

# Progress of the Michigan Department of Human Services

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

ISSUED SEPTEMBER 29, 2014

MSA 5

JULY TO DECEMBER 2013



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## Introduction

This document serves as the ninth 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 December 31, 2013, including progress for the second half of 2013, defined as Period Five in the MSA (MSA 5). At the conclusion of MSA 5, DHS had not yet initiated its new statewide child welfare database (MiSACWIS). In fact, at the time this report is presented to the court, DHS is still in the early months of its MiSACWIS implementation. There is a wide range of commitments contained in the MSA that DHS could not track in MSA 5. These include:

- A series of commitments regarding children's well-being, including their physical, mental, and dental healthcare
- A series of commitments regarding children's education, including timely enrollment, limits on the number of school changes, and the familiarity of the school
- A series of commitments regarding the administration and oversight of psychotropic medication
- 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
- Assessments, service plans, and provision of services, including supervisory oversight of this work

DHS represented that with the phasing in of MiSACWIS, it expects it will be able to track the above commitments. MiSACWIS became operational in Michigan effective April 24, 2014. This system represents a massive investment by both DHS and the United States Department of Health and Human Services to bring to Michigan a modernized child welfare data and tracking system that is intended to provide more transparency into the agency's operations and outcomes for children. The system was designed with enormous input from DHS leadership and key stakeholders and was rolled out to thousands of new users within DHS and its community partners. Like any undertaking of this magnitude, the rollout has not been without its challenges, and has required scores of software fixes, technical corrections, and ample, ongoing guidance to staff across the state. DHS anticipates that reliable reporting from the new system will emerge in 2015 (MSA 7 or 8), offering the court, the parties, and stakeholders insights into many commitments which DHS has heretofore been unable to track.

Due to the aforementioned challenges in rolling out MiSACWIS, and subject to the court's approval, the parties agreed that the next monitoring period, MSA 6, will be an abbreviated period with DHS providing information from the legacy SWSS system from January 1 to April 23, 2014.

## Summary of Progress and Challenges Ahead

As of the conclusion of MSA 5, the monitoring team highlights several significant accomplishments DHS made for children:

- *Adoption:* DHS finalized 2,361 adoptions, exceeding the SFY2013 target by 320 adoptions.
- *Staff Qualifications and Training:* All of the 143 new caseworkers hired during MSA 5 had a bachelor's degree in social work or a related human services field and virtually all of the 135 new workers scheduled for training in the period completed pre-service training within 16 weeks of their hire date. Of 2,243 child welfare caseworkers requiring in-service training during MSA 5, 99 percent completed the requisite in-service training hours.
- *Caseloads:* Based on a point-in-time caseload count, DHS reported meeting four of the seven caseload targets – exceeding the interim targets for supervisors and CPS investigation and ongoing workers, and meeting the final target for licensing workers.
- *Federal Outcomes for Adoption, Youth with Long Stays in Care, and Placement Stability:* For FFY2013, DHS reported exceeding the agreed upon final 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.<sup>1</sup>

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

- *Relative Care:* Data DHS provided to the monitoring team shows that the percentage of relatives with a waiver of licensure rose dramatically, while the reasons for granting many of those waivers were inconsistent with the exceptional circumstances contemplated by the MSA. Underscoring this concern, there is a disproportionate number of children in unlicensed relative homes who suffer abuse/neglect while in these placements.

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<sup>1</sup> See footnote 15 on page 31 regarding placement stability data.

- *Safety Outcomes:* DHS' performance on the two federal safety measures, absence of repeat maltreatment and absence of abuse/neglect in care, is still well below standards. To meet its commitments, DHS would have needed to keep another 215 children safe from repeat maltreatment and another 81 children in DHS' care free from abuse or neglect during FFY2013.
- *Detention:* Thirteen youth in the child welfare custody of DHS were detained without any underlying charge, more than double the number (six) in MSA 4. DHS reported that its staff objected on the record to the confinement in only one instance.
- *Overuse of Shelters for Children:* For the fifth consecutive period, DHS did not place all children consistent with the commitments in the MSA limiting the use of temporary and emergency placements such as shelters. DHS continues to place hundreds of children, including very young children, in shelters, and for longer than the parties agreed in the MSA.
- *Visitation:* According to the best data available from DHS for all children in its care, for the fourth consecutive period, DHS did not meet the worker-child and worker-parent visitation commitments set forth in the MSA, nor the commitment to assure two face-to-face contacts between parents and their children in any month during the monitoring period.



## MSA 5 Summary of Commitments

Section	MSA Commitment	Deadline	Achieved	Page
<b>III.C.1</b>	Safety–Recurrence of Maltreatment within Six Months: DHS shall achieve 94.6%.	10/1/11	No	28
<b>III.C.2</b>	Safety–Maltreatment in Foster Care: DHS shall achieve 99.68%.	9/30/09	No	29
<b>III.D.1</b>	Permanency Composite One: DHS shall achieve a score of 122.6.	9/30/13	No	29
<b>III.D.2</b>	Permanency Composite Two: DHS shall achieve a score of 106.4.	9/30/13	Yes	29
<b>III.D.3</b>	Permanency Composite Three: DHS shall achieve a score of 121.7.	9/30/13	Yes	30
<b>III.D.4</b>	Permanency Composite Four: DHS shall achieve a score of 101.5.	10/1/11	Yes	30
<b>V.A</b>	DHS shall ensure that its system for receiving, screening, and investigating reports of abuse and neglect is adequately staffed.	10/1/11	Yes	58
<b>V.A</b>	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.	10/1/11	DHS unable to demonstrate compliance	59
<b>V.A</b>	DHS shall ensure that investigations of all reports are completed pursuant to policy requirements.	10/1/11	No	60
<b>V.B</b>	Establish statewide centralized CPS hotline: adequately staffed for timely commencement, adequate telecommunications equipment and information technology.	4/30/12	Yes	57
<b>V.C</b>	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.	12/31/11	Yes	35
<b>V.D.1</b>	In designated counties, DHS will maintain separate Maltreatment in Care (MIC) units responsible for MIC investigations.	10/1/11	Yes	61
<b>V.D.2.a</b>	In non-designated counties, DHS will maintain 3 separate regional MIC units for all investigations of abuse or neglect occurring in CCI's.	10/1/11	Yes	61
<b>V.D.4</b>	DHS Child Welfare Field Ops shall ensure dedicated supervision, oversight, and coordination of all MIC investigations.	10/1/11	Yes	61
<b>VI.A.1</b>	Entry level caseworkers have a bachelor's degree in social work or a related human services field.	10/1/11	Yes	21
<b>VI.A.2</b>	All caseworkers who do not have the University-Based Child Welfare Certificate will complete pre-service training that includes a total of 270 hours of competence based training which must be completed within 16 weeks from date of hire; training must include minimum of 4 weeks of classroom instruction and 5 weeks of field instruction.	10/1/11	Yes	22
<b>VI.A.3</b>	The University-Based Child Welfare Certificate program specific training curriculum must be reviewed by the monitors.	10/1/11	Yes	23
<b>VI.A.4</b>	Each trainee will shadow an experienced child welfare caseworker and build practice knowledge from classroom and field training. Experienced caseworker (mentor) will shadow each trainee for key activities in a case. Mentor with a trainee must have a caseload within current caseload standards.	10/1/11	Yes	22
<b>VI.A.5.a.i</b>	Caseload Progression for CPS: No cases will be assigned until the completion of the first 4 weeks of pre-service training (PSI).	10/1/11	Yes	23

Section	MSA Commitment	Deadline	Achieved	Page
<b>VI.A.5.a.ii</b>	Caseload Progression for CPS: Upon successful completion of week 4 PSI and successful completion of Competency Test One, up to 5 total cases may be assigned with supervisory approval using the CWTI case assignment guidelines.	10/1/11	Yes	23
<b>VI.A.5.a.iii</b>	Caseload Progression for CPS: Final caseload may be assigned after 9 weeks of PSI, successful completion of Competency Test Two and satisfactory review by the trainer and supervisor.	10/1/11	Yes	23
<b>VI.A.5.b.i</b>	Caseload Progression for FC: Three training cases may be assigned on or after day one of PSI at the supervisor's discretion using CWTI case assignment guidelines.	10/1/11	Yes	23
<b>VI.A.5.b.ii</b>	Caseload Progression for FC: Upon successful completion of week 3 PSI and successful completion of Competency Test One, up to 5 total cases may be assigned with supervisory approval using CWTI case assignment guidelines.	10/1/11	Yes	23
<b>VI.A.5.b.iii</b>	Caseload Progression for FC: Final caseload may be assigned after 9 weeks of PSI, successful completion of Competency Test Two and satisfactory review by the trainer and supervisor.	10/1/11	Yes	23
<b>VI.A.6</b>	All caseworkers will receive 32 hours of in-service training for SFY2013.	9/30/13	Yes	24
<b>VI.B.1</b>	Supervisor Qualifications: All staff promoted or hired to a child welfare supervisory position shall possess either 1) master's degree and three 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 four years as a social service worker.	10/1/11	Yes	24
<b>VI.B.2</b>	Implement a competency based supervisory training program at least 40 hours in length and address specific skills and knowledge.	10/1/11	Yes	25
<b>VI.B.3</b>	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 two sittings requires additional training within 45 days of last failed exam. A third failure renders an individual ineligible for supervisory position.	10/1/11	Yes	25
<b>VI.B.4</b>	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.	10/1/11	Yes	24
<b>VI.C</b>	Licensing Worker Qualifications and Training: Requirements include bachelor's degree in social work or related human services field.	10/1/11	Yes	26
<b>VI.C</b>	Licensing Worker Qualifications and Training: Requirements include training type and amount provided as indicated in plan submitted to the monitors on 3/5/09.	10/1/11	No	25
<b>VI.E.2.b.iii</b>	Supervisors: 80% of child welfare supervisors will supervise no more than 5 caseworkers.	9/30/12	Yes	20
<b>VI.E.3.c</b>	Foster Care Workers: 95% of foster care workers will have caseloads of no more than 15 children.	9/30/13	No	19
<b>VI.E.4.c</b>	Adoption Workers: 95% of adoption workers will have caseloads of no more than 15 children.	9/30/13	No	19
<b>VI.E.5.c</b>	CPS Investigation Workers: 75% of CPS investigation workers will have caseloads of no more than 12 open investigations.	9/30/12	Yes	20

Section	MSA Commitment	Deadline	Achieved	Page
<b>VI.E.6.c</b>	CPS Ongoing Workers: 75% of CPS ongoing workers will have caseloads of no more than 17 families.	9/30/12	Yes	20
<b>VI.E.7</b>	POS Workers: 95% of POS workers will have a caseload of no more than 90 children.	9/30/11	No	19
<b>VI.E.8.c</b>	Licensing Workers: 95% of licensing workers will have a caseload of no more than 30 licensed foster homes or homes pending licensure.	9/30/13	Yes	19
<b>VII.A</b>	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.	10/1/11	DHS unable to demonstrate compliance	4
<b>VII.B</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.	10/1/11	DHS unable to demonstrate compliance	4
<b>VII.C</b>	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.	10/1/11	DHS unable to demonstrate compliance	4
<b>VII.D</b>	Family Engagement Model: DHS will develop policies, procedures, and structure to implement a family engagement model which includes family engagement, child and family team meetings, and concurrent planning.	10/1/11	Yes	47
<b>VII.E.1</b>	Maintaining a permanency planning goal of reunification beyond 12 months requires written approval from supervisor, justifying the goal, identifying the additional services needed to occur to accomplish goal; no goal of reunification longer than 15 months without documentation in the record, approved by supervisor, of compelling reasons.	10/1/11	Yes	43
<b>VII.E.6</b>	APPLA: This goal may not be assigned to a child unless specific requirements in MSA exist.	10/1/11	Yes	43
<b>VII.E.6.e.iii</b>	Immediate Action APPLA: Reduce the number of children with the goal of APPLA/APPLA-E to 9% of the total foster care population, excluding youth over 18 years of age with a voluntary foster care agreement.	9/30/12	Yes	44
<b>VII.E.7.a</b>	Immediate Action Adoption/Guardianship: Finalize 77% of adoptions for children who had goal of adoption on 9/30/12.	9/30/13	Yes	44
<b>VII.E.7.b</b>	Immediate Action Adoption/Guardianship: Finalize 165 juvenile guardianships for calendar year 2013.	12/31/13	Yes	45
<b>VII.E.9</b>	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.	1/1/12	Yes	45
<b>VII.F.1</b>	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.	10/1/11	No	49
<b>VII.F.1</b>	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.	10/1/11	Yes	48

Section	MSA Commitment	Deadline	Achieved	Page
<b>VII.G.2</b>	Worker-Child Contacts: 2 face to face visits each month during the first two months of initial placement and 1 visit per month thereafter. At least one visit each month shall take place in the child's placement location.	10/1/11	No	50
<b>VII.G.2</b>	Worker-Child Contacts: 2 face to face visits each month during the first two months following a placement move and 1 visit per month thereafter. At least one visit each month shall take place in the child's placement location.	10/31/12	No	50
<b>VII.G.3</b>	Worker-Parent Visits: For children with goal of reunification, (a) 2 face to face caseworker-parent visits (with each parent) during first month the child is in care, one of which must be in their home; (b) for each subsequent month, 1 face to face visit and phone contact as needed; (c) one contact in each 3-month period must occur in parent's home.	10/1/11	No	53
<b>VII.G.4</b>	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.	10/1/11	No	52
<b>VII.G.5</b>	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.	10/1/11	DHS unable to demonstrate compliance	4, 50
<b>VIII.A</b>	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.	10/1/11	DHS unable to demonstrate compliance	4
<b>VIII.B.2.a</b>	Ensure each child receives emergency medical, dental, and mental health care.	10/1/11	DHS unable to demonstrate compliance	4
<b>VIII.B.2.b.iv</b>	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.	6/30/13	DHS unable to demonstrate compliance	4
<b>VIII.B.2.c.iv</b>	Ensure 95% of children have dental examination within 90 days of entry into foster care.	6/30/13	DHS unable to demonstrate compliance	4
<b>VIII.B.2.d</b>	Ensure children receive all required immunizations as defined by AAP at the appropriate age.	10/1/11	DHS unable to demonstrate compliance	4
<b>VIII.B.2.e.iii</b>	Ensure 80% of children have received periodic medical, dental, and mental health exams.	6/30/13	DHS unable to demonstrate compliance	4
<b>VIII.B.2.f</b>	Ensure any needed follow up medical, dental, mental health care as identified.	10/1/11	DHS unable to demonstrate compliance	4
<b>VIII.B.3</b>	Maintain an up to date medical file for each child in care, including medical history information reasonably available to DHS.	10/1/11	DHS unable to demonstrate compliance	4
<b>VIII.B.3.a.i</b>	Medical file/history: Consistent with the targets established by the monitors, by 6/30/13, DHS shall ensure 80% of foster care providers receive specific written health information about the child entering their care.	6/30/13	DHS unable to demonstrate compliance	4

Section	MSA Commitment	Deadline	Achieved	Page
<b>VIII.B.3.b</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.	3/2/12	DHS unable to demonstrate compliance	4
<b>VIII.B.3.b</b>	All Medical Passport information shall be provided to all medical and mental health professionals to whom the child is referred and accepted for treatment, as well each foster care provider with whom a child is placed.	3/2/12	DHS unable to demonstrate compliance	4
<b>VIII.B.4.a.ii</b>	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.	6/30/12	DHS unable to demonstrate compliance	4
<b>VIII.B.4.b.iii</b>	Medical Care & Coverage: DHS shall assure 95% of children have access to medical coverage upon subsequent placement.	12/31/12	DHS unable to demonstrate compliance	4
<b>VIII.B.5.c</b>	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.	10/1/11	No	64
<b>VIII.B.6.a-d</b>	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.	10/1/11	Yes	65
<b>VIII.C.1.a.viii</b>	Immediate Action for Youth Transitioning to Adulthood: DHS will support the Seita Scholars program at Western Michigan University.	3/2/12	Yes	66
<b>VIII.C.1.c.ii</b>	Youth Transitioning to Adulthood: DHS will continue to implement a policy and process by which all youth emancipating from foster care at age 18 or older are enrolled for Medicaid managed care coverage so that their coverage continues uninterrupted.	10/1/11	Yes	63
<b>VIII.C.2.a</b>	Education: DHS will take reasonable steps to ensure that school-aged foster children receive an education appropriate to their needs.	10/1/11	DHS unable to demonstrate compliance	4
<b>VIII.C.2.b</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.	10/1/11	DHS unable to demonstrate compliance	4
<b>VIII.C.2.c</b>	Education: DHS will make reasonable efforts to ensure the continuity of a child's educational experience by keeping the child in a familiar or current school and neighborhood when in the child's best interests and feasible, by limiting the number of school changes.	10/1/11	DHS unable to demonstrate compliance	4

