraints. An

² More recently, in October 2014, ACF published revised federal standards to measure child safety outcomes related to maltreatment in foster care and recurrence of maltreatment. DHS ranked 45th of 48 measured states for its relatively high daily rate of foster child victimization, and 46th of 48 measured states for the high recurrence of child abuse and neglect. While negotiating the MSA in 2011, the parties were aware that the then-existing federal indicators were under review by USDHHS. As such, the parties included the following language in the MSA: “In the event that, during the term of this Agreement, HHS modifies these indicators or the methodologies underlying these indicators, the parties and the monitors shall meet to determine whether to make corresponding changes in DHS’ responsibilities under the Agreement.” The monitoring team will report on these discussions in future monitoring periods.

additional 32 investigations (16 percent) concerned allegations of physical abuse or discipline, 54 (26 percent) involved neglect or improper supervision of residents, and 14 (seven percent) involved allegations of sexual abuse. The investigations substantiated 139 violations, including the exposure of children to corporal punishment, and 32 separate violations involving the use of improper, unnecessary, or injurious restraints. Under the MSA, DHS established specialized Maltreatment in Care (MIC) Units to investigate abuse and neglect of children in custody. DHS reported that during the period, MIC units investigated 50 complaints of child abuse and neglect among children placed in Child Caring Institutions (CCIs). These investigations substantiated only three findings of abuse or neglect to a child, a substantiation rate of six percent as compared to a substantiation rate of 27 percent for all completed investigations between January 1, 2014 and April 24, 2014. In light of the health and safety concerns identified by BCAL staff in certain institutional settings, the small number of substantiations and the relatively low substantiation rate raise concerns about the efficacy of MIC investigative practice for CCIs, and will be a focus of the monitors' future verification activities.

Another cause of DHS' difficulty in preventing maltreatment in care appears to be a shortage of safe family-like placements for children. Of 69 agencies reviewed by DHS' own licensure staff during MSA 6, 49 (71 percent) had at least one foster home, or unlicensed relative, with identified health or safety risks to children. These issues included bedrooms and living spaces without egress windows; children without appropriate cribs or beds to ensure safe sleeping arrangements; and pools and ponds adjacent to homes without necessary safeguards such as door alarms or fences.

A shortage of homes may explain, in part, why DHS continues to place so many children in unlicensed relative homes even though a disproportionate number of foster children living in unlicensed relative homes suffer from maltreatment. DHS promised in the MSA, with rare exceptions, to place children in homes that are licensed, but many children continue to be placed with unlicensed relatives. As of April 24, 2014, there were 898 relative providers with an active license and 734 relatives with an approved active waiver of licensure, leaving 1,226 relative homes, where foster children lived, without an approved waiver or active license. In MSA 6, 22 percent of the children in foster care lived in unlicensed relative homes, but 40 percent of the children whose abuse and neglect was substantiated lived in unlicensed relative homes. The monitoring team remains concerned about the safety of children in unlicensed relative homes, particularly given the disproportionate incidence of maltreatment among children placed in these homes.

The MSA contains numerous provisions designed to help DHS better protect children. A clear, transparent and robust embrace of these practices can help DHS prevent harm to children. For example, one of the core protective strategies of strong child welfare systems is routine

visitation by workers with children under their supervision. However, DHS has not been able to demonstrate implementation of this practice and there is evidence contained in this report that missed visitation between caseworkers and children is a source of concern for foster caregivers and DHS licensing staff. Similarly, in an effort to protect children from abuse and neglect in custody, DHS agreed to limit the number of children living together in a foster home, reducing a stress factor for many caregivers, but DHS has not been able to consistently implement caps on children's placements consistent with the commitments in the MSA. This, too, may be symptomatic of an inadequate supply of safe foster homes for children. In an effort to keep children free from harm, DHS committed to ensure that children in custody receive timely medical care, dental care, mental health care, and immunizations, but DHS has not been able to demonstrate their performance in this regard and there is evidence contained in this report that gaps in medical care, dental care, mental health care, and immunizations for children are a concern for DHS' licensing and quality improvement staff. In sum, there are many commitments in the MSA that, if implemented, would enable DHS to eliminate many existing risks and better support the agency's mission to keep children free from harm.

The New Child Welfare Database: MiSACWIS

Michigan's new child welfare data system, MiSACWIS, is intended by DHS to provide greater transparency of its performance, and improve the agency's ability to protect children. The new child welfare data system was released in April 2014 after DHS postponed the initial implementation scheduled for the previous fall because of design and testing immaturity. DHS is allocating extensive staff time and resources to confront, troubleshoot, and continue to resolve a wide spectrum of challenges that occasioned the MiSACWIS rollout. The vast majority of MiSACWIS intended users had received most of their system training prior to the expected fall rollout and, understandably, many had forgotten the information by April 2014. Their experience with even a well-functioning system might have been arduous given the training retention deficits across the state, but MiSACWIS was not functioning optimally at release, as would be expected with a system of this magnitude.

As of January 31, 2015, the system remains relatively new and predictable implementation problems continue to color key stakeholders' perspectives. The system does not yet provide accurate, comprehensive data for many commitments in the MSA. The difficulties that occasioned the MiSACWIS rollout have now been well chronicled both internally by DHS and more publicly by the media. The list includes data conversion errors, more than 1,000 technical fixes over nine months, caseworkers' and supervisors' struggles with incorrectly assigned children's cases, payment failures to agencies and foster parents, dropped calls and excessive wait times at the Centralized Intake hotline, deleted health insurance cards interfering with children's health care and necessary prescriptions, among many other problems that DHS has

worked diligently to address. Private agencies reported to the monitoring team that they have encountered significant and ongoing MiSACWIS system problems that have made it impossible to use the system as intended, including entering all case management documentation as required through the Purchase of Service (POS) Monitoring Model.

MiSACWIS continues to require numerous software repairs. Indeed, DHS has scheduled at least 12 software releases (or, more colloquially, updates) over the course of 2015, with each release expected to include up to 180 separate software fixes. The system appears to be progressing in certain respects, but is unstable in other respects and still does not reliably track all children's placements. In fact, as of January 2015, more than 1,300 children were listed as "unassigned" within the system. That number is down, however, from 1,718 children's cases in December 2014. Though DHS documents use the word "unassigned" to describe the problem,³ DHS reported to the monitoring team in 2015 the correct rubric is "incorrectly assigned" since all of the cases are in MiSACWIS but are not all properly assigned. According to DHS' own data, as well as hundreds of end users' feedback, including senior executives from most of DHS' community partner agencies, the system is not yet able to produce accurate reporting in many areas covered by the MSA.

DHS confronts at least three major tasks in order to make MiSACWIS an effective tool for workers, supervisors, and managers. First, MiSACWIS requires many additional technical fixes including major repairs scheduled throughout 2015. DHS leadership believes the system can be repaired and improved to achieve the required level of performance. Second, there is a broad consensus that DHS must continue to provide ongoing training and support to the thousands of users who are learning new, and in some instances, newly burdensome, business processes. There are myriad examples of workers and supervisors describing an activity that once involved a discrete step or two – perhaps the click of a button – which now involves multiple steps, multiple authorizations, and numerous screens. This leads to the third activity DHS continues to undertake: ensuring the business processes now required by MiSACWIS are as efficient, direct, and in conformity with best practices as possible. In March 2015, for example, DHS expects to release a major redesign of its new provider module that it believes will simplify the work of opening a child's case, paying the child's caregiver, and tracking children's care. This important redesign work is a critical component to greater utilization of the system as a tool for promoting children's safety, permanency, and well-being.

³ See Appendix A. Michigan DHS – Caseload Data 12/15/14.

Repairing, stabilizing, and improving MiSACWIS is an undertaking of great importance, in part because the hybrid tracking and reporting systems in place prior to its implementation, many of which supplied data and information for this report, were inadequate. The MSA requires DHS “to provide accurate and timely data reports and information” and authorizes the monitors to evaluate “the quality of the work done by DHS...”. As reflected in this report, the monitoring team encountered numerous discrepancies and errors in the materials submitted by DHS, including for example, errors in demographic, service, and oversight data. By way of example, DHS cited three different census numbers in different memos for the Young Adult Voluntary Foster Care program (YAVFC), and the underlying data, a YAVFC-only data set and cohort data coding all youth active in YAVFC, did not match. In another example, DHS provided the monitoring team with inconsistent data sets on relatives providing care to children, one on the provider level and one on the child level. The providers of relative care listed in the two data sets did not match; the child-focused data set listed 2,858 unique providers, while only 1,804 were listed in the provider data set. Other examples of poor data quality across a number of the MSA 6 submissions include:

- ***Special Investigations*** – While DHS initially reported that it conducted 197 special investigations of CCIs during the period, and provided the monitoring team with copies of these reports, DHS later discovered an additional ten investigations.
- ***Failure to report violations*** – While DHS reported that four agencies were cited for a “failure to report child abuse and neglect” violation during MSA 6, the monitoring team independently discovered that a fifth agency also received a violation.
- ***Unlicensed relative homes visited by BCAL field analysts*** – While DHS reported that 131 unlicensed relative homes were visited by BCAL field analysts during MSA 6, the monitoring team determined, based on reading all of the individual analyst reports, that 141 homes were visited.
- ***Foster care files reviewed by BCAL consultants*** – While DHS reported 339 foster care files were reviewed by BCAL consultants during the period, the monitoring team determined, based on reading all of the individual consultant reports, that 361 files were reviewed.
- ***Health and mental health screening*** – DHS reported in March 2015 it had provided the monitoring team with incorrect information in October 2014 from its targeted case record review of periodic well child exams for children under the age of 36 months.
- ***Supervisory verification of staff training*** – DHS reported in March 2015 it had slightly undercounted the percentage of private agency supervisors who verified that all their staff received MiTEAM training.

- ***Caseworker Visitation*** – DHS expressed concerns to the monitoring team that the visitation data supplied from its InfoView system, as described in this report, is not accurate because of system functionality.

MSA 6 Summary of Commitments⁴

Section	MSA Commitment	Achieved	Page
III.C.1	Safety – Recurrence of Maltreatment within 6 Months.	No	23
III.C.2	Safety – Maltreatment in Foster Care.	No	23
III.D.1	Permanency – Timely Reunification of Children.	No	61
III.D.2	Permanency – Timeliness of Adoption.	Yes	61
III.D.3	Permanency for the longest waiting children.	Yes	61
III.D.4	Permanency – Placement Stability.	Yes	61
IV.A.1-10	Organizational Structure	Yes	21
V.A	DHS shall ensure that investigations of all reports are commenced as required by state law. DHS shall monitor commencements through reviews of DHS data-driven reports.	No	37
V.A	DHS shall ensure that investigations of all reports are completed pursuant to policy requirements.	No	37
V.B	Establish statewide centralized CPS hotline: adequately staffed for timely commencement, adequate telecommunications equipment and information technology.	Yes	34
V.C	Establish and implement a QA process to ensure CPS reports are competently investigated and in cases where abuse/neglect is indicated, actions are taken and services are provided appropriate to the circumstances.	Yes	40
V.D.1	In designated counties, DHS will maintain separate Maltreatment in Care (MIC) units responsible for MIC investigations.	Yes	31
V.D.2.a	In non-designated counties, DHS will maintain 3 separate regional MIC units for all investigations of abuse or neglect occurring in CCIs.	Yes	31
V.D.4	DHS Child Welfare Field Ops shall ensure dedicated supervision, oversight, and coordination of all MIC investigations.	Yes	31
VI.A.1	Entry level caseworkers have a bachelor's degree in social work or a related human services field.	Yes	75
VI.A.2	All caseworkers who do not have the University-Based Child Welfare Certificate will complete pre-service training that includes a total of 270 hours of competence based training which must be completed within 16 weeks from date of hire; training must include minimum of 4 weeks of classroom instruction and 5 weeks of field instruction.	Yes	75
VI.A.3	The University-Based Child Welfare Certificate program specific training curriculum must be reviewed by the monitors.	Yes	76
VI.A.4	Each trainee will shadow an experienced child welfare caseworker and build practice knowledge from classroom and field training. Experienced caseworker (mentor) will shadow each trainee for key activities in a case.	Yes	76
VI.A.4	Mentor with a trainee must have a caseload within current caseload standards.	No	76
VI.A.5.a.	Caseload Progression for CPS workers.	No	76

⁴ “Yes” indicates DHS provided the monitoring team with adequate and verifiable evidence of its performance consistent with the standard articulated in the MSA. “No” indicates DHS did not.

Section	MSA Commitment	Achieved	Page
VI.A.5.b	Caseload Progression for FC workers.	No	76
VI.B.1	Supervisor Qualifications: All staff promoted or hired to a child welfare supervisory position shall possess either 1) master's degree and 3 years of experience as a social service worker in a child welfare agency, CCI or in an agency performing child welfare function or 2) bachelor's degree and 4 years as a social service worker.	Yes	77
VI.B.2	Implement a competency based supervisory training program at least 40 hours in length and address specific skills and knowledge.	Yes	78
VI.B.3	All supervisors promoted or hired must complete the training program and pass a written competency based exam within 3 months of assuming the supervisory position. Failure to achieve a passing grade on written portion within 2 sittings requires additional training within 45 days of last failed exam. A third failure renders an individual ineligible for supervisory position.	Yes	78
VI.B.4	University-Based Training Opportunities: Develop and maintain relationships, joint programs, and other programs with schools of social work to expand training and education for DHS and private CPA caseworkers and supervisors.	Yes	77
VI.C	Licensing Worker Qualifications and Training: Requirements include bachelor's degree in social work or related human services field.	No	78
VI.C	Licensing Worker Qualifications and Training: Requirements include training type and amount provided as indicated in plan submitted to the monitors on 3/5/09.	Yes	78
VI.E.2.b.iii	Supervisors: 95% of child welfare supervisors will supervise no more than 5 caseworkers.	No	21
VI.E.3.c	Foster Care Workers: 95% of foster care workers will have caseloads of no more than 15 children.	No	21
VI.E.4.c	Adoption Workers: 95% of adoption workers will have caseloads of no more than 15 children.	No	21
VI.E.5.c	CPS Investigation Workers: 95% of CPS investigation workers will have caseloads of no more than 12 open investigations.	No	21
VI.E.6.c	CPS Ongoing Workers: 95% of CPS ongoing workers will have caseloads of no more than 17 families.	No	21
VI.E.7	POS Workers: 95% of POS workers will have a caseload of no more than 90 children.	No	21
VI.E.7.a	POS Worker model will remove responsibilities for: review/approve case plans; attend court hearings unless so ordered; enter social work contacts into SWSS; attend quarterly visits with CPAs; attend PPCs.	No	7
VI.E.8.c	Licensing Workers: 95% of licensing workers will have a caseload of no more than 30 licensed foster homes or homes pending licensure.	No	21
VII.A	Assessments & Service Plans: Written assessments within 30 days of entry (ISP); updates quarterly (USP); treatment plans signed by caseworker, supervisor, parents and children if of age or a written explanation of no signature.	No	71
VII.B	Supervisory Oversight: Supervisors will meet at least monthly with each assigned worker to review status and progress of each case on the worker's caseload. Supervisors will review and approve each service plan which can only be approved after a face-to-face meeting with worker which can be the monthly meeting.	No	72

Section	MSA Commitment	Achieved	Page
VII.C	Provision of Services: Services in plans must be available in a timely and appropriate manner, monitor for quality/intended effect; assist parents, children and foster parents identify appropriate, accessible and compatible services; assist with transportation, resolve barriers, intervene to review and amend service plans when services are not provided or are not effective.	No	72
VII.D	Family Engagement Model: DHS will develop policies, procedures, and structure to implement a family engagement model which includes family engagement, child and family team meetings, and concurrent planning.	Yes	72
VII.D.6.b	Implementation of FTM model, including concurrent planning to Big 14 continuous counties.	No	72
VII.E.1	Maintaining a permanency planning goal of reunification beyond 12 months requires written approval from supervisor, justifying the goal, identifying the additional services needed to occur to accomplish goal; no goal of reunification longer than 15 months without documentation in the record, approved by supervisor, of compelling reasons.	No	64
VII.E.3	Change of Goal to Adoption: Within 30 days of goal change to adoption take actions specified in MSA.	No	65
VII.E.6	APPLA: This goal may not be assigned to a child unless specific requirements in the MSA exist.	Yes	66
VII.E.6.e.iii	Immediate Action APPLA: Reduce the number of children with the goal of APPLA/APPLA-E to 9% of the total foster care population, excluding youth over 18 years of age with a voluntary foster care agreement.	Yes	67
VII.E.7.b	Immediate Action Adoption/Guardianship: Finalize 165 juvenile guardianships for calendar year 2013.	Yes	69
VII.E.9	Disrupted Pre-Adoptive Placements: DHS will monitor the number of cases in pre-adoptive placement that disrupt before finalization; QA unit will sample these cases annually.	Yes	67
VII.F.1	Special Reviews: Provisions apply to children in DHS foster care from 10/1/11 that a) have been legally free for more than 365 days.	No	73
VII.F.1	Special Reviews: Provisions apply to children in DHS foster care from 10/1/11 that b) have a goal of reunification for more than 365 days.	Yes	72
VII.F.2	PRMs: DHS will maintain an adequate number of PRMs to review cases of children in care more than 1 year as indicated in VII.F.1. PRMs will have specialized training, raise awareness of establishing permanency, possess expertise in community resources and collaborate with case managers and supervisors to identify new strategies to focus permanency for these children.	No	73
VII.G.2	Worker-Child Contacts: 2 face-to-face visits each month during the first 2 months of initial placement and 1 visit per month thereafter. At least 1 visit each month shall take place in the child's placement location.	No	27
VII.G.2	Worker-Child Contacts: 2 face-to-face visits each month during the first 2 months following a placement move and 1 visit per month thereafter. At least 1 visit each month shall take place in the child's placement location.	No	28

Section	MSA Commitment	Achieved	Page
VII.G.3	Worker-Parent Visits: For children with goal of reunification, (a) 2 face-to-face caseworker-parent visits (with each parent) during the first month the child is in care, 1 of which must be in their home; (b) for each subsequent month, 1 face-to-face visit and phone contact as needed; (c) 1 contact in each 3-month period must occur in parent's home.	No	50
VII.G.4	Parent-Child Visits: For children with goal of reunification, at least twice monthly visits with parents unless reasonable exceptions and documentation noted in MSA apply.	No	50
VII.G.5	Sibling Visits: Children in foster care with siblings in custody but in a different placement will visit at least monthly unless reasonable exceptions and documentation noted in MSA apply.	No	50
VIII.A	Access to Services: Ensure access to appropriate services including medical, dental, mental health and education; assist parents, children, foster parents connect, engage with and make use of services; monitor services to determine appropriate quality and intended effects.	No	72
VIII.B.1	The state maintains at least 25 health liaison officer (HLO) positions in the following counties: Barry, Berrien, Calhoun, Cass, Genesee (2), Ingham, Jackson, Kalamazoo, Kent, Macomb (2), Muskegon, Oakland, Saginaw, St. Clair, Van Buren, Washtenaw, Wayne (7). The state plans to allocate a health liaison officer position in all remaining counties, dual counties, and tri counties by FY2014.	No	52
VIII.B.2.a	Ensure each child receives emergency medical, dental, and mental health care.	No	53
VIII.B.2.b.iv	Ensure 95% of children entering care receive a full medical exam and screening for potential mental health issues within 30 days of entry to placement and refer for further assessment as necessary.	No	53
VIII.B.2.c.iv	Ensure 95% of children have dental examination within 90 days of entry into foster care.	No	53
VIII.B.2.d	Ensure children receive all required immunizations, as defined by the American Academy of Pediatrics, at the appropriate age.	No	54
VIII.B.2.e.iii	Ensure 95% of children have received periodic medical, dental, and mental health exams.	No	53
VIII.B.2.f	Ensure any needed follow-up medical, dental, mental health care as identified.	No	54
VIII.B.3	Maintain an up-to-date medical file for each child in care, including medical history information reasonably available to DHS.	No	54
VIII.B.3.a.ii	Medical file/history: Consistent with the targets established by the monitors, by 12/31/13, DHS shall ensure 95% of foster care providers receive specific written health information about the child entering their care.	No	55
VIII.B.3.b	Medical Passports: In maintaining medical records, DHS shall ensure that it is in compliance with MCL 722.954c(2) by preparing, updating, and providing medical passports to caregivers. In addition, DHS shall ensure that the medical passport, or some other DHS document inserted in each child's file, includes a complete and regularly updated statement of all medications prescribed to and given to the child.	No	55
VIII.B.3.b	All Medical Passport information shall be provided to all medical providers to whom the child is referred and accepted for treatment.	No	55
VIII.B.3.b	All Medical Passport information shall be provided to all mental health professionals to whom the child is referred and accepted for treatment.	No	55

Section	MSA Commitment	Achieved	Page
VIII.B.3.b.ii	Medical Passport: Consistent with the targets established by the monitors, by 12/31/13, DHS shall ensure 95% of foster care providers receive specific written health information about the child entering their care.	No	56
VIII.B.4.a.ii	Medical Care & Coverage: DHS will ensure 95% of children have access to medical coverage within 30 days of entry into foster care by way of a Medicaid card or an alternative verification of the child's Medicaid status/number.	No	56
VIII.B.4.b.iii	Medical Care & Coverage: DHS shall assure 95% of children have access to medical coverage upon subsequent placement.	No	56
VIII.B.5.c	Psychotropic Medications: DHS will maintain processes to ensure documentation of psychotropic medication approvals, documentation of all uses of psychotropic medications, and review of such documentation by appropriate DHS staff, including the medical consultant. The Health Unit Manager and medical consultant will take immediate action to remedy any identified use of psychotropic medications inconsistent with the policies and procedures approved by the monitors.	No	57
VIII.B.6.a-d	SED Waiver Implementation in the 12 identified counties in the MSA. For all remaining counties, DHS shall continue to engage the Michigan Department of Community Health, Community Mental Health Service Providers, and Medicaid Health Plans to ensure that all children with mental health needs are assessed and served.	Yes	58
VIII.C.1.a.i	Immediate Action for Youth Transitioning to Adulthood: DHS shall ensure for each youth age 16 and older, a Family Team Meeting shall be held to address issues of support, housing, education, employment, transportation, financial management and health. These meetings shall occur 90 days before planned discharge from care or within 30 days after an unexpected discharge.	No	74
VIII.C.1.a.ii	Immediate Action for Youth Transitioning to Adulthood: MYOI and youth leadership boards will be implemented in Wayne, Clinton/Gratiot and Ingham counties and be maintained to meet quarterly to provide information, training, and supportive services to youth.	Yes	74
VIII.C.1.a.vii	Immediate Action for Youth Transitioning to Adulthood: DHS will support higher education for older foster youth through partnerships with Michigan colleges and universities and through collaboration with community partners to create and expand scholarships and onsite programs, supports, and mentorships.	Yes	59
VIII.C.1.a.viii	Immediate Action for Youth Transitioning to Adulthood: DHS will support the Seita Scholars program at Western Michigan University.	Yes	60
VIII.C.1.c.i	Youth Transitioning to Adulthood: DHS will continue to implement policy and resources to extend all foster youths' eligibility for foster care until age 20 and make Independent Living services available through the age of 21.	No	73
VIII.C.1.c.ii	Youth Transitioning to Adulthood: DHS will continue to implement a policy and process by which all youth emancipating from foster care at age 18 or older are enrolled for Medicaid managed care coverage so that their coverage continues uninterrupted.	No	56
VIII.C.2.a	Education: DHS will take reasonable steps to ensure that school-aged foster children receive an education appropriate to their needs.	No	59

Section	MSA Commitment	Achieved	Page
VIII.C.2.b	Education: DHS will take reasonable steps to ensure that school-aged foster children are registered for and attending school within 5 days of initial placement or any placement change, including while placed in child care institutions or emergency placements. No child shall be home schooled.	No	59
VIII.C.2.c	Education: DHS will make reasonable efforts to ensure the continuity of a child's educational experience by keeping the child in a familiar or current school and neighborhood when in the child's best interests and feasible, and by limiting the number of school changes.	No	59
VIII.D.2.a	Foster Home Capacity: Ensure each county has a sufficient number and adequate array of homes capable of serving the needs of those children coming into care for who foster home placement is appropriate.	No	41
VIII.D.2.b	Foster Home Capacity: Ensure relatives of children in foster care and non-relatives with whom a child has a family-like connection are identified and considered as placements for children; when appropriate, ensure steps are taken to license them.	No	42
VIII.D.2.c	Foster Home Placement Selection: Develop a placement process in each county that ensures the best match for the child irrespective of whether the foster home is a DHS or private CPA operated home.	No	49
VIII.D.3.b	Treatment Foster Homes: Maintain 200 treatment foster home beds.	No	58
VIII.D.3.c	DHS in consultation with the monitors will develop for each county, annual foster home targets based on need and number of children in care. DHS will implement and meet those targets.	No	41
VIII.D.4	State Oversight of Recruitment: A designated person or unit within DHS central office will be responsible for monitoring the development and implementation of the foster and adoptive foster home recruitment and retention plans by county offices; providing or arranging for technical assistance; report to CSA Director on progress and problems in achieving goals.	Yes	41
VIII.D.6.a.i.4	Immediate Action to Licensing Relatives: 85% of new relative foster parents will be licensed within 180 days from the date of placement.	No	43
VIII.D.6.f	Relative Foster Parents: With documented, exceptional circumstances, relatives that do not desire to be licensed may forego licensing. Approval for this waiver for licensure must be approved by the Child Welfare Director in designated counties and by the County Director in non-designated counties. (See MSA for additional requirements for household to forego licensure and the review that will occur by monitors if more than 10% of unlicensed relatives decline to be licensed.)	No	43
VIII.D.6.g	Relative Foster Parents: DHS will use a form waiver letter which must be re-signed annually for relatives who choose to forego licensure. The relative may change their mind at any time and pursue licensure.	No	43
VIII.D.6.j	Relative Foster Home Licensing: DHS will maintain a position of Relative Licensing Coordinator with overall responsibility for development of a combined family home assessment for relative providers; monitoring and reporting on number of unlicensed relative homes and children in those homes; ensure availability of adequate training staff to develop curriculum and training for and to train Relative Licensing staff.	Yes	44

Section	MSA Commitment	Achieved	Page
VIII.D.8	Provision of Post-Adoption Services: DHS will develop, implement and maintain a full range of post-adoption services to assist all eligible special needs children adopted from state foster care and their permanent families.	Yes	70
X.B.1	Placement Outside 75-Mile Radius: DHS shall place all children within a 75-mile radius of the home from which the child entered custody, unless one of the exceptional situations noted applies and is approved.	No	46
X.B.2	Separation of Siblings: Siblings who enter placement at or near the same time shall be placed together, unless doing so is harmful to one or more of the siblings or other noted exceptions. In the case of separation, efforts must be made to locate/recruit a family and efforts must be documented and reassessed quarterly.	No	45
X.B.3	Number of Children in Foster Home: No child shall be placed in a foster home if that placement will result in more than 3 foster children in that foster home, or a total of 6 children. No placement shall result in more than 3 children under the age of 3 residing in a foster home.	No	47
X.B.4.a	Time Limitations for Emergency or Temporary Facilities: Children shall not remain in emergency or temporary facilities, including but not limited to shelter care, for a period in excess of 30 days.	No	47
X.B.4.b	Number of Placements in an Emergency or Temporary Facility: Children shall not be placed in an emergency or temporary facility, including but not limited to shelter care, more than 1 time within a 12-month period.	No	48
X.B.5	Placement in Jail, Correctional, or Detention Facility: Unless pursuant to a delinquency charge, no child in DHS foster care custody shall be placed by DHS in a jail, correctional, or detention facility.	No	49
X.B.6	Placement of High Risk Youth: DHS shall not place any child determined to be at high risk for perpetrating violence or sexual assault, in any foster care placement with foster children not so determined without an appropriate assessment concerning the safety of all children in the placement.	No	46
X.B.7	Residential Care Placements: No child shall be placed in a child caring institution unless there are specific findings, documented in the child's case file, that: (1) the child's needs cannot be met in any other type of placement; (2) the child's needs can be met in the specific facility requested; and (3) the facility is the least restrictive placement to meet the child's needs.	No	45
XI.A.1.c	A DSM-IV TR psychiatric diagnosis is made for all children before prescribing psychotropic medications.	No	57
XI.A.1.c	Clearly defined target symptoms and treatment goals for the use of psychotropic medications on children are identified and documented in the medical record at the time or before beginning treatment with a psychotropic medication.	No	57
XI.A.1.c	Except in the case of emergency, informed consent is always obtained from the appropriate party(s) before beginning psychotropic medication on children. Informed consent to treatment with psychotropic medication entails diagnosis, expected benefits and risks of treatment, including common side effects, discussion of laboratory findings, and uncommon but potentially severe adverse events. Alternative treatments, the risks associated with no treatment, and the overall potential benefit-to-risk ratio of treatment should be discussed.	No	57

Section	MSA Commitment	Achieved	Page
XI.B.1	Corporal Punishment & Seclusion/Isolation: DHS shall prohibit the use of Positive Peer Culture, peer-on-peer restraint, and any other forms of corporal punishment in all foster care placements. All uses of corporal punishment in any placement, and all uses of seclusion/isolation in child caring institutions shall be reported to the Quality Assurance (QA) unit. Such reports shall be made available to the state's licensing agency for appropriate action.	No	29
XII.A.	Contract Requirements: DHS' contracts with private CPAs and CCIs will be performance-based.	Yes	34
XII.B	Substantiated Incidents of Abuse, Neglect, and Corporal Punishment: DHS will give due consideration to any and all substantiated incidents of abuse, neglect, and/or corporal punishment occurring in the placements licensed and supervised by a contract agency at the time of processing its application for licensure renewal.	Yes	30
XII.C	Contract Evaluations: At least once a year, DHS will conduct contract evaluations of all CCIs and private CPAs.	Yes	30
XII.C	Contract Evaluations: DHS shall prepare written reports of all inspections and visits, detailing findings. DHS shall require corrective actions and require private CPAs and CCIs to report to DHS on the implementation of these corrective action plans, and shall conduct follow-up visits when necessary. Such reports shall routinely be furnished to the monitors.	Yes	30
XII.C.2	DHS shall visit a random sample of each agency's foster homes as part of the annual inspection. Agencies with fewer than 50 foster homes shall have 3 foster homes visited. Agencies with 50 foster homes or more shall have 5% of their foster homes visited.	Yes	25
XII.D	Resources: DHS will maintain sufficient resources to permit staff to conduct contract enforcement activities.	Yes	25
XIII.A	DHS will generate from automated systems and other data collection methods accurate and timely data reports and information until the full implementation of SACWIS.	No	6

Methodology

To prepare this report, the monitoring team conducted a series of verification activities to further evaluate DHS' progress implementing its commitments in the MSA. These activities included: regular meetings with DHS leadership as well as private agency leadership; focus groups with former foster youth and youth enrolled in YAVFC; visits to local child welfare offices and private agencies; joint record reviews with the Division of Continuous Quality Improvement (DCQI) staff; and extensive reviews of individual case records and other documentation. The monitoring team interviewed staff and supervisors and talked to public and private managers about the pace, progress, and challenges of the reform work. The monitoring team also reviewed and analyzed a wide range of aggregate and detail data produced by DHS, and reviewed policies, memos, and other internal information relevant to DHS' work during the period.