Section	MSA Commitment	Deadline	Achieved	Page
<b>VIII.D.2.a</b>	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 whom foster home placement is appropriate.	10/1/11	No	36, 54
<b>VIII.D.2.b</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.	10/1/11	No	38
<b>VIII.D.2.c</b>	Foster Home Placement Selection: Develop a placement process in each county that ensures the best match for the child irrespective of whether the foster home is a DHS or private CPA operated home.	10/1/11	No	54
<b>VIII.D.3.b</b>	Treatment Foster Homes: Maintain 200 treatment foster home beds.	10/1/11	Yes	66
<b>VIII.D.3.c</b>	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.	6/30/13	No	36
<b>VIII.D.4</b>	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.	10/1/11	Yes	36
<b>VIII.D.6.a.i.3</b>	Immediate Action to Licensing Relatives: 75% of new relative foster parents will be licensed within 180 days from the date of placement.	6/30/13	No	38
<b>VIII.D.6.f</b>	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.)	10/1/11	No	40
<b>VIII.D.6.g</b>	Relative Foster Parents: DHS will use a form waiver letter which must be re-signed annually for relatives who choose to forego licensure. The relative may change their mind at any time and pursue licensure.	10/1/11	No	40
<b>VIII.D.6.j</b>	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.	10/1/11	Yes	41
<b>VIII.D.8</b>	Provision of Post-Adoption Services: DHS will develop, implement and maintain a full range of post-adoption services to assist all eligible special needs children adopted from state foster care and their permanent families.	10/1/11	Yes	46
<b>X.B.1</b>	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 in this section applies and is approved.	10/1/11	No	55

Section	MSA Commitment	Deadline	Achieved	Page
<b>X.B.2</b>	Separation of Siblings: Siblings who enter placement at or near the same time shall be placed together, unless doing so is harmful to one or more of the siblings or other exceptions in this section are noted. In the case of separation, efforts must be made to locate/recruit a family and efforts must be documented and reassessed quarterly.	10/1/11	DHS unable to demonstrate compliance	55
<b>X.B.3</b>	Number of Children in Foster Home: No child shall be placed in a foster home if that placement will result in more than three foster children in that foster home, or a total of six children. No placement shall result in more than three children under the age of three residing in a foster home.	10/1/11	No	55
<b>X.B.4.a</b>	Time Limitations for Emergency or Temporary Facilities: Children shall not remain in emergency or temporary facilities, including but not limited to shelter care, for a period in excess of 30 days.	10/1/11	No	56
<b>X.B.4.b</b>	Number of Placements in an Emergency or Temporary Facility: Children shall not be placed in an emergency or temporary facility, including but not limited to shelter care, more than one time within a 12-month period.	10/1/11	No	56
<b>X.B.5</b>	Placement in Jail, Correctional, or Detention Facility: Unless pursuant to a delinquency charge, no child in DHS foster care custody shall be placed by DHS in a jail, correctional, or detention facility.	10/1/11	No	57
<b>X.B.6</b>	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.	10/1/11	DHS unable to demonstrate compliance	4
<b>X.B.7</b>	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.	10/1/11	DHS unable to demonstrate compliance	4
<b>XI.B.1</b>	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.	9/30/11	No	34
<b>XII.A.</b>	Contract Requirements: DHS' contracts with private CPAs and CCI's will be performance-based.	10/1/11	Yes	31
<b>XII.B</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.	10/1/11	Yes	34
<b>XII.C</b>	Contract Evaluations: At least once a year, DHS will conduct contract evaluations of all CCI's and private CPAs.	10/1/11	Yes	31

Section	MSA Commitment	Deadline	Achieved	Page
<b>XII.C</b>	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.	10/1/11	No	33
<b>XII.C.2</b>	DHS shall visit a random sample of each agency's foster homes as part of the annual inspection. Agencies with fewer than 50 foster homes shall have three foster homes visited. Agencies with 50 foster homes or more shall have 5% of their foster homes visited.	10/1/11	Yes	32
<b>XII.D</b>	Resources: DHS will maintain sufficient resources to permit staff to conduct contract enforcement activities.	10/1/11	Yes	32
<b>XIII.A</b>	DHS will generate from automated systems and other data collection methods accurate and timely data reports and information until the full implementation of SACWIS.	10/1/11	Partial	4, 33, 50

## 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; meetings with advocates and youth; contact with DHS clients; visits to local child welfare offices; meetings with the Division of Continuous Quality Improvement (DCQI) staff; participation in MiSACWIS trainings; 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 detailed data produced by DHS, and reviewed policies, memos, and other internal information relevant to DHS' work during the period.

## Demographics

DHS data indicates that there were 13,412 children in custody as of December 31, 2013, a decrease of 185 children (1.4 percent) during MSA 5.<sup>2,3</sup> On this day, 376 youth were in the

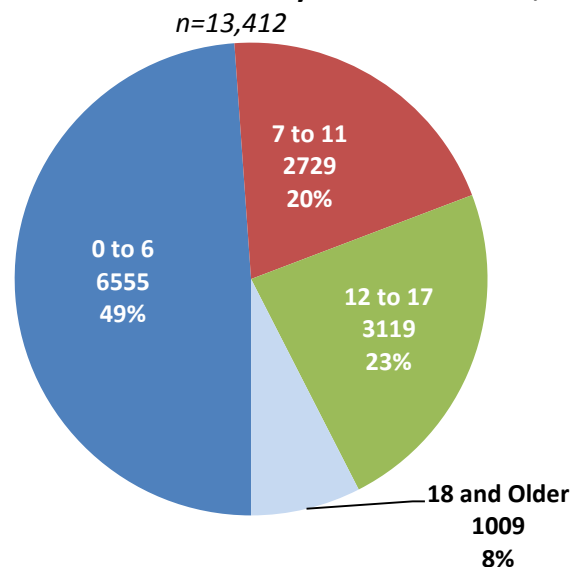
<sup>2</sup> The references in this report to children and youth placed in DHS' supervision, custody, or care refer to the child welfare responsibilities of the Department and do not include children and youth who are the responsibility of DHS through the juvenile justice system unless those children and youth also have an open child welfare case.

<sup>3</sup> DHS submitted an updated file containing children in custody on June 30, 2013. Our previous report (released October 2013) indicated that 13,585 children were in DHS custody on June 30, 2013. The updated file indicates that 13,597 children were in custody on that date. This report uses the updated figure in describing changes in the custody population.



Young Adult Voluntary Foster Care (YAVFC) program, 37 more than the June 30, 2013 count of 339 youth in the program.<sup>4</sup> The number of children who were placed into foster care during the reporting period was 3,743. During the reporting period, 3,930 children and youth exited care.<sup>5</sup> Though young children aged zero to six years make up the largest portion (6,555 or 49 percent), Michigan continues to have a large population of older youth in custody. Twenty-three percent (3,119) are 12 to 17 years, and eight percent (1,009) are 18 years and over, as detailed in the following chart:

**Figure 1. Age of Children in Custody on December 31, 2013<sup>6</sup>**



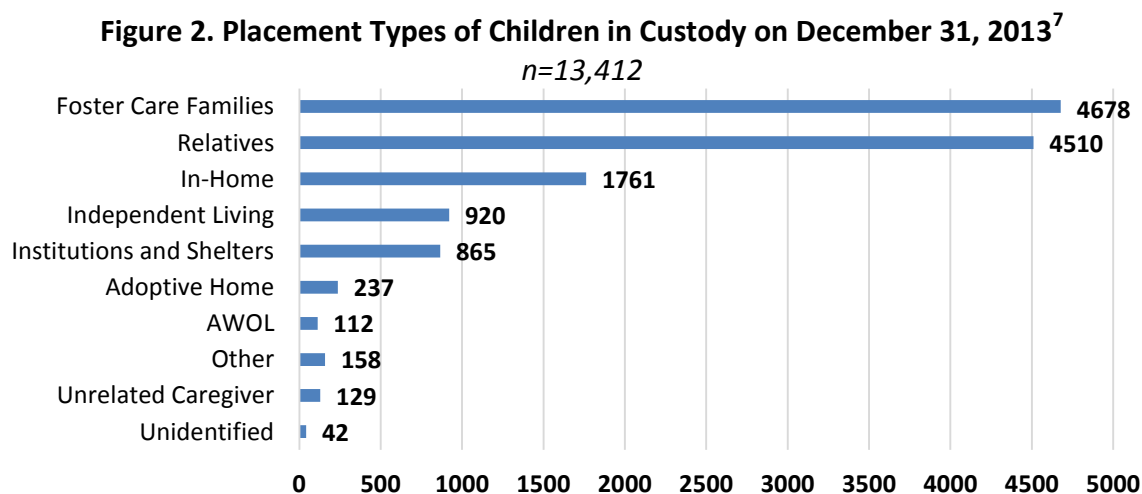
With regard to gender, the population is split equally — 50 percent male and 50 percent female. With regard to race, the population of children is 35 percent African-American and 63 percent White. In addition, seven percent of children are identified with Hispanic ethnicity (and can be of any race).

<sup>4</sup> For purposes of this report, a youth is considered in YAVFC if they have a legal status of '56' and were 18 or older. Entries and exits into and out of foster care exclude any youth whose status changed to YAVFC during the reporting period. 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. Four hundred fifty-three youth ages 18 to 21 exited care during MSA 5, nine of whom "re-entered" into YAVFC. A total of 51 youth entered YAVFC during MSA 5. Certain key data points relevant to the operation of YAVFC could not be counted in MSA 5 due to gaps in the child welfare data system, but, subject to agreement by the parties, additional measures will be examined in future monitoring periods following the implementation of MiSACWIS.

<sup>5</sup> DHS reported two children listed as both having exited care and being in 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 monitors adjusted the data for several other data issues that impacted a small number of children.

<sup>6</sup> For full detail by county, see Appendices for Age Range of Children in Care on December 31, 2013.

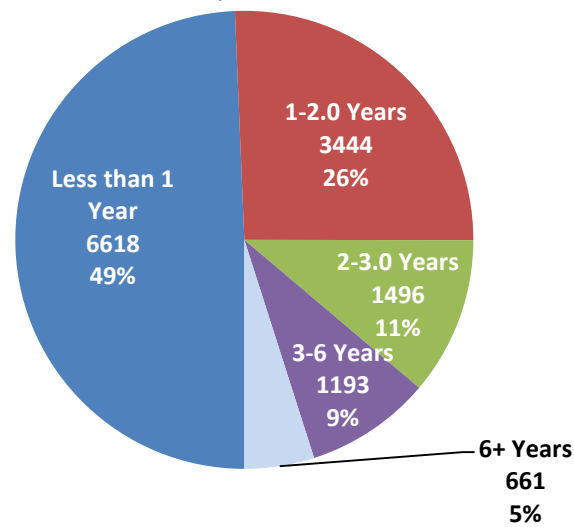
As the following chart demonstrates, 85 percent of children in DHS custody live in family settings, including with relatives (34 percent), foster families (35 percent), with their own parents (13 percent), in homes that intend to adopt (two percent) and in homes of unrelated caregivers (one percent). Of children in custody, 865 (six percent) live in institutional settings, including residential treatment and other congregate care facilities. Another 920 children, or seven percent, reside in independent living placements, which serve youth on the cusp of aging out of care. The remaining two percent reside in other settings, are AWOL, or in unidentified placements.



Of the children in care on December 31, 2013, 49 percent were in care for less than one year, while 14 percent were in care for more than three years:

<sup>7</sup> *In-Home*: In Michigan, when the state court handling the dependency case places a child in the custody of DHS, DHS can elect to place the child in the parents' home. More commonly, the court permits the return of a child from placement to the home but keeps custody with DHS as a form of supervision. The child is in the legal custody of DHS but the physical custody of the parents. The data above for *In-Home*, *Relatives*, and *Foster Care Families* include placements both in-state and out-of-state. *Institutions and Shelters* includes emergency shelters (55), out-of-state child placement institutions and agencies (14), and private child care institutions (796). *Other* includes detention (18), jail (22), community justice centers (4), court treatment (5), legal guardians (32), mental health hospitals (10), boarding schools (56) and DHS training schools (11). 112 children were AWOL.

**Figure 3. Length of Stay in Care on December 31, 2013<sup>8</sup>**  
*n=13,412*



## Organizational Capacity

### Caseloads and Supervision

The MSA sets forth caseload standards for staff and supervisors performing critical child welfare functions. These standards, which vary by function, remain the same throughout the MSA, but the targets, or the agreed-upon percentage of workers who must meet the standards, are staggered until a final target of 95 percent becomes effective. The last of these final targets are scheduled to be met by December 31, 2013, the very end of MSA 5.<sup>9</sup> However, the targets in effect during MSA 5 include: the single purchase of service (POS) target established at the initiation of the MSA; interim targets for supervisors, investigators, and CPS ongoing workers to be met by September 30, 2012; and final targets for foster care, adoption, and licensing workers newly in effect as of September 30, 2013. To summarize, with respect to the obligations for caseloads for MSA 5, based on the December 4, 2013 data, DHS reported and the monitoring team verified that it met or exceeded four of the seven caseload targets.

<sup>8</sup> For full detail by county, see Appendices for Length of Stay of Children in Care on December 31, 2013.

<sup>9</sup> The data used for this monitoring period is dated December 4, 2013, before the date when the final standards for supervisors and CPS investigation and ongoing workers will be in effect. Therefore, DHS' performance against the final standard for these workers and supervisors will be assessed in future reports, not in this report for MSA 5.

### *Reporting Methodology*

As the monitors reported previously, the delay of MiSACWIS implementation has consequently delayed the full automation of caseload counting. As of the writing of this report, it is still unclear when fully electronic caseload reporting will be implemented. In the interim, caseload reporting remains a hybrid of both electronic reporting and manual counts which the local offices self-report. DHS begins 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 is then sent out to each local office and private agency for corrections to staffing information and for additional information which cannot be collected electronically. Central office staff also instruct the field to document any data discrepancies, like an inaccurate number of cases indicated for a worker, and to make these corrections directly into the Services Worker Support System (SWSS). Individual offices then send the information back with any updates needed for the DHS central office to further review, compile, and report to the monitors. 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.

As the court has stressed, all work by staff must be taken into account in assessing caseloads. Performance against the standards set forth in the MSA is assessed based on the aggregated data across both the public and private sector. To compile the MSA 5 caseload data, DHS collected information from 45 public agency offices and 62 private agencies.<sup>10</sup> 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 are also assessed on a pro-rated basis against the applicable standards.<sup>11</sup>

### *Purchase of Service Caseloads*

Purchase of Service (POS) work comprises the support and oversight that DHS staff provide with respect to foster care and adoption child welfare cases assigned to the private sector. The MSA established the full-time POS standard at 90 cases. However, there are some DHS staff who are

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<sup>10</sup> The number of public agency offices remains stable from period to period but the number of private agencies can vary as agencies close or cease to do child welfare work and new agencies contract with DHS.

<sup>11</sup> Detailed descriptions of this pro-rated assessment process are set forth in preceding reports. See, for example, MSA 3, pages 15-16.

assigned a mix of POS and other work including licensing, foster care, and adoption. For those staff, the standard of 90 POS cases is pro-rated based on their other responsibilities.

During MSA 2, DHS streamlined POS reporting functions with more staff dedicated solely to POS work. Over the five periods since the MSA began, the number of staff engaged in POS work has continued to shrink. For MSA 1, DHS reported 556 staff engaged in POS work. By MSA 5, that number has decreased to 360, a decline of more than 35 percent.

As of September 30, 2011, DHS committed that 95 percent of DHS staff engaged in POS work would meet the MSA standard of 90 cases. As of December 4, 2013, 329 of the 360 staff engaged in POS work, or 91 percent, met the standard thereby missing the agreed upon target. This rate of compliance was almost two percent less than DHS' performance six months prior. Note that there were 22 fewer staff engaged in POS work in December than in July. If 13 additional POS staff had managed appropriate caseloads during MSA 5, DHS would have achieved its commitment.

#### *Foster Care Caseloads*

DHS agreed that full-time staff, public and private, solely engaged in foster care work, would be responsible for no more than 15 children each. Staff who perform foster care work as well as other functions are held to a pro-rated standard. On September 30, 2013, the final target set by the parties, 95 percent, went into effect. DHS missed the target of 95 percent for this period, with 92 percent of the 1,235 foster care staff meeting the standard.

#### *Adoption Caseloads*

DHS agreed that full-time staff, public and private, solely engaged in adoption work would be responsible for no more than 15 children each. Staff who perform adoption work as well as other functions are held to a pro-rated standard. On September 30, 2013, the final standard of 95 percent became effective. For MSA 4, DHS reported that 214 of 255 staff or 84 percent met the standard, which was below the previous target of 90 percent. Again, while DHS missed the increased target of 95 percent for MSA 5, DHS reported that compliance notably improved to 91 percent with 234 of 257 adoption workers meeting the standard. Note that 20 more staff met the standard in MSA 5 than in MSA 4, while the overall number of staff engaged in adoption work changed only slightly by two additional workers.