Demographics

DHS produced demographic data from January 1, 2014 through April 24, 2014, rather than through June 30, 2014. DHS data indicate that there were 13,277 children in custody as of April 24, 2014, a decrease of 146 children (one percent) from the end of MSA 5.^{5,6} Of the children and youth in care on April 24, 2014, the monitoring team estimates 390 youth were enrolled in the YAVFC program, even though the monitoring team's verification activities surfaced data quality issues with DHS' tracking of this population.⁷ During the reporting period, 2,224 children and youth were placed in foster care and 2,369 children and youth exited care.⁸ Though young children aged zero to six years make up the largest portion (6,563 or 49 percent), Michigan continues to have a large population of older youth in custody. Twenty-three percent (3,008)

⁵ The references in this report to children and youth placed in DHS' supervision, custody, or care refer to the child welfare responsibilities of the Department and do not include children and youth who are the responsibility of DHS through the juvenile justice system unless those children and youth also have an open child welfare case.

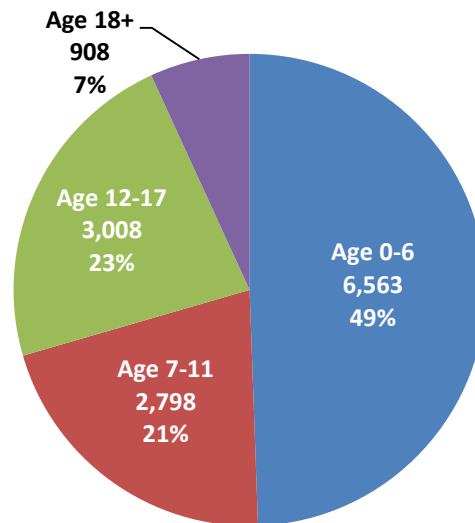
⁶ DHS more recently submitted an updated file containing children in custody on January 1, 2014. The MSA 5 report, relying on DHS data, indicated that 13,412 children were in DHS' custody on December 31, 2013. The updated file indicates that 13,423 children were in custody on January 1, 2014. This report uses the updated figure in describing changes in the custody population.

⁷ For purposes of this report, a youth is considered in YAVFC if they have a legal status of '56'. Some youth in YAVFC transition to that status without leaving their current placement while others formally exit care and then enter YAVFC status within six months. Entries and exits into and out of foster care only include youth who formally exited care and reentered into YAVFC.

⁸ DHS reported two children listed as being in care and having exited care on December 31, 2013. Thus, the change in the number of children in care is not equal to the number of exits minus the number of entries. The monitoring team adjusted the data for several other data issues that impacted the number by less than ten children.

are 12 to 17 years, and seven percent (908) are 18 years and over, as detailed in the following figure:

Figure 1. Age of Children in Custody on April 24, 2014⁹
n=13,277



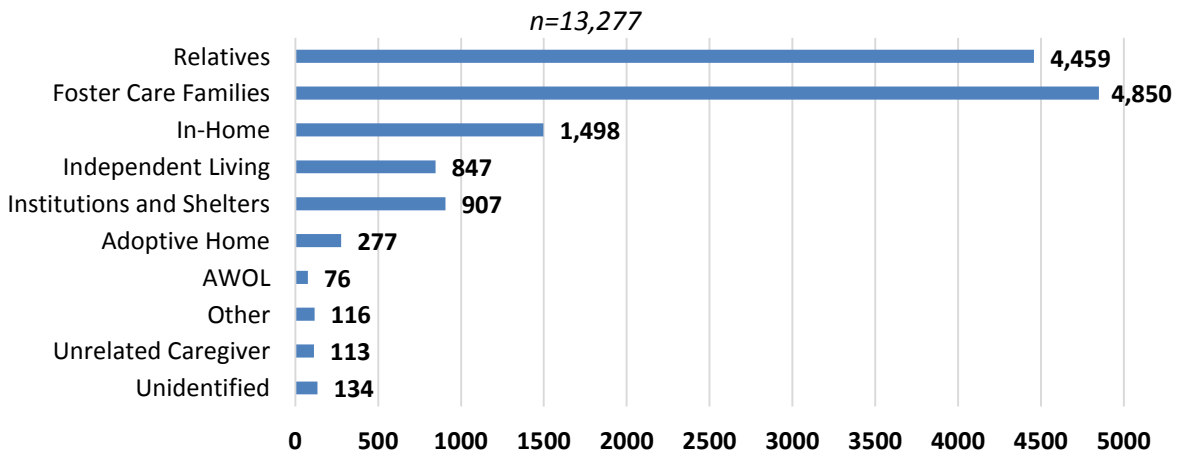
With regard to gender, the population was split equally — 50 percent male and 50 percent female. With regard to race, the population of children was 35 percent African-American and 63 percent White. In addition, seven percent of children were identified with Hispanic ethnicity (and can be of any race).

As the following figure demonstrates, 84 percent of children in DHS' custody lived in family settings, including with relatives (33 percent), foster families (36 percent), with their own parents (11 percent), in homes that intend to adopt (two percent), and in homes of unrelated caregivers (one percent).¹⁰ Of children in custody, 907 (seven percent) lived in institutional settings, including residential treatment and other congregate care facilities. Another 847 children, or six percent, resided in independent living placements, which serve youth on the cusp of aging-out of care. The remaining three percent resided in other settings, are AWOL, or in unidentified placements.

⁹ For full detail by county, see Appendix B. Age Range of Children in Care on April 24, 2014.

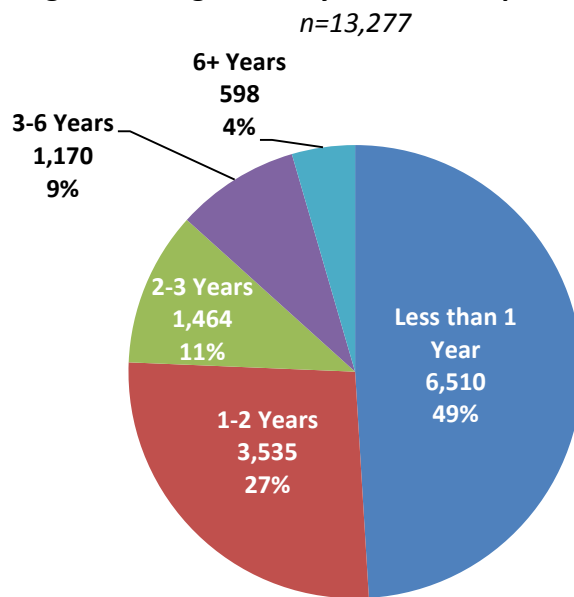
¹⁰ Percentages sum to 83 instead of 84 due to rounding.

Figure 2. Placement Types of Children in Custody on April 24, 2014¹¹



Of the children in care on April 24, 2014, 49 percent were in care for less than one year, while 13 percent were in care for more than three years:

Figure 3. Length of Stay in Care on April 24, 2014¹²



¹¹ *In-Home*: In Michigan, when the state court places a child in the custody of DHS, DHS can elect to place the child in the parents' home. More commonly, the court permits the return of a child from placement to the home but keeps custody with DHS for supervision. The child is in the legal custody of DHS but the physical custody of the parents. The data above for *In-Home*, *Relatives*, and *Foster Care Families* include placements both in-state and out-of-state. *Institutions and Shelters* include emergency shelters (25), out-of-state CPAs (17), and private CCIs (865). *Other* includes detention (13), jail (13), community justice centers (4), court treatment (6), legal guardians (28), mental health hospitals (6), boarding schools (37), and DHS training schools (9). 76 children were AWOL.

¹² For full detail by county, see Appendix C. Length of Stay of Children in Care on April 24, 2014.

Table 1. Exits from Care by Exit Type, January 1, 2014 to April 24, 2014

n=2,373

Exit Type	No.	Percent
Reunification	1,203	51%
Relatives	66	3%
Guardianship	179	8%
Adoption	508	21%
Aged-out	321	14%
Other	96	4%
Total	2,373	100%

From January 1, 2014 to April 24, 2014, 2,369 children accounted for 2,373 exits from Michigan foster care (four children exited twice during the period). Of the 2,373 exits, 1,203 exits were reunifications with parents and 66 exits were exits to relatives. One-hundred seventy-nine children exited to guardianship and 508 children were adopted. In sum, 1,956 children exited to permanency. Of the remaining exits, 317 youth aged-out, with four exiting twice for a total of 321 exits.¹³ Ninety-six exits fell into other categories.¹⁴

Organizational Capacity

DHS has established and maintained a Children's Services Administration consistent with the organizational structure requirements set forth in the MSA.

Caseloads and Supervision

The MSA sets forth caseload standards for staff and supervisors performing critical child welfare functions. Unlike previous periods, the monitoring team was unable to verify the accuracy of DHS' April 2014 caseload count submission¹⁵ for POS staff, foster care staff, adoption staff, child

¹³ The recording of entries and exits to the YAVFC program account for the four youth who aged-out twice during the period.

¹⁴ Other categories include death (7 exits), not applicable (17), married (1), out-of-town inquiry (OTI) activity completed (66), and transfer to another agency (5). The monitoring team plans to learn more about the situations of children in the OTI activity completed category in the coming months.

¹⁵ Using its hybrid methodology, DHS reported that as of April 16, 2014, the agency met or exceeded two of the seven caseload standards in the MSA, and nearly met two others, though the monitoring team cannot confirm this.

protection investigators, licensing staff, and supervisors.¹⁶ DHS' postponement of MiSACWIS implementation delayed the full automation of the agency's caseload counting, which remained at the conclusion of MSA 6 a hybrid of both electronic reporting and manual counts self-reported by local child welfare offices. That methodology requires extensive verification work by the monitoring team because of its hybrid nature, particularly the integration of numerous, local, and manual self-reports.¹⁷ As the court has stressed, all work by staff must be taken into account in assessing caseloads and workloads. Performance against the standards set forth in the MSA, for both workers and supervisors, must be assessed based on the aggregate data across both the public and private sector.

As previously indicated, DHS implemented its new MiSACWIS data system in late April 2014, shortly after finalizing a caseload count based on the hybrid methodology.¹⁸ Unfortunately, MiSACWIS has been unable, as of January 31, 2015, to provide DHS with an accurate assessment of its staff caseloads and supervisory workloads. DHS twice requested and received from the monitoring team an extension for production of its first post-MiSACWIS quarterly caseload count, pushing back the due date from September to November 2014. In December 2014, DHS reported that it continued to face numerous, recurrent problems in addition to some new challenges that developed as MiSACWIS fixes were built, tested, and rolled out statewide. Among the challenges DHS has confronted, numerous cases that had been closed prior to the new system's implementation were automatically re-opened. As of January 2015, there was no accurate record in MiSACWIS for who is responsible for more than 1,300 children, down from

¹⁶ The monitoring team's verification activities historically included field visits with randomly selected staff to confirm caseload standards. Following the implementation of MiSACWIS, DHS requested that the monitoring team forebear from visiting DHS field offices in order to give staff time to acclimate to the new system. The monitoring team hoped quarterly caseload counts would become available in the fall of 2014, from which the monitoring team would conduct verification activities for the purposes of this report. However, DHS has not yet been able to produce a comprehensive and accurate count of workloads.

¹⁷ DHS began by electronically generating a list of staff and cases assigned to those staff, as well as a list of supervisors and the staff assigned to those supervisors. That information was then sent to each local office and private agency for corrections to staffing information and for additional information which cannot be collected electronically. Central office staff instructed local offices to document any data discrepancies, like an inaccurate number of cases indicated for a worker. Individual offices then sent the information back with any updates needed for the DHS central office to compile the report to the monitoring team. DHS reported that central office continued to work on improving the accuracy of the caseload reporting by implementing additional levels of review and engaging in technical assistance with local offices.

¹⁸ DHS collected information from 44 public agency offices and 62 private agencies. Staff in both sectors can either perform a single function (spending 100 percent of their time as foster care workers, for example) or multiple functions (foster care and licensing, for example) which require applying the appropriate standards on a pro-rated basis. Similarly, some supervisors, in addition to supervising, may also carry cases directly. Those hybrid supervisors' caseloads must also be assessed on a pro-rated basis against the applicable standards.

1,718 children in December 2014.¹⁹ MiSACWIS excluded many licensing cases in the caseload counts altogether. Moreover, new allegations of child abuse or neglect, which are received during the pendency of related child protection investigations, are not consistently linked to existing open investigations in MiSACWIS. The system does not yet have the capacity to report supervisory workloads.

As of the writing of this report, it is unclear when fully electronic, accurate caseload and workload reporting will be achieved, but DHS leadership and staff are hard at work to correct the system problems that have prevented accurate caseload reporting since MiSACWIS implementation.

Child Safety

Freedom from Abuse and Neglect

DHS agreed in the MSA to keep children free from harm by implementing a variety of structural reforms, including commitments to meet federal outcome standards regarding safety for children. The parties adopted in the MSA the outcome methodologies developed by the federal government, including two safety measures and four permanency composite measures, with the four permanency composite measures encompassing 15 sub-measures.²⁰

Safety Outcomes

DHS did not meet either of the required child safety measures. The first standard selected by the parties is designed to measure how well the system protects children from repeated incidents of abuse or neglect. In particular, the measure focuses on reducing repeated incidents in a short period of time and so looks at how often children and youth who were the subjects of a substantiated incident of abuse or neglect during a defined six-month period of time were re-abused or neglected during the following six-month period. To meet the agreed upon standard, DHS would have needed to prevent repeat harm for at least 215 additional children.²¹ The second safety standard selected by the parties focuses on keeping children placed in foster care

¹⁹ For the unverified, partial December caseload count, see Appendix A. Michigan DHS – Caseload Data 12/15/14.

²⁰ For purposes of this report, the monitoring team utilized the updated FFY2013 data profile dated August 12, 2014 submitted by DHS, some of which was referenced in the MSA 5 report.

²¹ The parties agreed that as of September 30, 2010, DHS was to meet and then maintain a standard of 94.6 percent or higher. The data profile reflects that DHS reported there was no repeat maltreatment for 93.3 percent of children, below the required 94.6 percent, representing 215 abused and neglected children over and above the standard.

safe from abuse and neglect by their caregivers.²² DHS would be required to protect at least 81 more of these children from abuse or neglect in placement in order to meet the federal standard.

DHS' failure to achieve the minimum safety standards for children in foster care is a persistent and serious issue, extending for six successive periods under the MSA. To meet the first child safety standard as reported during these six periods, DHS would have needed to protect more than 1,240 children from repeat maltreatment since the inception of the MSA. To meet the second federal child safety standard, DHS should have protected at least 434 more children from abuse or neglect in placement as reported since the start of the MSA.

Statewide Data Indicators and National Standards for Child and Family Services Reviews

Shortly after the release of Michigan's updated data profile referenced above, the USDHHS and ACF published the Final Notice of Statewide Data Indicators and National Standards for Child and Family Services Reviews (CFSRs) on October 10, 2014.²³ The ACF Children's Bureau will use these modified indicators and standards going forward to determine Michigan's conformity with titles IV-B and IV-E of the Social Security Act through the CFSRs. The Children's Bureau plans to use two statewide data indicators to measure safety outcomes related to maltreatment in foster care and recurrence of maltreatment. The safety concepts of the old and new metrics are similar, but the methods used to calculate the metric differ markedly.²⁴

As part of the issuance of the final indicators and standards, ACF provided its initial assessment of each state's performance on the national standards for CFSR 3 (See Appendix D). Michigan's performance on keeping children safe placed near the bottom of these national standards.

²² The parties agreed DHS would meet a standard of preventing abuse and neglect for 99.68 percent of children as of September 30, 2009 and maintain that standard going forward. The most recent data profile reflects that DHS reported it kept 99.31 percent of children in placement during the period safe from abuse or neglect in care, representing 81 abused and neglected children over and above the standard.

²³ While negotiating the MSA in 2011, the parties were aware that the then-existing federal indicators were under review by HHS. As such, the parties included the following language in the MSA: "In the event that, during the term of this Agreement, HHS modifies these indicators or the methodologies underlying these indicators, the parties and the monitors shall meet to determine whether to make corresponding changes in DHS' responsibilities under the Agreement." The monitoring team will report on these discussions in future monitoring periods.

²⁴ The new metric for maltreatment in care, for example, includes maltreatment experienced while a child is in foster care regardless of the perpetrator. The prior metric measured only maltreatment perpetrated by caregivers.

Table 2. Michigan Performance on Safety Outcomes for CFSR 3 (10-10-2014)

Measure	Risk Standardized Performance/12-Month Period	Additional Performance Needed	State Performance
Maltreatment in Foster Care: Of all children in foster care during a 12-month period, what is the rate of victimization per day of foster care?	18.41/ October 2012- September 2013	328 fewer child victimizations	45 of 48
Recurrence of Maltreatment: Of all children who were victims of a substantiated or indicated maltreatment report during a 12-month reporting period, what percent were victims of another substantiated or indicated maltreatment report within 12 months of their initial report?	16.2%/ October 2011- September 2012	1,753 fewer recurrences of child maltreatment	46 of 48

Child Safety in Placement

DHS agreed to independently monitor and enforce private agency and CCI contracts with an eye toward better protecting children from harm. DHS' Bureau of Children and Adult Licensing (BCAL) monitors all of DHS' licensed programs at regular intervals. This process, known as consolidated contract monitoring, includes BCAL inspections by 18 licensing consultants who conduct on-site visits to program facilities, review agency records, and meet with staff, residents, and clients. Additionally, eight BCAL field analysts visit foster and unlicensed relative homes, interviewing the foster children and caregivers to advance children's interests in safety, permanency, and well-being. When available, birth parents are also interviewed. The findings of the analysts are shared with the licensing consultants, who are expected to incorporate the information into a consolidated licensing report.

The work of the BCAL consultants and analysts provides an informative window into DHS' child safety record. During this period, field analysts visited 246 licensed foster homes and 141 unlicensed relative homes²⁵ supervised by 69 of 76 agencies.²⁶ DHS reported that the visits

²⁵ DHS had reported that the field analysts visited 131 unlicensed relative homes during MSA 6, but in reviewing the analyst reports provided by DHS, the monitoring team found that 141 unlicensed relative homes were actually visited.

²⁶ In addition, during MSA 6, BCAL consultants conducted 76 interim and renewal CPA inspections for 26 DHS local agencies and 50 private agencies. There were 19 Adoption Services violations, two Native American Affairs violations, and one Supervised Independent Living violation. Two CPAs were issued provisional licenses due to rule non-compliance. In addition, DHS reported that during MSA 6, BCAL conducted 45 unannounced renewal or interim CCI inspections. Twenty-nine of these inspections resulted in a corrective action plan, 13 resulted in no violations, and three were given provisional licenses. BCAL investigated 49 complaints in 41 different public and private CPAs. There were 129 rule allegations, and 64 were substantiated as violations. Fifty-three required a corrective action plan and one agency was issued a provisional license, with that agency having 11 violations.

were scheduled to occur prior to the licensing consultants' inspections so the analysts' summary reports would be available for the consultant as an integral part of the agency review process. As of MSA 6, BCAL was still developing written protocols for responding to child safety concerns identified by the analysts.

The monitoring team reviewed all of the analyst reports for the agencies whose homes were visited during MSA 6. Of the 69 agencies, 49 (71 percent) had at least one home where the DHS BCAL analysts identified health or safety risks.²⁷ These issues included bedrooms and living spaces without egress windows; children without appropriate cribs or beds to ensure safe sleeping arrangements; pools and ponds adjacent to homes without necessary safeguards such as door alarms or fences; and stairs without railings. The majority of reports documented follow-up and resolution to safety concerns,²⁸ but reveal that children continue to be placed with caregivers who do not have the capacity to safely care for them, suggesting an inadequate supply of safe and ready homes for children.

Caseworker Visitation: Worker-Child

One of the primary strategies used by child welfare systems to keep children free from harm is routine visitation between children and their caseworkers. However, DHS continues to struggle to meet the MSA visitation standards despite impressive progress on caseloads as documented in the MSA 5 report. Face-to-face time between the critical participants in a child welfare case is a key element of child safety and there is a substantial body of data and research demonstrating that more frequent visits with caseworkers, parents, and siblings improve safety, permanency, and well-being for children in care.²⁹ As such, DHS agreed:

- Caseworkers shall visit all children in custody at least twice in each of the first two months of a child's placement, and at least once in each following month. Additionally, at least one visit each month shall occur in the placement setting.
- When children are subsequently moved to a new placement, caseworkers shall again visit these children at least twice during each of the first two months of that new placement, and shall continue to visit them monthly in the following months.

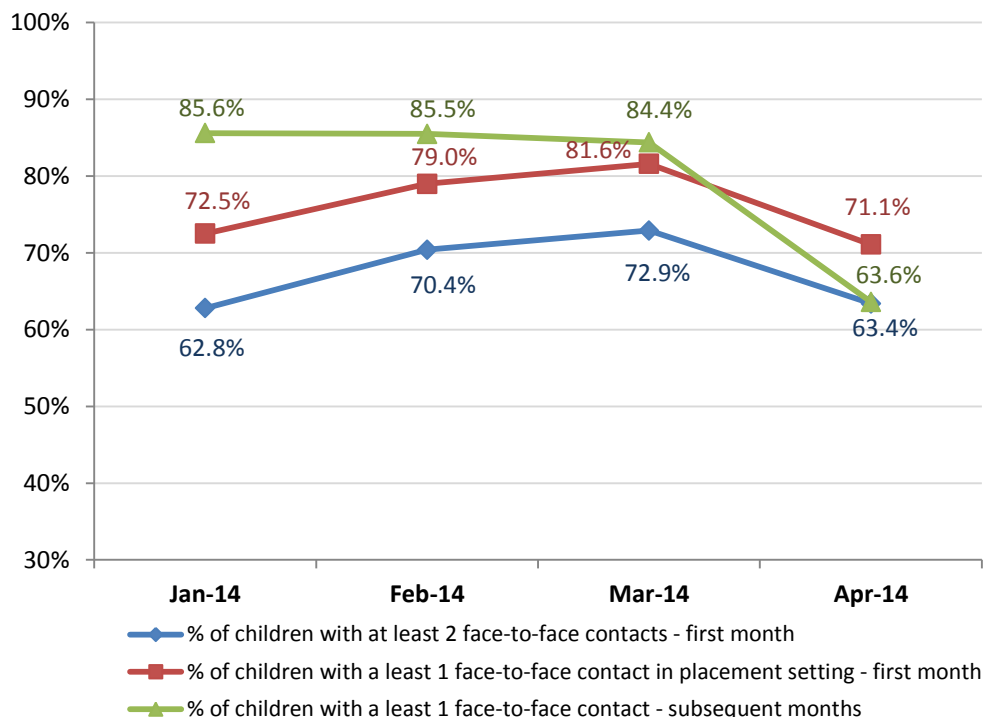
²⁷ All of the homes were given prior notice and agreed to BCAL's visit.

²⁸ The monitoring team identified 13 agencies for which there was no documentation that the safety and health risks documented by the analysts were pursued and resolved.

²⁹ United States Children's Bureau (2003). *Relationship between caseworker visits with children and other indicator ratings in 2002 cases*; Child Welfare Information Gateway, *Sibling Issues in Foster Care and Adoption* (December 2006). The importance of caseworker visitation with children in foster care has also been recognized by Congress in the Child and Family Services Improvement Act of 2006, Pub. L. 109-288 (2006), which requires that child welfare agencies ensure that caseworkers visit at least 90% of children in foster care monthly by 2011.

DHS generated information from its InfoView reporting system regarding performance on worker-child visits.³⁰ For the fifth consecutive monitoring period,³¹ DHS did not meet the worker-child visitation commitments set forth in the MSA.³² The Department's reported performance in the abbreviated period is reflected in the following figures:

Figure 4. Worker-Child Contacts at First Placement from January 1, 2014 to April 24, 2014

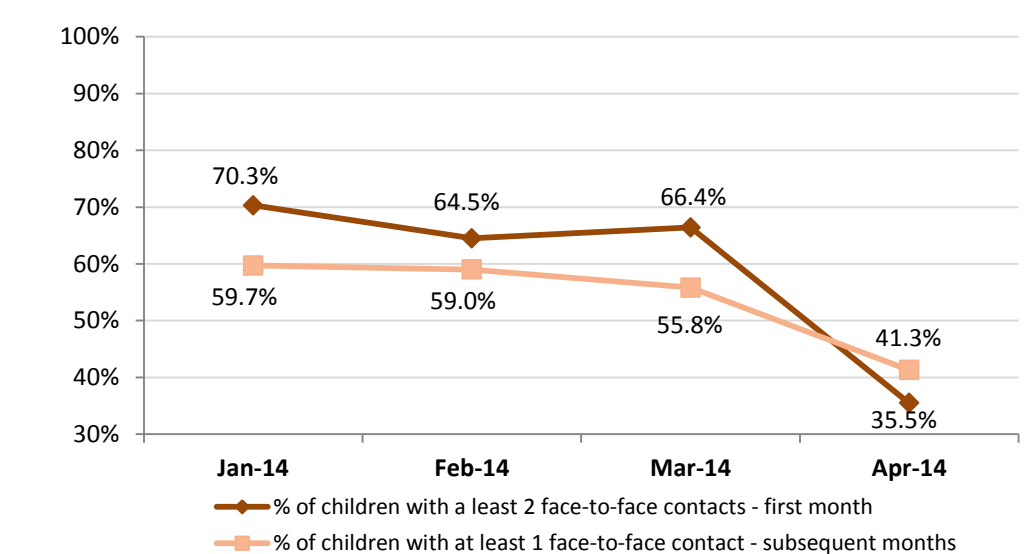


³⁰ For this monitoring period, the reports from InfoView reflect data entered prior to the implementation of MiSACWIS on April 24, 2014. Performance rates for the month of April do not include any visitation or data entry that may have occurred in the four working days from April 25-30. The monitoring team notes that had data for the entire month been available, April performance rates may have differed.

³¹ In MSA 1, DHS was not required to report on the visitation commitments. Therefore, MSA 6 is the fifth monitoring period in which DHS was required to report this information.

³² DHS continues to believe its InfoView reporting system undercounts actual performance due to system functionality limitations.

**Figure 5. Worker-Child Contacts at Children’s Replacement
from January 1, 2014 to April 24, 2014**



The monitoring team read all of the BCAL documents connected with visits to foster care providers in MSA 6 and determined that caregivers reported to BCAL a lack of caseworker visits at 33 (48 percent) of the reviewed agencies and a lack of support from caseworkers at 26 (38 percent) of the agencies.

Special Investigations

The problems unearthed by DHS’ BCAL staff – many of which could provide a roadmap to DHS for improving children’s safety – extend beyond gaps in caseworker visitation with children. During MSA 6, BCAL conducted 207 special investigations³³ in 64 CCIs. As of April 24, 2014, 886 children (seven percent of the total foster care population) were placed in a CCI, the largest number of children since the establishment of the MSA. DHS reported the average length of stay for children in their last residential placements increased to 231 days in MSA 6 from 222 days in MSA 5. Of the children in residential placements, DHS reported 159 were in those settings in excess of 360 days. In reviewing the 207 BCAL reports, the monitoring team found that 74 (36 percent) of the investigations involved complaints for the use of improper, unnecessary, or injurious restraints. Of these 74 complaints, 34 involved children injured as a

³³ Initially DHS submitted information and reports to the monitoring team indicating that there were 197 special investigations conducted during MSA 6. Several months later, the monitoring team requested further information from DHS regarding the special investigations and were advised that there were an additional ten investigations not included in DHS’ original submission. DHS provided the additional reports, and all ten were reviewed by the monitoring team.

result of restraints. An additional 32 (16 percent) concerned allegations of physical abuse or discipline, 54 (26 percent) involved neglect or improper supervision of residents, and 14 (seven percent) involved allegations of sexual abuse. The 207 special investigations resulted in 139 established violations involving 39 agencies. Fifty-one of the allegations were related to corporal punishment, five of which were established. Additionally, there were 32 established violations involving the use of improper, unnecessary, or injurious restraints. Corrective action plans were required in 79 of the investigations, 22 resulted in staff terminations, and one provisional license was recommended.

The extent of child injuries, rule violations, terminated staff, and improper restraints against children provides a ripe opportunity for DHS to focus on improving child safety by reforming the culture and practices of children's care in CCIs. Eight of the investigated facilities had patterns of referrals and/or significant concerns pertaining to BCAL violations, including failure to properly supervise children resulting in harm or risk of harm, and unjustified or inappropriate physical restraint of children that resulted in harm. One agency had 17 BCAL investigations, with seven investigations resulting in violations, most of which involved improper physical restraints of residents. Concerns regarding this agency were identified by the monitoring team during a review of maltreatment in care cases and those concerns were brought to the attention of DHS.