#### *Licensing Caseloads*

DHS agreed that full-time staff, public and private, solely engaged in licensing work would be responsible for a total of no more than 30 licensed foster homes or homes pending licensure. Staff who perform licensing work as well as other functions are held to a pro-rated standard.

On September 30, 2013, the final standard of 95 percent went into effect. For MSA 4, DHS reported that 359 of 395 staff or 91 percent met the standard, exceeding the previous target of 90 percent. For the final target newly in effect for MSA 5, DHS reported matching it with 95 percent or 362 of 381 staff meeting the standard. Note that 14 fewer staff were engaged in licensing work in MSA 5.

#### *Investigations Caseloads*

DHS agreed that full-time staff solely engaged in investigations, a public sector function, would be responsible for no more than 12 open investigations. Staff who perform investigations work as well as other functions are held to a pro-rated standard. As of September 30, 2012, the interim target was established at 75 percent. For MSA 5, 91 percent of CPS investigations staff (992 of 1,092 staff) met the standard.

#### *Children's Protective Services (CPS) Ongoing Caseloads*

DHS agreed that full-time staff solely engaged in CPS ongoing services, a public sector function, would be responsible for no more than 17 families each. Staff who perform CPS ongoing work as well as other functions are held to a pro-rated standard. As of September 30, 2012, the interim target was set at 75 percent. For MSA 5, 91 percent of CPS ongoing staff (779 of 857 staff) met the standard.

#### *Supervisor Caseloads*

DHS agreed that full-time supervisors, both public and private, would be responsible for no more than five caseload carrying staff each. As detailed in the MSA 1 report, supervisors can oversee a wide variety of staff – some of whom are performing the functions detailed in the MSA as well as staff performing other functions. For MSA 1, DHS submitted a complex but reasonable methodology for assessing different types of supervisor oversight. That methodology went into effect during MSA 2. In addition, the supervisor methodology requires accounting for the practice among some of the private agencies of assigning both supervisory and direct caseload responsibilities to the same person, which requires pro-rating both supervisory and caseload performance for these hybrid supervisors. This reporting has been a struggle in the past but appears to have improved since MSA 4.

On September 30, 2012, the interim target for supervisors was established by the parties at 80 percent. For MSA 5, DHS reported exceeding the target with 775 of 824 supervisors or 94 percent meeting the standard.

### *POS Monitoring Model*

Implementation of the POS model continued throughout this monitoring period. DHS had anticipated evaluating the MiSACWIS impact on the roles and responsibilities of the POS and Child Welfare Financial Specialists (CWFS) workers during this period but due to the delay in MiSACWIS implementation, this did not occur. DHS therefore continued to focus on monitoring strategies initiated in MSA 4 to improve oversight and mitigate previously identified challenges. DHS reported that during MSA 5:

- Child Welfare Field Operations (CWFO) collaborated with two Business Service Centers and developed private agency data reported with information extracted from SWSS. These served as a tool for monitoring the timeliness of completing medicals, dentals, and service plans. Conference calls occurred with ten private agencies to stress data accuracy, identify system barriers, and discuss next steps for improved data quality and services.
- The six CWFS pilot counties identified four core CWFS caseload activities to help determine future staffing allocations. Each core activity is weighted and reflective of the time and effort required to complete a specific task. An analysis of MSA 5 activities indicated that there is a disproportionate number of workers to workload among the pilot counties. Therefore, DHS reported adjustments to staffing levels will be implemented in FY2015 in these counties.

## **Training**

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

### *Caseworker Qualifications*

DHS reported 143 new caseworkers were hired during MSA 5 – 33 in the public agency and 110 in private agencies. All were required to have a bachelor's degree in social work or a related human services field. Beginning in MSA 5, DHS implemented a verification process to ensure private agency caseworkers—because they are hired directly by their agencies—meet the MSA qualifications requirements. New private agency caseworkers are asked to provide copies of their transcripts to the Child Welfare Training Institute (CWTI) at the beginning of training.

CWFO analysts then review the information and render a determination on the qualifications. DHS reported all new caseworkers hired during the period had an approved degree.

### *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' CWTI 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 143 new caseworkers hired during the period. DHS reported that 133 of the 135 new workers scheduled for training in the period completed pre-service training within 16 weeks of their hire date and two new workers completed training in 16 weeks and three days. One caseworker received equivalent pre-service training in Texas and the remaining seven workers were hired into their positions late in the period and enrolled in training that ends during MSA 6. 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 would 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.

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 reviewed caseload compliance for a sample of 30 mentors and found that 23 of the mentors met the caseload standards during the period, six mentors did not have any cases on the caseload report and one of the 30 mentors was out of compliance with the caseload standards.

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



**Table 1. Training Caseload Progression**

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

Workers in pre-service training are evaluated for caseload compliance separately from other caseload carrying staff due to the nature of the caseload progression calculations. Applying the agreed upon caseload methodology, a point-in-time caseload count was done on December 4, 2013. There were 29 new child welfare caseworkers in pre-service training on that date, all of whom were compliant with trainee caseload progression standards.

#### *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 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 will enable new staff to enter pre-service training at a later phase than new hires that do not possess a Child Welfare Certificate.

During MSA 4, the monitoring team reviewed and approved the Child Welfare Certificate curricula, and DHS announced the launch of the program and received applications from ten universities seeking endorsement for their current social work programs as well as those universities planning to commence their program in the fall of 2013. Four universities were granted endorsement by DHS, with the remaining six applications still under review at the end of MSA 4. In MSA 5, DHS awarded endorsements to four of those six universities. Two universities were not approved. Additionally, four new endorsement applications were

submitted in MSA 5 and are scheduled for review early in MSA 6. As of the end of the period, four individuals had graduated from endorsed universities with a Child Welfare Certificate.

### *University-Based Child Welfare Training*

DHS continued its productive partnership with the seven accredited Michigan graduate schools of social work in MSA 5 to offer an extensive array of knowledge and skill-based in-service training opportunities at no cost to public and private child welfare staff.<sup>12</sup>

Michigan State University (MSU), the coordinating university of this training partnership, issued university in-service usage data for MSA 5. The report indicates that 221 DHS and private agency caseworkers and supervisors attended training in 16 different topics, with data for three trainings in the period still to be reported. The topics included: understanding the impact of vicarious trauma, the effect of family violence on infants and young children, helping children experience safety, and identifying and working with human trafficking survivors. MSU also offered online courses to supplement the classroom trainings and assisted in the development of curriculum of new caseworkers.

### *In-Service Training*

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

The data DHS provided to the monitoring team indicates that of 2,243 child welfare caseworkers requiring in-service training (1,791 public agency and 452 private agency staff), 99 percent completed the requisite in-service training hours. Of the 21 staff who did not complete the necessary hours, 16 were on medical or military leave during the operative period. Additionally, one-third of these 21 workers were within eight hours of the total required in-service training hours.

### *Supervisory Qualifications*

In the MSA, DHS agreed that new child welfare supervisors will possess either a master's degree in a human behavioral science and three years of child welfare experience or a similar bachelor's degree with three of four years of child welfare experience as a social service worker. Beginning in MSA 5, DHS implemented a verification process to ensure private agency

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<sup>12</sup> 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.

supervisors – because they are hired or promoted directly by their agencies – meet the MSA qualifications requirements. New private agency supervisors are asked to provide copies of their resume and transcript to the CWTI at the beginning of supervisory training. CWFO analysts then review the information and render a determination on the qualifications. DHS provided information that 36 supervisors were newly appointed during MSA 5. DHS certified that all of the new supervisors had the appropriate degrees and 34 of 36 had the necessary years of experience. One private agency supervisor did not have the necessary years of experience but had not acted in a supervisory role, and one DHS supervisor had insufficient experience and was reportedly reassigned from the supervisory duties.

### *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, while ensuring that child welfare supervisors learn what they need to be successful within the first three months on the job. Employing focus groups comprised of county directors, private agency directors, and first and second line supervisors from the CPS, foster care, and adoption program areas, expectations, metrics, competencies and areas of need were vetted. The results of these polls and qualitative data collected during this process will begin to define the redesigned training. The plan is to develop a curriculum path to help supervisors gain the necessary skills and knowledge needed to begin their job and would support their development throughout their career. The monitoring team will report on the progress of the training redesign in future reports.

DHS provided information regarding training of new supervisors in MSA 5. Of the 36 newly appointed supervisors in MSA 5, 32 met the three-month requirement for training completion and one supervisor was pending training at the end of the period. Three supervisors were non-compliant with the timeframe.

### *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 provided information based on the December 2013 caseload count and reported that there were 382 staff identified as licensing workers in MSA 5. With respect to training, 92 percent of the licensing workers completed both certification and complaint trainings as required, with

eight percent, or 31 staff, still in need of training in one or both required areas at the end of the period.

**Table 2. Completion of Training Requirements by Licensing Staff**

Type of Training Completed	Number of Staff	Percentage
Certification and Complaint	351	92%
Complaint only	1	0%
Certification only	24	6%
None	6	2%
Total	382	100%

Finally, there were three licensing staff who did not have qualifying degrees, no degree information was provided for two staff, and the remainder of the licensing staff in MSA 5 met the required degree qualifications.

## Accountability

### Outcomes

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

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

The parties agreed to use the outcome methodologies developed by the federal government as a proxy for assessing those outcomes, including two safety measures and four permanency composite measures, with the four permanency composite measures encompassing 15 sub-

measures. In measuring those outcomes, the final safety standards and the placement stability composite standard were established at the start of the MSA and have remained consistent. For the permanency composites, the parties agreed to interim and final numerical standards.

For MSA 5, the parties agreed upon final permanency composite standards which went into effect on September 30, 2013. By December 2013, DHS agreed to also meet the federal median standard for each of the 15 measures encompassed within the federal permanency composites, changing that obligation from one of reporting to the substantive requirement that children be receiving care that meets each of those standards. As discussed in the Methodology section below, DHS' performance on these new final standards will be assessed in a future monitoring report once the federal data profile covering the operative period is available.

In sum, for MSA 5, DHS reported failing to meet three of the required outcomes – both safety measures, a persistent issue, and one permanency measure related to reunification, but reported they exceeded the remaining three composite standards for adoption, youth with long stays in care, and placement stability.

### *Methodology*

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

For MSA 5, the monitoring team was provided with the federally produced data profiles dated December 11, 2013 and April 7, 2014. As is standard practice, DHS produces Adoption and Foster Care Analysis and Reporting System (AFCARS) data for the federal government every six months and National Child Abuse and Neglect Data System (NCANDS) data annually. That data is analyzed at the federal level and the analysis is sent back to the state in the form of a data profile. DHS has the opportunity to correct and comment on the analysis produced. Given the nature of both this process and the design of the metrics, the data profile does not and cannot reflect performance for the period under review. The parties were aware of this limitation in making their agreement and so in this and future reporting, the monitoring team must necessarily report outcomes based on the time periods made available through the federal process unless or until Michigan can generate this reporting on their own. In each instance, the monitoring team will make it clear in the reporting which time period is covered by the federal fiscal year referenced in the data profile.

For this fifth report, the time period for all of the metrics is FFY2013, which commenced on October 1, 2012 and concluded on September 30, 2013. Note this data includes the first three months of MSA 5.

In the updated data profile dated April 7, 2014, Michigan revised previously reported data for absence of maltreatment recurrence during FFY2011 and FFY2012, and the previously reported data for absence of child abuse and/or neglect in foster care for FFY2010, FFY2011, and FFY2012.<sup>13</sup> As discussed in the MSA 3 report, the monitoring team first raised questions about the accuracy of the FFY2012 data for the second safety measure when comparing it to DHS' reporting of the count of children maltreated in care during just MSA 3 (July to December 2012). Upon further review, DHS reported that its previous submissions over-reported the number of children maltreated in care by also including those children maltreated by their biological parents, while the federal measure includes only those abused by a foster parent or facility staff member. Accordingly, in the resubmitted data contained in the April 2014 data profile, Michigan notes that it had been "counting instances where children were abused and neglected by their parent and this does not meet the definition of the measure." However, no explanation for the revision of the maltreatment recurrence data was noted in the updated profile. Ultimately, the revised data still reflects that Michigan was out of compliance with both safety standards during those periods. This is an area of practice that is critically important, and DHS must be able to track and report accurately in order to respond and initiate actions to prevent abuse or neglect while children are in custody.

### *Safety Outcomes*

*Absence of Maltreatment Recurrence:* The first standard selected by the parties is designed to measure how well the system does in protecting children from repeated incidents of abuse or neglect. In particular, the measure focuses on reducing repeated incidents in a short period of time and so looks at how often children and youth who were the subjects of a substantiated incident of abuse or neglect during a defined six-month period of time were re-abused or neglected during the following six-month period. The parties agreed that as of September 30, 2010, DHS was to meet and then maintain a standard of 94.6 percent or higher. This standard means that 94.6 percent of children will not experience repeated substantiated incidences of abuse or neglect over a short period of time.

The data profile reflects that DHS reported there was no repeat maltreatment for 15,423 of 16,531 children or 93.3 percent, below the required 94.6 percent. The DHS data reflects 1,108

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<sup>13</sup> See Appendices for revisions made to the federal safety outcome data for FFY2010-2012.

children who experienced repeat incidences of abuse or neglect during FFY2013. This number is a decrease in the number of children over FFY2012's 1,260 but a slight increase over FFY2011's 1,105.<sup>14</sup> To meet the agreed upon standard, DHS would have needed to reduce repeat maltreatment for 215 additional children.

*Absence of Child Abuse and/or Neglect in Foster Care:* The second safety standard selected by the parties focuses on keeping children placed in foster care safe. The parties agreed DHS would meet a standard of 99.68 percent as of September 30, 2009 and maintain that standard going forward. The most recent data profile reflects that DHS reported it kept 21,942 of the 22,094 children in placement during the period safe from abuse or neglect in care or 99.31 percent, below the agreed upon standard.

DHS is reporting that 152 children were abused or neglected in placement by their caretakers in FFY2013. This number is high – 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.

#### *Permanency*

*Permanency Composite One – Timeliness and Permanency of Reunification:* The federal government chose four different sub-measures that roll up into a single score for this measure. The parties agreed that as of September 30, 2013, DHS would achieve, and then maintain, the final standard on this composite – a score of 122.6 or greater. While the FFY2013 data profile reflects that DHS missed this standard with a score of 122.3, it has made progress in this area.

With regard to the sub-measures, on the first, exits to reunification in less than 12 months, DHS reported that 59.2 percent of children who exited to reunification had done so within 12 months. With regard to the second, the median length of stay in placement for children who exited to reunification, DHS reported a median length of stay of 10 months. The third measure focuses on the children who entered care during the relevant period and the percentage who exited to reunification within 12 months and DHS reported 28.9 percent. Finally, the fourth measure examines the percentage of children who exited from placement to reunification but re-entered placement again less than 12 months from their exit. DHS reported 3.1 percent had re-entered.

*Permanency Composite Two – Timeliness of Adoptions:* The federal government chose five different sub-measures that together compose the score for this measure. The parties agreed

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<sup>14</sup> The figures given for FFY2011-2012 differ from the figures provided in previous monitoring reports due to Michigan's revision of its federal safety outcome data for FFY2010-2012. These figures reflect the revised data.

that as of September 30, 2013, DHS would achieve, and then maintain, the final standard on this composite – a score of 106.4 or greater. DHS exceeded the agreed upon standard, achieving a score of 141.7.

As for the sub-measures, the first two focus on children who exited to adoption during the period. The first measures the percentage of those children who exited to adoption in less than 24 months and DHS reported 41.4 percent had. The second measures the median length of stay in care for the children who exited to adoption and DHS reported a median of 26.5 months. Measures three and four both focus on children who had been in care for 17 or more months. For measure three, the focus is on the percentage of those children who exited to adoption by the end of the year and DHS reported 34.7 percent had. For measure four, the focus is on the percentage of those children whose parents had their parental rights terminated during the first six months of the period and DHS reported 15.1 percent had. The fifth and final measure focuses only on children who became legally free for adoption in the 12 month period prior to the period measured and asks what percentage were adopted within 12 months of having become legally free, and DHS reported that 58.3 percent had.

*Permanency Composite Three – Permanency for Children and Youth in Foster Care for Long Periods of Time:* The federal government chose three different sub-measures to weight for this measure. The parties agreed that as of September 30, 2013, DHS would achieve a score of 121.7. DHS exceeded this standard, achieving a score of 141.9.