Substantiated Abuse, Neglect, Corporal Punishment, and Seclusion in Contract Agencies

DHS made a series of commitments to prohibit the use of corporal punishment (the intentional infliction of pain on children) and reduce the seclusion of children in its custody. The DCQI team is responsible to review reports of corporal punishment and seclusion in order to identify trends and to report their analysis to BCAL.³⁴ DHS reported that during MSA 6, two CCIs and 30 foster parents were cited for the use of corporal punishment. Additionally, 26 licensed CCIs reported the use of seclusion on children in 1,082 incidents, a 40 percent increase from the previous period.³⁵

³⁴ The DCQI unit reviews all substantiated corporal punishment violations in CCIs and CPAs, including: a review of licensing special investigations, the Central Registry and, if appropriate, the MIC investigation. BCAL, in turn, has the responsibility to manage appropriate follow-up with the CPAs and CCIs, including but not limited to requiring corrective action plans, offering technical assistance to the agency, and following up on identified issues during the annual on-site licensing/contract reviews.

³⁵ DHS reported that there may be a glitch in their Juvenile Justice Online Technology system for the contract agencies to report their use of seclusion and believes that preliminarily it appears that the actual numbers may be over-reported. DHS advises that a reporting form is being developed which will result in improved reporting for MSA 7.

BCAL conducts interim and renewal in-person inspections of programs and facilities, with a license renewal inspection every two years. The onsite inspection consists of interviews with staff, clients, and residents as well as record reviews. DHS agreed that during these inspections, all incidents of abuse, neglect, and corporal punishment would be evaluated by BCAL and given due consideration as part of the licensing renewal process. The monitoring team reviewed a sample of the interim and renewal evaluations conducted by BCAL during MSA 6 and found that the reports included the due consideration provision, and in most cases, the reports contained information regarding the effectiveness of corrective action plans.

In addition to due consideration, DHS is required to conduct an investigation in the event a contract agency fails to report an incident of abuse, neglect, or corporal punishment. During MSA 6, DHS reported that there were six agencies referred for allegations of failure to report. Four of these agencies were cited and received a violation for failure to report; two programs were private CPAs and two programs were private CCIs. According to DHS, these four cited agencies took appropriate corrective measures and no further action was necessary. During the monitoring team's review of MSA 6 materials, the monitoring team independently identified that DHS had cited an additional agency for failure to report. This agency submitted a corrective action plan which was accepted by DHS.

Maltreatment in Care Investigative Units

DHS agreed to investigate all allegations of abuse or neglect relating to any child in the foster care custody of DHS. The DHS MIC Units are responsible for conducting CPS investigations in licensed and unlicensed foster homes, CCIs, juvenile detention centers, and licensed day care centers or homes. The responsibility for conducting MIC investigations is shared among nine DHS units statewide; five units are responsible for the designated counties and four units for the remainder of the state.³⁶ DHS reported that 1,407 complaints alleging maltreatment in care were received at Centralized Intake between January 1, 2014 and April 24, 2014. The following table documents the breakdown of these referrals:

Table 3. CPS-MIC Complaints by Centralized Intake Action from January 1, 2014 – April 24, 2014

Action	Number	Percent
Assigned	448	31.8%
Transferred ³⁷	312	22.2%
Rejected ³⁸	645	45.8%
Withdrawn	2	0.1%
Other	0	0.0%
Total MIC Complaints	1,407	99.99%*

**Percentage does not add to exactly 100% due to rounding.*

Four hundred forty-eight complaints alleging maltreatment of children in care, involving 1,368 children, were assigned for investigation. Of the 448 investigations, DHS substantiated abuse or

³⁶ The five designated county units are supervised locally through the county child welfare office. The four units serving the remainder of the state are supervised by the central office child welfare field operations unit.

³⁷ In the MSA, DHS committed to investigate all allegations of abuse or neglect relating to any child in the foster care custody of DHS. The DHS MIC units investigate allegations of maltreatment regarding children in the custody of DHS with one exception. The Michigan Child Protection Law requires that law enforcement personnel investigate alleged maltreatment of children by teachers, teacher's aides, or members of the clergy and DHS transfers these complaints to law enforcement for investigation. When law enforcement investigations confirm that abuse and/or neglect has been substantiated, confirmed perpetrators are not included on the DHS' child maltreatment registry. Further, DHS reported to the monitors that the agency does not have the capacity to track and report the disposition of child abuse and neglect investigations transferred to law enforcement, including those involving children who are members of the plaintiff class. These issues require discussion and resolution to ensure that all members of the plaintiff class who are abused or neglected while in the state's custody are included in the DHS data.

³⁸ For DHS policy, see Appendix E. Michigan DHS Policy PSM 712-7 Rejected Complaints.

neglect in 44 investigations that included 78 child victims. Of these 78 child victims, DHS identified 45 children as victims of maltreatment while in care.^{39, 40}

Because DHS reported MIC data on an abridged basis (only through April 24, 2014) the monitoring team conducted an analysis to project the number of complaints, referrals, substantiations, and MIC victims over the full six-month period. Absent an atypical surge in activity in May and June 2014, the monitoring team's projections suggest a 30 percent decrease in MIC victims during MSA 6 relative to any previous period measured under the MSA.

Table 4. CPS-MIC Complaints and MIC Victims⁴¹ by MSA Period

MSA Period	Number of MIC Victims	Number of MIC Complaints
MSA 2	113	2,056
MSA 3	106	2,185
MSA 4	116	2,311
MSA 5	105	2,238
MSA 6 (projected)	73	2,234

The size of the decrease in MIC victims during MSA 6, when compared with previous MSA periods, suggests data quality issues, which the monitoring team is reviewing. The monitoring team compared the MIC data on complaints opened from January 1 to April 24 for the years 2012, 2013, and 2014. While the number of complaints in 2013 and 2014 are almost identical—1,466 and 1,407 respectively—the number of MIC victims drops by half from 82 to 45 victims in 2014. In particular, the number of MIC victims year over year drops precipitously during the dates March 1 to April 24. That the majority of the decrease in MIC victims during MSA 6 comes from March and April suggests that data quality issues related to the transition from SWSS to MiSACWIS may be a cause.

³⁹ DHS was unable to retrieve data that could specifically identify only foster children who have been victims of abuse or neglect while in a foster care placement. The former data system did not distinguish between victims who are foster children and victims who are the legal children of foster parents (and not in foster care). Thus, DHS conducted a manual review of each child victim to determine the total number of children who were in foster care custody and were therefore MIC victims. DHS did not provide detailed data on individual children excluded from the MIC victims count through its manual review.

⁴⁰ DHS identified 46 of the 78 child victims as victims of maltreatment while in care. However, in November 2014, during a joint MIC review with DCQI staff, DHS informed the monitoring team that an error was made in their manual review of child victims, as one child listed as a MIC victim was a juvenile justice ward and not in foster care at the time the maltreatment occurred.

⁴¹ The annual totals represented in this table do not include children and youth abused and neglected by their parent(s) on trial home reunification or during visitation.

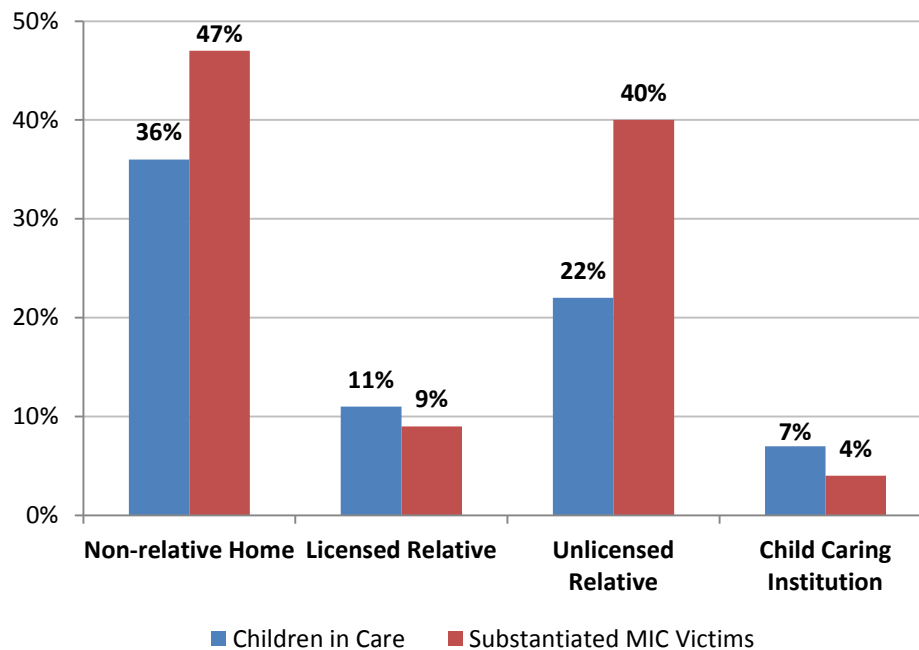
Table 5. March 1 to April 24, Year over Year Comparison of CPS-MIC Complaints and MIC Victims

Year (MSA period)	Number of MIC Victims	Number of MIC Complaints
2012 (MSA 2)	42	623
2013 (MSA 4)	35	734
2014 (MSA 6)	12	648

As the figure below indicates, a disproportionate number of children in unlicensed relative homes suffer maltreatment while in these placements. As discussed in this MSA 6 report and in previous reports, the monitoring team is concerned about the safety of children in unlicensed relative homes. The disproportionate incidence of maltreatment for the children who reside in these homes raises questions about the quality of DHS' screening of and support services provided to unlicensed relative caregivers to ensure that children are safe while in their care.

Figure 6. Placement Type of Children in Care and Substantiated MIC Victims in January 1, 2014 – April 24, 2014

n=13,277 children in care on April 24, 2014; 45 MIC victims from January 1, 2014 – April 24, 2014



During MSA 6, the DHS DCQI unit conducted a review of MIC practice in the urban counties focused on complaints assigned for investigation from December 1, 2013 through January 31,

2014.⁴² Of the 136 complaints assigned to investigators during this period, the DHS DCQI unit randomly selected 90 investigations to review. The reviewers found that MIC investigators engage with children and caretakers but frequently not with the licensing workers, the BCAL staff, or foster care workers. Further, the report states that engaging with these resources is critical to ensuring that good decisions are made in assessing the risk and safety of children in foster care.

Performance-Based Contracting

DHS agreed that contracts with CPAs and CCIs shall be performance-based and shall include numerous provisions designed to keep children safe. As of MSA 6, DHS' adoption contracts are performance-based, and other child welfare services contracts contain some performance elements from the MSA and DHS policies. Before adding additional performance-based measures into the remaining DHS contracts, DHS believes it is "necessary to address the long-standing concerns regarding the underlying rate structures for child welfare contracts in Michigan." DHS reported that Kent County has been identified to pilot a performance-based funding model. Implementation will continue through SFY2016 and potential expansion will be determined in SFY2017-2018. DHS is not introducing further performance measures at this time.

Statewide Child Abuse Hotline

The monitoring team and DHS leadership met at the conclusion of MSA 6 to discuss the impact of the MiSACWIS rollout on Centralized Intake (CI) operations. DHS reported that call wait times and abandoned calls increased considerably during the first week of MiSACWIS implementation when 38 percent of calls to the hotline were abandoned and call wait times averaged 16 minutes. In comparison, during the first four months of MSA 6, prior to the MiSACWIS rollout, nine percent of calls were abandoned and average call wait times were under four minutes. Since week one, DHS reported that call wait times and abandoned call rates have decreased significantly. DHS attributed the performance decline to design flaws in certain MiSACWIS CI elements and to a steep learning curve for CI users. In order to address these issues, DHS reported that it prioritized the redesign of the CI MiSACWIS application which was implemented early in MSA 7. DHS also reported that ongoing assistance was provided to CI staff regarding utilization of the new data system. Centralized Intake maintained its staffing allocation of 121 workers, 26 supervisors, and two second-line managers and authorized the

⁴² The review consisted of an electronic review of SWSS, but did not include a review of the foster family's record nor any information available through the BCAL system (BITS).

hiring of 12 limited-term intake specialists in response to increased call volume and to MiSACWIS implementation.

During the period from January 1, 2014 to April 24, 2014, CI received 86,226 calls from the public and staff handled 77,997 of those calls. The remaining 8,229 calls were abandoned by the caller. Of the calls handled, 46,668 (60 percent), were related to CPS. Fifty-five percent of the CPS calls resulted in 25,888 CPS complaint referrals sent to DHS field offices for investigation.

Table 6. CPS Complaints by Centralized Intake Action from January 1, 2014 to April 24, 2014

Action	Number	Percent
Assigned for DHS Investigation	25,888	55.5%
Transferred ⁴³	2,860	6.1%
Rejected	17,912	38.4%
Withdrawn	7	0.0%
Other	1	0.0%
Total Complaints	46,668	100.0%

Assignments of CPS complaints to field offices are based on priority response designations as outlined in the DHS Abuse and Neglect Procedures. Complaints assessed as Priority 1 designations, requiring immediate response, must be referred to the responsible investigating unit within one hour of receipt of the call. Calls assessed to be Priority 2 or Priority 3, requiring a 24-hour response, must be referred within three hours of the call.

DHS reported that during MSA 6 the median referral time for Priority 1 calls was 19 minutes and 27 seconds, while the median referral time for Priority 2 and Priority 3 calls was 40 minutes and 27 seconds.

DHS continued to use the lead worker model as part of the agency's strategy to train and mentor new CI staff. In MSA 5, DHS reported that CI maintained 17 lead worker positions. During MSA 6, however, DHS eliminated 12 of these positions while maintaining a core group of five lead workers. The 12 staff previously serving as lead workers remained as intake specialists.

DHS reported that newly hired staff attend program specific training through the Office of Workforce Development and Training (OWDT) with two of the four weeks dedicated to "on the

⁴³ See footnote 37.

job training” at the hotline. DHS also reported that a new CI training curriculum has been drafted and will be implemented in a future monitoring period.

Centralized Intake DCQI Review

In February 2014, DHS conducted a SWSS review of 100 CI complaints. The sample consisted of CPS and MIC complaints referred to CI during the period under review (September – December 2013). DHS reviewers found that preliminary investigations were completed within timeframes established by policy and that social work contacts were documented consistent with the preliminary investigation protocols. Centralized Intake specialists were found to have elicited sufficient information to ensure that the required information was documented in the allegation narrative. Narratives provided detail regarding the nature of the alleged abuse/neglect, the identification of the alleged perpetrator, the reporting source, and the licensing status of the alleged perpetrator. Both household and non-household members were properly identified, including their relationship to the primary caregiver. Decisions to assign, transfer, withdraw, or reject complaints were supported by facts in the allegations and the decisions were made within required timeframes. Centralized Intake staff made contact with the MIC units, when appropriate. Centralized Intake documentation did not always reflect a thorough review of current and previous CPS complaints made in the primary caregiver’s name. The number of previous complaints was identified in only 69 percent of applicable cases. Secondary caregivers were not consistently identified in the record. DHS found that the secondary caregiver was identified correctly in only 26 percent of applicable cases. All required priority response questions were answered in only 78 percent of the cases. DCQI reviewers made a series of recommendations to CI, including implementing or enhancing staff training and establishing protocol to review a random sample of intakes, in order to ensure historical information regarding a family’s involvement with CPS is gathered and evaluated to properly assess risk.

Responding to Reports of Abuse and Neglect

DHS agreed to ensure that its system for receiving, screening, and investigating reports of child abuse and neglect will be adequately staffed and that investigations will be commenced as required by state law⁴⁴ and completed pursuant to policy requirements. DHS committed to monitor commencement of investigations through regular review of data-driven reports. During previous monitoring periods, DHS identified and reported commencement timeliness for Priority 1 investigations, requiring immediate commencement, separate from Priority 2 and 3 investigations, both requiring 24-hour commencement so that performance could be evaluated against the applicable timeliness standard.

During MSA 4, DHS identified issues with the methodology utilized to report the timeliness of Priority 1 commencements in prior reporting periods. The monitoring team met with DHS to address this issue and agency leadership committed to evaluate the agency's data capacity to track the timeliness of Priority 1 investigations and to assess the changes that will need to be incorporated into MiSACWIS. More than a year ago, DHS also agreed to undertake a review of current policies regarding commencement timeliness to ensure that policies for interviewing the child are clear. These data and policy issues remain unresolved as of the writing of this report and DHS was unable to demonstrate timely commencement of Priority 1 investigations for the third consecutive monitoring period.

DHS reported that between January 1, 2014 and April 24, 2014 there were 15,895 Priority 2 and 3 investigations. Of those investigations, DHS reported 13,972 investigations (88 percent) were commenced timely. DHS reported that its Business Service Centers continue to work with field staff to improve performance relative to the timely commencement of CPS investigations.

DHS also committed to complete CPS investigations pursuant to policy requirements. DHS policy PSM 713-9 – Completion of Field Investigation states that:

“The standard of promptness (SOP) for completing an investigation is 30 days from the department's receipt of the complaint. This includes completion of the safety assessment; risk assessment; family and child assessments of needs and

⁴⁴ The Child Protection Law (MCL 722.628) compels the Department to commence an investigation no later than 24 hours after receipt of a complaint, although the seriousness of the alleged or threatened harm to the child may dictate an immediate response. DHS policy PSM 712-4 states that commencing an investigation requires contact with someone other than the reporting person within 24 hours of receipt of the complaint to assess the safety of the alleged victim. Investigations designated as Priority 1 require immediate commencement. Priority 2 and Priority 3 investigations require 24-hour commencement.

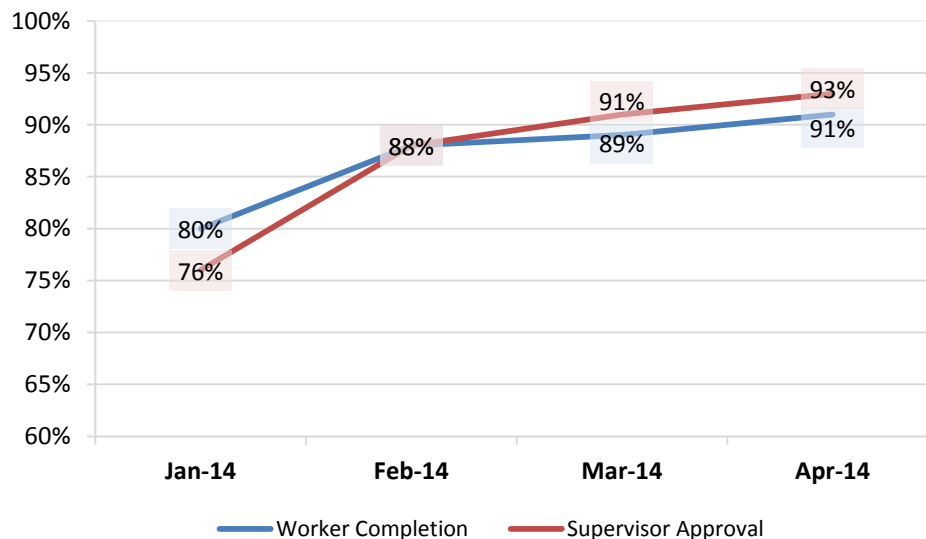
strengths; CPS Investigation Report DHS-154; services agreement, as needed; and case disposition in SWSS CPS.”

These documents are then populated into the Initial Service Plan (ISP) which encapsulates all assessments and investigative actions taken on a complaint. The supervisor is required to review the investigation and once approved, the investigation is considered completed.

In order to measure the timely completion of CPS investigations, DHS submits two data sets to the monitoring team each period: 1) CPS worker completion of the ISP and 2) CPS supervisory review and approval of the ISP. Both data sets are analyzed by the monitoring team to assess DHS’ performance relative to this MSA commitment. The monitoring team may also conduct periodic qualitative reviews to assess performance relative to investigation completion in future periods.

DHS reported that between January 1, 2014 and April 24, 2014, 25,140 investigations were due, and of those, 21,877 (87 percent) had ISPs completed timely by CPS workers. Statewide data shows that 25,052 ISPs were due for approval, and of those, 21,849 (87 percent) were approved timely by CPS supervisors.⁴⁵ Performance improved throughout each month of the period.

Figure 7. CPS Investigation Completion Timeliness from January 1, 2014 to April 24, 2014



In Michigan, a CPS investigation outcome is assigned a category based on whether a preponderance of evidence that child abuse and/or neglect occurred was determined during

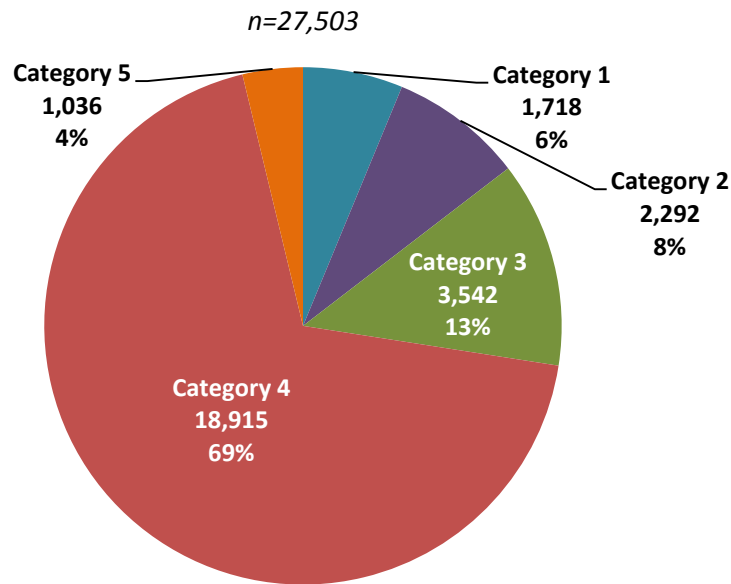
⁴⁵ The difference between ISP and supervisory approvals is due to the 14 day variance between the two due dates.

the investigation. Categories 1, 2 and 3 are investigation dispositions in which child abuse and/or neglect was determined by a preponderance of evidence. Categories 4 and 5 are dispositions in which there was not a preponderance of evidence to support a determination of child abuse and/or neglect. The five CPS investigation outcome categories are described below:

- **Category 1** – The disposition of a case that was investigated where CPS found a preponderance of evidence of child abuse and/or neglect and the Child Protection Law or policy requires a petition for court action.
- **Category 2** – The disposition of a case that was investigated where CPS found a preponderance of evidence of child abuse and/or neglect and the SDM risk level is high or intensive. CPS must open a protective service case and provide services.
- **Category 3** – The disposition of a case that was investigated where CPS found there was a preponderance of evidence of child abuse and/or neglect, and the SDM risk level is low or moderate. CPS must assist the family in receiving community-based services commensurate with the risk to the child.
- **Category 4** – The disposition of a case that was investigated where CPS found there was not a preponderance of evidence of child abuse and/or neglect. CPS may assist the family in accessing community-based services.
- **Category 5** – The disposition of a case that was investigated where CPS found no evidence of child abuse and/or neglect, or was unable to locate the family. Further intervention by CPS is not warranted.

Between January 1, 2014 and April 24, 2014, DHS reported that there were 27,503 CPS investigations completed. Of those investigations, 7,552 (27 percent) were found to have a preponderance of evidence that a child was abused and/or neglected. The remaining 19,951 investigations were determined not to have a preponderance of evidence that abuse and/or neglect occurred. The following figure depicts the breakdown of investigation findings by category:

Figure 8. CPS Investigation Findings by Category from January 1, 2014 to April 24, 2014



CPS Investigation DCQI Review

In the MSA, DHS committed to implement a Quality Assurance process to ensure CPS reports are competently investigated and in cases where abuse/neglect is indicated, actions are taken and services are provided that are appropriate to the circumstances. The monitoring team has determined that DHS is building such a system, and in future monitoring periods expect that this system will be statewide. During MSA 6, the DHS DCQI unit conducted a review of CPS investigation practice in Macomb County. Fourteen cases were identified for review; the review period was November 1, 2013 to January 31, 2014. The review concluded that workers demonstrated a strong knowledge of forensic interviewing and show skill at developing a strong rapport with children. The review also noted that supervisors and workers are working together as a team in making case decisions and providing services to families. The DCQI review noted the following areas for improvement: obtaining pertinent information from all household members, documentation, and reassessment.

Developing Safe Placements for Children

Resource Home Capacity and Development

When it becomes necessary for children to be removed from their homes due to abuse and neglect, DHS has the responsibility to ensure that these children are placed in the most appropriate, least restrictive and safe placement settings. DHS committed to develop an array

of licensed foster homes which are “capable of serving the needs of children coming into care.”⁴⁶ The MSA requires DHS to recruit and license new foster families, to ensure each county has a sufficient pool of foster homes, to match children appropriately to foster families who can meet their needs and to increase and develop strategies to support foster families. DHS agreed to maintain state oversight of all these recruitment functions, and has dedicated a full-time position for this function. DHS also agreed that relative resources will always be explored as the first placement option and that when children are placed with relatives, those homes will become licensed in a timely matter, unless limited circumstances exist.

Newly Licensed Resource Homes

As of April 24, 2014, there were 13,277 children in the custody of DHS. Of these children, 11,799 children were placed in out-of-home care, while the remaining children were living in their parental home. DHS reported that during MSA 6, 404 new relative homes were licensed and 578 new non-relative foster homes were licensed.

DHS agreed to establish annual targets, in consultation with the monitors, to license new unrelated foster homes. The targets are to be developed each year by county, based on the need for an available pool of foster homes for the number of children in DHS’ custody. To determine county needs, in SFY2014, DHS utilized a tool referred to as the “foster home calculator.” The tool requires staff to input various data including: the current number of available foster homes, the number of homes closed during the year, the number of children in placement, etc. The tool also allows staff to make certain assumptions regarding the need for new foster homes.

For SFY2014, DHS established an initial goal to license 1,298 non-relative homes statewide. DHS later reduced the target to 1,174 homes but not in consultation with the monitoring team. The Department reported that DHS leadership approved the reduction in the annual target “due to changes in fluctuations inherent with foster care populations.” As of June 30, 2014, DHS reported that it had licensed 799 non-relative homes through the first nine months of SFY2014.

For SFY2015, the monitoring team met with DHS leadership regarding the use of its foster home calculator methodology in determining annual targets. The monitoring team had several questions regarding the assumptions DHS used when calculating those targets. For example, for 24 jurisdictions, when staff entered data based on DHS’ assumptions, negative numbers for new homes needed were calculated. These results were inconsistent with the county

⁴⁶ Modified Settlement Agreement, VIII.D.2.

recruitment plans developed by staff, in which the need for more homes for children in DHS' custody was identified.⁴⁷ In instances where negative need was calculated, the county established a target independent of the calculator, based on their day-to-day experience in placing children. Thirty-six (69 percent) of Michigan's 52 jurisdictions⁴⁸ did not use the target produced by the calculator. Instead, 29 of the jurisdictions increased their target and seven of the jurisdictions decreased their target. DHS established a goal to license 1,050 homes statewide for SFY2015.⁴⁹

Relative Placements

Placing children with relatives is often good social work practice; it reduces trauma and increases the likelihood of placement stability for these children. DHS continues to utilize relative placements for children in care. At the conclusion of MSA 6, of the 13,277 children in care, 4,459 were placed in relative care,⁵⁰ with 2,858 relative care providers. Of the 4,459 children placed in relative care, one third were placed with licensed relatives while the majority, two thirds, were placed with unlicensed relatives.

In analyzing the relative care data from DHS for both MSA 5 and MSA 6, the monitoring team encountered data discrepancies. The monitoring team received two types of data from DHS, one on the provider level and one on the child level. Issues were found on the provider list, including: providers on the provider list were not listed on the child data set, providers on the child data set were not listed in the provider data set, and overall the number of providers in the provider data was much smaller than the providers listed in the child data sets. For MSA 6, the monitoring team restructured the child level data and adjusted for duplicates, as a result 2,858 providers of relative care were identified, compared to the 1,804 providers listed in the DHS provider spreadsheets.⁵¹

DHS committed that for all children placed with relatives, the relative home would be licensed or in a limited number of circumstances, a waiver of licensure would be obtained. The licensing

⁴⁷ When questioned by the monitoring team, DHS could not explain the divergence of the calculations and identified need.

⁴⁸ While there are 83 counties in Michigan, DHS combines some groups of smaller counties resulting in 52 jurisdictions with foster home target plans.

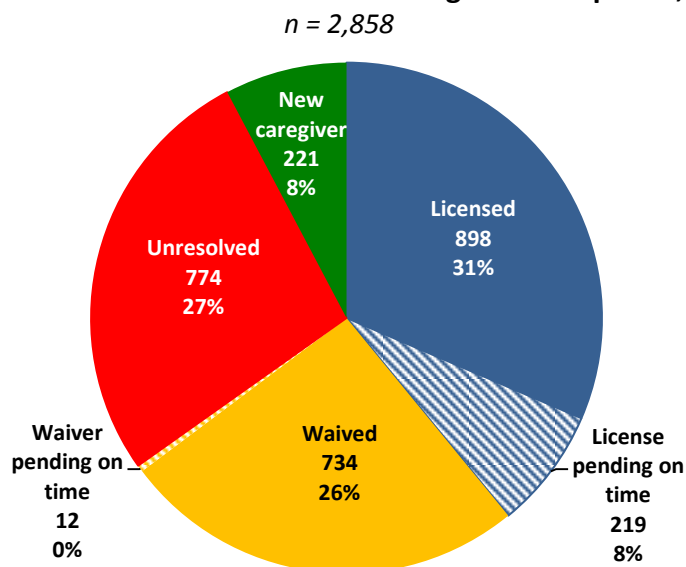
⁴⁹ For full detail by county, see Appendix F. SFY15 Non-relative Foster Home Targets.

⁵⁰ DHS reported that there were 4,453 children in relative placements during MSA 6 and the monitoring team verified there were 4,459 children. This minor difference could be due to data lag.

⁵¹ The monitoring team shared with DHS the discrepancies in the data and held a conference call with DHS leadership to provide an explanation of how the monitoring team arrived at the analysis. DHS was asked if they wanted to submit new data and DHS advised that the Department would accept the monitoring team's analysis.

of relatives allows the relative caretaker to receive the same benefits as unrelated foster parents, including financial support. In every reporting period since the MSA was adopted, DHS has not met its commitment to ensure that relatives are licensed unless circumstances exist in which an approved waiver of licensure is authorized by DHS leadership. As of April 24, 2014, there were 898 relative providers with an active license and 734 relatives with an approved active waiver of licensure leaving 1,226 homes that do not have an approved waiver or active license.

Figure 9. License Status of Relative Caregivers on April 24, 2014



To ensure timely licensure, DHS agreed to license relative caregivers within 180 days of the child's placement in the relative home. DHS reported that 160 relative caregivers were due to receive their foster home license between January 1, 2014 and April 24, 2014 to be considered timely, and of these providers, 90 (56 percent) obtained licensure within 180 days. However, the data provided by Michigan do not support these numbers. Through further analysis, the monitoring team found that 412 relative caregivers were due to receive their foster home license within the abbreviated MSA 6, and of these providers, 100 (24 percent) obtained licensure within 180 days.

During MSA 6, DHS' DCQI unit conducted a review of the Relative Licensing Waiver process. The review consisted of a sample of 215 children from the ten counties with the highest number of approved waivers. A total of 198 unique relative provider homes were associated with the sample of 215 children. The selected children were in homes that had waivers approved during MSA 5. The DHS DCQI review issued the following findings:

- Over half of the children had a safety screen completed after or during the child's placement. Policy requires the safety screen to be completed prior to the child's placement in the home.
- Nineteen children were placed in homes with documented concerns (i.e., did not have sufficient beds, had a criminal history, had past CPS history, etc.).
- The Relative Placement Home Study (DHS 3130-A) was completed late for 126 of 211 children (60 percent), with DHS unable to locate four home studies.⁵²
- Of the 211 completed home studies,⁵³ 81 (38 percent) indicated the family was in need of financial assistance. For an additional 55 studies (26 percent) the DCQI reviewer could not find documentation that financial issues were discussed and there was no documentation of income and monthly expenses.
- The reviewers found that 49 children (23 percent) were in homes in which the family was unable to become licensed. In these cases, there was no documentation indicating that BCAL had been consulted to obtain a variance.

The findings issued by the DHS DCQI unit are concerning and are consistent with the findings of the monitoring team. While placing children with relatives is best social work practice, doing so is only appropriate when relatives can safely provide care for children and can meet children's needs. The commitments DHS made to children and relatives are of critical importance to ensure the child's safety and well-being. However, for the fifth consecutive monitoring period, DHS has not implemented the relative care commitments envisioned by the Agreement.

Relative Care Infrastructure

Since hiring the Relative Licensing Coordinator on September 30, 2013, DHS advised the monitoring team that additional attention and focus is being given to the relative care program. DHS reported that during MSA 6 the coordinator continued efforts to:

- increase the percentage of licensed relative placements;
- increase the timely licensure of relative homes;
- decrease the number of unresolved relative placements;

⁵² The DHS DCQI Relative Licensing Waiver Review dated July 16, 2014 regarding MSA 5 indicated that 126 of the 211 home studies were completed late. However, in March 2015 DHS notified the monitoring team that 124 of the 211 home studies were completed late.

⁵³ DHS noted that they could not locate four of the home studies.

- decrease the number of waivers granted; and
- develop clear and concise relative placement policy incorporating MiTEAM concepts.

Placement Protections

The MSA contains a number of placement protections for children, but DHS could not demonstrate it implemented any of them. This includes commitments to routinely review the placement of children in residential and institutional settings; to ensure children at risk of violence or sexual assault are not placed with other children without an appropriate safety plan; to place siblings together; to place children near to their families' homes; to regulate the number of children in a foster home; and to minimize the placement of children in temporary and emergency facilities such as shelters.

Reviewing Long-Term Institutional Placements

The MSA requires that when DHS places children in residential care, their placements must be reviewed and approved by the local DHS county director every 90 days to ensure children do not languish in non-family settings. When any of these placements exceed 12 months, the child's case and placement must be reviewed and approved by DHS' Child Welfare Field Operations. The system, agreed to by DHS in the MSA, puts in place an internal set of checks to ensure children are placed in the least restrictive and most family-like settings when in their best interests. However, DHS has not demonstrated its implementation of these checks and balances within its system. As of April 24, 2014, 886 children (seven percent of the total foster care population) were placed in a CCI, the largest number of children since the establishment of the MSA. DHS reported the average length of stay for children in their last residential placements increased to 231 days in MSA 6 from 222 days in MSA 5. Of the children in residential placements, DHS reported 159 were in those settings in excess of 360 days. Despite the increase of children in CCIs, and their growing lengths of stay, DHS had not put in place by MSA 6 a verifiable system for tracking and reporting the ongoing review and approval of children's placements in residential settings.

Placing Siblings Together

DHS promised in the MSA that siblings who enter placement at or near the same time would be placed together unless doing so would harm 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. DHS did not provide evidence of its

implementation of this commitment for siblings in care on April 24, 2014, but reported it undertook a limited case record review involving 114 foster children randomly⁵⁴ selected by DHS staff during MSA 7. DHS' DCQI staff determined half of the children were not placed with their siblings and that each separation was justified. Because of the deficiencies of its child welfare data systems in MSA 6, DHS reported that it was unable to determine and show that it had implemented this provision for all, or even substantially most, of the children in care in MSA 6, and requested additional time from the monitoring team to operationalize its new child welfare database which it hopes will provide reliable data sometime in 2015.

High Risk Youth

DHS committed that it would not place any child deemed in a clinical assessment to be at high risk of perpetrating violence or sexual assault in any foster care placement with other children not so determined without an appropriate assessment concerning the safety of all children in the placement. DHS did not provide evidence of its implementation of this commitment for the children in care on April 24, 2014, but reported it undertook a limited case record review involving 14 foster children randomly selected by DHS staff during MSA 7. DHS' DCQI staff determined 11 children's placements included a safety plan, and three did not. Because of the deficiencies of its child welfare data systems in MSA 6, DHS reported that it was unable to determine and show that it had implemented this provision for all, or even substantially most, of the children in care in MSA 6, and requested additional time from the monitoring team to operationalize its new child welfare database which it hopes will provide reliable data sometime in 2015.

Placement Proximity from Removal Home

DHS did not implement its commitment to place all children within a 75-mile radius of the home from which the child was removed, unless one of the exceptional circumstances included in the MSA applies and is approved in writing by DHS leadership. Of the 13,277 children in care on April 24, 2014, DHS reported that due to data system and reporting deficiencies, DHS was unable in MSA 6 to determine the distance from home for 2,810 children (21 percent). Of the remaining children, DHS reported that 608 children (five percent) were in placements more than 75 miles from their removal home and the agency recorded permissible exceptions for only 428 of those children, a sharp decline proportionately from MSA 5.

⁵⁴ For this and all other DCQI targeted case record reviews described in this report, the monitors did not participate in the case selection process; DHS established the process and criteria for random selection.

Number of Children Residing in a Foster Home

Although DHS committed in the MSA that no child would be placed in a foster home if that placement resulted in more than three foster children in the home, or a total of six children, including the foster family's birth and adopted children, DHS has never implemented the commitment for all foster children, and has lost ground in the last year. DHS also agreed that no placement would result in more than three children under the age of three residing in a foster home, but as with the balance of the placement provisions in the MSA, DHS has not implemented the commitment.

As of April 24, 2014, DHS reported that 879 children were placed in 147 foster homes that exceeded three foster children. In addition, according to DHS, 40 children were placed in 16 homes where there were more than three foster children under the age of three. According to DHS, both the overall number of children placed in excess of capacity (879) and the number of children placed in homes with too many very young children (40) represent the highest reported levels in each category since adoption of the MSA, and evidence DHS' ongoing struggle to find placements for children. Moreover, DHS was unable in MSA 6 to report the number of birth children who resided in a foster home. Thus, some of the homes with three or fewer foster children may nevertheless be over capacity, depending on the number of birth children who also reside there.

Table 7. Foster Home Capacity Placement Information

	MSA 1	MSA 2	MSA 3	MSA 4	MSA 5	MSA 6
More than 3 Foster Children in a Home	811	798	807	829	836	879
Number of Foster Homes with More than 3 Foster Children	244	176	189	191	190	147
More than 3 Foster Children under Age of 3 in a Home	28	10	9	10	23	40
Number of Foster Homes with More than 3 Foster Children under Age of 3	7	2	2	2	7	16
Average Length of Placement	N/A	265	268	281	248	299
Number of New Placements that Exceeded the Capacity Requirement	292	390	386	373	416	260

Emergency and Temporary Facilities

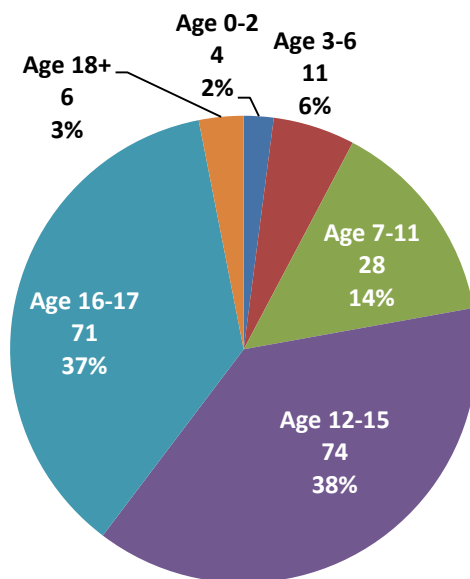
DHS did not meet its placement commitments for children with respect to emergency and temporary facilities. The MSA requires that children not be placed in an emergency or temporary facility more than one time within a 12-month period, with limited exceptions, and those children should not remain in an emergency or temporary facility for more than 30 days unless one of a limited number of exceptional circumstances exists. DHS reported it placed 194

children in an emergency or temporary facility at some point during the truncated MSA 6. Of these 194 children, DHS reported 71 (37 percent) experienced placements that exceeded 30 days.

In addition, 45 children in MSA 6 were placed in an emergency or temporary facility more than once within a 12-month period, and 16 children experienced three or more placements within that same period. According to DHS, 14 children experienced subsequent placements in an emergency or temporary facility that lasted longer than seven days, half of them in Kent County.

Of the 194 children placed in emergency shelter care during MSA 6, 15 were six years and younger while 151 were adolescents age 12 and over. Youth age 15 (12 percent), 16 (20 percent), and 17 (16 percent) were more frequently placed than children and youth of other ages.

Figure 10. Number of Children by Age Placed in Shelters during MSA 6
n=194



Wayne County accounted for 34 percent of the children in emergency shelters, while Kent and Oakland Counties followed with responsibility for 21 percent and 19 percent, respectively, of children placed in shelters during the period.⁵⁵ Sixteen other counties accounted for the remaining 26 percent of children placed in emergency shelters during the period.

⁵⁵ See Appendix G. Number of Children Placed in Shelters by Age and County during MSA 6.

Jail, Correctional, or Detention Facilities

The MSA requires that "no child in DHS foster care custody shall be placed by DHS or with knowledge of DHS, in a jail, correctional, or detention facility unless such child is being placed pursuant to a delinquency charge" or, obviously, an adult criminal charge. In MSA 6, according to DHS, 129 youth were confined in a jail or detention facility. DHS reported the majority of placements (63 percent) continued to be in detention facilities. Forty-eight youth were placed in jail. The number of detained and incarcerated youth whose restriction of liberty exceeded 100 days was 33. According to DHS, four youth in the child welfare custody of DHS were detained without any underlying charge and one of those youth remained in confinement for more than the five days agreed upon in the MSA. DHS reported that its staff did not object on the record to confinements in three instances where there was no associated charge. Though these lapses do not comport with the commitments DHS made as part of the court's order in this matter, DHS' overall performance is an improvement from MSA 5.

Placement Process

DHS agreed to develop a placement process in each county that ensures the best possible available match for a child entering foster care, irrespective of whether the foster home is supervised by DHS or a private child placing agency. However, DHS reported that in some counties children are still placed in homes based on an agency rotational basis. The selection process in those counties continues to be one that is not inclusive of all available homes.

Visitation

Face-to-face time between the critical participants in a child welfare case is a key element of good social work practice.⁵⁶ As discussed earlier, DHS agreed to a schedule of caseworker-child visits in the MSA, but also to the following visitation schedules for all open cases with children in the state's custody:

- Caseworkers shall visit parents of children with a goal of reunification at least twice during the first month of placement with at least one visit in the parent's home. For

⁵⁶ DHS generates information from its InfoView reporting system regarding performance on worker-child visits, worker-parent visits, and parent-child visits. For this monitoring period, the reports from InfoView only reflect data entered into SWSS prior to the implementation of MiSACWIS on April 24, 2014. Therefore, the performance data provided by DHS captured each month in an abbreviated monitoring period of January 1, 2014 to April 24, 2014. Performance rates for the month of April do not include any visitation or data entry that may have occurred in the four working days from April 25-30. The monitoring team notes that had data for the entire month been available, April performance rates may have differed.

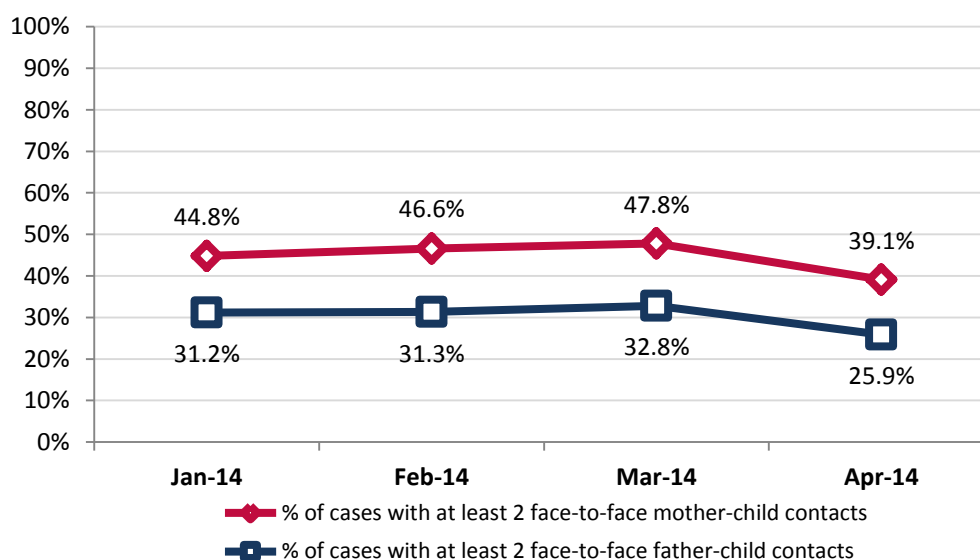
subsequent months, visits must occur at least once per month, with at least one contact in each three month period occurring in the parent's place of residence.

- All children with a goal of reunification shall visit their parents at least twice monthly unless specified exceptions exist.
- Siblings in custody who are not placed together shall visit each other at least monthly unless specified exceptions exist.⁵⁷

Parent-Child Visitation

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

Figure 11. Parent-Child Contacts from January 1, 2014 to April 24, 2014

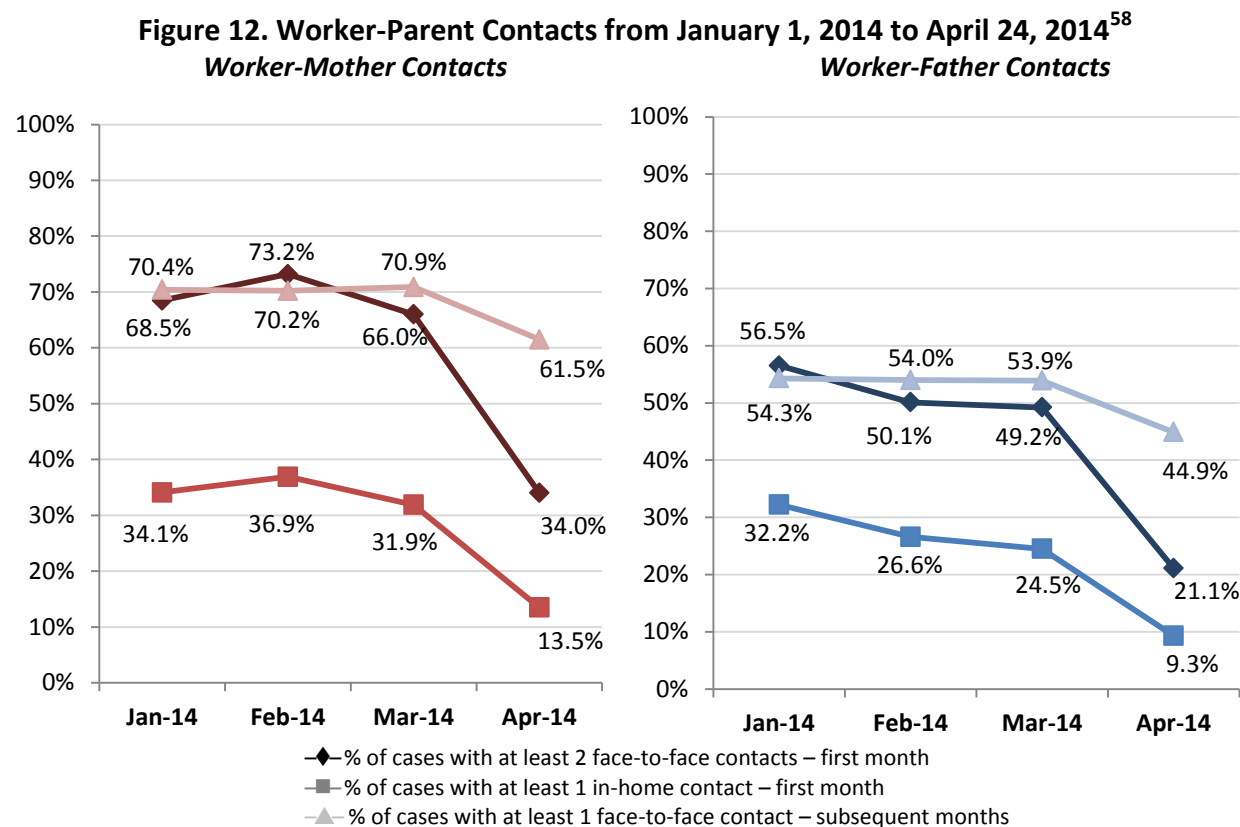


Worker-Parent Visitation

Caseworkers must visit parents of children with a reunification goal at least twice during the first month of placement with at least one visit in the parental home. For subsequent months, visits must occur at least once per month. For the fifth consecutive monitoring period, DHS did

⁵⁷ DHS was unable to produce comprehensive and accurate data for the class from its data systems in MSA 6 regarding sibling visits.

not meet its commitment regarding worker-parent contacts. The following figures represent the percentage of performance by month for each of the worker-parent visitations:



Well-Being

Health and Mental Health

Despite putting forward a detailed Health Services Plan in 2011 to ensure that foster children have access to essential health, mental health, and dental care, DHS has been unable to demonstrate it has ensured these services for foster children consistent with its commitments in the MSA.

Implementing the Health Services Plan: Health Liaison Officers

DHS committed to protect and safeguard the health of children in foster care by constructing and submitting to the monitors a Health Services Plan articulating the vision, strategies, and

⁵⁸ See footnote 56.

policies for an improved health care delivery system for foster children. Within the plan, DHS described as one of its central strategies the establishment of Health Liaison Officers (HLOs) in each county to “promote and facilitate improved health outcomes for foster children.” The HLOs are charged, among other responsibilities, to help county-based foster care staff preserve continuity of health care; to ensure documentation of psychotropic medication approvals and documentation of all uses of psychotropic medications for foster children; and to assure that children’s health needs are identified, assessed, and reassessed with provision of appropriate treatment services. Because foster children in Michigan are enrolled in Medicaid managed care plans, which limit coverage for children with mild to moderate mental health disorders to 20 mental health services visits per year (outpatient), HLOs also play an important role to assist in resolving barriers to Medicaid enrollment and to extend any needed mental health services once the cap is reached.

Based on several health care case record reviews over the past two years, the monitoring team noted to DHS leadership the value that HLOs appear to bring to protecting children and advancing their safety and well-being. In the Health Services Plan, DHS established 25 HLO positions and indicated it planned to allocate HLO positions in all remaining counties, dual counties, and tri-counties by FY2014. The monitoring team approved the Health Services Plan on this basis, but DHS has not done so, and children in most counties still do not benefit from the care and expertise of HLOs. The absence of HLOs in much of the state has hindered the state’s progress implementing its commitments to provide immunizations, medical care, mental health care, and dental care to children, and contributes to DHS’ inadequate oversight of psychotropic medications to children in foster care, as discussed below.⁵⁹

As of January 31, 2015, DHS has not allocated a single HLO position to any additional counties across Michigan, despite evidence of the positive impact HLOs make in protecting children and safeguarding their health and well-being. DHS reported it did not request that the Michigan Legislature provide additional Full Time Equivalents (FTEs) to fill the HLO positions, and did not convert existing positions to HLOs. In FY2014 and again in FY2015, DHS reported it was required to reduce its staff allocation. In FY2014 DHS reported it absorbed 75 of 76 targeted FTE reductions through DHS central office manager positions; one position was a second-line manager in the field. DHS reported “in the face of significant cuts last year [FY 14] and even greater cuts this year [FY 15] (about double that of last year), [DHS was] not in a position to request additional FTE’s.” DHS reported it hopes to allocate additional HLO positions above the

⁵⁹ During MSA 6, there were 837 children prescribed psychotropic medication who resided in 61 counties that did not have an allocated HLO.

original 25 staff at some point in FY2015.

Emergency Care

DHS committed to ensure each child receives emergency medical, dental, and mental health care. DHS did not track emergency care for children in foster care and did not provide evidence of its implementation of this commitment. DHS reported it undertook a limited case record review involving 11 foster children, a number representing 0.08 percent of the 13,277 children in care on April 24, 2014, all of whom were randomly selected by DHS staff and reviewed during MSA 7. DHS staff concluded that each of the 11 children received adequate care. Because of the deficiencies of its child welfare data systems, DHS reported that it was unable to determine and show that it had implemented this provision for all, or even substantially most, of the children in care who had emergency medical, dental, and mental health needs.

Medical Exams and Mental Health Screenings for Children

In order to protect children's health and well-being, DHS committed to ensure that 95 percent of children in foster care receive periodic/yearly medical and mental health examinations. DHS did not track nor provide evidence of its implementation of these commitments for the 13,277 children in care on April 24, 2014. DHS reported it undertook a limited case record review involving 80 foster children, a number representing 0.6 percent of children in care on April 24, 2014, all of whom were randomly selected by DHS staff and reviewed during MSA 7. DHS staff determined that 55 medical exams were completed timely and 38 mental health screenings were completed timely.

Children under the age of 36 months require more frequent physical examinations and mental/developmental screenings consistent with the periodic schedule for Well Child Exams outlined by the American Academy of Pediatrics, which DHS agreed should govern the timeframes for children's health care under the MSA. DHS did not track health care for the youngest foster children nor provide evidence of its implementation of this commitment for the children in care on April 24, 2014. DHS reported it undertook a limited case record review involving 23 foster children, all of whom were randomly selected by DHS staff and reviewed during MSA 7. Twelve of those children, according to DHS, received the well child exams and nine children received mental health/developmental screenings.

Dental Care for Children

DHS promised that 95 percent of children would have a dental examination within 90 days of entry into foster care. DHS did not track dental care for foster children nor provide evidence of its implementation of this commitment. DHS reported it undertook a limited case record review involving 77 foster children, all of whom were randomly selected and reviewed by DHS staff

during MSA 7. DHS staff determined 36 of the 77 children received a dental exam timely. Because of the deficiencies of its child welfare data systems in MSA 6, DHS reported that it was unable to determine and show that it had implemented this provision for all, or even substantially most, of the children in care.

Children's Immunizations

DHS pledged to ensure that foster children would receive all required immunizations as defined by the American Academy of Pediatrics at the appropriate age. DHS cannot provide comprehensive and accurate information for immunizations of children in the class. DHS reported it undertook a limited case record review involving 77 foster children, all of whom were randomly selected and reviewed by DHS staff during MSA 7. DHS staff determined 67 of the 77 children received required immunizations timely. Because of the deficiencies of its child welfare data systems in MSA 6, DHS reported that it was unable to determine and show that it had implemented this provision for all, or even substantially most, of the children in care.

Follow-Up Care for Children

DHS committed to ensure foster children would receive any needed follow-up medical, dental, and mental health care as identified. DHS did not provide evidence of its implementation of this commitment for the children in care on April 24, 2014, but reported it undertook a limited case record review involving 77 foster children, all of whom were randomly selected by DHS staff and reviewed during MSA 7. DHS staff determined 15 of the children were relevant for assessing the provision of medical follow-up care, and then resolved that ten of the children received adequate care. DHS staff determined 25 of the children were relevant for assessing the provision of mental health follow-up care, and then determined 24 of the children received adequate care. DHS staff determined 14 of the children were relevant for assessing the provision of dental follow-up care, and then resolved that 11 of the children received adequate care. Because of the deficiencies of its child welfare data systems in MSA 6, DHS reported that it was unable to determine and show whether it had implemented these commitments to follow-up care occurred for all, or even substantially most, of the children in care.

Coordination of Care: Children's Medical Records

In order to safeguard children's health and better coordinate their health care, DHS promised to maintain current medical files for children in foster care. The commitment requires DHS to maintain an up-to-date medical file for each child in care, which DHS did not do and did not track. Because DHS does not track whether children's files contain current medical information, DHS instead undertook a limited case record review involving 80 foster children, a number representing 0.6 percent of the 13,277 children in care on April 24, 2014, all of whom were

randomly selected by DHS staff and reviewed during MSA 7. DHS' staff determined that 47 of the 80 children's records included current medical history reasonably available to DHS.

DHS committed to ensure that 95 percent of foster care providers receive specific written information regarding the health status of children in their care. This provision is designed to ensure better coordination of children's health care and recognizes the important role foster care providers play in scheduling and attending children's health appointments, and tracking their unique needs, which in some instances are serious. DHS does not track whether children's caregivers receive specific written information regarding the health status of children in their care. Instead, DHS undertook a limited case record review involving 80 foster children, all of whom were randomly selected by DHS staff and reviewed during MSA 7. DHS staff, relying on children's case records and the child welfare database, including the new MiSACWIS system, determined that 34 of the 80 children's records contained documentation that the caregiver was provided written health care information.

DHS committed to maintain a medical passport for children in care. The medical passport serves as one document to record all medical related information. Additionally, the medical passport should also contain a complete and regularly updated statement of all medications prescribed to and given to the child. DHS did not track whether children in foster care have medical passports and did not provide evidence of its implementation of this commitment for the 13,277 children in care on April 24, 2014. DHS reported it undertook a limited case record review involving 80 foster children, a number representing 0.6 percent of children in care on April 24, 2014, all of whom were randomly selected and reviewed by DHS staff during MSA 7. DHS staff determined that 35 of the 80 children's records included a completed medical passport. In a separate review supplied to the monitoring team, BCAL analysts found that 43 (62 percent) of the 69 private agencies they reviewed during MSA 6 had at least one home where the caregivers did not receive medical passports for the children in care.

DHS committed to ensure that children's medical and mental health care information is shared with children's treating providers, such as doctors and mental health professionals. DHS did not track whether physicians treating children in foster care receive medical passports or written health information. DHS reported it undertook a limited case record review involving 80 foster children, a number representing 0.6 percent of children in care on April 24, 2014, all of whom were randomly selected and reviewed by DHS staff during MSA 7. Using children's case files, the former SWSS child welfare database and the new MiSACWIS child welfare database, DHS staff concluded that in four of 80 instances, physicians received a medical passport or specific written health information for children accepted for treatment.

DHS committed to ensure that children's mental health care information is shared with their treating providers, such as doctors and therapists, understanding the importance of medical

and mental health histories in protecting children from harm and safeguarding their well-being. DHS did not track whether mental health professionals treating children in foster care receive medical passports or written health information. DHS reported it undertook a limited case record review involving 53 foster children, all of whom were randomly selected and reviewed by DHS staff during MSA 7. Using children's case files, the former SWSS child welfare database and the new MiSACWIS child welfare database, DHS staff concluded that in 15 of 53 instances, providers received a medical passport or specific written health information for children accepted for mental health treatment.

In order to better coordinate care for children in foster care, DHS promised to provide all medical passport information to each foster care provider with whom the child is placed. DHS did not track whether caregivers for the children in foster care received medical passports or written health information. DHS reported it undertook a limited case record review involving 80 foster children, all of whom were randomly selected and reviewed by DHS staff during MSA 7. Using children's case files, the former SWSS child welfare database and the new MiSACWIS child welfare database, DHS staff concluded that in 20 of 80 instances, caregivers received an updated medical passport for children being replaced in their homes.

Access to Health Insurance

DHS promised that 95 percent of children would have access to medical coverage within 30 days of entry into foster care. DHS did not track nor provide evidence of its implementation of this commitment for the children in care. Instead, DHS reported it undertook a limited case record review involving 77 foster children, all of whom were randomly selected and reviewed by DHS staff during MSA 7. DHS staff determined 61 of the 77 children had access to medical coverage within 30 days of entry into foster care. Because of the deficiencies of its child welfare data systems in MSA 6, DHS reported that it was unable to determine and show whether it had implemented this provision for all, or even substantially most, of the children in care.

DHS also pledged to ensure that 95 percent of children would have access to medical coverage upon subsequent placement. DHS did not track nor provide evidence of its implementation of this commitment for children in care. Instead, DHS reported it undertook a limited case record review involving 25 foster children, all of whom were randomly selected and reviewed by DHS staff during MSA 7. DHS staff determined that 11 of the 25 children had access to medical coverage within 30 days of a placement change. Because of the deficiencies of its child welfare data systems in MSA 6, DHS reported that it was unable to determine and show whether it had implemented this provision for all, or even substantially most, of the children replaced in care.

DHS pledged to ensure all youth emancipating from foster care at age 18 or older are enrolled for Medicaid managed care coverage so that their health insurance continues uninterrupted.

During MSA 6, 317 youth aged-out of foster care.⁶⁰ Of these youth, DHS reported all but 23 had an identified source of Medicaid. Of these 23 youth, 11 were ineligible due to their residence or prior existing private coverage.⁶¹

Oversight of Psychotropic Medications

The MSA and associated documents required by the MSA set forth certain requirements designed to protect children and improve the state's oversight of the prescription and administration of psychotropic medication to children. Of all the individual children in the custody of the Michigan child welfare system from January 1, 2014 to April 24, 2014, 2,833 children were prescribed at least one psychotropic medication during the period. This represents 18 percent of the 15,605 children in foster care during MSA 6, compared to 17 percent (2,930 children) of the 17,272 total children in foster care during MSA 5. Of the 2,833 foster children prescribed psychotropic medications in MSA 6, 243 children entered foster care sometime during the period. Of those 243 children, DHS reported 85 percent (207) of the children had a claim for a psychotropic medication in the year prior to entering foster care.