The first measure looks at the percentage of children and youth in care for more than 24 months who exited to permanency (defined as reunification, adoption or guardianship) prior to their 18th birthday. DHS reported that 40.8 percent of the defined group of children and youth had exited to permanency. The second measure looks at children and youth who had been made legally free and exited during the period and asks what percentage were discharged to a permanent home prior to their 18<sup>th</sup> birthday. DHS reported 98.3 percent had. Finally, the last measure collapses together two different populations – the first are children and youth who were discharged prior to age 18 to emancipation and the second are youth who reached their 18<sup>th</sup> birthday in placement – and asks what percentage of this combined group were in care for three years or more and DHS reported 40.2 percent.

*Permanency Composite Four – Placement Stability:* The federal government chose three sub-measures that together compose the score for this measure. The parties established a single



score that governs throughout the life of the MSA for this measure, setting that score at 101.5. DHS reported exceeding that standard with a composite score of 107.8.<sup>15</sup>

The three sub-measures divide up the placement population into three sub-cohorts based on their length of stay in placement. For each of the three sub-cohorts, the metric reflects the percentage of children who lived in two or fewer placement settings. The first sub-cohort consists of children and youth in placement for less than 12 months and DHS reported that 87.3 percent of that group of children and youth lived in two or fewer placement settings. The second sub-cohort consists of children and youth in care for 12 to 24 months and DHS reported that 73.7 percent of those children and youth lived in two or fewer placement settings. Finally, the third sub-cohort consists of children and youth in placement for more than 24 months and DHS reported that 47.3 percent of those children and youth lived in two or fewer placement settings.

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

The reported permanency outcomes, particularly with respect to adoption, reflect good news. However, the persistent issues with safety – with respect to repeated instances of abuse or neglect for more than 1,100 children and the neglect or abuse of 152 children by their foster care or institutional providers – are serious. Michigan has to continue to work to improve safety outcomes for the children in their care.

## Contract Oversight

### *Contract Evaluations and Performance-Based Contracting*

DHS agreed that contracts with child placing agencies (CPAs) and child caring institutions (CCIs) will be performance-based. DHS reported that implementation of MiSACWIS in MSA 6 will

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<sup>15</sup> 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.

enhance the agency's ability to evaluate outcomes in child welfare practice. The Fiscal Year 2014 Appropriations Act for DHS requires a task force to review the feasibility of performance-based funding for all public and private child welfare agencies. The task force is charged with making recommendations with approaches that are balanced and equitable across the public and private sectors. Based on the work of the task force, DHS anticipates that a proposal will be made in MSA 6 for a new funding model and prospective payment scheme for the private agencies providing foster care, adoption, and residential care. The monitoring team will report on the proposed model in the MSA 6 report.

All programs licensed through DHS are reviewed at regular intervals by the Bureau of Children and Adult Licensing (BCAL). The BCAL review process includes monitoring DHS contracts and specific requirements related to contract enforcement. This process, consolidated contract monitoring, includes BCAL in-person inspections of the programs and facilities, sample reviews of agency records as well as meetings with staff, residents and clients by a BCAL licensing consultant. Additionally, BCAL analysts are responsible for visiting foster homes and unlicensed relative homes, and interviewing birth parents and foster children to comply with the provisions of the MSA. The BCAL analyst findings are to be shared with the licensing consultant, who incorporates the information into a consolidated licensing report.

During MSA 5, BCAL consultants conducted 80 interim and renewal CPA inspections, with 39 occurring at DHS offices and 41 at private child placing agencies. Three licensed foster homes are visited if an agency has 50 or less licensed homes. When there are more than 50 licensed homes supervised by an agency, five percent of the homes are visited by the assigned analyst. The monitoring team reviewed the number of homes that were visited for each agency and found that DHS met its commitment with respect to the foster home visitation requirement.

DHS reported that the BCAL field analysts visited 267 licensed foster homes and 163 unlicensed relative homes during MSA 5 and the monitoring team reviewed the analyst reports for the 74 agencies supervising these homes. The reports continue to be thorough, and provide valuable information regarding safety, risk, service delivery, and other issues, concerns, and experiences of the families and children in care. Analyst findings relevant to safety included similar issues identified by the monitoring team in the MSA 4 report including: children did not have appropriate cribs and beds to ensure safe sleeping arrangements; there were unsecured weapons in homes; caregivers were not advised of children's medication prescriptions nor were they provided with the medication; stairs in homes did not have railings; there were pools and ponds adjacent to homes without necessary safeguards such as fences or door alarms; and cluttered, dirty living situations. Additional issues included: unlicensed relatives were not receiving financial support or services; families were not being given pertinent information about the youth placed with them, such as sexual offending history, and behavioral and

emotional issues; delays or lack of therapeutic services for youth in placement occurred; and there were missing medical passports and medical authorization cards in some cases.

Based on the monitoring team's review of BCAL's work in this area, there is ample evidence that BCAL staff are systematically identifying issues of concern with respect to child safety in licensed and unlicensed placements. There is less evidence at this juncture to support that those issues are being systematically remedied to ensure child safety.

During MSA 5, the monitoring team requested that DHS provide updates regarding foster homes visited by BCAL analysts during MSA 4 where safety and risk issues were identified, with documentation that the issues were rectified. DHS' initial response to the monitoring team revealed that most of the concerns were rectified, while others were not. The monitoring team received additional information from DHS in May 2014 regarding six homes with outstanding issues. DHS reported that children were removed due to safety concerns in five of the homes, and licensing revocation was recommended for four of those homes. DHS recommended removal of children from a sixth unlicensed relative home, but the court ordered the children to remain with the relative family. DHS reported that a safety plan was implemented with the family to help mitigate safety concerns.

DHS reported that during MSA 5 BCAL conducted 49 unannounced renewal or interim visits to CCIs, 48 of which were private agencies, and one DHS facility. Renewals comprised 18 of the inspections, while 31 were interim inspections. Forty-three CCIs required a corrective action plan and six had no violations.

DHS provided the monitoring team with copies of 207 CCI special investigation reports for MSA 5 involving 68 agencies.<sup>16</sup> The most frequently cited rule allegation, according to DHS, involved staff qualifications (66 times). There were 42 allegations related to discipline and behavioral management. DHS reported that violations were established in six of those investigations, with four resulting in a corrective action plans, one issue being corrected onsite, and one resulting in a first provisional license.

DHS provided the monitoring team with 54 CPA special investigation reports for MSA 5 that involved 36 agencies.<sup>17</sup> DHS reported that 144 rule allegations were documented in those

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<sup>16</sup> DHS also provided the monitoring team with different information regarding the number of agencies that were investigated and the number of special investigations that occurred during MSA 5, but did not explain the discrepancies.

<sup>17</sup> DHS also provided the monitoring team with different information regarding the number of agencies that were investigated, as well as the number of investigations that occurred during MSA 5, but did not explain the discrepancies.

investigations, and 74 were substantiated. Seventy of the substantiated violations required a corrective action plan, while no action was taken in the other four situations due to the issues being corrected on site.

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

DHS agreed that during interim and regular BCAL inspections all incidents of abuse, neglect, and corporal punishment would be given due consideration. The monitoring team reviewed a sample of both interim and renewal evaluations conducted by BCAL during MSA 5 and again is able to confirm that the reports contain a due consideration analysis that was taken into account during the licensing renewal.

When it comes to the attention of DHS that an agency failed to report a suspected incident of abuse, neglect or corporal punishment, DHS is required to conduct an investigation. DHS reported that during MSA 5 there were no agencies cited for violation of this MSA provision.<sup>18</sup> However, there was an agency cited for violation of this provision during MSA 4. The cited agency had three failures to report within one year. Once an agency is cited for a repeat violation within one year, the agency must submit a corrective action plan to DHS and DHS will convene a review of the program and whether the license should be continued. To date the monitoring team has not received information on the DHS review of this program.<sup>19</sup>

DHS further agreed to review and analyze all use of corporal punishment and seclusion for children in its custody. DCQI is responsible for identifying trends and reporting the trends to BCAL. BCAL then has the responsibility to follow up with the relevant CCI or CPA and to offer technical assistance, if required. DHS reported that during MSA 5 three CCIs were cited and 22 CPAs cited 25 foster parents for the use of corporal punishment. Additionally, there were 28 licensed CCIs that reported the use of seclusion, representing 775 incidents.<sup>20</sup> DHS reported that, with the assistance of national experts, it is beginning to evaluate strategies that other states have adopted to reduce the seclusion of youth in care. The monitoring team looks forward to learning more about this important work and will include information regarding DHS' efforts in future reports.

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<sup>18</sup> As the report was being finalized, DHS provided the monitoring team with information that indicated one CCI was cited for failure to report and was required to submit a corrective action plan.

<sup>19</sup> DHS does not believe this program is subject to the terms of the MSA. The monitoring team is currently in discussion with the Department regarding this issue.

<sup>20</sup> DHS cannot report on the number of children involved in these 775 incidents.

## Continuous Quality Improvement

During MSA 5, DCQI expanded its original Continuous Quality Improvement Plan (October 2013) to ensure its prospective work supports the implementation of the agency's child welfare case practice model, MiTEAM, beginning in first-round "champion" counties: Lenawee, Mecosta/Osceola, and Kalamazoo. DCQI developed a Michigan Quality Service Review (MiQSR) protocol, a qualitative process that should allow DHS to undertake an in-depth analysis of a small set of cases to better understand how its practice values and MSA commitments are being implemented. DHS completed three MiQSRs during MSA 5 in each of the champion counties.

As a component of its ongoing qualitative review and feedback work, DCQI again undertook modified CFSR reviews for a selection of cases from August to December 2013, providing DHS leadership with impressions of overall performance that inform management priorities and strategies until comprehensive reporting is possible through the new statewide child welfare database, MiSACWIS.

During MSA 5, DCQI undertook a review of a select set of cases chosen by DHS involving maltreatment suffered by children while they were in the care of DHS. The monitoring team did not participate in these reviews and did not select the cases. DCQI staff conducted two reviews and were satisfied that investigations were initiated consistent with DHS policy and included all care providers and verbal children in the household regarding the allegations of abuse and neglect. DCQI staff determined the depth of the interviews with caregivers in some instances should have been expanded to include, for example, a discussion with all care providers regarding their criminal history, and that continuous safety assessment and planning for children needed to be strengthened.

During MSA 5, DCQI also implemented the CPS Investigation Protocol on a select number of cases chosen by DHS. The monitoring team did not participate in these reviews and did not select the cases. DCQI staff conducted two reviews and were satisfied that investigations met standards of promptness for case contacts and completion of the case disposition per policy requirements. DCQI was satisfied that investigators were completing formal safety, risk, and needs assessments when required. DCQI surfaced that an area that needs improvement is the ongoing safety assessment of children in the home throughout the investigation process.

## Permanency

### Developing Placement Resources for Children

#### *Resource Home Capacity and Development*

To ensure children in out-of-home placement have access to and can be matched with the best possible family, DHS committed to develop a sufficient number and array of quality foster homes for children. In previous monitoring periods, DHS agreed to take immediate actions to license specific numbers of new foster homes annually as described in the MSA; 1,300 new foster homes by the end of MSA 2 and an additional 1,450 foster homes by the end of MSA 4. In each subsequent year, beginning in July 2013, DHS is responsible for developing annual foster home targets for each county based on the number of children in care and developing these targets in consultation with the monitors.

However, DHS independently developed foster home targets for SFY2014 and submitted those targets to the monitors in December 2013; three months after the state fiscal year began. The initial SFY2014 statewide target submitted by DHS was 1,213 new foster homes. To reach county level targets that would be rolled up to reach the statewide target, DHS instructed the field to use a new needs assessment tool, referred to as a Foster Home Calculator, to predict the number of new homes required to meet the county's needs. For many of the counties, however, the calculator results were negative, suggesting that fewer, not more homes were needed to care for children in SFY2014. DHS advised the monitoring team that the needs assessment tools were new to the field in SFY2014 and that it plans to fine-tune the tools and instructions, so that the field can better analyze and project need in future years.

DHS subsequently revised the targets and in May 2014 notified the monitoring team that the annual target had been reduced to 1,174 new foster homes. DHS reported that the revisions were based on requests from several counties to adjust their annual targets downward. The monitoring team reviewed these requests and subsequent approvals and conclude that there was not a consistent methodology applied in making the county requests to adjust the county targets.

DHS did not consult with the monitoring team when establishing the initial and mid-year SFY2014 targets. However, DHS has committed to consult with the monitoring team as they develop targets for SFY2015. This will enable the monitoring team to offer consultation, as contemplated by the Agreement, at a time when there is the opportunity to impact the process, as needed.

DHS continues to employ an Adoptive and Foster Parent Recruitment and Retention Specialist to monitor the development of the recruitment and retention plans. This position provides

statewide oversight, technical assistance, and support to the field and is supervised by the central office Bureau of Child Welfare. Some of the statewide recruitment and retention activities that were utilized during MSA 5 include: Fostering Family Fun events at Michigan state parks, distribution of foster parent recruitment pamphlets at the state parks, continuation of the faith community coalitions, a public media campaign, continuation of the foster, adoptive, and kinship collaborative, and utilization of foster care and adoption navigators. At the county level, each county was to coordinate plans between its public and private offices to realistically evaluate past efforts and to make the adjustments for more effective recruitment efforts. Examples of strategies in the county recruitment plans include presentations at faith-based organizations, hospitals, health provider offices, and schools; collaboration with faith-based communities; and outreach at festivals and fairs.

### *Relative Placements*

DHS agreed that relatives would be identified and considered as a placement option, and when children are placed with relatives, those homes would become licensed. Michigan depends heavily on relatives when children in foster care are in need of a placement resource and DHS policy specifically dictates that preference be given to the relatives of foster children.<sup>21</sup> Of the 9,554 children in family like out-of-home placements at the end of MSA 5,<sup>22</sup> 47 percent were residing with relative caretakers, both licensed and unlicensed. For just those children entering care during MSA 5, DHS reported that half were placed with a relative caretaker. This commitment is consistent with best social work practice, as it reduces trauma to the child and increases the likelihood of a stable placement.

The MSA further makes clear that DHS committed to licensing all relatives, that supporting children regardless of whether they are in unrelated and related placements would be equally applied as a matter of deeply embedded practice and policy:

“DHS shall continue to implement the policies, procedures, and organizational structures required to license all unlicensed relative caregivers. Included within this effort, DHS shall maintain a position of Relative Licensing Coordinator.”

Importantly, DHS also committed to licensing relatives swiftly, especially since the regular financial support that licensed providers receive can only begin after the license is issued. Put another way, for relative caregivers to receive the same financial support that non-relative

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<sup>21</sup> See FOM 722-3 “Placement Selection and Standards” effective February 1, 2014.

<sup>22</sup> Family-like out-of-home placements include children living in relative homes, licensed unrelated homes, pre-adoptive homes, and unrelated caregiver homes.

caregivers receive, they must be licensed. Non-relative homes take placement of children only after they are assessed and licensed, and therefore receive support immediately upon providing care for a child. In contrast, relatives often take placement of foster children in emergent situations and have much less time to prepare, which underlines the urgency for licensing relative caregivers swiftly.

Only in exceptional circumstances does the MSA allow for relative providers to waive licensure.<sup>23</sup> They must: meet the same safety requirements that any licensed caregiver must meet;<sup>24</sup> be fully informed of the benefits they are giving up; and choose to decline licensure on their own accord – in other words, DHS must make it clear that they have a choice to decline licensure, not that they must waive licensure in order to continue caring for the child placed with them. This should only be an exceptional measure and surely not the default option. To support this effort, if a caregiver has a non-safety issue that does not meet a licensure requirement, DHS allows, and the MSA expressly mentions, the possibility of obtaining a variance from a standard licensing requirement for the very purpose of licensing relative caregivers.<sup>25</sup>

Unfortunately, DHS' relative care in MSA 5 does not yet mirror what the parties had envisioned in the MSA. DHS provided the monitors a spreadsheet intended to capture all children and relatives involved in relative care at the end of MSA 5.<sup>26</sup> This data shows that as the number of relative caregivers grew overall, the number and proportion of relative caregivers with a license decreased and the percentage of relatives with a waiver rose dramatically, while the reasons many of those waivers were granted were inconsistent with the exceptional circumstances contemplated by the MSA. Even when accounting for relatives moving timely through the licensure process, there were still fewer relatives licensed and on track to be licensed in MSA 5 than in MSA 4. Relatedly, the number of unresolved placements has dipped but the data suggests that waivers replaced many of these placements where no action was taken for the relatives, or where the relatives were overdue for a license.

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<sup>23</sup> Other exceptions to licensure include caregivers for whom a court has ordered placement against DHS' recommendation, and Indian Child Welfare Act cases.

<sup>24</sup> "DHS shall not waive any licensing standards that are essential for the safety and well-being of the child." See MSA Section VIII.D.6.h.

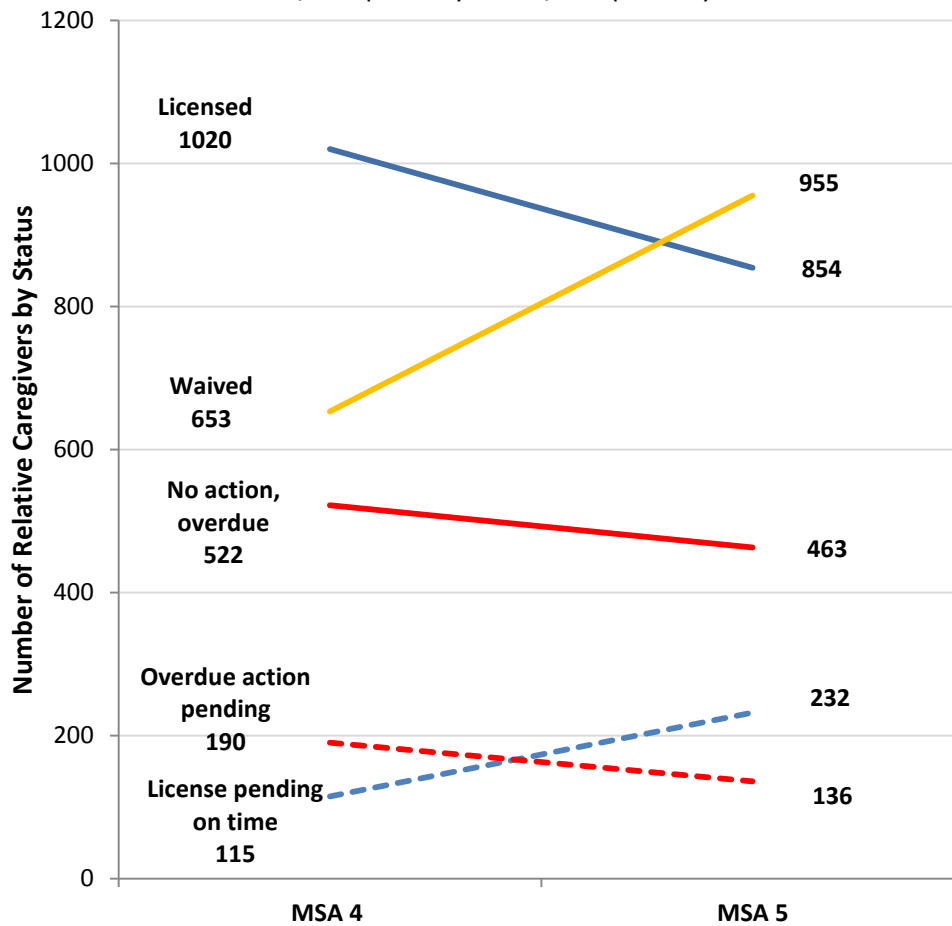
<sup>25</sup> See MSA Section VIII.D.6.h: "DHS shall prepare and make public the procedures on obtaining variances from standard foster care licensing requirements for purposes of licensing relative homes."

<sup>26</sup> The spreadsheet provided to the monitoring team contained a number of inconsistencies and other data quality issues.



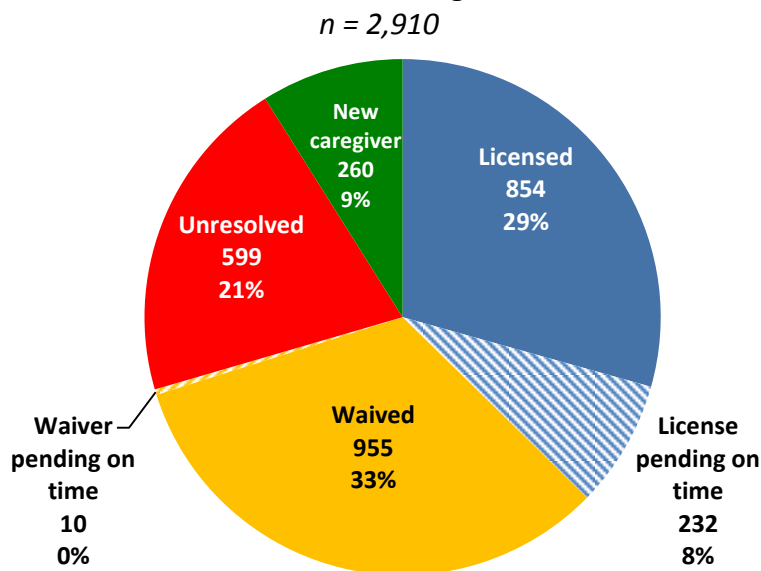
**Figure 4. License Status of Relative Caregivers on June 30, 2013 (MSA 4) and December 31, 2013 (MSA 5)**

*n* = 2,733 (MSA 4) and 2,910 (MSA 5)<sup>27</sup>



<sup>27</sup> There were a total of 2,733 and 2,910 relative caregivers at the end of MSA 4 and MSA 5 respectively. The figure does not add up to these totals because it excludes the counts of caregivers pending timely waiver (of which there were only 10 at the end of each of the two periods) and new caregivers not yet due for action and for which an action was not yet documented.

**Figure 5. License Status of Relative Caregivers on December 31, 2013**



As noted above, the number of relatives forgoing licensure has outpaced the number of relatives DHS had licensed showing that indeed waivers are not granted properly or within the scope of the exceptional reasons allowed in the MSA. In MSA 5, approximately 300 more families with a waiver provided care to foster children than in the previous period. In addition, as reported before, the reasons why DHS granted these relatives a waiver still do not comport with the commitments in the MSA.

In communication issuances, DHS had instructed the field to utilize waivers when they expected they would not be able to license an enrolled relative timely, and then after the waiver is approved, to resume efforts to license the relative. This is not an appropriate use of a waiver as agreed to in the MSA. This direct instruction contradicts the terms of the MSA – to license relatives, to license them timely, and approve waivers only as an exception and by the relative caregiver’s own choice (not by DHS’ instruction). Additionally, as discussed in the monitors’ previous reports, the waiver of licensure was utilized for homes that could potentially present issues of safety and risk. The monitoring team reported extensively in the MSA 4 report concerns regarding the use of inappropriate waivers. DHS committed to correct the problems identified in the report and to do so late in MSA 5. Therefore, the monitoring team did not conduct a further waiver review in MSA 5, anticipating that improvements will be realized in MSA 6 and beyond.

After the conclusion of MSA 5, DHS and the monitors met to discuss the issue of acceptable relative waivers. DHS reported that it was updating instructions to field staff regarding the exceptional circumstances under which waivers can be granted and was updating the waiver forms to reflect those limited circumstances, while acknowledging that waivers have been granted beyond the scope of the MSA provisions. When waivers are implemented in a very

limited fashion as envisioned in the MSA, more relatives should become licensed and will then be afforded the benefits of financial support and services available to families who become licensed. The monitoring team will report on DHS' progress in appropriately implementing the MSA relative waiver provisions in future reports.

### *Relative Care Infrastructure*

For the first time since the inception of the MSA, a full time Relative Licensing Coordinator was hired during MSA 5. In previous reports, the monitors have noted that DHS assigned the coordinator's duties to an individual who carried other responsibilities and would not have been able to devote the necessary attention to focus on the relative care program. DHS reported that the coordinator will direct efforts to:

- increase the percentage of licensed relative placements,
- increase the timely licensure of relative homes,
- decrease the number of unresolved relative placements,
- decrease the number of waivers granted, and
- develop clear and concise relative placement policy.

### *Newly Licensed Resource Homes*

DHS reported licensing a total of 786 new resource homes during MSA 5, 430 of which were non-relative, 349 of which were relative, and seven homes where relative caregivers were willing to take placement of non-relative children. The monitoring team reviewed a sample of these homes given the issues raised in previous reviews regarding newly licensed homes. In the MSA 4 report, the monitoring team identified issues of concern regarding DHS' practice in licensing homes. Examples of those concerns were: the physical conditions in the home (safety, adequate space, proper sleeping arrangements, etc.) or potential issues with the caretakers or others residing or frequently visiting the home (such as criminal history, domestic violence history, and substance abuse issues).

For the MSA 5 review, the monitoring team chose homes that were licensed in November 2013. The review consisted of 87 homes across the three categories noted above, and focused on the quality of the caretakers' homes in terms of safety and their suitability for caring for foster children. Eighteen of the homes were reviewed jointly by the monitoring team and DCQI. The monitoring team identified cases with safety/risk concerns and cases where other concerns were apparent. These cases were brought to the attention of DHS for follow up, and in one instance DHS removed children from the foster home. The majority of the homes reviewed

indicate that practice surrounding the home study and licensure processes is beginning to show improvement.

## Permanency Case Goals

On December 31, 2013, 13,412 children were in the custody of DHS, 185 (or one percent) fewer than on June 30, 2013. The following chart documents the permanency case goals for these children, using federal reporting definitions, and shows the change in the distribution of goals between the two reporting periods. On December 31, 2013, 8,473 children had a goal of reunification, an increase of 83 children or one percent, while children with a goal of adoption declined by four percent to 2,735 children. The number of children with a goal of either reunification or adoption declined by 26 children, or .2 percent, from the prior reporting period to 11,208 children on December 31, 2013. At the end of MSA 5, 84 percent of all children had a goal of either reunification or adoption.<sup>28</sup>

Over the six month period, the number of children with a goal of guardianship increased by 36 children (eight percent). The number of children with a goal of permanent placement with a relative decreased by 19 children, or eight percent. One hundred and seven fewer children had a goal of another planned living arrangement (APPLA), a decline of eight percent. The number of children with a missing goal decreased by 69, or 21 percent.

**Table 3. Permanency Goals of Children in Care on December 31, 2013 and June 30, 2013<sup>29</sup>**

Permanency Goal	December 31, 2013		June 30, 2013		Change	
	No.	Column %	No.	Column %	No.	%
Reunification	8,473	63%	8,390	62%	83	1%
Adoption	2,735	20%	2,844	21%	-109	-4%
Guardianship	468	3%	432	3%	36	8%
Permanent Placement with Relative	206	2%	225	2%	-19	-8%
Placement in Another Planned Living Arrangement	1,274	9%	1,381	10%	-107	-8%
Missing Goal Code	256	2%	325	2%	-69	-21%
Total	13,412	99%*	13,597	100%	-185	-1%

*\*Percentage does not total 100% due to rounding.*

<sup>28</sup> Due to rounding, this total does not sum to the percentages of children with a reunification goal or an adoption goal that appear in Table 3.

<sup>29</sup> For MSA 5, DHS updated the data for June 30, 2013 compared to what was previously reported in MSA 4. The updated data is used here.

## *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 at the conclusion of MSA 5, 63 percent of children in DHS' custody had reunification case goals. 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.

In order to track progress, DHS established a permanency case goal review process through its annual consolidated contract monitoring, conducted by BCAL. DHS staff read a sample of case records to determine compliance with licensing rules and with private agency foster care contract requirements. The BCAL tool assesses, in part, timely completion and supervisory approval of case plans for 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 DHS office or CPA to complete a corrective action plan outlining action steps to obtain and maintain compliance. BCAL also provides technical assistance to public and private child placing agencies to assist in obtaining and maintaining compliance.

DHS reported that during MSA 5, BCAL reviewed 413 open foster care files of children placed in licensed foster homes, as well as 134 open foster care files of children placed in unlicensed relative homes. Children in the review homes had various permanency case goals. For children with a goal of reunification beyond 12 months placed in these homes, DHS reported that two cases were identified in which supervisory approval had not been received to maintain the reunification goal. The CPA was cited for a violation of the requirement to ensure written supervisory approval of the case goal beyond 12 months, triggering the requirement for a corrective action plan.

## *APPLA*

DHS agreed that APPLA may only be assigned as a permanency goal 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 caring for the child must agree in writing to continue to do so until the child is emancipated, and the permanency goal must receive the documented approval of the CSA designee. APPLA-E may only be assigned for youth age 16 or older for whom there is 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 June 30, 2013 and December 31, 2013. The number of children with an APPLA goal decreased by 107 (eight percent) during the six month period. Sixty-seven fewer youth, ages 18 and 19 years, had a goal of APPLA, a ten percent decrease. The number of youth in foster care who were age 20 and had a goal of APPLA decreased by five, a two percent decrease.

**Table 4: Youth with APPLA Goal by Age on December 31, 2013 and June 30, 2013**

Age (Years)	December 31, 2013		June 30, 2013		Change	
	No.	Column %	No.	Column %	No.	%
14	10	0.8	11	0.8	-1	-9%
15	38	3.0	37	2.7	1	3%
16	91	7.1	128	9.3	-37	-29%
17	272	21.4	279	20.2	-7	-3%
18	350	27.5	390	28.2	-40	-10%
19	284	22.3	311	22.5	-27	-9%
20	213	16.7	218	15.8	-5	-2%
21	16	1.3	6	0.4	10	167%
30**	0	0	1	0.1	-1	-100%
<b>Total</b>	<b>1274</b>	<b>100.1%*</b>	<b>1381</b>	<b>100%</b>	<b>-107</b>	<b>-8%</b>

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

\*\*This individual is listed as having a DOB in 1982 which appears to be a data error

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. In both MSA 4 and MSA 5, DHS successfully reduced the APPLA population below nine percent of the foster care population. At the conclusion of MSA 5, there were 819 youth (six percent of the foster care population) with APPLA case goals between the ages of 14 and 18. Therefore, DHS continues to meet its commitments to both ensure that no child under the age of 14 will be assigned an APPLA case goal, in addition to reducing the APPLA population to fewer than nine percent of children in DHS' custody.

## Adoption and Guardianship

### Adoption

DHS reported that 2,651 children and youth in its custody had adoption permanency case goals on September 30, 2012 and were legally available for adoption. In order for DHS to meet its

commitment to complete 77 percent of adoptions for those children by September 30, 2013, DHS agreed to finalize 2,041 adoptions. The monitoring team verified that DHS finalized 2,361 adoptions,<sup>30</sup> exceeding the target by 320 adoptions. This is a significant achievement for which DHS and its private agency partners should be commended.

#### *Reviewing Disrupted Pre-Adoptive Placements*

DHS agreed to monitor the number of pre-adoptive placements that disrupt before adoption finalization and to conduct an annual quality assurance review of a sample of these cases. DHS has defined a disrupted adoption placement as “any adoption in which the child has been legally placed for adoption, as indicated by an Order Placing the Child for Adoption, and the adoption never reached legal finalization, as indicated by a Final Order of Adoption.”<sup>31</sup>

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. DHS will submit the 2013 annual report at the conclusion of MSA 6 and the monitoring team will discuss findings in the MSA 6 report as well as practice improvements implemented by DHS as a result of the 2012 adoption disruption quality assurance review.

#### *Guardianship*

DHS agreed to finalize 165 juvenile guardianships during CY2013. DHS reported and the monitoring team verified that for youth in DHS’ custody, 508 juvenile guardianships were finalized during CY2013. DHS and its private agency partners exceeded the CY2013 target by 343 children, a significant achievement. Of the 508 guardianships, 158 youth (31 percent) were enrolled in the Guardianship Assistance Program (GAP), a post-permanency support program that affords eligible families financial assistance and services.

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<sup>30</sup> The monitoring team compared the SFY2013 adoption figure with the demographic cohort data listing children who exited care during that same period and found a difference of 83 fewer adoptions in the cohort data. Upon further analysis and consultation with DHS, it was determined that this discrepancy is mostly explained by Michigan practice wherein children are legally adopted by court order but DHS maintains care or supervision for some time later before closing the case (which results in the child exiting care). The cohort data would show adopted children as still in care for some time, meanwhile the fiscal year adoption data indicates simply that children were legally adopted.

<sup>31</sup> “Disrupted Adoption Protocol.” DHS Division of Continuous Quality Improvement.

### *Providing Support to Adoptive Families*

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

DHS reported that the adoption medical subsidy budget allocation for both SFY2013 and SFY2014 was approximately five million dollars. In MSA 4, DHS reported that there were 1,752 children who received services reimbursable through the medical subsidy program totaling \$2,584,079 in expenditures. With the MSA 5 submission, DHS reported that it found an error in the algorithm used to count children for medical subsidy resulting in the undercounting of eligible children. DHS reported that this data error has been corrected and the amended MSA 4 figures reflect that there were 15,926 eligible children with 1,039 children receiving services totaling \$2,479,854. During MSA 5, DHS reported there were 15,823 eligible children with 1,022 of those children receiving services totaling \$3,673,438, a significant increase in expenditures from the previous period.

DHS continued to provide funding for 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. During SFY2012 funding for the eight contracts totaled \$1,433,964. In SFY2013, DHS increased the contracts by \$144,539 to \$1,578,503 in order to expand services in three regions. Funding levels have remained steady during SFY2014 with \$1,585,503 allocated for these services. DHS reported that 943 adoptive families throughout Michigan received services from the eight PARCs during MSA 5.