Applicable to each of these 2,833 children, DHS committed to maintain critical safeguards prior to the prescribing and administering of psychotropic medication to foster children. First, prescriptions for psychotropic medication by a physician must come only after a thorough diagnostic assessment occurs, involving a review of medical examination and laboratory data and consideration of the need for medication as one part of treatment. Second, there will be documentation of clearly defined target symptoms and treatment goals by the prescribing physician. And third, DHS will ensure documentation of the informed consent process, including the signature of the consenting adult.

DHS indicated that it cannot provide evidence it implemented these safeguards for the 2,833 medicated children in the truncated MSA 6 cohort. The difficulty stems in part from DHS' inability to ensure its own staff provides the DHS Centralized Health Unit with access to informed consent forms supporting each prescription. Fewer than one in five of the required informed consent forms were obtained by the Health Unit, a persistent, years-long problem exacerbated by DHS' failure to expand its HLO staffing as planned in the 2011 Health Services

⁶⁰ The DHS medical unit reported that 324 youth aged-out of foster care during the period, a number at odds with the cohort data provided by DHS. For the purposes of this analysis, the monitoring team relied on the cohort data.

⁶¹ Of the remaining 12 youth, DHS reported: five applied for Medicaid and were denied due to a lack of information from the youth; four were reportedly provided an application they did not complete; one was incarcerated; one did not provide a forwarding address upon exit from care; and one youth was never located throughout the duration of the foster care case.

Plan.⁶² The lack of a working, statewide database in MSA 6 made meaningful, comprehensive oversight of children's psychotropic medications by the Foster Care Psychotropic Medication Oversight Unit elusive, at best.

DHS established a set of criteria, which should trigger a heightened review by the Medical Consultant. Based on the triggering criteria, DHS reported of the 2,833 foster children prescribed psychotropic medication, 150 children who are ages five and under were prescribed psychotropic medications; 252 children were prescribed four or more concomitant psychotropic medications; 71 children were prescribed two or more concomitant antidepressants; and 89 children were prescribed two or more concomitant anti-psychotics. Fewer than half of these children (46.9 percent according to DHS) received a heightened review by the Medical Consultant.

SED Waiver Services

DHS committed in the MSA to reconfigure mental health spending to expand services for children with special needs pursuant to the federal SED (Serious Emotional Disturbance) Waiver by October 2011 in Muskegon, Washtenaw, Eaton, and Clinton counties. DHS implemented the SED Waiver Project in 37 counties in MSA 6. Services available to children participating in the SED Waiver include: speech therapy, speech and hearing assessment and treatment, occupational therapy, treatment for chronic diseases or health problems, intensive home-based therapy, psychiatric services, and wraparound services. DHS was appropriated \$3,275,800 for FY2014, which maintained Michigan's ongoing appropriation.

Treatment Homes

DHS committed in the MSA to "maintain" 200 treatment home beds for youth in foster care with special needs. During the truncated MSA 6 period, DHS maintained only 185 treatment home beds,⁶³ which included 178 licensed placements and seven unlicensed relative homes serving children with severe emotional disorders who are receiving enhanced behavioral health services pursuant to the SED Waiver. Most, but not all, of the 178 licensed placements were used during the period. Because DHS did not at any time in MSA 6 maintain 200 treatment beds, the Department did not meet its commitment.

⁶² See footnote 59.

⁶³ In March 2015, DHS for the first time represented to the monitoring team that "During the last two months of the regular MSA 6 period, 25 children were enrolled in the SED Waiver and most likely would be counted as an active TFC bed for the full MSA 6 period. If these 25 beds were added to the 185 beds that can be verified for the truncated MSA 6 period, the total number of beds would be 210." DHS did not provide any information about these additional beds and the monitoring team is unable at this late date to verify this representation.

Education

DHS pledged to take reasonable steps to ensure that school aged foster children receive an education appropriate to their needs. DHS does not track this commitment for all children in care and did not offer evidence of having taken such steps for the children in care during the period. Instead, DHS undertook a case record review involving 90 foster children, all of whom entered care in MSA 4 or MSA 6 and the period under review was MSA 6. DHS staff determined that in 85 of the 90 cases, the agency made concerted efforts to assess children's educational needs during the period. DHS believes, however, that the absence of any identified educational service needs in the records staff reviewed indicates an underlying data gap and is not necessarily reflective of performance for the sample.

Understanding the importance of education to children in foster care, DHS pledged to take reasonable steps to ensure that foster children are registered for and attending school within five days of initial placement or any placement change. DHS does not track this commitment for all children in care and did not offer evidence of having taken reasonable steps to ensure timely school enrollment for the children in care during the period. Instead, DHS undertook a case record review involving 90 foster children, all of whom entered care in MSA 4 or MSA 6 and the period under review was MSA 6. DHS staff determined that in 87 of the 90 cases, the agency made concerted efforts to timely enroll children in school.

DHS pledged to ensure the continuity of a child's educational experience when in the child's best interests and feasible, in order to minimize the trauma of removal from a child's family and home. Continuity of education is characterized by keeping the child in a familiar or current school and neighborhood and by limiting the number of school changes for the child. DHS does not track continuity of education for children and did not offer evidence of having taken reasonable steps to maintain children in their schools. Instead, DHS undertook a case record review involving 90 foster children, all of whom entered care in MSA 4 or MSA 6. DHS staff determined that in 87 of the 90 cases, the agency ensured the continuity of the child's educational experience.

Higher Education Collaborations

In the MSA, DHS pledged to support higher education for older foster youth through partnerships with Michigan colleges and universities and through collaboration with community partners to create and expand scholarships and onsite programs, supports, and mentorships. DHS has embraced and implemented this commitment, first by awarding seven post-secondary institutions Independent Living (IL) Skills Coach contracts in 2012. In total, the seven contracts award approximately \$818,000 per year to supporting foster youth.

The IL Skills Coach contract includes a requirement that the institutions recruit, train, and

monitor mentors for students. Mentors are volunteers from the school or community and, if possible, educated or employed in the area of study of the youth. Mentors are required to receive a minimum of eight hours of training.

There were 175 students served in these college programs in MSA 6, 81 of whom were under the age of 21.

In August 2013, DHS allocated a position to the University of Michigan's (Ann Arbor) Blavin Scholars Program to recruit foster students to attend the University of Michigan. The Blavin program, which was established in 2009 by private donors, supports students who were in foster care at any time in their lives. In the fall 2013 semester, 11 students were enrolled in the program. The DHS liaison is responsible for recruiting students from across the state to come to the University of Michigan.

During MSA 6, 240 youth received federal Education and Training Voucher (ETV) funding of \$735,000. ETV is college funding for youth currently or previously in foster care. Of those awarded funds, 44 percent were attending a community college, 43 percent were attending a university, eight percent were attending a private institution, and five percent were attending a vocational/training program.

In March 2014, Michigan's supplemental budget allocated \$750,000 to DHS to provide college scholarships for students who have been in foster care. An Interagency Agreement was developed with the Michigan Department of Treasury's Education Trust office to support the Fostering Futures Scholarship. Scholarship funding may be used toward tuition/fees, books, supplies required for enrollment, and equipment required for enrollment. Of the \$750,000, 20 percent can be directed toward room and board.

Education Planners

DHS agreed to maintain 14 Education Planners to confer with and support youth ages 14 years and older in accessing educational services and developing individualized education plans. In MSA 6, DHS reported it maintained 16 Education Planners to work with older youth in 51 counties across the state. Their work has evolved to include inter-agency liaison work between DHS county offices and local education-focused stakeholders.

Seita Scholars Program

DHS agreed in the MSA to support the Seita Scholars program at Western Michigan University (WMU). DHS reported that during the spring semester of 2014 (which fell under MSA 6), 149 Seita Scholars were enrolled and attending WMU.

DHS continued to provide two liaisons onsite at the WMU campus. The liaisons are foster care

workers who facilitate Seita Scholars' access to DHS services, such as Youth in Transition funds and the ETV program, which offers grants to support post-secondary education. During MSA 6, 87 Seita Scholars were among the 240 youth awarded ETV funding, totaling \$173,000. The liaisons also provide courtesy supervision for students who continue to have open foster care cases in other counties.

During MSA 6, Fostering Success Michigan – a network composed of post-secondary institutions, DHS offices, and others convened to improve educational outcomes for children in foster care – continued utilizing the last of the \$750,000 State Grant that was received by DHS from the Michigan Legislature. Funding was used to maintain two Seita Scholar Campus Coaches, and student scholarships.

Permanency

Permanency Outcomes

Pursuant to the MSA, DHS agreed to meet key outcome performance standards regarding safety, permanency, and well-being for the children they serve. The parties agreed to use the outcome methodologies developed by the federal government as a proxy for assessing those outcomes, including two safety measures and four permanency composite measures, with the four permanency composite measures encompassing 15 sub-measures. For purposes of this report, the monitoring team utilized the updated FFY2013 data profile dated August 12, 2014, some of which was referenced in the MSA 5 report.⁶⁴

DHS reported failing to meet one permanency composite standard related to reunification, but reported it exceeded the remaining three composite standards for adoption, youth with long stays in care, and placement stability.⁶⁵ The August 2014 updated data profile also included the expanded federal outcomes standards that took effect at the end of MSA 5. Specifically, by December 2013, DHS agreed to meet the federal median standard for each of the 15 measures

⁶⁴ See pages 26-31 and 73 in the MSA 5 report.

⁶⁵ The inclusion of children from the juvenile justice only population in AFCARS is permitted by the federal government, subject to certain restrictions, including the requirement that those children are placed by court order with the title IV-E agency, which Michigan DHS is. For DHS, the inclusion of these juvenile justice only children in their placement stability metrics makes a significant difference with regard to outcomes, particularly in Wayne County. And as Wayne County accounts for one in five children in placement statewide, what impacts Wayne County impacts the statewide aggregate data. Children from the juvenile justice only population are not members of the *Dwayne B. v Snyder* class and as such the monitoring team could not verify their placement stability. Therefore, as referenced in the MSA 3 report appendix, the monitoring team cannot affirm the reported rates of placement stability.

encompassed within the federal permanency composites, changing that obligation from one of reporting to the substantive requirement that children receive care that meets each of those standards. Applying those additional standards, Michigan reported that it did not achieve the median performance with respect to the three permanency composite measures related to timeliness of reunification, but exceeded the median performance for the remaining permanency composite measures.

Statewide Data Indicators and National Standards for Child and Family Services Reviews

As previously noted, the federal government published the Final Notice of Statewide Data Indicators and National Standards for CFSRs on October 10, 2014. The ACF Children's Bureau will use these modified indicators and standards going forward to determine Michigan's conformity with titles IV-B and IV-E of the Social Security Act through the CFSRs. The Children's Bureau plans to use five statewide data indicators to measure permanency outcomes. Specifically, they are: achievement of permanency in 12 months for children entering foster care, permanency in 12 months for children in foster care for 12 months to 23 months, permanency in 12 months for children in foster care for 24 months or more, reentry to foster care in 12 months, and placement stability.

As part of the issuance of the final indicators and standards, ACF provided its initial assessment of each state's performance on the national standards for CFSR 3 (See Appendix H). The reported permanency outcomes reflect primarily good news.

Table 8. Michigan Performance on Permanency Outcomes for CFSR 3 (10-10-2014)

Measure	Risk Standardized Performance/12-Month Period	Additional Performance Needed	State Performance
Permanency in 12 Months: Of all children who enter foster care in a 12-month period, what percent are discharged to permanency within 12 months of entering foster care?	33.8%/ April 2011-March 2012	380 additional child exits	38 of 49
Permanency in 12 Months: Of all children in foster care on the first day of a 12-month period who had been in foster care (in that episode) between 12 and 23 months, what percent discharged from foster care to permanency within 12 months of the first day of the period?	50.7%/ April 2013-March 2014	N/A	10 of 51
Permanency in 12 Months: Of all children in foster care on the first day of a 12-month period who had been in foster care (in that episode) for 24 months or more, what percent discharged to permanency within 12 months of the first day?	37.5%/ April 2013-March 2014	N/A	6 of 51
Re-entry in 12 Months: Of all children who enter foster care in a 12-month period who were discharged within 12 months to reunification, living with a relative, or guardianship, what percent re-enter foster care within 12 months of their discharge?	4.0%/ April 2011-March 2012	N/A	1 of 48
Placement Stability: Of all children who enter foster care in a 12-month period, what is the rate of placement moves per day of foster care?	3.29/ April 2013-March 2014	N/A	11 of 46

Permanency Case Goals

The following table documents the permanency case goals for the 13,277 children in DHS' custody on April 24, 2014, using federal reporting definitions, and shows the change in the distribution of goals between the two reporting periods. On April 24, 2014, 8,358 children had a goal of reunification, a decrease of 115 children or one percent from the prior reporting period. Adoption permanency goals were assigned to 3,002 children, an 11 percent increase. The number of children with a goal of either reunification or adoption increased by 193 children, or two percent, from the prior reporting period to 11,360 children. On April 24, 2014, 86 percent of all children had a permanency case goal of either reunification or adoption.

Over the reporting period, the number of children with a goal of guardianship decreased by 33 children, or seven percent. The number of children with a goal of permanent placement with a relative decreased by 33 children, or 16 percent. Ninety fewer children had a goal of another planned living arrangement (APPLA), a decline of seven percent. The number of children with a missing goal decreased by 183, or 63 percent.

Table 9. Children in Care by Permanency Goal on April 24, 2014 and January 1, 2014⁶⁶

Permanency Goal	24-Apr-14		1-Jan-14		Change	
	No.	Column %	No.	Column %	No.	%
Reunification	8,358	63%	8,473	63%	-115	-1%
Adoption	3,002	23%	2,694	20%	308	11%
Guardianship	436	3%	469	3%	-33	-7%
Permanent Placement with Relative	171	1%	204	2%	-33	-16%
Placement in Another Planned Living Arrangement	1,204	9%	1,294	10%	-90	-7%
Missing Goal Code	106	1%	289	2%	-183	-63%
Total	13,277	100%	13,423	100%	-146	-1%

Reunification

DHS must establish a permanency case goal for every child who enters out-of-home placement. For most children, reunification with their families is the preferred goal and on April 24, 2014, 63 percent of children in DHS' custody had reunification case goals. As discussed in the Permanency Outcomes section above, DHS has been unable to achieve timely reunification for these children in the state's custody. There are time limitations to achieving reunification and DHS agreed that in order to track and monitor case progress, there must be supervisory approval and written justification documented in the case record for every child with a reunification goal longer than 12 months. For children with reunification goals longer than 15 months, the supervisor must approve, and the case record must include compelling reasons why and how the child can be returned home within a specified and reasonable time in order to continue the reunification goal. DHS does not track its performance regarding this commitment for all relevant cases.

Rather, DHS established a permanency case goal review process through its annual consolidated contract monitoring, conducted by BCAL. BCAL staff read a sample of case records to determine compliance with licensing rules and with private agency foster care contract requirements. The BCAL tool assesses, in part, timely completion and supervisory approval of case plans for children in care more than 12 months with a goal of reunification. BCAL also reviews the written justification for continuing the case goal, including circumstances and services necessary to achieve the child's permanency goal. If non-compliance is determined, BCAL requires the assigned DHS office or CPA to complete a corrective action plan outlining action steps to obtain and maintain compliance.

⁶⁶ For MSA 6, DHS updated the data for January 1, 2014 compared to what they had previously reported in MSA 5. The monitoring team utilized the updated data here.

DHS reported that during MSA 6, BCAL reviewed 339 open foster care files⁶⁷ for children placed in licensed foster homes, as well as 116 open foster care files for children placed in unlicensed relative homes. Children in the reviewed homes had various permanency case goals. DHS was unable to produce data regarding the number of children in the 455 foster homes who had a permanency goal of reunification for more than 12 months, as BCAL does not track that information. DHS was able to report that one agency was cited in two cases for violating the MSA provision that requires no child have a permanency goal for more than 15 months without documentation in the child's case record and approval by the supervisor that compelling reasons exist to believe that the child can be returned home within a specified and reasonable time. The agency was required to submit a corrective action plan as a result of the violation. The monitoring team reviewed the corrective action plan submitted by the agency and found that it adequately addressed the issues cited by BCAL.

Change of Goal to Adoption

In negotiating the MSA, the parties agreed that children who have experienced the loss of their families through termination of parental rights must have permanent families identified timely and that DHS must take specific actions to ensure children without an identified family have child specific recruitment plans developed within a short period of time. DHS agreed that in the event a child's permanency goal is changed to adoption, DHS or the assigned CPA shall within 30 days of the goal change:

- Assign a worker with adoption expertise to the case;
- Determine whether the child's foster parent or relative is prepared to adopt the child and, if so, take appropriate steps to secure their consent to adoption;
- If no adoptive family is identified, register the child on adoption exchanges and implement a child-specific plan to recruit an adoptive family for the child; and
- Review the recruitment plan in a face-to-face case review meeting at least quarterly until the child is placed in the home of a family that plans to permanently care for the child.

Through data verification activities the monitoring team identified 888 children whose permanency goal changed to adoption between January 1, 2014 and April 24, 2014 and for whom the above provisions are applicable. DHS advised the monitoring team that it could not

⁶⁷ While DHS reported 339 files were reviewed, individual consultant reports counted that 361 files were actually reviewed.

track or produce data reports that document its performance relative to the adoption case goal provisions of the Agreement for these children. Rather, DHS reported that it conducted a limited DCQI review for 13 children, less than two percent of the 888 children whose goal changed to adoption during the period. DHS reported that the review was different than previous targeted case reviews in the following ways:

1. The review did not include interviews with caseworkers or caregivers.
2. Case reviews were conducted in two systems (SWSS and MiSACWIS) based on the period under review.
3. Service plans in the MiSACWIS system were not available to the reviewer if still in the approval process at the time of review.

DHS reported the following as a result of the limited case review:

- An adoption worker was assigned within 30 days in nine of ten applicable cases.
- The identified adoptive family indicated their intent to adopt within required timeframes in 11 cases.
- Two cases did not have an identified family for the child. In one case the goal had been changed to adoption prior to termination of parental rights, contrary to DHS policy, and the requirements that follow were not applicable. In one case in which no adoptive family was identified, the child was registered on the Michigan Adoption Resource Exchange. However, a specific adoption recruitment plan was not completed for the child within specified timeframes and a child-specific recruitment plan was not found in the child's record at all.

In summary, DHS was unable to track or report on the adoption case goal change provisions of the Agreement during MSA 6. DHS conducted a small and limited case review that determined not all MSA provisions of the adoption case goal process had been achieved.

APPLA

DHS agreed that APPLA permanency goals may only be assigned when children are at least 14 years old and after every reasonable effort has been made and documented to return the child home, to place the child with relatives, or to place the child for adoption or guardianship. The foster parent must agree in writing to continue to care for the child until they are emancipated, and the permanency goal must receive the documented approval of the CSA designee. APPLA-E may only be assigned for youth age 16 or older for whom there is not a goal for placement with a legal, permanent family and the youth must be preparing to live independently upon his or her exit from foster care.

The following table documents the age of youth with an APPLA goal, using federal reporting definitions, and shows the change in the age distribution between January 1, 2014 and April 24, 2014. The number of children with an APPLA goal decreased by 90 (seven percent) during the abbreviated monitoring period.

Table 10. Youth with APPLA Goal by Age on April 24, 2014 and January 1, 2014

Age (Years)	24-Apr-14		1-Jan-14		Change	
	No.	Column %	No.	Column %	No.	%
14	10	1%	10	1%	0	0%
15	43	4%	39	3%	4	10%
16	104	9%	91	7%	13	14%
17	261	22%	269	21%	-8	-3%
18	314	26%	353	27%	-39	-11%
19	263	22%	290	22%	-27	-9%
20	204	17%	225	17%	-21	-9%
21	5	0%	17	1%	-12	-71%
Total	1,204	100%	1,294	100%	-90	-7%

DHS committed to reduce the number of youth with APPLA case goals to nine percent of the foster care population, excluding youth over 18 years of age who remained in foster care with a voluntary placement agreement. Beginning in MSA 4 and continuing through the abbreviated MSA 6 period, DHS reduced the APPLA population below nine percent of the foster care population. On April 24, 2014, there were 760 youth aged 14 to 18, less than six percent of youth in foster care, with APPLA case goals.⁶⁸

During MSA 6, DHS continued to meet its commitments to both ensure that no child under the age of 14 will be assigned an APPLA case goal and to reduce the APPLA population to fewer than nine percent of children in DHS' custody.

Adoption and Guardianship

Reviewing Disrupted Pre-Adoptive Placements

DHS agreed to monitor the number of pre-adoptive placements that disrupt before adoption finalization and to conduct an annual quality assurance review of a sample of these cases. DHS has defined a disrupted adoption placement as "any adoption in which the child has been

⁶⁸ DHS excludes youth in the Young Adult Voluntary Foster Care Program, the Youth in Transition Program, and youth aged 18 or older in non-ward/voluntary foster care.

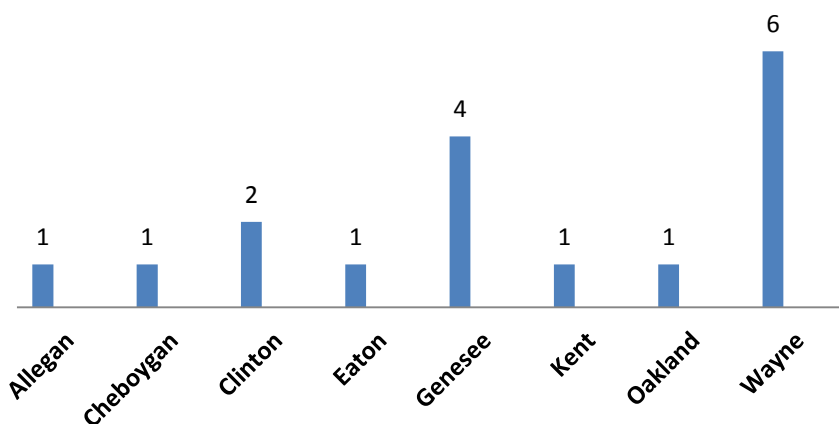
legally placed for adoption, as indicated by an Order Placing the Child for Adoption, and the adoption never reached legal finalization, as indicated by a Final Order of Adoption.”⁶⁹

DHS committed to review every disrupted adoption that occurs during a calendar year and to provide a summary report regarding findings with recommendations for improving services and permanency outcomes. DHS submitted the first such report for CY2012 and the agency’s findings were discussed in the MSA 4 report. Thirteen cases were identified for review in CY2012.

For the period from January 2013 to December 2013, DHS identified 17 cases that met the review criteria. In each case DHS conducted file reviews and interviewed foster care and adoption workers and supervisors. DHS interviewed 11 adoptive parents who agreed to participate in the review and nine children were also interviewed.

The 17 cases involved nine private agencies and eight DHS county offices responsible for providing adoption services. The breakdown by county is represented in the following figure:

Figure 13. CY2013 Adoption Disruptions by County of Responsibility
n=17



DHS reported that of the 17 children who had placement disruptions: one child was placed with relatives, seven were placed with recruited families, and nine were placed with foster parents. DHS reported that only one child and none of the families reviewed had a prior adoption disruption. Based on the case file reviews and interviews, DHS found that adoption workers had completed the required weekly home visits with the recruited

⁶⁹ “Disrupted Adoption Protocol.” DHS Division of Continuous Quality Improvement.

families when the Order Placing Child after Consent had been signed. Monthly home visits were conducted with foster parents as required by policy.

DHS reported that it identified the following challenges:

- All 11 families interviewed stated that they needed additional training regarding the adoption of children from the child welfare system as well as training specific to the needs of the child placed for adoption.
- Agencies reported that recommendations for services were made but that not all families participated in service provision.
- All nine agencies reported sharing information with families regarding post-placement services and file reviews contained documentation that families were provided information regarding services.
- Workers reported that at the time of adoption placement there is a transition when the foster care case closes and the adoption subsidy is initiated and during this period gaps in service may exist.
- Only four of the 11 families interviewed reported that they were informed of the availability of post-adoption services.
- Four families identified that service delivery was problematic and services were not sufficient to support the child's continued placement.
- Caseworker instability was identified as a challenge. In 15 of the 17 cases, several foster care worker changes occurred throughout the child's foster care experience. Foster care instability was also noted as a concern in the CY2012 adoption disruption review and DHS reported that it can reasonably be found to have a negative impact on the child's placement.

DCQI recommended policy and practice changes that should occur as a result of the challenges identified. The monitoring team will report on the implementation of those recommendations in future reports.

Guardianship

DHS committed to finalize 165 juvenile guardianships during CY2014. The monitoring team analyzed DHS' data and verified that DHS exceeded the CY2014 target early, as 179 juvenile guardianships were entered by the court for children in DHS' custody between January 1, 2014 and April 24, 2014. Of these children, 82 were enrolled in the Guardianship Assistance Program (GAP), a post-permanency support program that affords eligible families financial assistance and services.

Providing Support to Adoptive Families

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

DHS reported that the adoption medical subsidy budget allocation for SFY2014 was in excess of five million dollars. From January 1, 2014 to April 30, 2014, DHS reported that there were 1,279 children who received services reimbursable through the medical subsidy program totaling \$2,401,121 in expenditures.

DHS continued to fund eight Post-Adoption Resource Centers (PARC) throughout Michigan. Children and youth who were adopted from Michigan's foster care system and their families are eligible for services through the PARC. Funding levels remained steady during SFY2014 with \$1,585,503 allocated for PARC services. DHS reported that 1,442 adoptive families throughout Michigan received services through the eight PARC during MSA 6.

DHS continues to provide post-adoption services through both the medical subsidy program and post-adoption resource centers, meeting its MSA commitment to develop and implement post-permanency services for children who have been adopted and their permanent families.

Case Planning and Practice

Assessments, Service Plans, Supervisory Oversight, and the Provision of Services

DHS committed to develop a comprehensive written assessment of a family's strengths and needs, designed to inform decision making about services and permanency planning, within 30 days after a child's entry into foster care. Assessments and service plans must be updated at least quarterly thereafter. The plans must be signed by the child's caseworker, the caseworker's supervisor, the parents, and the children, if age appropriate. If a parent or child is unavailable or declines to sign the service plan, DHS must identify steps to secure their participation in accepting services.

The written service plans must include:

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

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

DHS agreed that supervisors will meet at least monthly with each assigned caseworker to review the status and progress of each case on the worker's caseload. Supervisors must review and approve each service plan after having a face-to-face meeting with the worker, which can be at the monthly supervisory meeting.

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

DHS reported that for MSA 6 it could not provide information from MiSACWIS regarding the timeliness of service plans and provision of services for the 13,277 children in care on April 24, 2014, nor their associated birth and foster families. As an alternative, DHS conducted a targeted case review to assess performance. Reviews were conducted in two data systems (SWSS and MiSACWIS), and service plans in the MiSACWIS system were not available to the reviewer if the plan had not yet received supervisory approval.

DHS reported that it selected a stratified sample of 157 cases supervised by both DHS local offices and CPAs. Of the 77 cases that had an ISP due, 54 cases, (70 percent) had an ISP completed within 30 days of a child's entry into foster care. In the additional 23 cases, (30 percent) the ISP was completed late.

DHS reported that timely Updated Service Plans (USP) were completed in 114 cases, (69 percent) at least every 90 days after the ISP, or more frequently. Forty cases (24 percent) had a late USP or the reviewer was unable to review the USP in the case file, SWSS or MiSACWIS. Reviewers could not locate USPs for the remaining 12 cases.

DHS reported that of the 243 ISPs and USPs reviewed, 200 (82 percent) had both the worker and supervisor's signature. When parents and children were required to sign the service plans, the mother's signature was obtained 21 percent of the time, the father's signature was obtained 16 percent of the time and youth signed service plans in only 12 percent of the cases.

Overall, DCQI staff found that service plans were not consistently completed timely, a significant percentage of the plans were completed late and some could not be located in the data system at all.

From the group of 157 children, DHS' DCQI staff determined 120 of the cases were relevant to the question of children's service needs; 137 of the cases were relevant to mothers' service needs; 98 of the cases were relevant to the question of fathers' service needs; and 96 of the cases were relevant to the question of foster parents' service needs. DHS reported that service needs were identified and services provided:

- For children in 90 percent of the cases;
- For mothers in 82 percent of the cases;
- For fathers in 72 percent of the cases; and
- For foster parents in only 41 percent of the cases.

For MSA 6, DHS reported that it was unable to report on the MSA provision that requires supervisors to meet with their workers at least monthly and to discuss the case plan with the worker in a face-to-face meeting.

Family Engagement Model – MiTEAM

DHS agreed that the Family Team Meeting (FTM) model, including concurrent planning, would be initiated in phases, with implementation in the Big 14 counties occurring by March 2013, and in the Big 14 contiguous counties by February 2014. DHS reported that DHS and private agency supervisors ascertained that all of their staff were trained. DHS also reported that MiTEAM was fully implemented in all counties. As of the writing of this report, DHS reported there is no MiSACWIS capability to monitor and track whether FTMs are occurring, as per the agreed upon provisions and schedule in the MSA. DHS reported that FTM data reports will be available in the future for proactive monitoring, but there is not yet a release date when this will occur.

Special Reviews for Children Awaiting Permanency – Reunification and Adoption

In order to maintain focus on children in placement for long periods of time, DHS agreed to conduct special case reviews for children who have been in foster care for more than one year and who have a goal of reunification or are legally free for adoption.

DHS submitted data files to the monitoring team listing all children in DHS' custody between January 1, 2014 and April 24, 2014 who were subject to the special review provisions. DHS reported there were 2,759 children who met the Temporary Court Ward (TCW) special review

criteria. The monitoring team's analysis of DHS' data verified the number of children subject to TCW special review. DHS identified and the monitoring team verified that 578 children in the TCW cohort achieved permanency and 1,572 children continued to have reunification goals on April 24, 2014.