**Table 5. Post Adoption Resource Centers SFY2014 Funding**

<b>PARC</b>	<b>FY2014</b>
<b>Region 1:</b> Gogebic, Ontonagon, Houghton, Keweenaw, Baraga, Iron, Marquette, Dickinson, Menominee, Alger, Delta, Schoolcraft, Luce, Mackinac, and Chippewa counties	\$160,000
<b>Region 2:</b> Charlevoix, Emmett, Cheboygan, Presque Isle, Antrim, Otsego, Montmorency, Alpena, Leelanau, Benzie, Grand Traverse, Kalkaska, Crawford, Oscoda, Alcona, Manistee, Wexford, Missaukee, Roscommon, Ogemaw, and Iosco counties	\$159,920
<b>Region 3:</b> Mason, Lake, Osceola, Clare, Gladwin, Arenac, Oceana, Newaygo, Mecosta, Isabella, Midland, Bay, Montcalm, Gratiot, Saginaw, Ionia, Clinton, and Shiawassee counties	\$160,000
<b>Region 4:</b> Muskegon, Ottawa, Kent, and Allegan counties	\$157,407
<b>Region 5:</b> Barry, Eaton, Ingham, Livingston, Van Buren, Kalamazoo, Calhoun, Jackson, Washtenaw, Berrien, Cass, St. Joseph, Branch, Hillsdale, Lenawee, and Monroe counties	\$252,454
<b>Region 6:</b> Huron, Tuscola, Sanilac, Genesee, Lapeer, St. Clair, and Macomb counties	\$219,490
<b>Region 7:</b> Oakland county	\$240,632
<b>Region 8:</b> Wayne county	\$235,600
Total	\$1,585,503

DHS continues to provide post-adoption services through both the medical subsidy program and the PARCs, 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

### *Family Engagement Model – MiTeam*

During MSA 5, DHS reported that MiTEAM implementation continued in the areas of training, communication with internal and external partners and staff, practice support and technical assistance, and the updating of materials and model content, based upon observations and feedback.

DHS intends that the MiTEAM Practice Model should incorporate the vision, guiding principles, and key caseworker activities needed to successfully implement DHS' mission. During MSA 5, DHS began core team meetings comprised of independent contracted agency staff, and DHS and private agency partners. Their charge was to identify areas where child welfare staff needed further guidance with MiTEAM implementation. Public and private child welfare staff met on August 22 and 23, 2013, and concluded that staff needed help in these areas: engagement, assessment, case planning, intervention, and implementation. This information informed the development of a MiTEAM Implementation Manual. The Manual provides practice guidance for caseworkers and supervisors on implementation of the core MiTEAM competencies, key requirements, relevant policy, and supportive resources.

To focus efforts on systemic improvements, DHS intends that an enhanced Family Engagement Model will be implemented in an incremental, integrated way in three “champion counties.” DHS proposes that the limited county initiation will afford the opportunity to identify systemic barriers to effective implementation in a concentrated area before attempting statewide expansion. Anticipated implementation in three champion counties continues to be targeted for MSA 6, when three additional counties will begin to develop their planning strategies as well.

During MSA 5, two MiTEAM Leadership Trainings were conducted in October 2013 in the urban counties. The focus of the trainings for agency and county directors was cultivating change and demonstrating MiTEAM competencies. At the end of the period, 27 private agencies were still in need of leadership training. DHS anticipates that all private agency directors will have been instructed in MiTEAM by the beginning of MSA 6.

DHS continued efforts during MSA 5 to have supervisors validate that their front line staff had received MiTEAM training. All DHS supervisors certified that front line staff received the training, while 99 percent of private agency supervisors certified that their front line staff had been trained.

#### *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.

A special review is a contact or series of contacts made by a Permanency Resource Manager (PRM) on a case meeting the special review criteria. Contacts include: SWSS reviews, case file reviews, emails, phone calls, and attendance at family team meetings, court hearings, and other face-to-face contacts. The special review process was described in detail in the MSA 4 report and DHS did not report any changes to the process during MSA 5.

DHS submitted data files to the monitoring team listing all children in DHS’ custody subject to the special review provisions during MSA 5. DHS reported there were 2,793 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 874 children who achieved permanency during the monitoring period while the monitoring team confirmed

872 children<sup>32</sup> in the TCW cohort achieved permanency. DHS reported that 1,919 children continued to have a goal of reunification at the conclusion of MSA 5, and the monitoring team verified that 1,921 children continued to have reunification goals.

The TPR cohort of children subject to special reviews is comprised of children whose parental rights have been terminated for more than 365 days and who are legally available for adoption. DHS identified 894 legally free children with adoption case goals and excluded legally free children with all other case goals. The monitoring team identified all children legally free for more than 365 days and found 1,751 children in the cohort. Of these children, DHS reported that 894 had adoption case goals confirmed by the monitoring team's data analysis. DHS reported and the monitoring team verified that an additional 857 children had case goals other than adoption. DHS reported that special reviews were not conducted on those children, as it is only conducting TPR special reviews on legally free children with adoption case goals.

In summary, DHS has continued to conduct special reviews and the quality of the special review data improved from the last period when concerns were expressed by the monitoring team. However, DHS continues to limit TPR special reviews to only those children with adoption case goals contrary to the MSA provision that requires special reviews for all children who are legally free for adoption for more than 365 days.

## Caseworker Visitation

A key element of permanency practice involves face-to-face time between the critical participants in a child welfare case. 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.<sup>33</sup> As such, DHS agreed to the following visitation schedules for all children in the state's custody with their workers, parents, and siblings, and for workers with parents:

- During the first two months of each child's placement, caseworkers shall visit all children in custody at least twice in each month, with at least one visit in the placement setting; during each subsequent month, caseworkers shall visit children at least once.

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<sup>32</sup> The discrepancy in DHS' and the monitoring team's data is attributable to two children that are frequently involved in data analysis issues.

<sup>33</sup> 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.

- 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.
- 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 home. For subsequent months, visits must occur at least once per month, with at least one contact in each three month period occurring in the parent's place of residence.
- All children with a goal of reunification shall visit their parents at least twice monthly unless specified exceptions exist.
- Siblings in custody who are not placed together shall visit each other at least monthly unless specified exceptions exist.

For this monitoring period, DHS produced information generated from its InfoView reporting system regarding performance on worker-child visits, worker-parent visits and parent-child visits. DHS provided compliance data on each provision for each month in the monitoring period but counseled the monitoring team that it believes data entry lapses by DHS staff continue to contribute to underreporting of visits by staff with children. DHS remained unable to produce data from its information systems regarding sibling visits but reports that it will be able to do so when MiSACWIS becomes operational.

#### *Worker-Child Visitation*

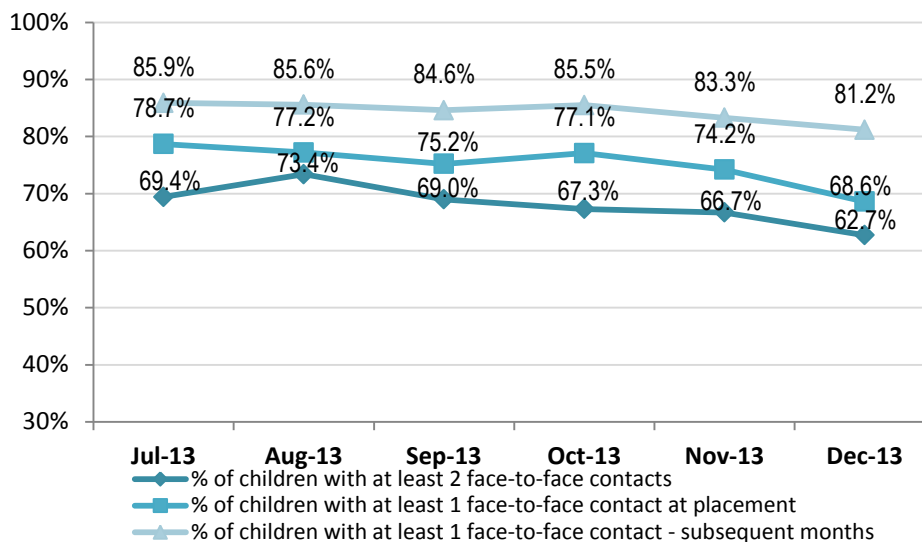
DHS agreed that as of October 2012, caseworkers must visit all children in custody at least twice monthly during a child's first two months of placement and at least once during each subsequent month of placement. At least one visit per month must occur at the child's placement and include a private meeting between the worker and the child. Furthermore, if and when a child is moved to another placement, caseworkers must again visit these children twice during each of the first two months of their new placement and continue to visit them at least monthly in the following months.<sup>34</sup>

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<sup>34</sup> This report provides DHS' performance based on the enhanced worker-child visitation commitments. Previously, the commitment to visit children twice monthly only applied to the first month of placement, not the first two months, and applied to initial placements only, not re-placements.

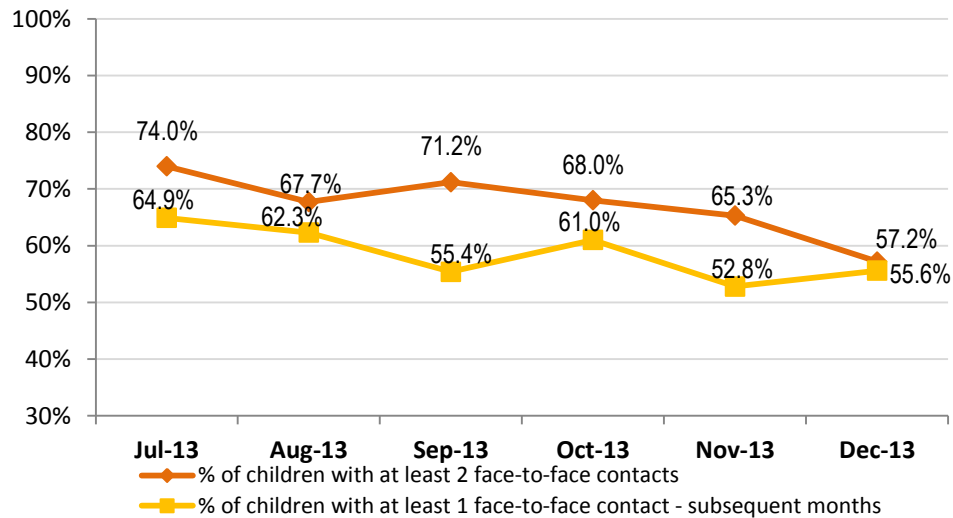
For MSA 5, DHS did not meet the worker-child visitation commitments set forth in the MSA in any month of the period and, of concern, performance declined from the beginning to the conclusion of the period. The Department's performance is reflected in the following charts.<sup>35</sup>

**Figure 6. Worker-Child Contacts at First Placement from July to December 2013**



<sup>35</sup> In addition to the information provided by the Department regarding this commitment for all children, DHS reported to the monitoring team results from a federal review of worker/child visitation using a smaller sample of 414 children. For FY2013, Michigan's improvement goal was that 90% of children would receive a monthly worker/child visit. DHS reported that it exceeded that goal, completing 94.7% of monthly visits with 88.2% of those visits taking place in the child's residence. However, it should be noted that DHS agreed to different worker/child visitation standards in the MSA as noted previously.

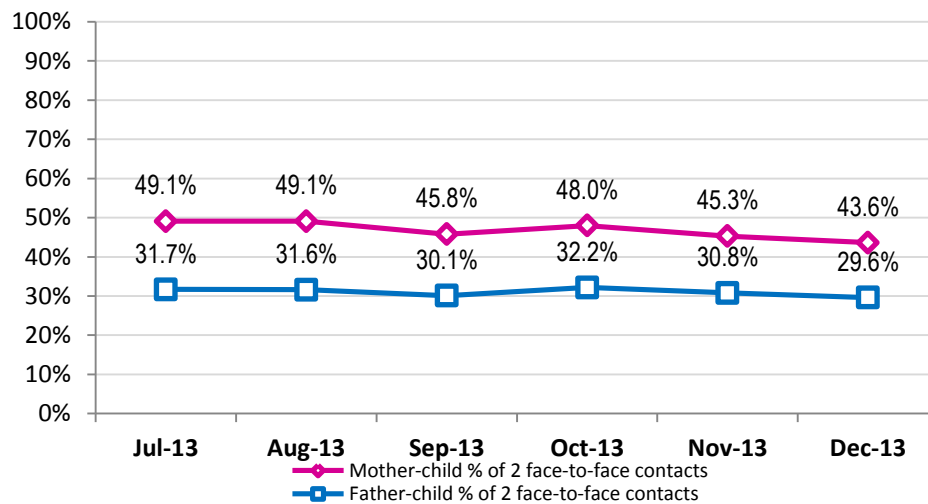
**Figure 7. Worker-Child Contacts at Replacement from July to December 2013**



### *Parent-Child Visitation*

DHS agreed that when reunification is a child's permanency goal, parents and children will visit at least two times each month. For the fourth consecutive monitoring period,<sup>36</sup> DHS did not meet its commitment to assure two face-to-face contacts between parents and their children in any month during the monitoring period as represented in the following chart.

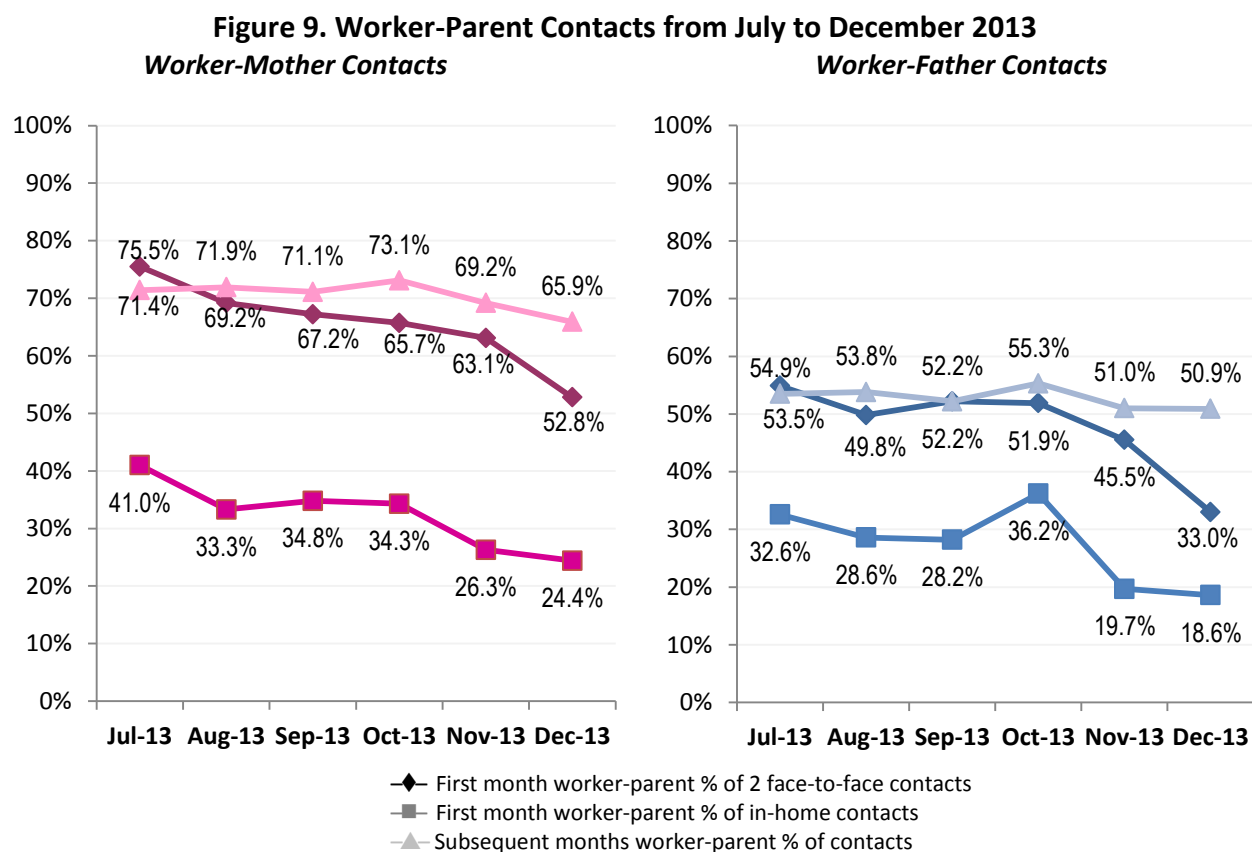
**Figure 8. Parent-Child Contacts from July to December 2013**



<sup>36</sup> In MSA 1, DHS was not required to report on the visitation commitments. Therefore, MSA 5 is the fourth monitoring period in which DHS was required to report this information.

## 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 fourth consecutive monitoring period, DHS did not meet its commitment regarding worker-parent contacts. While DHS has shown some improvement over the course of the past monitoring periods, it appears the Department has lost some ground towards the end of MSA 5. The following charts represent the percentage of compliance by month for each of the worker-parent visitations.