The TPR cohort of children subject to special reviews is comprised of children for whom parental rights have been terminated for more than 365 days and who are legally available for adoption. DHS identified 756 legally free children with adoption case goals but excluded legally free children with all other case goals. The monitoring team identified all children legally free for more than 365 days and found 1,499 children in the cohort, including 743 children that DHS had excluded. DHS reported that special reviews were not conducted on those 743 children, as it is only conducting TPR special reviews on legally free children with adoption case goals. This is contrary to the MSA provision that requires special reviews for all children who are legally free for adoption for more than 365 days. Therefore, DHS did not meet its commitment to conduct special reviews for children in the TPR cohort.

DHS agreed to maintain an adequate number of Permanency Resource Managers (PRM) to conduct both TCW and TPR special reviews. DHS provided a list of 28 PRM staff, both workers and supervisors, who are responsible to conduct special reviews. DHS also provided a list of the training these staff received to equip them to conduct the reviews. DHS has not met its commitment to conduct special reviews for all children legally free for adoption for more than 365 days. Since the 28 PRM staff available in MSA 6 would be unable to conduct reviews for the additional 743 cases that DHS excluded from the review process, DHS has not maintained an adequate number of PRM staff during MSA 6.

Youth Transitioning to Adulthood

Extending Eligibility and Services

DHS agreed in the MSA to implement policy and the necessary resources to extend all foster youths' eligibility for child foster care custody until age 20 and to make available independent living services to youth through age 21. DHS championed the Michigan Fostering Connections Act, as it promised to do in the MSA, and has implemented the law in the form of the YAVFC program since April 2012. With this program, youth who are in state-supervised foster care at the age of 18 or older may continue to receive foster care services until age 21. The program is only available to *all* youth, as required in the MSA, if they meet certain educational or labor requirements, or are exempt. Young people who are not enrolled in school and cannot find employment are not eligible to remain involved in the YAVFC program. As of April 24, 2014, approximately 390 youth were probably enrolled in the YAVFC program, as described earlier.

DHS reported an additional group of young people are eligible for voluntary foster care without employment or education requirements, but only through age 19, not age 21 as required in the MSA.

The extension of foster care offers a safety net of supportive services and financial benefits during the transition to adulthood for youth who do not have families to help them. DHS policy requires that staff discuss the option of YAVFC with youth during a semi-annual transition meeting, a 90-Day discharge planning meeting, and at least 30 calendar days prior to the youth's 18th birthday. DHS data shows that many youth aged-out of foster care in MSA 5 and MSA 6 without enrolling in the YAVFC program. The data might represent informed, volitional conduct on the part of the youth, but because of the high number of youth not enrolled in the YAVFC program, the monitoring team will continue to investigate the extent to which DHS has implemented policy and the necessary resources to extend all foster youths' eligibility for child foster care custody until age 20 and made available independent living services to youth through age 21.

Immediate Actions for Youth Transitioning to Adulthood

Family Team Meetings

In order to better prepare older foster youth, many without strong family connections, for life after they leave state care, DHS pledged to ensure it will convene a FTM for each youth age 16 and older to "address issues of support, housing, education, employment, transportation, financial management and health." The FTMs, a best practice embraced by DHS in the MSA, are to occur 90 days before a youth's planned discharge or within 30 days after an unexpected discharge. DHS could not track FTMs in MSA 6.

Michigan Youth Opportunities Initiative and Individual Development Accounts

DHS agreed to expand the Michigan Youth Opportunities Initiative (MYOI) in 2012 and to enable youth participants to open Individual Development Accounts. MYOI provides support and services to youth aging out of foster care, focusing on education, employment, housing, physical and mental health, permanency, and social and community engagement. A key component of the MYOI program includes financial literacy and asset trainings.

During MSA 6, the MYOI program remained active in 64 counties. MYOI has enrolled 2,035 youth participants since it began, with 767 active participants in MSA 6 and 141 in sites that have been developed since MSA 3. Of the enrolled participants in expansion counties, 128 opened Individual Development Accounts. In some instances, youth were not able to establish an Individual Development Account as a result of debt or bad credit issues. Youth without open Individual Development Accounts, regardless of the reason that those accounts are not yet

open, were paid stipends for participation in meetings, trainings, and events, to develop financial competency.

Staff Qualifications and Training

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

Caseworker Qualifications

DHS reported 213 new caseworkers were hired during MSA 6 – 107 in the public agency and 106 in private agencies. All were required to have a bachelor's degree in social work or a related human services field. DHS reported all new caseworkers hired during the period had an approved degree except one private agency worker who is no longer employed by that agency.

Pre-Service Training

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

As noted, there were 213 new caseworkers hired during the period. DHS reported that 192 of the 199 new workers scheduled for training in the period completed pre-service training within 16 weeks of their hire date. Fourteen workers were hired into their positions late in the period and enrolled in training that ended during MSA 7. There were seven new workers who did not meet the training commitments — two staff had extenuating circumstances necessitating military and bereavement leaves, respectively, and five staff either did not enroll in training timely or did not complete their training assignments timely. The median number of days to complete training during the period was 67, or 9.6 weeks, well within the 16 weeks agreed upon in the MSA.

As part of pre-service training, DHS also committed to team new workers with experienced workers who serve as mentors to trainees as they learn to complete key activities in a case and

progressively build case practice knowledge. DHS reported that every new trainee had a mentor assigned during the period except one trainee who withdrew from training and one trainee who had military leave during training. In addition to the commitment to assign mentors to new staff, DHS also agreed that mentors would maintain the current caseload standards. The monitoring team was unable to verify DHS' April 2014 caseload count.⁷⁰

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

Table 11. Training Caseload Progression

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

Workers in pre-service training are evaluated against caseload standards separately from other caseload carrying staff due to the nature of the caseload progression calculations. The monitoring team was unable to verify DHS' point-in-time caseload count on April 16, 2014 and could not verify the implementation of trainee caseload progression standards for the 90 new child welfare caseworkers said to be in pre-service training on that date.

Child Welfare Certificate Program

DHS partnered with Michigan universities that offer a Bachelor of Social Work (BSW) program to create the Michigan Social Work Child Welfare Certificate program. Embedded in Michigan schools of social work curricula, the program is designed to prepare social work students to provide effective child welfare services. The curricula are aligned with DHS' pre-service training

⁷⁰ See footnote 16.

competencies and include a 400-hour structured field placement in a DHS office, private agency or tribal child welfare agency, providing students with a foundation of child welfare experience and knowledge. Graduation from the program enables new staff to enter pre-service training at a later phase than new hires that do not possess a Child Welfare Certificate. Thirteen universities have received endorsement for their Child Welfare Certificate programs and DHS reported that 32 individuals have graduated from endorsed universities with a Child Welfare Certificate.

During MSA 6, nine Child Welfare Certificate holders completed pre-service training. In accordance with the program, these staff were only required to complete the latter five of nine weeks of pre-service training.

University-Based Child Welfare Training

DHS' partnership with the seven accredited Michigan graduate schools of social work continued to be fruitful in MSA 6. The partnership universities offered an extensive array of knowledge and skill-based in-service training opportunities at no cost to public and private child welfare staff.⁷¹

Michigan State University (MSU), the coordinating university of this training partnership, issued university in-service usage data for MSA 6. The report indicates that from January through June 2014, 492 DHS and private agency caseworkers and supervisors attended training in 28 different topics. MSU also offered five online courses to supplement the classroom trainings. Additionally, in March 2014, Wayne State University School of Social Work combined BSW/MSW program, in partnership with DHS' Children's Services Administration, was selected to receive a five-year grant aimed at strengthening child welfare practice through training programs, local agency engagement strategies, and specialized child welfare curricula at the university level.

Supervisory Qualifications

In the MSA, DHS agreed that new child welfare supervisors will possess either a master's degree in a human behavioral science and three years of child welfare experience or a similar bachelor's degree with three or four years of child welfare experience as a social service worker. DHS provided information that 38 supervisors were newly appointed during MSA 6.

⁷¹ The seven participating schools of social work are: Andrews University, Eastern Michigan University, Grand Valley State University, Michigan State University, University of Michigan, Wayne State University, and Western Michigan University.

DHS certified that all of the newly appointed supervisors had the appropriate degrees and the necessary years of experience.

Supervisor Training

DHS committed in the MSA to implement a competency based training program of at least 40 hours in length, and agreed that child welfare supervisors must complete training and pass a written competency exam within three months of assuming a supervisory position. In addition, DHS requires its new supervisors to attend a New Supervisor Institute within six months of hire or promotion. Currently these supervisory training programs are conducted separately and contain overlapping materials. DHS reported that it has begun work to redesign child welfare supervisor training by combining the two programs and will submit the revised curriculum to the monitoring team for approval in the coming months.

DHS provided information regarding training of new supervisors in MSA 6. Of the 38 newly appointed supervisors in MSA 6, 31 met the three-month requirement for training completion and seven supervisors pending training at the end of the period would meet the requirement upon completion of their training early in MSA 7.

Licensing Worker Training

DHS agreed that licensing workers will have a bachelor's degree in social work or a related human services field and will receive training targeted to licensing functions and tasks. DHS reported there were 369 staff identified as licensing workers in MSA 6 and provided the degree held and the training completed by each worker. The monitoring team noted that the information submitted by DHS contained 23 licensing staff who did not appear to have qualifying degrees. The monitoring team requested clarification and DHS provided updated information and the transcripts for 22 of the 23 staff at issue (one worker is now retired). Upon further review, DHS acknowledged and the monitoring team verified that the previously reported degree for at least nine of these staff was reported incorrectly. Seven of the nine turned out to have a different degree, but one that is among those accepted by DHS for its casework and licensing staff. Two staff did not in fact have qualifying degrees and are either no longer employed or have been removed from performing licensing work. DHS did not provide an explanation for the erroneous reporting. The monitoring team is unable to conclude that the remaining degree information is accurately reported.

Table 12. Completion of Training Requirements by Licensing Staff

Type of Training Completed	Number of Staff	Percentage
Certification and Complaint	363	98.4%
Complaint only	0	0.0%
Certification only	3	0.8%
None	3	0.8%
Total	369	100%

BCAL reported that of the three staff who had not completed training, one is no longer employed at the agency and the other two are no longer performing licensing duties. Of the three workers requiring certification training, one is no longer employed at the agency and another is no longer performing licensing duties.

Appendices

Appendix A. Michigan DHS – Caseload Data 12/15/14

STATEWIDE			CASE COUNTS								
Agency Type	Agency Name		CPSI	CPSO	CFC DIR	ADPT DIR	LIC	CFC POS	ADPT POS	POS TOTAL	Unassgnd Cases
DHS	County Office		13,642	4,898	6,775	4	7,904	6,049	549	6,598	1,248
PAFC	Private Agencies		0	0	5,586	2,349	5,185	0	0	0	470
MI	State		13,642	4,898	12,361	2,353	13,089	6,049	549	6,598	1,718
BUSINESS SERVICE CENTERS			CASE COUNTS								
Agency Type	BSC No	Agency Name	CPSI	CPSO	CFC DIR	ADPT DIR	LIC	CFC POS	ADPT POS	POS TOTAL	Unassgnd Cases
DHS	1	BSC 1	1,031	610	664	3	486	390	48	438	75
DHS	2	BSC 2	2,116	710	1,289	1	1,040	707	103	810	130
DHS	3	BSC 3	2,956	1,378	2,051	0	1,116	1,019	197	1,216	176
DHS	4	BSC 4	1,044	365	641	0	651	439	23	462	114
DHS	5	BSC 5	6,495	1,835	2,130	0	4,611	3,494	178	3,672	753
PAFC	10	PAFC	0	0	5,586	2,349	5,185	0	0	0	470

STATEWIDE			OVERALL COMPLIANCE AND PROGRAM COMPLIANCE						
Agency Type	Agency Name		OVERALL	CPSI	CPSO	CFC DIR	ADPT DIR	LIC	POS
DHS	County Office		71%	51%	52%	84%	100%	87%	84%
PAFC	Private Agencies		88%			83%	74%	94%	
MI	State		77%	51%	52%	84%	75%	91%	84%
BUSINESS SERVICE CENTERS			OVERALL COMPLIANCE AND PROGRAM COMPLIANCE						
Agency Type	BSC No	Agency Name	OVERALL	CPSI	CPSO	CFC DIR	ADPT DIR	LIC	POS
DHS	1	BSC 1	86%	70%	70%	99%	100%	97%	100%
DHS	2	BSC 2	74%	53%	51%	87%	100%	85%	90%
DHS	3	BSC 3	72%	51%	52%	85%		89%	78%
DHS	4	BSC 4	69%	53%	53%	74%		85%	79%
DHS	5	BSC 5	64%	44%	47%	79%		85%	81%
PAFC	10	PAFC	88%			83%	74%	94%	

Appendix B. Age Range of Children in Care on April 24, 2014

County	Age Range of Children in Care, MIDHS, April 24, 2014								
	0 to 6 years		7 to 11 years		12 to 17 years		18 and older		Total
	Children	%	Children	%	Children	%	Children	%	Children
ALCONA	9	53%	4	24%	4	24%	0	0%	17
ALGER	6	60%	2	20%	2	20%	0	0%	10
ALLEGAN	76	52%	33	23%	32	22%	4	3%	145
ALPENA	25	56%	7	16%	9	20%	4	9%	45
ANTRIM	20	38%	21	40%	11	21%	1	2%	53
ARENAC	23	52%	15	34%	6	14%	0	0%	44
BARAGA	3	23%	5	38%	3	23%	2	15%	13
BARRY	33	58%	11	19%	12	21%	1	2%	57
BAY	67	50%	37	28%	25	19%	5	4%	134
BENZIE	2	18%	5	45%	4	36%	0	0%	11
BERRIEN	186	49%	83	22%	93	25%	17	4%	379
BRANCH	46	54%	19	22%	18	21%	2	2%	85
CALHOUN	144	51%	74	26%	55	20%	7	3%	280
CASS	72	50%	26	18%	40	28%	6	4%	144
CENTRAL OFFICE	9	82%	1	9%	0	0%	1	9%	11
CHARLEVOIX	17	38%	8	18%	14	31%	6	13%	45
CHEBOYGAN	18	43%	8	19%	11	26%	5	12%	42
CHIPPEWA	21	51%	6	15%	12	29%	2	5%	41
CLARE	30	45%	17	25%	14	21%	6	9%	67
CLINTON	34	54%	14	22%	13	21%	2	3%	63
CRAWFORD	24	45%	6	11%	20	38%	3	6%	53
DELTA	24	60%	8	20%	6	15%	2	5%	40
DICKINSON	42	64%	11	17%	13	20%	0	0%	66
EATON	52	49%	26	24%	22	21%	7	7%	107
EMMET	23	43%	9	17%	16	30%	6	11%	54
GENESEE	315	50%	121	19%	122	19%	70	11%	628
GLADWIN	12	36%	4	12%	16	48%	1	3%	33
GOGEBIC	13	48%	4	15%	6	22%	4	15%	27
GRAND TRAVERSE	50	66%	13	17%	11	14%	2	3%	76
GRATIOT	26	54%	11	23%	5	10%	6	13%	48
HILLSDALE	39	44%	33	38%	15	17%	1	1%	88
HOUGHTON	12	48%	7	28%	6	24%	0	0%	25
HURON	17	49%	6	17%	11	31%	1	3%	35
INGHAM	282	54%	83	16%	123	23%	36	7%	524
IONIA	23	47%	8	16%	11	22%	7	14%	49

County	Age Range of Children in Care, MIDHS, April 24, 2014								
	0 to 6 years		7 to 11 years		12 to 17 years		18 and Older		Total
	Children	%	Children	%	Children	%	Children	%	Children
IOSCO	12	32%	13	34%	13	34%	0	0%	38
IRON	3	50%	1	17%	2	33%	0	0%	6
ISABELLA	50	54%	23	25%	18	20%	1	1%	92
JACKSON	170	53%	71	22%	62	19%	17	5%	320
KALAMAZOO	314	51%	130	21%	138	22%	39	6%	621
KALKASKA	13	41%	8	25%	9	28%	2	6%	32
KENT	506	51%	209	21%	224	23%	54	5%	993
LAKE	28	45%	19	31%	14	23%	1	2%	62
LAPEER	32	46%	16	23%	20	29%	1	1%	69
LEELANAU	6	30%	9	45%	5	25%	0	0%	20
LENAWEE	54	50%	26	24%	24	22%	3	3%	107
LIVINGSTON	84	50%	34	20%	45	27%	4	2%	167
LUCE	44	67%	14	21%	8	12%	0	0%	66
MACKINAC	10	43%	8	35%	5	22%	0	0%	23
MACOMB	372	49%	151	20%	168	22%	61	8%	752
MANISTEE	7	30%	5	22%	11	48%	0	0%	23
MARQUETTE	46	49%	19	20%	27	29%	2	2%	94
MASON	28	55%	12	24%	10	20%	1	2%	51
MECOSTA	39	57%	17	25%	10	15%	2	3%	68
MENOMINEE	16	53%	8	27%	6	20%	0	0%	30
MIDLAND	37	57%	15	23%	12	18%	1	2%	65
MISSAUKEE	3	33%	0	0%	4	44%	2	22%	9
MONROE	103	54%	43	23%	36	19%	8	4%	190
MONTCALM	35	42%	12	14%	34	40%	3	4%	84
MONTMORENCY	14	44%	10	31%	7	22%	1	3%	32
MUSKEGON	220	49%	95	21%	107	24%	25	6%	447
NEWAYGO	48	38%	36	28%	40	31%	4	3%	128
OAKLAND	374	50%	144	19%	171	23%	61	8%	750
OCEANA	11	55%	8	40%	0	0%	1	5%	20
OGEMAW	13	48%	6	22%	7	26%	1	4%	27
ONTONAGON	1	20%	2	40%	2	40%	0	0%	5
OSCEOLA	26	55%	16	34%	5	11%	0	0%	47
OSCODA	2	50%	1	25%	1	25%	0	0%	4
OTSEGO	22	43%	7	14%	21	41%	1	2%	51
OTTAWA	103	46%	51	23%	60	27%	8	4%	222
PRESQUE ISLE	11	44%	11	44%	3	12%	0	0%	25
ROSCOMMON	13	39%	7	21%	13	39%	0	0%	33
SAGINAW	74	49%	31	21%	35	23%	10	7%	150
SANILAC	35	47%	20	27%	16	22%	3	4%	74

County	Age Range of Children in Care, MIDHS, April 24, 2014								
	0 to 6 years		7 to 11 years		12 to 17 years		18 and older		Total
	Children	%	Children	%	Children	%	Children	%	Children
SCHOOLCRAFT	10	48%	5	24%	4	19%	2	10%	21
SHIAWASSEE	48	58%	19	23%	12	14%	4	5%	83
ST CLAIR	169	59%	52	18%	44	15%	23	8%	288
ST JOSEPH	81	54%	39	26%	28	19%	3	2%	151
TUSCOLA	51	46%	26	23%	28	25%	7	6%	112
VAN BUREN	84	58%	32	22%	24	17%	4	3%	144
WASHTENAW	124	53%	50	21%	45	19%	16	7%	235
WAYNE	1,190	45%	504	19%	637	24%	312	12%	2,643
WEXFORD	32	50%	17	27%	12	19%	3	5%	64
TOTAL	6,563	49%	2,798	21%	3,008	23%	908	7%	13,277

Note: Some row percentage totals may not add to 100 percent due to rounding.

Appendix C. Length of Stay of Children in Care on April 24, 2014

Length of Stay of Children in Care on April 24, 2014											
County	Less than 1 year		1 to 2 years		2 to 3 years		3 to 6 years		Over 6 years		Total
	Children	%	Children	%	Children	%	Children	%	Children	%	Children
ALCONA	0	0%	17	100%	0	0%	0	0%	0	0%	17
ALGER	6	60%	2	20%	1	10%	1	10%	0	0%	10
ALLEGAN	84	58%	31	21%	16	11%	11	8%	3	2%	145
ALPENA	19	42%	10	22%	7	16%	8	18%	1	2%	45
ANTRIM	25	47%	14	26%	6	11%	8	15%	0	0%	53
ARENAC	30	68%	12	27%	2	5%	0	0%	0	0%	44
BARAGA	7	54%	4	31%	1	8%	0	0%	1	8%	13
BARRY	34	60%	18	32%	4	7%	1	2%	0	0%	57
BAY	75	56%	28	21%	21	16%	9	7%	1	1%	134
BENZIE	6	55%	5	45%	0	0%	0	0%	0	0%	11
BERRIEN	196	52%	112	30%	42	11%	19	5%	10	3%	379
BRANCH	42	49%	31	36%	7	8%	5	6%	0	0%	85
CALHOUN	172	61%	55	20%	34	12%	14	5%	5	2%	280
CASS	69	48%	47	33%	18	13%	8	6%	2	1%	144
CENTRAL OFFICE	0	0%	4	36%	5	45%	1	9%	1	9%	11
CHARLEVOIX	20	44%	16	36%	3	7%	4	9%	2	4%	45
CHEBOYGAN	21	50%	14	33%	3	7%	3	7%	1	2%	42
CHIPPEWA	25	61%	13	32%	2	5%	1	2%	0	0%	41
CLARE	45	67%	11	16%	6	9%	5	7%	0	0%	67
CLINTON	30	48%	25	40%	7	11%	0	0%	1	2%	63
CRAWFORD	32	60%	4	8%	6	11%	10	19%	1	2%	53
DELTA	32	80%	7	18%	0	0%	0	0%	1	3%	40
DICKINSON	33	50%	22	33%	7	11%	2	3%	2	3%	66
EATON	49	46%	29	27%	16	15%	13	12%	0	0%	107
EMMET	23	43%	16	30%	5	9%	10	19%	0	0%	54
GENESEE	284	45%	166	26%	71	11%	45	7%	62	10%	628
GLADWIN	18	55%	9	27%	2	6%	0	0%	4	12%	33
GOGEBIC	11	41%	7	26%	3	11%	5	19%	1	4%	27
GRAND TRAVERSE	48	63%	16	21%	10	13%	1	1%	1	1%	76
GRATIOT	20	42%	8	17%	11	23%	7	15%	2	4%	48
HILLSDALE	63	72%	21	24%	4	5%	0	0%	0	0%	88
HOUGHTON	11	44%	7	28%	2	8%	5	20%	0	0%	25
HURON	22	63%	7	20%	1	3%	3	9%	2	6%	35
INGHAM	255	49%	150	29%	53	10%	45	9%	21	4%	524
IONIA	19	39%	12	24%	6	12%	9	18%	3	6%	49
IOSCO	22	58%	10	26%	2	5%	3	8%	1	3%	38
IRON	5	83%	1	17%	0	0%	0	0%	0	0%	6

Length of Stay of Children in Care on April 24, 2014											
County	Less than 1 year		1 to 2 years		2 to 3 years		3 to 6 years		Over 6 years		Total
	Children	%	Children	%	Children	%	Children	%	Children	%	Children
ISABELLA	57	62%	20	22%	10	11%	4	4%	1	1%	92
JACKSON	146	46%	113	35%	37	12%	14	4%	10	3%	320
KALAMAZOO	343	55%	164	26%	59	10%	38	6%	17	3%	621
KALKASKA	20	63%	7	22%	2	6%	0	0%	3	9%	32
KENT	452	46%	338	34%	115	12%	66	7%	22	2%	993
LAKE	23	37%	29	47%	4	6%	5	8%	1	2%	62
LAPEER	34	49%	19	28%	12	17%	3	4%	1	1%	69
LEELANAU	0	0%	9	45%	0	0%	9	45%	2	10%	20
LENAWEE	59	55%	31	29%	10	9%	4	4%	3	3%	107
LIVINGSTON	101	60%	45	27%	5	3%	12	7%	4	2%	167
LUCE	27	41%	28	42%	10	15%	1	2%	0	0%	66
MACKINAC	7	30%	5	22%	9	39%	1	4%	1	4%	23
MACOMB	317	42%	197	26%	129	17%	85	11%	24	3%	752
MANISTEE	3	13%	9	39%	6	26%	5	22%	0	0%	23
MARQUETTE	50	53%	20	21%	16	17%	5	5%	3	3%	94
MASON	22	43%	16	31%	8	16%	2	4%	3	6%	51
MECOSTA	37	54%	18	26%	9	13%	3	4%	1	1%	68
MENOMINEE	10	33%	6	20%	5	17%	8	27%	1	3%	30
MIDLAND	31	48%	23	35%	7	11%	3	5%	1	2%	65
MISSAUKEE	4	44%	4	44%	0	0%	1	11%	0	0%	9
MONROE	89	47%	86	45%	9	5%	2	1%	4	2%	190
MONTCALM	37	44%	27	32%	11	13%	6	7%	3	4%	84
MONTMORENCY	22	69%	9	28%	0	0%	1	3%	0	0%	32
MUSKEGON	244	55%	114	26%	39	9%	28	6%	22	5%	447
NEWAYGO	85	66%	21	16%	12	9%	9	7%	1	1%	128
OAKLAND	377	50%	191	25%	73	10%	70	9%	39	5%	750
OCEANA	11	55%	4	20%	5	25%	0	0%	0	0%	20
OGEMAW	20	74%	3	11%	1	4%	1	4%	2	7%	27
ONTONAGON	4	80%	1	20%	0	0%	0	0%	0	0%	5
OSCEOLA	23	49%	17	36%	4	9%	1	2%	2	4%	47
OSCODA	3	75%	1	25%	0	0%	0	0%	0	0%	4
OTSEGO	31	61%	14	27%	4	8%	2	4%	0	0%	51
OTTAWA	148	67%	47	21%	10	5%	14	6%	3	1%	222
PRESQUE ISLE	9	36%	15	60%	0	0%	1	4%	0	0%	25
ROSCOMMON	7	21%	11	33%	6	18%	6	18%	3	9%	33
SAGINAW	75	50%	35	23%	22	15%	14	9%	4	3%	150
SANILAC	45	61%	12	16%	13	18%	1	1%	3	4%	74
SCHOOLCRAFT	3	14%	11	52%	1	5%	5	24%	1	5%	21
SHIAWASSEE	42	51%	24	29%	5	6%	10	12%	2	2%	83

Length of Stay of Children in Care on April 24, 2014											
County	Less than 1 year		1 to 2 years		2 to 3 years		3 to 6 years		Over 6 years		Total
	Children	%	Children	%	Children	%	Children	%	Children	%	Children
ST CLAIR	141	49%	78	27%	41	14%	21	7%	7	2%	288
ST JOSEPH	93	62%	32	21%	11	7%	10	7%	5	3%	151
TUSCOLA	57	51%	38	34%	14	13%	3	3%	0	0%	112
VAN BUREN	79	55%	38	26%	18	13%	6	4%	3	2%	144
WASHTENAW	85	36%	89	38%	34	14%	22	9%	5	2%	235
WAYNE	1,143	43%	538	20%	291	11%	411	16%	260	10%	2,643
WEXFORD	41	64%	17	27%	3	5%	1	2%	2	3%	64
TOTAL	6,510	49%	3,535	27%	1,464	11%	1,170	9%	598	5%	13,277

Note: Some row percentage totals may not add to 100 percent due to rounding.

Appendix D. CFSR 3 National Standards – Safety Outcomes

Maltreatment in Foster Care FFY 2013

Cohort: Children in foster care during a 12-month period

12-month period: FFY 2013

State	Observed Performance				Risk Adj.	Risk Standardized Performance (RSP)			RSP Relative to National Standard (NS)			Observed Performance needed to have avoided a PIP (an estimate)			PIP			
	Served	Denom	Num	Obs. Perf.		Lower CI	RSP	Upper CI	NS	NS Met?	PIP?	Obs. perf. needed	% point needed	Fewer victims needed	Yr. 1 FFY 2011	Yr. 2 FFY 2012	Yr. 3 FFY 2013	Goal
MO	15901	3746853	53	1.41	7	1.62	2.10	2.71	8.04	Met	No PIP							
VA	6882	1621333	27	1.67	10	1.86	2.64	3.73	8.04	Met	No PIP							
WY	1818	349494	4	1.14	10	1.37	2.66	5.17	8.04	Met	No PIP							
AZ	22475	5023711	99	1.97	6	2.36	2.86	3.46	8.04	Met	No PIP							
DC	1521	404168	6	1.48	9	1.61	2.95	5.41	8.04	Met	No PIP							
SD	2150	493527	9	1.82	6	1.83	3.12	5.34	8.04	Met	No PIP							
WV	7617	1631236	39	2.39	9	2.69	3.62	4.89	8.04	Met	No PIP							
WI	10412	2306186	63	2.73	7	3.13	3.97	5.05	8.04	Met	No PIP							
NH	1119	263150	6	2.28	8	2.21	4.14	7.76	8.04	Met	No PIP							
ID	2317	475403	14	2.94	6	2.83	4.51	7.2	8.04	Met	No PIP							
MN	10018	2020773	65	3.22	9	3.79	4.81	6.09	8.04	Met	No PIP							
AL	7151	1623410	54	3.33	7	3.77	4.89	6.33	8.04	Met	No PIP							
HI	1815	401008	13	3.24	6	3.06	4.97	8.07	8.04	No dif	No PIP							
ME	2447	601062	20	3.33	5	3.32	4.98	7.48	8.04	Met	No PIP							
ND	1917	424074	14	3.30	9	3.18	5.10	8.18	8.04	No dif	No PIP							
VT	1517	344925	12	3.48	11	3.35	5.56	9.21	8.04	No dif	No PIP							
NJ	11299	2533926	107	4.22	5	5.04	6.08	7.33	8.04	Met	No PIP							
MT	3280	781636	35	4.48	5	4.56	6.27	8.62	8.04	No dif	No PIP							
GA	12904	2789518	141	5.05	7	6.09	7.18	8.45	8.04	No dif	No PIP							
KS	9691	2264064	116	5.12	7	6.06	7.25	8.68	8.04	No dif	No PIP							
SC	5688	1126048	59	5.24	8	5.83	7.49	9.62	8.04	No dif	No PIP							
TX	45861	10586646	592	5.59	5	7.23	7.83	8.49	8.04	No dif	No PIP							
NM	2999	714804	44	6.16	6	6.28	8.38	11.19	8.04	No dif	No PIP							
LA	6962	1478716	91	6.15	6	7.02	8.60	10.54	8.04	No dif	No PIP							
DE	1125	265539	16	6.03	9	5.6	8.88	14.09	8.04	No dif	No PIP							
TN	13838	2917513	188	6.44	9	8.21	9.47	10.91	8.04	Not met	PIP	6.29	-0.15	-4	--	--	6.44	--
NV	7635	1744969	129	7.39	5	8.74	10.37	12.31	8.04	Not met	PIP	6.77	-0.62	-11	7.71	8.85	7.39	6.54

State	Observed Performance				Risk Adj.	Risk Standardized Performance (RSP)			RSP Relative to National Standard (NS)			Observed Performance needed to have avoided a PIP (an estimate)			PIP			
	Served	Denom	Num	Obs. Perf.	Median Age	Lower CI	RSP	Upper CI	NS	NS Met?	PIP?	Obs. perf. Needed	% point needed	Fewer victims needed	Yr. 1 FFY 2011	Yr. 2 FFY 2012	Yr. 3 FFY 2013	Goal
WA	14303	3531853	260	7.36	5	9.25	10.44	11.79	8.04	Not met	PIP	6.38	-0.98	-35	4.36	5.61	7.36	6.25
NE	7301	1679222	124	7.38	9	8.96	10.68	12.72	8.04	Not met	PIP	6.59	-0.80	-13	6.30	6.64	7.38	6.66
IL	19201	5459564	418	7.66	6	9.82	10.81	11.89	8.04	Not met	PIP	6.26	-1.40	-76	6.94	7.48	7.66	7.06
AR	7021	1337738	107	8.00	6	9.34	11.27	13.61	8.04	Not met	PIP	6.83	-1.16	-16	7.98	9.91	8.00	6.79
CT	5321	1401753	105	7.49	9	9.35	11.31	13.68	8.04	Not met	PIP	6.39	-1.10	-15	6.93	6.63	7.49	6.91
CA	80936	19438659	1549	7.97	7	11.1	11.66	12.26	8.04	Not met	PIP	5.77	-2.20	-428	8.11	7.86	7.97	7.35
CO	9136	1897595	157	8.27	10	10.71	12.52	14.63	8.04	Not met	PIP	6.17	-2.10	-40	6.11	5.61	8.27	7.02
OR	11702	2980017	271	9.09	6	11.26	12.69	14.29	8.04	Not met	PIP	6.46	-2.63	-78	--	--	9.09	--
UT	4580	950650	84	8.84	9	10.38	12.83	15.87	8.04	Not met	PIP	6.76	-2.08	-20	10.28	10.16	8.84	7.96
FL	32801	6733299	648	9.62	5	12.59	13.60	14.69	8.04	Not met	PIP	6.13	-3.49	-235	9.91	10.37	9.62	8.87
KY	11761	2532123	266	10.51	8	13.38	15.08	17.01	8.04	Not met	PIP	6.28	-4.23	-107	6.44	9.64	10.51	8.92
IN	18206	4130817	470	11.38	6	14.57	15.95	17.46	8.04	Not met	PIP	6.25	-5.12	-212	9.77	11.69	11.38	10.11
OH	20602	4394109	485	11.04	7	14.65	16.01	17.5	8.04	Not met	PIP	6.04	-5.00	-220	9.35	11.87	11.04	9.47
RI	2674	603452	66	10.94	9	12.62	16.05	20.4	8.04	Not met	PIP	6.80	-4.14	-25	5.74	9.13	10.94	9.29
MD	6762	1657491	192	11.58	9	14.55	16.76	19.31	8.04	Not met	PIP	6.34	-5.24	-87	9.13	12.36	11.58	9.83
OK	14710	3584399	442	12.33	5	15.49	17.00	18.67	8.04	Not met	PIP	6.37	-5.96	-214	7.86	9.47	12.33	10.47
AK	2821	682789	88	12.89	6	14.13	17.40	21.43	8.04	Not met	PIP	7.19	-5.70	-39	5.72	11.48	12.89	10.94
MI	20684	4937722	620	12.56	7	17.02	18.41	19.92	8.04	Not met	PIP	5.91	-6.64	-328	13.57	12.28	12.56	11.58
NY	29407	7744844	1183	15.27	8	20.74	21.96	23.25	8.04	Not met	PIP	5.91	-9.37	-726	16.60	15.34	15.27	14.08
IA	10258	2279899	351	15.40	8	19.93	22.13	24.57	8.04	Not met	PIP	6.17	-9.23	-210	15.73	14.15	15.40	14.20
MA	13422	3036301	540	17.78	10	23.72	25.81	28.08	8.04	Not met	PIP	6.00	-11.79	-358	14.54	16.54	17.78	15.65
MS	Excluded due to data quality																	
NC	Excluded due to data quality																	
PA	Excluded due to data quality																	
PR	Excluded due to data quality																	

Recurrence of Maltreatment

Cohort: Victims of a substantiated or indicated maltreatment report in a 12-month period
12-month period: FFY 2012

State	Observed Performance			Risk Adj.	Risk Standardized Performance (RSP)			RSP Relative to National Standard (NS)			Observed Performance needed to have avoided a PIP (an estimate)			PIP			
	Denom	Num	Obs. Perf.	Median Age	Lower CI	RSP	Upper CI	NS	NS Met?	PIP?	Obs. perf. Needed	% point needed	Fewer victims Needed	Yr. 1 FFY 2011	Yr. 2 FFY 2012	Yr. 3 FFY 2013	Goal
VA	5788	176	3.0%	6	3.5%	4.1%	4.7%	9.0%	Met	No PIP							
WY	774	21	2.7%	6	2.9%	4.1%	5.8%	9.0%	Met	No PIP							
SC	11276	370	3.3%	6	3.9%	4.3%	4.7%	9.0%	Met	No PIP							
AL	8821	319	3.6%	7	4.3%	4.8%	5.3%	9.0%	Met	No PIP							
HI	1366	47	3.4%	6	3.7%	4.8%	6.2%	9.0%	Met	No PIP							
WV	4418	163	3.7%	6	4.2%	4.9%	5.6%	9.0%	Met	No PIP							
DE	2249	81	3.6%	7	4.0%	4.9%	6.0%	9.0%	Met	No PIP							
KS	1965	76	3.9%	7	4.2%	5.2%	6.5%	9.0%	Met	No PIP							
CO	10357	438	4.2%	6	5.0%	5.5%	6.0%	9.0%	Met	No PIP							
NH	901	37	4.1%	6	4.3%	5.7%	7.6%	9.0%	Met	No PIP							
NC	8817	426	4.8%	7	5.7%	6.3%	6.9%	9.0%	Met	No PIP							
WI	4389	211	4.8%	6	5.5%	6.3%	7.2%	9.0%	Met	No PIP							
ND	1458	76	5.2%	6	5.6%	6.9%	8.5%	9.0%	Met	No PIP							
AZ	10915	580	5.3%	5	6.4%	7.0%	7.5%	9.0%	Met	No PIP							
TX	62295	3538	5.7%	5	7.0%	7.3%	7.5%	9.0%	Met	No PIP							
ID	1416	78	5.5%	6	5.9%	7.3%	9.0%	9.0%	No dif	No PIP							
NV	5599	337	6.0%	5	7.0%	7.8%	8.6%	9.0%	Met	No PIP							
MT	1357	84	6.2%	5	6.5%	8.0%	9.7%	9.0%	No dif	No PIP							
KY	15957	994	6.2%	5	7.6%	8.0%	8.5%	9.0%	Met	No PIP							
GA	19206	1200	6.2%	6	7.7%	8.1%	8.6%	9.0%	Met	No PIP							
AR	11112	707	6.4%	7	7.8%	8.4%	9.0%	9.0%	No dif	No PIP							
MN	4296	283	6.6%	6	7.7%	8.6%	9.6%	9.0%	No dif	No PIP							
CT	7931	546	6.9%	7	8.3%	9.0%	9.7%	9.0%	No dif	No PIP							
MD	13251	940	7.1%	6	8.7%	9.3%	9.9%	9.0%	No dif	No PIP							
SD	1215	90	7.4%	5	7.7%	9.4%	11.4%	9.0%	No dif	No PIP							
NJ	9052	660	7.3%	6	8.8%	9.5%	10.2%	9.0%	No dif	No PIP							
FL	52050	3898	7.5%	5	9.4%	9.7%	10.0%	9.0%	Not met	PIP	7.2%	-0.3%	-143	8.1%	8.0%	7.5%	7.1%
WA	6473	502	7.8%	6	9.2%	10.0%	10.9%	9.0%	Not met	PIP	7.6%	-0.1%	-8	6.3%	6.5%	7.8%	7.1%
VT	658	52	7.9%	9	8.1%	10.4%	13.4%	9.0%	No dif	No PIP							
OR	10727	885	8.3%	6	10.0%	10.7%	11.4%	9.0%	Not met	PIP	7.4%	-0.8%	-86	--	--	8.3%	--

State	Observed Performance			Risk Adj.	Risk Standardized Performance (RSP)			RSP Relative to National Standard (NS)			Observed Performance needed to have avoided a PIP (an estimate)			PIP			
	Denom	Num	Obs. Perf.	Median Age	Lower CI	RSP	Upper CI	NS	NS Met?	PIP?	Obs. perf. Needed	% point needed	Fewer victims Needed	Yr. 1 FFY 2011	Yr. 2 FFY 2012	Yr. 3 FFY 2013	Goal
MS	7140	588	8.2%	7	10.0%	10.8%	11.6%	9.0%	Not met	PIP	7.5%	-0.8%	-55	7.4%	8.5%	8.2%	7.5%
LA	7630	636	8.3%	5	10.1%	10.8%	11.7%	9.0%	Not met	PIP	7.5%	-0.8%	-64	8.4%	8.9%	8.3%	7.9%
IN	21231	1870	8.8%	6	11.0%	11.4%	11.9%	9.0%	Not met	PIP	7.3%	-1.5%	-327	9.1%	--	8.8%	--
CA	76312	6996	9.2%	6	11.8%	12.0%	12.3%	9.0%	Not met	PIP	7.1%	-2.1%	-1611	9.2%	9.1%	9.2%	8.8%
OK	9941	935	9.4%	5	11.3%	12.1%	12.8%	9.0%	Not met	PIP	7.5%	-1.9%	-190	9.0%	8.9%	9.4%	9.0%
UT	9473	873	9.2%	7	11.4%	12.1%	12.9%	9.0%	Not met	PIP	7.3%	-1.9%	-181	8.2%	8.0%	9.2%	8.4%
IL	27238	2759	10.1%	6	12.6%	13.0%	13.5%	9.0%	Not met	PIP	7.3%	-2.8%	-774	8.6%	10.1%	10.1%	9.2%
OH	28974	2953	10.2%	6	12.9%	13.4%	13.8%	9.0%	Not met	PIP	7.1%	-3.0%	-882	10.0%	10.5%	10.2%	9.7%
NE	3709	399	10.8%	6	12.6%	13.8%	15.1%	9.0%	Not met	PIP	7.7%	-3.0%	-113	10.2%	9.6%	10.8%	10.1%
RI	3208	350	10.9%	5	12.7%	14.0%	15.4%	9.0%	Not met	PIP	7.8%	-3.2%	-101	12.2%	12.7%	10.9%	9.9%
DC	2111	229	10.8%	7	12.5%	14.2%	16.0%	9.0%	Not met	PIP	7.8%	-3.1%	-65	9.6%	8.8%	10.8%	9.8%
ME	3852	432	11.2%	6	13.1%	14.3%	15.6%	9.0%	Not met	PIP	7.7%	-3.5%	-134	11.9%	10.8%	11.2%	10.5%
IA	10707	1208	11.3%	5	13.7%	14.4%	15.2%	9.0%	Not met	PIP	7.5%	-3.8%	-407	13.1%	12.2%	11.3%	10.3%
MA	19350	2145	11.1%	6	13.9%	14.4%	15.0%	9.0%	Not met	PIP	7.2%	-3.8%	-744	7.5%	7.8%	11.1%	10.1%
NM	6192	772	12.5%	6	15.0%	16.1%	17.1%	9.0%	Not met	PIP	7.5%	-5.0%	-307	11.8%	12.3%	12.5%	11.9%
MI	33152	4116	12.4%	6	15.8%	16.2%	16.7%	9.0%	Not met	PIP	7.1%	-5.3%	-1753	12.5%	12.4%	12.4%	11.8%
AK	2420	390	16.1%	5	18.7%	20.5%	22.4%	9.0%	Not met	PIP	7.8%	-8.3%	-201	12.8%	15.0%	16.1%	14.7%
NY	68293	12143	17.8%	7	23.1%	23.5%	23.9%	9.0%	Not met	PIP	7.0%	-10.8%	-7380	18.3%	17.9%	17.8%	17.0%
MO	Excluded due to data quality																
PA	Excluded due to data quality																
PR	Excluded due to data quality																
TN																	

Appendix E. Michigan DHS Policy PSM 712-7 Rejected Complaints

PSM 712-7	1 of 3	REJECTED COMPLAINTS	PSB 2014-002 6-1-2014
DECISION TO REJECT			
Reasons To Reject a Complaint			
<p>If, after intake and/or preliminary investigation, neither CPS intervention nor a transfer to an agency is determined appropriate, the reasons for rejecting the complaint must be documented in MiSACWIS CPS by using one of the rejection reasons below and approved by supervision. Comments to clarify the selection may be entered into MiSACWIS CPS; see PSM 712-8, CPS Intake Completion.</p>			
<ul style="list-style-type: none">• Already Investigated - The allegation is essentially the same instance of child abuse and/or neglect (CA/N) already reported and investigated. If the complaint is being investigated or was rejected, add the second reporting person on the initial complaint; see PSM 712-8, CPS Intake Completion, Multiple Reporting Persons section.• Discounted After Preliminary Investigation - Allegations are proven unfounded after contact with a reliable source with current, accurate, and first-hand information.• Complaint Does Not Meet Child Protection Law (CPL) Definition of Child Abuse/Neglect - The allegations reported do not amount to child abuse/neglect as defined by the CPL (for example, allegations are attributable solely to poverty, etc.). <p>If the complaint is appropriate for handling by another agency, refer the reporting person to the appropriate agency (for example, the friend of the court (FOC) for child support complaints or other custody issues not related to CA/N, community mental health for mental health services, the school district for truancy issues, etc.).</p> <p>Note: If the complaint does not meet the CPL definition of child abuse/neglect but will be transferred to another agency for investigation (for example, law enforcement for complaints when the alleged perpetrator is not a person responsible for the child's health and welfare, DHS or private agency certification staff for an alleged licensing violation, etc.), the complaint must be documented as "Transferred for Investigation" not as a rejection. See the Complaint</p>			

Documentation section of PSM 712-8, CPS Intake Completion for more information.

- **No Reasonable Cause** - Allegations are from second- or third-hand sources, information is vague or insufficient, and/or CPS is unable to establish any basis in fact for the suspicion. Examples are:
 - a. Reporting person cannot give information that leads to the identity or whereabouts of the family.
 - b. Complaint amounts to speculation (versus suspicion) of CA/N (a bruise, injury, mental or physical condition that is more likely the result of something other than CA/N).
 - c. Reporting person reports observing child exhibiting normal, exploratory sexual behavior and speculates the child must have been sexually abused.
- **Reporting Person Unreliable or Not Credible** - Although this reason is occasionally appropriate, it should only be used in extreme and well-documented situations. Examples are:
 - a. Similar complaints have been investigated and repeatedly denied, or the reporting person is known to repeatedly make false or questionable reports.
 - b. Complaint lacks substance and/or definition and is seemingly colored by suspected self-interest of the reporting person, for example, revenge, neighborhood/family squabble, custody battles, etc.

A person who knowingly makes a false complaint of CA/N is guilty of a misdemeanor if the false complaint was about an alleged misdemeanor offense. If the false complaint was about an alleged felony offense of CA/N, the person is guilty of a felony.

- **Out-of-State History Notification** - A notification was received from another state, tribal agency, etc., that children are at risk of harm if in the care of a particular parent and/or person responsible, and there is no indication that the family is residing in Michigan. The notification should be entered into MiSACWIS CPS to document CPS history in the other state/jurisdiction in case a future complaint is received on the family in Michigan.

Reversals

When Centralized Intake (CI) reviews a rejected complaint and makes the decision to assign the case, CI will use the date and time of the review to create another complaint, which will reference the original reporting source and log number.

Appendix F. SFY 15 Non-relative Foster Home Targets

BSC	County	Number of Non-relative Foster Homes to be Licensed in FY15				
		Total	Homes for adolescents	Homes for siblings	Homes for children with disabilities	Other
BSC 1	Alpena / Alcona / Montmorency	4	2	2	2	0
	Alger / Marquette / Schoolcraft	4	5	2	1	0
	Antrim	5	1	3	1	0
	Baraga / Houghton / Keweenaw	3	1	1	1	0
	Benzie / Manistee	4	2	2	0	0
	Charlevoix / Emmet	5	2	3	0	0
	Cheboygan / Presque Isle	2	1	1	0	0
	Chippewa / Luce / Mackinac	5	2	2	1	0
	Crawford / Oscoda / Otsego	7	3	3	1	0
	Delta / Dickinson / Menominee	6	0	1	3	2
	Gogebic / Iron / Ontonagon	5	2	1	2	0
	Grand Traverse / Leelanau / Kalkaska	8	2	3	0	3
	Iosco / Ogemaw / Roscommon	8	4	4	0	1
	Wexford / Missaukee	9	4	3	1	1
	BSC 1 Total	75	31	31	13	7
BSC 2	Arenac / Gladwin	6	3	4	3	0
	Bay	18	8	12	11	0
	Clare / Isabella	11	0	11	0	0
	Ingham / Clinton / Eaton	31	5	5	5	16
	Midland	2	0	2	0	0
	Saginaw	12	2	4	4	2
	Shiawassee	3	0	3	0	0
	Gratiot	1	8	1	1	0
	St. Clair / Sanilac	19	7	10	2	0
	Huron	1	0	1	0	0
	Tuscola	5	2	2	1	0
	Lapeer	8	2	3	0	3
	BSC 2 Total	117	37	58	27	21
BSC 3	Allegan	15	2	4	2	7
	Barry	10	5	0	5	0
	Branch	2	2	2	2	0
	Berrien	30	6	28	9	6
	Calhoun	14	2	10	2	0
	Cass	20	2	9	6	3
	Muskegon	29	8	15	5	1
	Ionia / Montcalm	8	4	8	8	6

BSC	County	Number of Non-relative Foster Homes to be Licensed in FY15				
		Total	Homes for adolescents	Homes for siblings	Homes for children with disabilities	Other
BSC 3	Kalamazoo	68	34	23	9	19
	Ottawa	35	14	14	5	2
	St. Joseph	13	2	5	2	12
	Lake / Nwaygo	13	2	8	2	1
	Mason / Oceana	11	2	7	1	1
	Mecosta / Osceola	7	6	6	6	0
	Van Buren	10	3	5	2	0
BSC 3 Total		285	94	144	66	58
BSC 4	Hillsdale	5	1	3	1	0
	Livingston	20	8	8	4	0
	Lenawee	7	4	3	2	0
	Monroe	12	2	5	4	1
	Jackson	28	24	8	8	8
	Washtenaw	15	2	13	2	0
BSC 4 Total		87	41	40	21	9
BSC 5	Genesee	55	33	50	10	0
	Kent	113	32	20	10	0
	Macomb	76	25	38	38	0
	Oakland	70	55	15	12	0
	Wayne	172	35	56	28	53
BSC 5 Total		486	180	179	98	53
Statewide Totals		1,050	383	452	225	148

Appendix G. Number of Children Placed in Shelters by Age and County during MSA 6

County	Age																				County Total
	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	
BAY	1																				1
BERRIEN																	1	1			2
GENESEE								1		1				1	2		1	1	2		9
GOGEBIC																		1			1
INGHAM																	1				1
IONA																		1			1
JACKSON							1				1		1			1					4
KALAMAZOO				1		1											1	1			4
KENT						1	1	1	1	2	3	2	7	4	2	7	6	3	1		41
LIVINGSTON																		1			1
MACOMB						1		1			1		1		2	1	3	2			12
MONTCALM											1		1		1						3
MUSKEGON													1			1	1	1			4
OAKLAND		1		1	1	1	2		1	2	5	1	3	1	1	4	9	3			36
OTTAWA																1		1			2
SAGINAW	2																1				3
SAINT CLAIR												1									1
WASHTENAW															1		1				2
WAYNE										1	1	1	6	6	10	8	14	16	2	1	66
Age Total	3	1	0	2	1	4	4	3	2	6	12	5	20	12	19	23	39	32	5	1	194

Appendix H. CFSR 3 National Standards – Permanency Outcomes

Permanency in 12 Months FFY13

Cohort: Children entering care in a 12-month period

12-month period: 11B & 12A

State	Observed Performance			Risk Adj.		Risk Standardized Performance (RSP)			RSP Relative to National Standard (NS)			Observed Performance needed to have avoided a PIP (an estimate)			PIP			
	Denom	Num	Obs. Perf.	Entry Rate	Median Age	Lower CI	RSP	Upper CI	NS	NS Met?	PIP?	Obs. perf. Needed	% point needed	Add. exits needed	Yr. 1 FFY 2011	Yr. 2 FFY 2012	Yr. 3 FFY 2013	Goal
SC	2522	1595	63.2%	2.73	6	64.5%	66.5%	68.4%	40.4%	Met	No PIP							
AR	3251	2097	64.5%	5.42	5	57.4%	58.9%	60.4%	40.4%	Met	No PIP							
MN	4863	2795	57.5%	4.65	10	54.6%	56.0%	57.3%	40.4%	Met	No PIP							
CO	4522	2395	53.0%	4.32	9	51.5%	52.9%	54.4%	40.4%	Met	No PIP							
UT	2007	921	45.9%	2.31	7	48.2%	50.6%	53.0%	40.4%	Met	No PIP							
LA	3052	1506	49.3%	3.34	6	48.6%	50.4%	52.2%	40.4%	Met	No PIP							
AL	2727	1274	46.7%	2.88	6	47.8%	49.8%	51.7%	40.4%	Met	No PIP							
MS	2351	1127	47.9%	3.16	6	47.5%	49.6%	51.7%	40.4%	Met	No PIP							
GA	5828	2658	45.6%	2.58	6	47.5%	48.8%	50.2%	40.4%	Met	No PIP							
FL	15163	7400	48.8%	3.96	5	47.5%	48.3%	49.1%	40.4%	Met	No PIP							
MA	4877	2283	46.8%	3.81	10	46.2%	47.6%	49.0%	40.4%	Met	No PIP							
OH	8799	4032	45.8%	3.69	6	46.3%	47.4%	48.4%	40.4%	Met	No PIP							
ID	1055	476	45.1%	2.88	6	44.2%	47.3%	50.4%	40.4%	Met	No PIP							
WI	4318	1957	45.3%	3.35	7	45.2%	46.7%	48.2%	40.4%	Met	No PIP							
HI	832	370	44.5%	3.37	5	42.7%	46.1%	49.5%	40.4%	Met	No PIP							
KY	4822	2303	47.8%	5.01	8	44.5%	45.9%	47.2%	40.4%	Met	No PIP							
WY	829	445	53.7%	7.30	12	42.9%	45.7%	48.5%	40.4%	Met	No PIP							
TN	6435	2916	45.3%	4.40	10	44.3%	45.5%	46.7%	40.4%	Met	No PIP							
NJ	4505	1813	40.2%	2.22	5	43.6%	45.1%	46.8%	40.4%	Met	No PIP							
MD	2539	1010	39.8%	2.08	7	42.8%	44.9%	47.1%	40.4%	Met	No PIP							
RI	1169	557	47.6%	5.54	11	42.2%	44.8%	47.5%	40.4%	Met	No PIP							
IN	7162	3225	45.0%	4.70	5	41.6%	42.7%	43.8%	40.4%	Met	No PIP							
DE	512	194	37.9%	2.62	6	37.9%	42.4%	47.0%	40.4%	No dif	No PIP							
NV	2605	1107	42.5%	4.20	4	39.9%	41.8%	43.6%	40.4%	No dif	No PIP							
TX	16881	6464	38.3%	2.44	4	40.4%	41.2%	42.0%	40.4%	Met	No PIP							
OR	4214	1834	43.5%	4.93	5	39.4%	40.7%	42.1%	40.4%	No dif	No PIP							
IA	4094	1798	43.9%	6.10	7	37.9%	39.2%	40.6%	40.4%	No dif	No PIP							

State	Observed Performance			Risk Adj.		Risk Standardized Performance (RSP)			RSP Relative to National Standard (NS)			Observed Performance needed to have avoided a PIP (an estimate)			PIP			
	Denom	Num	Obs. Perf.	Entry Rate	Median Age	Lower CI	RSP	Upper CI	NS	NS Met?	PIP?	Obs. perf. Needed	% point needed	Add. exits needed	Yr. 1 FFY 2011	Yr. 2 FFY 2012	Yr. 3 FFY 2013	Goal
KS	3556	1445	40.6%	4.74	7	37.2%	38.7%	40.2%	40.4%	Not met	PIP	40.8%	0.2%	7	39.7%	39.1%	40.6%	42.0%
SD	1082	492	45.5%	6.92	5	35.7%	38.1%	40.6%	40.4%	No dif	No PIP							
PA	9596	3479	36.3%	3.64	10	36.9%	37.9%	38.9%	40.4%	Not met	PIP	37.7%	1.4%	139	25.6%	--	36.3%	--
ND	778	310	39.8%	5.20	10	34.6%	37.7%	40.9%	40.4%	No dif	No PIP							
CA	29600	10766	36.4%	3.47	6	37.1%	37.7%	38.2%	40.4%	Not met	PIP	38.5%	2.1%	626	39.2%	37.9%	36.4%	38.0%
NH	524	165	31.5%	1.77	10	31.6%	35.8%	40.3%	40.4%	Not met	PIP	31.8%	0.3%	1	38.0%	32.2%	31.5%	33.3%
MO	5766	2111	36.6%	4.18	6	34.5%	35.7%	36.9%	40.4%	Not met	PIP	40.2%	3.6%	206	39.9%	41.2%	36.6%	38.7%
NY	10016	3258	32.5%	2.59	8	34.6%	35.6%	36.6%	40.4%	Not met	PIP	36.0%	3.5%	348	37.0%	37.1%	32.5%	34.4%
MT	1084	393	36.3%	4.68	5	31.9%	34.6%	37.3%	40.4%	Not met	PIP	39.7%	3.4%	37	35.2%	40.4%	36.3%	38.4%
VT	586	214	36.5%	5.25	9	30.8%	34.3%	37.9%	40.4%	Not met	PIP	39.5%	2.9%	17	33.4%	32.0%	36.5%	38.6%
MI	7246	2345	32.4%	3.21	6	32.7%	33.8%	34.9%	40.4%	Not met	PIP	37.6%	5.2%	380	29.7%	31.9%	32.4%	34.1%
WA	4506	1468	32.6%	3.57	4	32.1%	33.5%	34.9%	40.4%	Not met	PIP	37.9%	5.3%	239	40.2%	36.7%	32.6%	34.5%
NM	1053	342	32.5%	3.44	4	30.3%	33.1%	36.0%	40.4%	Not met	PIP	36.9%	4.4%	47	39.7%	38.6%	32.5%	34.4%
NE	3148	1174	37.3%	6.83	9	31.1%	32.6%	34.0%	40.4%	Not met	PIP	44.6%	7.3%	230	40.5%	37.3%	37.3%	39.4%
VA	2631	721	27.4%	1.41	8	30.2%	32.2%	34.2%	40.4%	Not met	PIP	32.7%	5.2%	138	29.1%	28.8%	27.4%	28.4%
OK	4818	1468	30.5%	5.18	4	27.1%	28.3%	29.5%	40.4%	Not met	PIP	42.1%	11.7%	561	37.2%	34.4%	30.5%	32.2%
AZ	8432	2552	30.3%	5.25	5	27.4%	28.3%	29.2%	40.4%	Not met	PIP	42.2%	12.0%	1010	32.9%	30.8%	30.3%	31.9%
AK	860	254	29.5%	4.84	4	25.5%	28.2%	31.1%	40.4%	Not met	PIP	39.4%	9.9%	85	32.1%	29.2%	29.5%	31.2%
ME	738	182	24.7%	2.05	3	24.6%	27.9%	31.4%	40.4%	Not met	PIP	32.7%	8.1%	60	32.7%	32.0%	24.7%	26.1%
DC	490	144	29.4%	5.36	7	24.0%	27.5%	31.2%	40.4%	Not met	PIP	39.9%	10.5%	51	26.1%	34.1%	29.4%	31.1%
CT	1969	419	21.3%	2.88	6	21.5%	23.3%	25.3%	40.4%	Not met	PIP	34.8%	13.6%	267	36.0%	28.3%	21.3%	22.5%
IL	4621	737	15.9%	1.57	4	17.5%	18.7%	19.9%	40.4%	Not met	PIP	33.1%	17.1%	792	15.5%	16.0%	15.9%	16.5%
NC	Excluded due to data quality																	
PR	Excluded due to data quality																	
WV	Excluded due to data quality																	