DHS reported that during MSA 5 it conducted a number of activities to improve performance, such as tracking and reporting on monthly visits for the counties, developing best practice documents, and assisting counties with determining the cause of low performance and collaborating on plans.

## Placement Standards

### Placement Process

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

During MSA 5, DHS launched a statewide electronic tool based on the Child Placing Network (CPN) utilized in one of the large counties. CPN is a formalized child-centered and neighborhood-based system matching the specific placement needs of a child with a resource parent who can potentially best meet those needs. The statewide system downloads nightly foster home information from the BCAL database (BITS). DHS sent a communication issuance to all public and private agencies on July 29, 2013 regarding the new system. All agencies were instructed to enter additional or updated information into CPN on a regular basis, and many of the public and private agencies collaborated and determined a deadline for initial entries and CPN initiation.

To request a placement resource search via CPN, specific characteristics of the child are entered such as the removal address, number of siblings to be placed together, medical, behavioral needs, etc. The system conducts a statewide search and provides a list of available placements that potentially meet the needs of the child. The list includes information as to the distance from the removal address, available beds, acceptable age range, etc. DHS intends that all information entered into CPN will convert to the MiSACWIS foster home selection application once MiSACWIS is operative.

The monitoring team reviewed Foster Home Placement Selection Plans for all 83 counties. Despite the availability of CPN, many of the counties reported little change with their home selection process. Some of the counties are still placing children in homes based on an agency rotational basis. Others only utilize CPN as a last resort, or for difficult to place children. Therefore the selection process is not an inclusive one in all counties.



## Placement Proximity and Settings

For MSA 5, DHS did not meet any of the four MSA placement provisions reviewed by the monitoring team, including commitments with respect to proximity; the number of children in a foster home; restrictions on the placement of children in temporary and emergency facilities such as shelters and the confinement of foster children in jails or detention centers.

### *Placement Proximity from Removal Home*

DHS committed to place all children within a 75-mile radius of the home from which the child was removed, unless one of the exceptional circumstances included in the MSA applies and is approved in writing by DHS leadership. Of the 13,412 children in care on December 31, 2013, DHS reported that due to data system and reporting deficiencies, DHS was unable in MSA 5 to determine the distance from home for 2,792 children (20.5 percent). Of the remaining children, DHS reported that 638 children (4.7 percent) were in placements more than 75 miles from their removal home and the agency recorded permissible exceptions for 504 of those children. As a result, DHS did not meet its commitment.

### *Number of Children Residing in a Foster Home*

DHS committed that no child shall be placed in a foster home if that placement will result in more than three foster children in that foster home, or a total of six children, including the foster family's birth and adopted children. In addition, DHS agreed that no placement will result in more than three children under the age of three residing in a foster home. An important exception to both of these placement caps is DHS' further agreement to place sibling groups together whenever possible. Exceptions to these caps can be granted on a child-by-child basis.

As of March 31, 2014, DHS reported that 836 children were placed in 190 foster homes that exceeded more than three foster children. According to DHS, 23 children were placed in seven homes where there were more than three foster children under the age of three. According to DHS, both the number of children placed (836) and the number of new placements that exceeded capacity (416) represent the highest levels in each category since adoption of the MSA.

In MSA 5, DHS could not yet reliably count siblings and so could not report how many of the children in over-capacity homes were placed together because they were in sibling groups, and thus should be excluded from this measurement. DHS also remained unable in MSA 5 to capture the number of birth children who resided in a foster home, an issue that DHS reported should be remedied with the release of the new DHS information system, MiSACWIS. Thus, some of the homes with three or fewer foster children may nevertheless be out of compliance

with the MSA standard, depending on the number of birth children who also reside there.

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

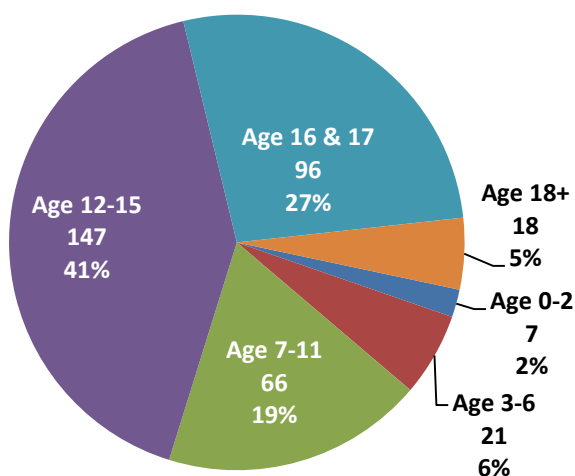
### *Emergency and Temporary Facilities*

The MSA requires that children not be placed in an emergency or temporary facility more than one time within a 12-month period, with limited exceptions, and those children should not remain in an emergency or temporary facility for more than 30 days unless one of a limited number of exceptional circumstances exists. DHS reported it placed 355 children in an emergency or temporary facility at some point during MSA 5, an increase of 25 children from MSA 4. Of these 355 children, DHS reported 144 (41 percent) experienced placements that exceeded 30 days.

In addition, 83 children in MSA 5 were placed in an emergency or temporary facility more than once within a 12-month period, and 12 children experienced three or more placements within that same period. According to DHS, 51 children experienced subsequent placements in an emergency or temporary facility that lasted longer than seven days. Therefore, DHS did not meet its placement commitments for children with respect to emergency and temporary facilities.

Of the 355 children placed in emergency shelter care during MSA 5, 28 were infants and toddlers while 261 were adolescents age 12 and over. Youth age 15 (16 percent), 16 (14 percent), and 17 (13 percent) were more frequently placed in shelters than children and youth of other ages.

**Figure 10. Number of Children by Age Placed in Shelters during MSA 5**  
*n=355*



Wayne County accounted for 36 percent of these children in emergency shelters, while Kent County followed with responsibility for 29 percent of children placed in shelters and Oakland accounted for 19 percent of children placed in shelters during the period.<sup>37</sup> Fourteen counties were responsible for the remaining 16 percent of sheltered children. DHS reported it approved 108 shelter placement exceptions during the period.

#### *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 5, according to DHS, 251 youth were confined in a jail or detention facility. DHS reported the majority of placements (63 percent) continued to be in detention facilities. Ninety-two youth were placed in jail. The number of youth placed in excess of 100 days increased from 15 youth in MSA 4 to 37 youth in MSA 5.

According to DHS, 13 youth in the child welfare custody of DHS were detained without any underlying charge, more than double the number (six) in MSA 4. DHS reported that its staff objected on the record to the confinement in one instance. This, again, does not comport with the commitments DHS made as part of the court's order in this matter.

## Safety and Well-Being

### Statewide Child Abuse Hotline

During MSA 5, DHS reported that Centralized Intake received 142,729 calls from the public with 73,430 of those calls related to CPS. Fifty-eight percent of the CPS calls resulted in 42,347 CPS complaint referrals sent to DHS field offices for investigation. When compared to MSA 4, there was a decrease of 2,268 CPS complaints assigned to field offices for investigation.

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<sup>37</sup> See Appendices for Number of Children Placed in Shelters by Age and County during MSA 5

**Table 6. CPS Complaints by Centralized Intake Action during MSA 5**

Action	Number	Percent
Assigned for DHS Investigation	42,347	57.7%
Transferred <sup>38</sup>	5,077	6.9%
Rejected	25,988	35.4%
Withdrawn	11	0.0%
Other	7	0.0%
Total Complaints	73,430	100.0%

Assignments of CPS complaints to field offices are based on priority response designations as outlined in the DHS Centralized Intake 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 Centralized Intake's receipt of the call. Calls assessed to be Priority 2 or Priority 3, requiring a 24 hour response, must be transferred within three hours of the call.

DHS reported that during MSA 5 the median transfer time for Priority 1 calls was 26 minutes and 43 seconds, while the median transfer time for Priority 2 and Priority 3 calls was 30 minutes and 46 seconds. When compared to MSA 4, call transfer times improved for all three priority areas.

At the conclusion of MSA 5, Centralized Intake's staffing allocation was 121 workers, 26 supervisors, and two second-line managers. However, at the conclusion of the monitoring period, Centralized Intake employed 114 workers, seven fewer workers than allocated. DHS reports that the hotline has continued to experience worker turnover, explaining that some staff leave to assume field office positions. In order to address this issue, management is participating in a monthly, centralized hiring process to quickly replace staff who leave. However, DHS reported that 55 percent of newly hired staff at Centralized Intake do not have previous child welfare field experience and require support and mentoring. In order to address this concern, DHS created 17 lead worker positions, staff who are responsible to assist in training and mentoring newly hired Centralized Intake staff. This is an important strategy to

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<sup>38</sup> DHS policy states that CPS complaints are to be transferred to law enforcement for investigation when teachers, teacher's aides or clergy members are alleged to have abused or neglected a child. In these cases DHS does not have a role in ensuring the child's safety and confirmed perpetrators are not included on the DHS child abuse registry. DHS was unable to provide information to the monitors regarding the number of complaints referred to law enforcement for investigation during MSA 5 and has committed to review and respond to the monitors' questions regarding the CPS policy and practice regarding transferred complaints.

ensure that newly hired staff are fully supported while they develop their skills and fully assume their duties at the hotline.

Newly hired staff also attend program specific training through the Office of Workforce Development and Training (OWDT) with two of the four weeks dedicated to “on the job training” at the hotline. DHS management and OWDT staff are meeting to ensure the training is specific to staff’s responsibilities at the hotline. As a result, DHS reports that a new Centralized Intake training curriculum has been drafted and will be implemented in a future monitoring period.

During MSA 4, the monitoring team observed that call wait times and abandoned calls remained areas of concern at Centralized Intake. During MSA 5, DHS reported that improvements were realized in both areas. The average call wait time was one minute 23 seconds, an improvement from MSA 4 during which the average wait time was one minute 57 seconds. During MSA 5, the call abandonment rate was seven percent, a decrease from ten percent during MSA 4.

## Responding to Reports of Abuse and Neglect

DHS agreed to ensure that its system for receiving, screening, and investigating reports of child abuse and neglect will be adequately staffed and that investigations will be commenced as required by state law<sup>39</sup> 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

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<sup>39</sup> The Child Protection Law (MCL 722.628) compels the Department to commence an investigation of a complaint no later than 24 hours after receipt of a complaint, although the seriousness of the alleged harm or threatened harm to the children may dictate an immediate response. DHS policy PSM 712-4 states that commencing an investigation requires contact with someone other than the reporting person within 24 hours of the receipt of the complaint to assess the safety of the alleged victim. Investigations designated as Priority One require immediate commencement. Priority 2 and Priority 3 investigations require 24 hour commencement.

incorporated into MiSACWIS. Additionally, continuing throughout MSA 5, DHS undertook a review of current policies regarding commencement timeliness in order to ensure that expectations are clear for field staff. Until these issues are resolved, DHS is unable to demonstrate compliance with the timely commencement of CPS investigations.

DHS reported that in order to focus on the issue of timely commencement, actions were taken during MSA 5 that will continue through MSA 6. Specifically, Business Service Center (BSC) directors, DHS office directors and supervisors are utilizing the Child Welfare Management Tool and InfoView reports to monitor commencement compliance. These reports assist in identifying patterns and trends, affording management the opportunity to develop action plans for improvement. DHS reported that CPS supervisors are meeting together to share best practices that may assist staff in making improvements.

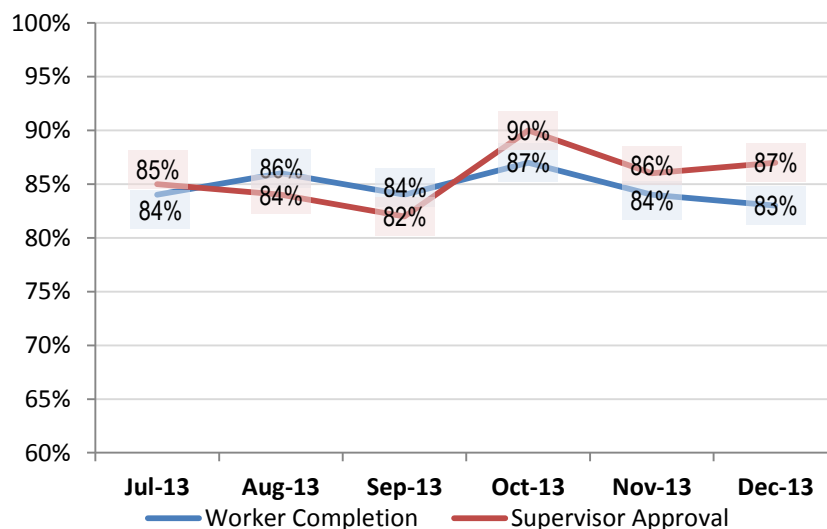
DHS further committed to complete CPS investigations pursuant to policy requirements. DHS policy PSM 713-9 – Completion of Field Investigation states that: “The standard of promptness (SOP) for completing an investigation is 30 days from the department’s receipt of the complaint. This includes completion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

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

The parties agreed that beginning with MSA 5 DHS will submit two data sets to the monitors each period: 1) CPS worker completion of the ISP and 2) CPS supervisory review of the ISP. Both data sets will be analyzed by the monitors to assess DHS’ performance relative to this provision of the MSA. The monitors may also conduct periodic qualitative reviews to assess performance relative to investigation completion.

DHS submitted the required data which shows that during MSA 5, 43,005 investigations were due, and of those, 36,530 (85 percent) had ISPs completed timely by CPS workers. Statewide data shows that 44,209 ISPs were due for approval, and of those, 37,924 (86 percent) were approved timely by CPS supervisors.<sup>40</sup>

**Figure 11. CPS Investigation Completion Timeliness from July to December 2013**



\* Note axis starts at 60 percent

## Maltreatment in Care

Referrals that allege abuse or neglect of any child in the custody of DHS are referred to Maltreatment in Care (MIC) units for investigation. These units are composed of investigative staff who have received specialized training prior to the assignment of a MIC case. DHS maintains ten units statewide – one unit each in Genesee, Ingham, Macomb, Kent, Oakland, and Wayne counties, and four other units that are located regionally throughout the state. The regional units are supervised by the MIC Program Manager in DHS' central office, while the other six units are supervised within their assigned county. Overall management of policy, procedures, and practice are the responsibility of the MIC Program Manager.

During MSA 5, DHS reported that 2,238 complaints of suspected child abuse/neglect were received at Centralized Intake with each case involving at least one child in DHS' custody.<sup>41</sup>

<sup>40</sup> The difference of 1,204 ISP v. supervisory approvals is due to the 14 day variance between the two due dates.

<sup>41</sup> DHS is unable to provide the number of children in its custody who were subject to a CPS complaint due to limitations in SWSS.

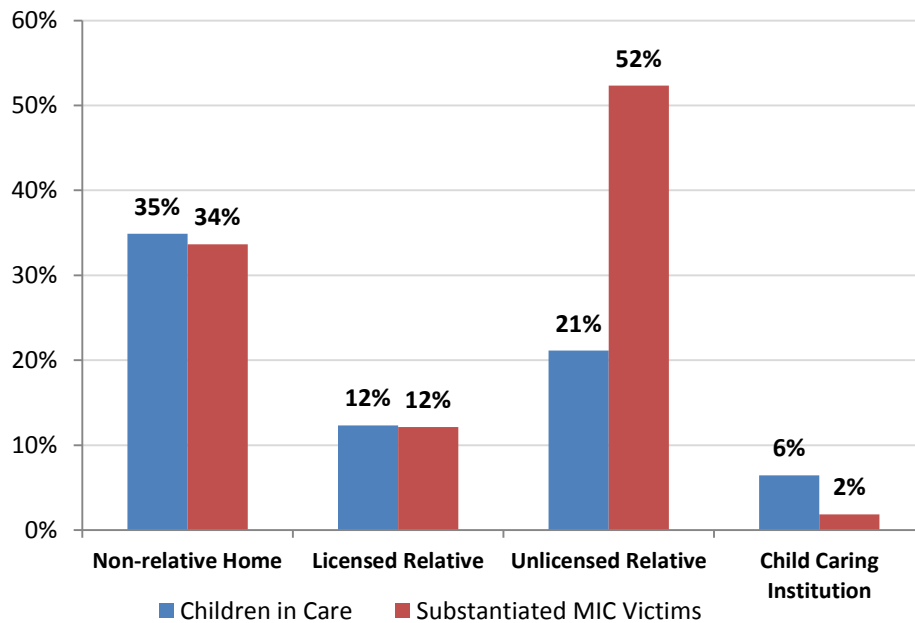
**Table 7. CPS-MIC Complaints by Centralized Intake Action during MSA 5**

Action	Number	Percent
Assigned	835	37.3%
Transferred <sup>42</sup>	411	18.4%
Rejected	991	44.3%
Withdrawn	1	0.0%
Other	0	0.0%
Total MIC Complaints	2,238	100.0%

Eight hundred thirty-five complaints each involved at least one child in DHS' custody and were assigned for investigation to the MIC units. Those investigations resulted in 90 substantiated complaints of abuse and/or neglect involving 107 child victims. The following chart describes the placement types of the child victims at the time of maltreatment in care in comparison to the placement types of the custodial population.