Permanency in 12 Months FFY13

Cohort: Children in care 12-23 months as of the 1st day of a 12-month period

12-month period: 13B & 14A

State	Observed Performance			Risk Adj.	Risk Standardized Performance (RSP)			RSP Relative to National Standard (NS)			Observed Performance needed to have avoided a PIP (an estimate)			PIP			
	Denom	Num	Obs. Perf.	Median Age	Lower CI	RSP	Upper CI	NS	NS Met?	PIP?	Obs. perf. needed	% point needed	Add. exits needed	Yr. 1 FFY 2011	Yr. 2 FFY 2012	Yr. 3 FFY 2013	Goal
ID	372	233	62.6%	7	56.0%	60.7%	65.1%	43.7%	Met	No PIP							
IA	1502	857	57.1%	9	57.8%	60.3%	62.8%	43.7%	Met	No PIP							
WV	1156	682	59.0%	7	56.0%	58.7%	61.4%	43.7%	Met	No PIP							
UT	519	265	51.1%	11	52.0%	56.5%	61.0%	43.7%	Met	No PIP							
TN	2074	1068	51.5%	8	51.5%	53.6%	55.7%	43.7%	Met	No PIP							
TX	6936	3953	57.0%	5	52.4%	53.5%	54.6%	43.7%	Met	No PIP							
LA	943	514	54.5%	6	49.5%	52.4%	55.3%	43.7%	Met	No PIP							
NE	1320	639	48.4%	8	48.6%	51.3%	54.0%	43.7%	Met	No PIP							
AZ	3827	2024	52.9%	6	49.5%	51.0%	52.5%	43.7%	Met	No PIP							
MI	3546	1787	50.4%	7	49.1%	50.7%	52.3%	43.7%	Met	No PIP							
AR	776	407	52.4%	6	47.2%	50.4%	53.7%	43.7%	Met	No PIP							
NV	1214	651	53.6%	5	47.3%	49.8%	52.3%	43.7%	Met	No PIP							
WY	155	76	49.0%	8	42.7%	49.7%	56.8%	43.7%	No dif	No PIP							
FL	5163	2608	50.5%	6	47.3%	48.6%	49.9%	43.7%	Met	No PIP							
VT	258	116	45.0%	10	42.6%	48.5%	54.6%	43.7%	No dif	No PIP							
CO	1033	454	43.9%	9	44.5%	47.6%	50.7%	43.7%	Met	No PIP							
HI	329	159	48.3%	6	41.1%	45.9%	50.7%	43.7%	No dif	No PIP							
GA	2108	955	45.3%	7	42.4%	44.4%	46.4%	43.7%	No dif	No PIP							
OH	2790	1244	44.6%	6	42.6%	44.3%	46.1%	43.7%	No dif	No PIP							
MD	1019	441	43.3%	7	41.4%	44.3%	47.3%	43.7%	No dif	No PIP							
MO	2645	1168	44.2%	7	42.4%	44.2%	46.0%	43.7%	No dif	No PIP							
SC	604	256	42.4%	8	40.0%	43.7%	47.6%	43.7%	No dif	No PIP							
AK	493	224	45.4%	6	39.3%	43.2%	47.2%	43.7%	No dif	No PIP							
RI	351	147	41.9%	7	38.4%	43.2%	48.1%	43.7%	No dif	No PIP							
PA	3466	1486	42.9%	7	41.4%	43.0%	44.6%	43.7%	No dif	No PIP							
IN	2673	1166	43.6%	6	40.6%	42.3%	44.1%	43.7%	No dif	No PIP							
VA	1178	470	39.9%	9	39.5%	42.3%	45.2%	43.7%	No dif	No PIP							
DC	251	105	41.8%	7	36.8%	42.3%	47.9%	43.7%	No dif	No PIP							
KS	1545	651	42.1%	7	39.9%	42.2%	44.6%	43.7%	No dif	No PIP							

State	Observed Performance			Risk Adj.	Risk Standardized Performance (RSP)			RSP Relative to National Standard (NS)			Observed Performance needed to have avoided a PIP (an estimate)			PIP			
	Denom	Num	Obs. Perf.	Median Age	Lower CI	RSP	Upper CI	NS	NS Met?	PIP?	Obs. perf. needed	% point needed	Add. exits needed	Yr. 1 FFY 2011	Yr. 2 FFY 2012	Yr. 3 FFY 2013	Goal
WI	1527	641	42.0%	7	39.8%	42.2%	44.6%	43.7%	No dif	No PIP							
NM	561	248	44.2%	6	37.9%	41.5%	45.2%	43.7%	No dif	No PIP							
SD	282	121	42.9%	6	36.2%	41.2%	46.3%	43.7%	No dif	No PIP							
MN	1101	439	39.9%	8	38.1%	40.9%	43.7%	43.7%	No dif	No PIP							
ND	308	119	38.6%	8	35.8%	40.8%	46.1%	43.7%	No dif	No PIP							
NC	2191	918	41.9%	6	38.8%	40.8%	42.7%	43.7%	Not met	PIP	42.9%	1.0%	22	45.2%	47.5%	41.9%	45.0%
DE	210	85	40.5%	6.5	35.0%	40.7%	46.7%	43.7%	No dif	No PIP							
MA	1811	700	38.7%	8	38.1%	40.3%	42.5%	43.7%	Not met	PIP	39.8%	1.2%	21	38.3%	39.2%	38.7%	40.2%
WA	2687	1143	42.5%	5	37.9%	39.6%	41.3%	43.7%	Not met	PIP	45.1%	2.6%	69	45.4%	42.9%	42.5%	44.3%
NJ	1815	768	42.3%	5	37.5%	39.6%	41.7%	43.7%	Not met	PIP	44.6%	2.2%	41	45.2%	37.5%	42.3%	45.4%
CA	11778	4685	39.8%	6	38.6%	39.5%	40.3%	43.7%	Not met	PIP	43.2%	3.4%	400	41.7%	42.8%	39.8%	41.6%
NH	233	82	35.2%	10	33.1%	38.9%	45.0%	43.7%	No dif	No PIP							
OR	2002	805	40.2%	6	36.6%	38.6%	40.6%	43.7%	Not met	PIP	43.4%	3.2%	65	35.2%	36.4%	40.2%	43.2%
AL	852	323	37.9%	7	35.5%	38.6%	41.8%	43.7%	Not met	PIP	40.0%	2.1%	18	38.4%	40.3%	37.9%	39.4%
MS	863	330	38.2%	7	35.0%	38.1%	41.2%	43.7%	Not met	PIP	41.0%	2.7%	24	47.3%	43.8%	38.2%	41.0%
MT	558	226	40.5%	6	34.4%	37.9%	41.6%	43.7%	Not met	PIP	43.1%	2.6%	15	40.6%	41.0%	40.5%	42.1%
ME	480	193	40.2%	5	33.4%	37.1%	41.0%	43.7%	Not met	PIP	43.7%	3.5%	17	48.7%	46.8%	40.2%	43.2%
OK	2790	1117	40.0%	5	35.2%	36.9%	38.5%	43.7%	Not met	PIP	45.7%	5.7%	158	47.0%	45.8%	40.0%	43.0%
KY	1609	542	33.7%	8	33.3%	35.5%	37.9%	43.7%	Not met	PIP	39.3%	5.6%	90	39.6%	35.4%	33.7%	36.2%
CT	864	264	30.6%	7	28.9%	31.8%	34.8%	43.7%	Not met	PIP	39.5%	8.9%	77	28.7%	33.9%	30.6%	32.9%
NY	4611	1191	25.8%	7	25.1%	26.3%	27.6%	43.7%	Not met	PIP	41.6%	15.8%	727	28.0%	23.7%	25.8%	27.7%
IL	3526	840	23.8%	5	21.3%	22.6%	23.9%	43.7%	Not met	PIP	44.7%	20.8%	735	23.8%	24.9%	23.8%	24.8%
PR	Excluded due to data quality																

Permanency in 12 Months FFY13

Cohort: Children in care 24 months or more as of the 1st day of a 12-month period
12-month period: 13B & 14A

State	Observed Performance			Risk Adj.	Risk Standardized Performance (RSP)			RSP Relative to National Standard (NS)			Observed Performance needed to have avoided a PIP (an estimate)			PIP			
	Denom	Num	Obs. Perf.	Median Age	Lower CI	RSP	Upper CI	NS	NS Met?	PIP?	Obs. perf. needed	% point needed	Add. exits needed	Yr. 1 FFY 2011	Yr. 2 FFY 2012	Yr. 3 FFY 2013	Goal
WV	750	331	44.1%	12	37.6%	40.4%	43.4%	30.3%	Met	No PIP							
IA	1069	332	31.1%	15	36.3%	39.4%	42.7%	30.3%	Met	No PIP							
ID	188	76	40.4%	13	33.5%	39.1%	45.0%	30.3%	Met	No PIP							
TN	1208	517	42.8%	11	36.0%	38.2%	40.4%	30.3%	Met	No PIP							
AZ	1888	764	40.5%	12	35.9%	37.8%	39.6%	30.3%	Met	No PIP							
MI	3123	1198	38.4%	13	36.1%	37.5%	39.0%	30.3%	Met	No PIP							
SC	922	328	35.6%	13	34.7%	37.5%	40.5%	30.3%	Met	No PIP							
NV	1062	470	44.3%	10	35.1%	37.4%	39.7%	30.3%	Met	No PIP							
HI	262	109	41.6%	11	32.8%	37.3%	41.9%	30.3%	Met	No PIP							
LA	1013	430	42.4%	10	33.9%	36.2%	38.5%	30.3%	Met	No PIP							
NE	1193	463	38.8%	11	33.7%	35.9%	38.2%	30.3%	Met	No PIP							
PA	2834	1073	37.9%	11	32.9%	34.3%	35.8%	30.3%	Met	No PIP							
WY	159	55	34.6%	12	28.0%	33.7%	39.9%	30.3%	No dif	No PIP							
UT	428	97	22.7%	15	28.7%	33.6%	39.1%	30.3%	No dif	No PIP							
FL	3560	1285	36.1%	11	31.7%	33.0%	34.3%	30.3%	Met	No PIP							
DC	496	176	35.5%	12	29.5%	32.8%	36.3%	30.3%	No dif	No PIP							
AK	526	206	39.2%	10	29.6%	32.7%	35.8%	30.3%	No dif	No PIP							
VT	217	53	24.4%	15	26.8%	32.6%	39.1%	30.3%	No dif	No PIP							
WI	1679	628	37.4%	10	30.3%	32.1%	33.9%	30.3%	Met	No PIP							
NH	177	59	33.3%	13	26.7%	31.8%	37.4%	30.3%	No dif	No PIP							
VA	1280	368	28.8%	14	29.3%	31.7%	34.2%	30.3%	No dif	No PIP							
GA	1549	531	34.3%	12	29.5%	31.4%	33.4%	30.3%	No dif	No PIP							
CO	1061	279	26.3%	14	28.7%	31.4%	34.3%	30.3%	No dif	No PIP							
WA	2765	1025	37.1%	10	29.8%	31.1%	32.5%	30.3%	No dif	No PIP							
DE	209	55	26.3%	15	25.7%	31.1%	37.0%	30.3%	No dif	No PIP							
NJ	1740	696	40.0%	8	29.4%	31.0%	32.6%	30.3%	No dif	No PIP							
KY	1701	564	33.2%	11	28.8%	30.7%	32.6%	30.3%	No dif	No PIP							
AL	1455	464	31.9%	12	28.2%	30.2%	32.3%	30.3%	No dif	No PIP							
MO	2450	787	32.1%	12	28.3%	29.8%	31.4%	30.3%	No dif	No PIP							

State	Observed Performance			Risk Adj.	Risk Standardized Performance (RSP)			RSP Relative to National Standard (NS)			Observed Performance needed to have avoided a PIP (an estimate)			PIP			
	Denom	Num	Obs. Perf.	Median Age	Lower CI	RSP	Upper CI	NS	NS Met?	PIP?	Obs. perf. needed	% point needed	Add. exits needed	Yr. 1 FFY 2011	Yr. 2 FFY 2012	Yr. 3 FFY 2013	Goal
AR	767	235	30.6%	12	27.0%	29.8%	32.7%	30.3%	No dif	No PIP							
NM	496	182	36.7%	9	26.6%	29.6%	32.7%	30.3%	No dif	No PIP							
MS	773	264	34.2%	10	26.9%	29.4%	32.0%	30.3%	No dif	No PIP							
TX	7117	2170	30.5%	12	27.8%	28.7%	29.6%	30.3%	Not met	PIP	31.2%	0.7%	50	26.7%	29.1%	30.5%	32.9%
IN	2263	748	33.1%	10	26.7%	28.2%	29.7%	30.3%	Not met	PIP	33.8%	0.7%	16	38.3%	32.2%	33.1%	35.7%
RI	397	111	28.0%	12	23.7%	27.2%	31.0%	30.3%	No dif	No PIP							
MD	1713	417	24.3%	14	25.2%	27.2%	29.3%	30.3%	Not met	PIP	25.3%	0.9%	16	27.3%	23.9%	24.3%	26.2%
OH	2842	793	27.9%	12	25.4%	26.9%	28.3%	30.3%	Not met	PIP	30.0%	2.1%	59	28.9%	27.8%	27.9%	28.8%
NC	1972	557	28.2%	12	25.2%	26.8%	28.6%	30.3%	Not met	PIP	30.1%	1.8%	36	32.1%	32.7%	28.2%	30.5%
ME	340	91	26.8%	12	22.8%	26.5%	30.6%	30.3%	No dif	No PIP							
KS	1395	401	28.7%	11	24.4%	26.4%	28.4%	30.3%	Not met	PIP	31.0%	2.2%	31	35.9%	29.6%	28.7%	31.0%
OK	2258	745	33.0%	9	24.8%	26.2%	27.7%	30.3%	Not met	PIP	36.4%	3.4%	76	39.0%	36.4%	33.0%	35.6%
OR	2781	817	29.4%	11	24.5%	25.8%	27.2%	30.3%	Not met	PIP	32.9%	3.6%	99	23.6%	29.6%	29.4%	31.8%
SD	418	115	27.5%	11	22.4%	25.7%	29.3%	30.3%	Not met	PIP	29.3%	1.8%	7	23.0%	22.2%	27.5%	29.7%
MA	2468	598	24.2%	13	23.3%	24.8%	26.4%	30.3%	Not met	PIP	28.0%	3.8%	94	26.2%	26.5%	24.2%	25.6%
MT	524	161	30.7%	9	21.8%	24.5%	27.3%	30.3%	Not met	PIP	35.1%	4.4%	23	39.6%	33.4%	30.7%	33.2%
MN	1022	200	19.6%	14	20.9%	23.4%	26.1%	30.3%	Not met	PIP	23.3%	3.7%	38	20.2%	21.6%	19.6%	20.8%
CA	14555	3225	22.2%	13	21.7%	22.4%	23.0%	30.3%	Not met	PIP	29.3%	7.2%	1044	22.6%	22.7%	22.2%	23.0%
NY	8846	2415	27.3%	9	21.6%	22.3%	23.0%	30.3%	Not met	PIP	36.2%	8.9%	787	26.0%	26.0%	27.3%	28.2%
ND	226	43	19.0%	13	17.6%	21.7%	26.4%	30.3%	Not met	PIP	24.8%	5.8%	13	30.4%	28.2%	19.0%	20.5%
CT	1243	236	19.0%	14	18.7%	20.7%	22.9%	30.3%	Not met	PIP	26.0%	7.0%	88	19.2%	20.0%	19.0%	19.6%
IL	7007	1859	26.5%	8	19.9%	20.6%	21.4%	30.3%	Not met	PIP	38.0%	11.4%	802	26.6%	27.6%	26.5%	27.4%
PR	Excluded due to data quality																

Re-entry in 12 Months FFY13

Cohort: Children entering care in a 12-month period & exiting within 12 months
12-month period: 11B & 12A

State	Observed Performance			Risk Adj.		Risk Standardized Performance (RSP)			RSP Relative to National Standard (NS)			Observed Performance needed to have avoided a PIP (an estimate)			PIP			
	Denom	Num	Obs. Perf.	Entry Rate	Median Age	Lower CI	RSP	Upper CI	NS	NS Met?	PIP?	Obs. perf. Needed	% point needed	Fewer re-entries needed	Yr. 1 FFY 2011	Yr. 2 FFY 2012	Yr. 3 FFY 2013	Goal
MI	2174	65	3.0%	3.21	8	3.2%	4.0%	5.0%	8.3%	Met	No PIP							
DE	192	4	2.1%	2.62	7	2.8%	4.8%	8.1%	8.3%	Met	No PIP							
IN	3185	139	4.4%	4.70	6	4.1%	4.8%	5.7%	8.3%	Met	No PIP							
TX	6270	210	3.3%	2.44	5	4.3%	4.9%	5.5%	8.3%	Met	No PIP							
AK	249	9	3.6%	4.84	5	3.3%	5.2%	8.2%	8.3%	Met	No PIP							
NE	1155	73	6.3%	6.83	10	4.4%	5.4%	6.7%	8.3%	Met	No PIP							
NM	333	12	3.6%	3.44	6	3.6%	5.5%	8.5%	8.3%	No dif	No PIP							
KS	1428	75	5.3%	4.74	8	4.6%	5.6%	6.9%	8.3%	Met	No PIP							
WA	1443	64	4.4%	3.57	5	4.5%	5.6%	7.1%	8.3%	Met	No PIP							
ID	467	18	3.9%	2.88	6	3.9%	5.7%	8.3%	8.3%	Met	No PIP							
MS	1118	49	4.4%	3.16	7	4.4%	5.7%	7.4%	8.3%	Met	No PIP							
AR	2054	124	6.0%	5.42	6	5.2%	6.1%	7.2%	8.3%	Met	No PIP							
AL	1256	60	4.8%	2.88	6	5.1%	6.5%	8.2%	8.3%	Met	No PIP							
NH	160	6	3.8%	1.77	8	3.8%	6.5%	10.9%	8.3%	No dif	No PIP							
OK	1395	86	6.2%	5.18	6	5.3%	6.5%	7.9%	8.3%	Met	No PIP							
VA	705	30	4.3%	1.41	7	5.0%	6.8%	9.3%	8.3%	No dif	No PIP							
ND	305	20	6.6%	5.20	10	4.7%	6.8%	9.8%	8.3%	No dif	No PIP							
ME	182	8	4.4%	2.05	4	4.2%	7.0%	11.4%	8.3%	No dif	No PIP							
SC	1564	88	5.6%	2.73	6	6.1%	7.5%	9.1%	8.3%	No dif	No PIP							
MO	2026	134	6.6%	4.18	7	6.4%	7.5%	8.8%	8.3%	No dif	No PIP							
NV	1093	72	6.6%	4.20	6	6.1%	7.6%	9.3%	8.3%	No dif	No PIP							
WY	441	45	10.2%	7.30	13	5.9%	7.7%	9.9%	8.3%	No dif	No PIP							
GA	2607	149	5.7%	2.58	6	6.6%	7.8%	9.0%	8.3%	No dif	No PIP							
MT	389	28	7.2%	4.68	6	5.6%	7.8%	10.7%	8.3%	No dif	No PIP							
LA	1497	96	6.4%	3.34	6	6.5%	7.8%	9.5%	8.3%	No dif	No PIP							
AZ	2418	194	8.0%	5.25	7	6.9%	7.9%	9.0%	8.3%	No dif	No PIP							
DC	142	11	7.7%	5.36	7	5.1%	8.0%	12.5%	8.3%	No dif	No PIP							
UT	755	45	6.0%	2.31	6	6.4%	8.3%	10.8%	8.3%	No dif	No PIP							

State	Observed Performance			Risk Adj.		Risk Standardized Performance (RSP)			RSP Relative to National Standard (NS)			Observed Performance needed to have avoided a PIP (an estimate)			PIP			
	Denom	Num	Obs. Perf.	Entry Rate	Median Age	Lower CI	RSP	Upper CI	NS	NS Met?	PIP?	Obs. perf. Needed	% point needed	Fewer re-entries needed	Yr. 1 FFY 2011	Yr. 2 FFY 2012	Yr. 3 FFY 2013	Goal
OR	1829	151	8.3%	4.93	6	7.5%	8.7%	10.1%	8.3%	No dif	No PIP							
IL	719	41	5.7%	1.57	5	6.6%	8.8%	11.6%	8.3%	No dif	No PIP							
IA	1733	178	10.3%	6.10	8	8.0%	9.2%	10.5%	8.3%	No dif	No PIP							
SD	490	53	10.8%	6.92	5	7.2%	9.3%	11.7%	8.3%	No dif	No PIP							
TN	2845	259	9.1%	4.40	11	8.7%	9.7%	10.9%	8.3%	Not met	PIP	8.7%	-0.4%	-12	9.3%	9.7%	9.0%	8.2%
KY	2295	226	9.8%	5.01	8	8.7%	9.9%	11.1%	8.3%	Not met	PIP	9.3%	-0.5%	-12	7.1%	8.2%	9.8%	8.5%
HI	357	37	10.4%	3.37	6	8.5%	11.5%	15.2%	8.3%	Not met	PIP	9.6%	-0.8%	-3	6.9%	9.8%	10.4%	9.0%
CA	10485	989	9.4%	3.47	6	10.8%	11.5%	12.2%	8.3%	Not met	PIP	7.2%	-2.2%	-231	7.7%	8.6%	9.4%	8.2%
CT	403	41	10.2%	2.88	5	8.9%	11.8%	15.5%	8.3%	Not met	PIP	9.0%	-1.2%	-5	5.6%	4.6%	10.2%	8.8%
OH	3955	412	10.4%	3.69	7	10.8%	11.9%	13.0%	8.3%	Not met	PIP	8.0%	-2.4%	-97	9.9%	10.3%	10.5%	9.6%
CO	2327	267	11.5%	4.32	8	10.9%	12.2%	13.6%	8.3%	Not met	PIP	8.7%	-2.8%	-64	12.1%	13.4%	11.5%	10.4%
NY	3225	329	10.2%	2.59	9	11.4%	12.6%	13.9%	8.3%	Not met	PIP	7.4%	-2.8%	-90	10.2%	10.5%	10.2%	9.3%
VT	201	32	15.9%	5.25	9	9.7%	13.2%	17.8%	8.3%	Not met	PIP	12.5%	-3.5%	-7	11.6%	12.2%	15.9%	13.8%
WI	1891	222	11.7%	3.35	8	12.1%	13.7%	15.4%	8.3%	Not met	PIP	8.0%	-3.7%	-71	13.2%	12.2%	11.7%	10.7%
MA	2276	306	13.4%	3.81	13	12.6%	13.9%	15.4%	8.3%	Not met	PIP	8.8%	-4.6%	-105	10.9%	12.7%	13.4%	11.7%
MN	2747	412	15.0%	4.65	11	13.6%	14.9%	16.2%	8.3%	Not met	PIP	9.1%	-5.9%	-161	16.3%	16.2%	15.0%	13.7%
NJ	1778	192	10.8%	2.22	6	13.0%	14.9%	17.0%	8.3%	Not met	PIP	6.8%	-4.0%	-71	8.4%	8.4%	10.8%	9.4%
MD	999	116	11.6%	2.08	7	13.1%	15.5%	18.4%	8.3%	Not met	PIP	7.2%	-4.4%	-44	10.3%	9.5%	11.6%	10.2%
PA	3400	493	14.5%	3.64	12	14.5%	15.8%	17.1%	8.3%	Not met	PIP	8.3%	-6.2%	-212	--	--	14.5%	--
RI	538	100	18.6%	5.54	12	13.4%	15.9%	18.9%	8.3%	Not met	PIP	11.2%	-7.3%	-40	12.1%	13.4%	18.6%	16.1%
FL	Excluded due to data quality																	
NC	Excluded due to data quality																	
PR	Excluded due to data quality																	
WV	Excluded due to data quality																	

Placement Stability FFY13
Cohort: Children entering foster care in a 12-month period
12-month period: 13B & 14A

State	Observed Performance				Risk Adj.	Risk Standardized Performance (RSP)			RSP Relative to National Standard (NS)			Observed Performance needed to have avoided a PIP (an estimate)			PIP			
	Entries	Denom	Num	Obs. Perf.	Median Age	Lower CI	RSP	Upper CI	NS	NS Met?	PIP?	Obs. perf. Needed	% point needed	Fewer moves Needed	Yr. 1 FFY 2011	Yr. 2 FFY 2012	Yr. 3 FFY 2013	Goal
RI	1223	193645	506	2.61	9	2.29	2.49	2.72	4.12	Met	No PIP							
CT	1861	315865	877	2.78	7	2.48	2.65	2.83	4.12	Met	No PIP							
NY	8412	1382459	4054	2.93	8	2.66	2.74	2.83	4.12	Met	No PIP							
NE	2455	412620	1182	2.86	7	2.6	2.75	2.91	4.12	Met	No PIP							
NH	540	92271	295	3.20	13	2.54	2.84	3.17	4.12	Met	No PIP							
ME	935	157297	417	2.65	3	2.66	2.92	3.21	4.12	Met	No PIP							
IA	4066	723390	2343	3.24	7	2.99	3.11	3.24	4.12	Met	No PIP							
WV	3453	549952	1851	3.37	9	3	3.14	3.29	4.12	Met	No PIP							
WY	918	130243	451	3.46	10	2.88	3.16	3.46	4.12	Met	No PIP							
IN	7885	1272688	4013	3.15	5	3.11	3.21	3.31	4.12	Met	No PIP							
MI	7226	1288703	4205	3.26	5	3.19	3.29	3.39	4.12	Met	No PIP							
MD	2033	325287	1139	3.50	6	3.23	3.42	3.63	4.12	Met	No PIP							
PA	9301	1406696	5224	3.71	9	3.33	3.43	3.52	4.12	Met	No PIP							
OH	9177	1364874	4808	3.52	6	3.34	3.44	3.54	4.12	Met	No PIP							
AZ	9766	1605615	5496	3.42	5	3.4	3.49	3.58	4.12	Met	No PIP							
OR	3356	568033	1953	3.44	5	3.4	3.56	3.72	4.12	Met	No PIP							
ID	1067	166715	596	3.57	6	3.32	3.60	3.9	4.12	Met	No PIP							
IL	4542	825400	2951	3.58	5	3.56	3.69	3.83	4.12	Met	No PIP							
VA	2560	405602	1613	3.98	7	3.58	3.76	3.94	4.12	Met	No PIP							
CA	31516	5247228	19975	3.81	6	3.73	3.78	3.84	4.12	Met	No PIP							
MT	1320	197004	716	3.63	5	3.56	3.82	4.11	4.12	Met	No PIP							
MN	5055	730755	3038	4.16	8	3.81	3.95	4.09	4.12	Met	No PIP							
WI	4494	692991	2828	4.08	6	3.84	3.98	4.13	4.12	No dif	No PIP							
TX	16742	2998354	11431	3.81	4	3.91	3.98	4.06	4.12	Met	No PIP							
KY	5330	766039	3249	4.24	8	3.86	4.00	4.14	4.12	No dif	No PIP							
NJ	4607	694140	2813	4.05	5	3.99	4.14	4.3	4.12	No dif	No PIP							
DE	308	52713	230	4.36	7	3.67	4.16	4.72	4.12	No dif	No PIP							

State	Observed Performance				Risk Adj.	Risk Standardized Performance (RSP)			RSP Relative to National Standard (NS)			Observed Performance needed to have avoided a PIP (an estimate)			PIP			
	Entries	Denom	Num	Obs. Perf.	Median Age	Lower CI	RSP	Upper CI	NS	NS Met?	PIP?	Obs. perf. Needed	% point needed	Fewer moves Needed	Yr. 1 FFY 2011	Yr. 2 FFY 2012	Yr. 3 FFY 2013	Goal
AK	1014	181303	810	4.47	5	4.32	4.63	4.96	4.12	Not met	PIP	4.25	-0.22	-40	5.36	4.48	4.47	4.07
MO	6305	1065220	5030	4.72	6	4.59	4.71	4.85	4.12	Not met	PIP	4.24	-0.48	-513	7.35	5.12	4.72	4.31
SD	729	88535	398	4.50	5	4.3	4.74	5.22	4.12	Not met	PIP	4.28	-0.21	-19	5.45	4.45	4.50	4.10
DC	359	63580	311	4.89	6	4.29	4.79	5.34	4.12	Not met	PIP	4.66	-0.23	-15	5.29	5.68	4.89	4.46
MS	2621	395464	1933	4.89	6	4.62	4.83	5.05	4.12	Not met	PIP	4.35	-0.54	-213	5.26	4.87	4.89	4.63
TN	5687	948953	5036	5.31	9	4.76	4.89	5.03	4.12	Not met	PIP	4.59	-0.71	-678	5.31	5.09	5.31	5.06
HI	765	107126	508	4.74	5	4.5	4.91	5.35	4.12	Not met	PIP	4.32	-0.43	-46	3.72	4.06	4.74	4.32
WA	5240	834412	3880	4.65	4	4.82	4.97	5.13	4.12	Not met	PIP	3.97	-0.68	-564	4.31	4.33	4.65	4.41
ND	943	141956	775	5.46	8	4.78	5.12	5.49	4.12	Not met	PIP	4.69	-0.77	-109	6.06	5.77	5.46	5.12
SC	2892	364349	1937	5.32	6	5.02	5.25	5.48	4.12	Not met	PIP	4.36	-0.96	-349	5.65	4.68	5.32	4.85
KS	3792	655058	3511	5.36	6	5.1	5.27	5.44	4.12	Not met	PIP	4.33	-1.03	-675	4.19	4.49	5.36	4.89
MA	6012	923868	5277	5.71	8	5.25	5.39	5.54	4.12	Not met	PIP	4.48	-1.23	-1136	5.39	5.26	5.71	5.43
GA	5823	815573	4778	5.86	6	5.66	5.83	5.99	4.12	Not met	PIP	4.26	-1.60	-1306	5.42	5.87	5.87	5.54
LA	3210	464302	2733	5.89	5	5.69	5.90	6.13	4.12	Not met	PIP	4.26	-1.63	-757	5.68	4.82	6.02	5.49
VT	600	97837	634	6.48	8	5.52	5.96	6.44	4.12	Not met	PIP	4.80	-1.68	-164	7.70	7.12	6.48	5.91
NV	2771	426165	2554	5.99	4	6.11	6.35	6.6	4.12	Not met	PIP	4.03	-1.96	-835	5.35	5.12	5.99	5.47
NM	1251	187944	1170	6.23	5	6.12	6.48	6.86	4.12	Not met	PIP	4.17	-2.06	-387	5.13	6.05	6.23	5.68
OK	5644	968573	6250	6.45	4	6.68	6.85	7.02	4.12	Not met	PIP	3.98	-2.48	-2399	7.99	6.88	6.45	5.88
AR	3313	446355	3236	7.25	5	7.17	7.42	7.68	4.12	Not met	PIP	4.16	-3.09	-1380	7.01	7.10	7.25	6.91
AL	Excluded due to data quality																	
CO	Excluded due to data quality																	
FL	Excluded due to data quality																	
NC	Excluded due to data quality																	
PR	Excluded due to data quality																	
UT	Excluded due to data quality																	