**Figure 12. Placement Type of Children in Care and Substantiated MIC Victims in MSA 5**

*n=13,412 children in care on December 31, 2013; 107 MIC victims during MSA 5*



<sup>42</sup> See footnote 38 on page 58.



As the chart above indicates, there is a disproportionate number of children in unlicensed relative homes who suffer abuse/neglect while in these placements. This is of continuing concern as described in Appendix A of the MSA 3 monitoring report. DHS has an obligation to screen, evaluate, and prepare relatives to ensure better outcomes for the children in their care.

During MSA 4, DCQI conducted a review of MIC case practice. As a result of this review, DHS concluded that improvement was needed in ensuring that MIC staff identify specific protection interventions to address safety concerns identified during the investigation and that additional safety assessments must be completed when required. In order to improve case practice, DHS reported that their MIC supervisors are now utilizing peer-to-peer case consultation review on complex cases. In addition, quarterly meetings are held with MIC supervisory staff and representatives from BCAL, DCQI, and the MIC Program Manager. These meetings provide an opportunity for staff to clarify policy, identify additional staff training needs, and help increase collaboration among the MIC staff.

## Health and Mental Health

### *Medicaid for Youth Aging Out of Care*

DHS committed that older youth exiting custody will have ongoing health insurance. The federal government makes significant funds available to Michigan to extend health insurance coverage to these youth. Michigan's program is known as Foster Care Transitional Medicaid (FCTMA).

During MSA 5, 446 youth aged-out of foster care. Of these youth, all but 26 had an identified source of Medicaid, including FCTMA. Of these 26 young people, DHS data and information show that 24 young people were not eligible for insurance due to a variety of reasons (e.g., death, incarceration, age) and two eligible youth did not receive coverage, which DHS committed to remedy.

During MSA 6, the Affordable Care Act will establish eligibility for youth who have aged-out of the foster care system and had previously received Medicaid while in foster care, until they turn 26. These youth will remain eligible for the full scope of Medicaid benefits.

The monitoring team conducted three focus groups with two dozen youth who aged-out of foster care following the completion of MSA 5. Several reported that they were unaware they were eligible for FCTMA, but importantly, all of the youth reported they were insured at the time of the focus groups due to either FCTMA coverage or a plan made available under the Affordable Care Act.

### *Psychotropic Medications*

DHS reported that during MSA 5, 2,930 foster children were prescribed psychotropic medication. This represents 17 percent of the 17,356 total children in foster care during MSA 5, compared to 20 percent (3,369 children) of the 17,179 total children in foster care during MSA 4. Just over 12 percent of these children (396) were prescribed four or more concomitant psychotropic medications. Of the 2,930 foster children prescribed psychotropic medication in MSA 5, 11 percent (326) of these children entered foster care sometime during the period and 6.7 percent (193 children) were five years old and younger.

Of the children who entered foster care during the period, all (326) had been prescribed psychotropic medication prior to placement. DHS agreed to put in place processes to ensure documentation of psychotropic medication approvals, documentation of all uses of psychotropic medications, and review of such documentation by appropriate DHS staff, including the DHS Medical Consultant, who is a physician. The Health Unit Manager and Medical Consultant are charged to take immediate action to remedy any identified use of psychotropic medications inconsistent with the policies and procedures approved by the monitors.

The DHS interim policy for administration of psychotropic medication became effective January 1, 2012. This policy requires review of both (1) the documentation of the process of informed consent between the prescribing physician and the individual who is empowered to provide the consent for psychotropic medication treatment, and (2) oversight of prescribing patterns that have been determined to require further review, particularly with respect to very young children and children prescribed numerous medications. The parties agreed to build this heightened level of review by a medical expert within DHS because of concerns that very young foster children were being medicated with psychotropic drugs and that there exists a high reliance on psychotropic medication for foster children generally.

At the close of MSA 5, the Health Unit had not yet completed its revision of an updated informed consent form, nor finished updating policies to require the usage and transmission of the revised forms to the Health Unit for review. As was true in MSA 4, not all informed consent forms meeting triggering criteria were sent spontaneously by foster care workers to the Medical Consultant in MSA 5. The DHS Health Unit Manager and Medical Consultant requested outstanding informed consent forms from DHS local field offices where the pharmacy claims data indicated a child had been “prescribed psychotropic medications and the child is five years or younger” and also where the child was “prescribed four or more concomitant psychotropic medications.” Based on the DHS Health Unit’s review of pharmacy claims, informed consent forms for 554 foster children who were prescribed four or more psychotropic medications and/or were prescribed psychotropic medication and were under the age of six should have

been sent to the Health Unit for independent review by the Medical Consultant during MSA 5. Of the 554 forms that should have been submitted for review by the Medical Consultant during MSA 5, 357 were received without specific requests from the field and 197 forms had to be requested from the field after a review of pharmacy claims data.

Those forms were still being collected and reviewed at the end of MSA 5. Implementing the psychotropic medication policy continues to present challenges for DHS, not just with respect to caseworkers forwarding documentation to the Health Unit for review but also engaging physicians to complete documentation and ensure that psychotropic medication decisions are grounded in the informed consent process.

DHS developed a case reading methodology to review a representative sample of the whole, derived by the Data Management Unit. The original number represented an oversampling to ensure that the final sample derived from the reconciled MSA 5 cohort would be of sufficient size (ten percent of the MSA 5 cohort).

In order to have a better sense of how its policies with respect to psychotropic prescription are being implemented, DHS developed a case reading tool and undertook a review of 341 children's cases, involving 695 medications, using DHS Business Service Center staff in each affected county. While the results of the targeted case read are not necessarily reflective of overall practice, and DHS has identified a number of improvements it needs to make in the review process going forward, DHS identified a number of areas ripe for improvement, such as better documentation of a medical need for the psychotropic prescription, better documentation of informed consent, and better documentation of a treatment plan for the medicated child.

#### *Serious Emotional Disturbance (SED) Waiver Services*

Pursuant to the MSA, DHS committed to reconfigure mental health spending to expand services for children with special needs pursuant to the federal SED Waiver by October 2011 in Muskegon, Washtenaw, Eaton, and Clinton Counties. By MSA 3, DHS had expanded SED Waiver services to children with specialized needs in all four counties. In fact, the SED Waiver Project expanded to 37 counties in MSA 5. 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 investment in these very important services.

### *Treatment Homes*

DHS identified well over 200 treatment homes, exceeding its commitment in the MSA, which included both licensed placements and unlicensed relative homes serving children with severe emotional disorders who are receiving enhanced behavioral health services pursuant to the SED Waiver. The unlicensed placement of a child receiving services through the SED Waiver is considered a treatment foster home due to the broad array of services and supports being provided to the youth and provider.

## Education

### *Seita Scholars Program*

DHS agreed to support the Seita Scholars program at Western Michigan University (WMU). DHS reported that during the fall semester of 2013 (which fell under MSA 5), 159 Seita Scholars were enrolled and attending WMU.

DHS continued to provide two liaisons onsite at the WMU campus. The liaisons are foster care workers and assist Seita Scholars' access to DHS services, such as Youth in Transition funds and Education and Training Vouchers (ETVs). During MSA 5, 99 Seita Scholars were awarded ETVs worth \$199,000. The liaisons also provide courtesy supervision for students who continue to have open foster care cases in other counties.

During MSA 5, Fostering Success Michigan— a network composed of post-secondary institutions, DHS offices, and others to improve educational outcomes for children in foster care – continued utilizing the \$750,000 State Grant that was received by DHS from the Michigan Legislature. For the first three months, funding was used to maintain two additional Seita Scholar Campus Coaches, and pilot a statewide campus coach certification training.

## Appendices

### Appendix A. Age Range of Children in Care on December 31, 2013

Age Range of Children in Care on December 31, 2013									
	0 to 6		7 to 11		12 to 17		18 and Older		Total
County	Children	%	Children	%	Children	%	Children	%	Children
ALCONA	9	50%	4	22%	5	28%	0	0%	18
ALGER	4	67%	0	0%	2	33%	0	0%	6
ALLEGAN	77	51%	32	21%	35	23%	6	4%	150
ALPENA	26	55%	7	15%	10	21%	4	9%	47
ANTRIM	29	48%	18	30%	13	21%	1	2%	61
ARENAC	23	47%	18	37%	7	14%	1	2%	49
BARAGA	5	29%	7	41%	3	18%	2	12%	17
BARRY	39	57%	13	19%	15	22%	1	1%	68
BAY	69	53%	36	28%	19	15%	5	4%	129
BENZIE	5	45%	4	36%	2	18%	0	0%	11
BERRIEN	170	49%	76	22%	83	24%	17	5%	346
BRANCH	43	56%	16	21%	16	21%	2	3%	77
CALHOUN	140	52%	72	27%	52	19%	6	2%	270
CASS	77	50%	29	19%	39	25%	8	5%	153
CENTRAL OFFICE	13	72%	3	17%	0	0%	2	11%	18
CHARLEVOIX	18	42%	8	19%	11	26%	6	14%	43
CHEBOYGAN	16	36%	12	27%	13	30%	3	7%	44
CHIPPEWA	58	64%	17	19%	14	15%	2	2%	91
CLARE	36	54%	16	24%	11	16%	4	6%	67
CLINTON	29	43%	19	28%	16	24%	4	6%	68
CRAWFORD	23	49%	3	6%	18	38%	3	6%	47
DELTA	19	63%	7	23%	3	10%	1	3%	30
DICKINSON	34	52%	17	26%	15	23%	0	0%	66
EATON	53	51%	24	23%	19	18%	8	8%	104
EMMET	20	40%	10	20%	15	30%	5	10%	50
GENESEE	347	50%	125	18%	141	20%	81	12%	694
GLADWIN	13	45%	5	17%	10	34%	1	3%	29
GOGEBIC	12	44%	6	22%	7	26%	2	7%	27
GRAND TRAVERSE	53	64%	15	18%	10	12%	5	6%	83
GRATIOT	38	60%	12	19%	8	13%	5	8%	63
HILLSDALE	45	55%	23	28%	13	16%	1	1%	82
HOUGHTON	9	39%	6	26%	8	35%	0	0%	23
HURON	12	39%	6	19%	12	39%	1	3%	31
INGHAM	287	52%	84	15%	134	24%	46	8%	551
IONIA	19	44%	6	14%	13	30%	5	12%	43

Age Range of Children in Care on December 31, 2013									
	0 to 6		7 to 11		12 to 17		18 and Older		Total
County	Children	%	Children	%	Children	%	Children	%	Children
IOSCO	12	30%	12	30%	16	40%	0	0%	40
IRON	3	33%	3	33%	3	33%	0	0%	9
ISABELLA	54	59%	25	27%	11	12%	2	2%	92
JACKSON	177	55%	67	21%	61	19%	17	5%	322
KALAMAZOO	310	50%	121	20%	148	24%	38	6%	617
KALKASKA	16	44%	9	25%	8	22%	3	8%	36
KENT	514	52%	182	18%	232	24%	58	6%	986
LAKE	27	45%	18	30%	14	23%	1	2%	60
LAPEER	34	51%	19	28%	13	19%	1	1%	67
LEELANAU	8	32%	7	28%	7	28%	3	12%	25
LENAWEE	46	46%	27	27%	22	22%	4	4%	99
LIVINGSTON	75	50%	31	21%	39	26%	5	3%	150
LUCE	7	58%	2	17%	3	25%	0	0%	12
MACKINAC	7	41%	6	35%	4	24%	0	0%	17
MACOMB	350	47%	151	20%	179	24%	67	9%	747
MANISTEE	12	41%	5	17%	12	41%	0	0%	29
MARQUETTE	65	51%	25	20%	32	25%	6	5%	128
MASON	31	62%	6	12%	12	24%	1	2%	50
MECOSTA	37	56%	17	26%	10	15%	2	3%	66
MENOMINEE	17	57%	7	23%	6	20%	0	0%	30
MIDLAND	42	56%	17	23%	14	19%	2	3%	75
MISSAUKEE	3	33%	1	11%	5	56%	0	0%	9
MONROE	102	55%	36	19%	40	22%	7	4%	185
MONTCALM	46	49%	15	16%	27	29%	5	5%	93
MONTMORENCY	12	46%	8	31%	5	19%	1	4%	26
MUSKEGON	207	49%	87	21%	107	25%	22	5%	423
NEWAYGO	51	40%	33	26%	40	31%	4	3%	128
OAKLAND	378	48%	147	19%	188	24%	67	9%	780
OCEANA	9	50%	6	33%	2	11%	1	6%	18
OGEMAW	12	52%	3	13%	7	30%	1	4%	23
ONTONAGON	0	0%	1	33%	2	67%	0	0%	3
OSCEOLA	30	59%	13	25%	7	14%	1	2%	51
OSCODA	2	50%	1	25%	1	25%	0	0%	4
OTSEGO	16	42%	4	11%	17	45%	1	3%	38
OTTAWA	99	44%	54	24%	59	26%	13	6%	225
PRESQUE ISLE	11	44%	11	44%	3	12%	0	0%	25
ROSCOMMON	17	38%	10	22%	18	40%	0	0%	45
SAGINAW	72	50%	22	15%	37	26%	14	10%	145
SANILAC	24	42%	15	26%	14	25%	4	7%	57

Age Range of Children in Care on December 31, 2013									
	0 to 6		7 to 11		12 to 17		18 and Older		Total
County	Children	%	Children	%	Children	%	Children	%	Children
SCHOOLCRAFT	12	52%	5	22%	6	26%	0	0%	23
SHIAWASSEE	50	56%	20	22%	17	19%	2	2%	89
ST. CLAIR	158	54%	60	21%	49	17%	23	8%	290
ST. JOSEPH	76	54%	33	23%	28	20%	4	3%	141
TUSCOLA	53	44%	27	22%	34	28%	7	6%	121
VAN BUREN	79	56%	30	21%	28	20%	4	3%	141
WASHTENAW	127	54%	50	21%	41	17%	18	8%	236
WAYNE	1166	43%	509	19%	686	25%	357	13%	2718
WEXFORD	29	47%	15	24%	13	21%	5	8%	62
Total	6555	49%	2729	20%	3119	23%	1009	8%	13412

## Appendix B. Length of Stay of Children in Care on December 31, 2013

Length of Stay of Children in Care on December 31, 2013											
	Less than 1 year		1-2 years		2-3 years		3-6 years		Over 6 years		Total
County	Children	%	Children	%	Children	%	Children	%	Children	%	Children
ALCONA	7	39%	11	61%	0	0%	0	0%	0	0%	18
ALGER	4	67%	0	0%	1	17%	1	17%	0	0%	6
ALLEGAN	85	57%	45	30%	9	6%	7	5%	4	3%	150
ALPENA	18	38%	17	36%	2	4%	9	19%	1	2%	47
ANTRIM	30	49%	21	34%	5	8%	5	8%	0	0%	61
ARENAC	31	63%	15	31%	2	4%	1	2%	0	0%	49
BARAGA	9	53%	6	35%	1	6%	0	0%	1	6%	17
BARRY	42	62%	21	31%	3	4%	2	3%	0	0%	68
BAY	70	54%	31	24%	20	16%	7	5%	1	1%	129
BENZIE	9	82%	2	18%	0	0%	0	0%	0	0%	11
BERRIEN	182	53%	92	27%	42	12%	19	5%	11	3%	346
BRANCH	38	49%	30	39%	5	6%	4	5%	0	0%	77
CALHOUN	165	61%	65	24%	21	8%	15	6%	4	1%	270
CASS	73	48%	52	34%	18	12%	5	3%	5	3%	153
CENTRAL OFFICE	0	0%	4	22%	7	39%	4	22%	3	17%	18
CHARLEVOIX	20	47%	16	37%	4	9%	1	2%	2	5%	43
CHEBOYGAN	23	52%	11	25%	3	7%	6	14%	1	2%	44
CHIPPEWA	49	54%	34	37%	7	8%	1	1%	0	0%	91
CLARE	44	66%	9	13%	11	16%	3	4%	0	0%	67
CLINTON	24	35%	27	40%	9	13%	4	6%	4	6%	68
CRAWFORD	27	57%	3	6%	6	13%	10	21%	1	2%	47
DELTA	27	90%	2	7%	0	0%	0	0%	1	3%	30
DICKINSON	31	47%	28	42%	1	2%	2	3%	4	6%	66
EATON	52	50%	30	29%	10	10%	12	12%	0	0%	104
EMMET	26	52%	9	18%	8	16%	7	14%	0	0%	50
GENESEE	335	48%	169	24%	67	10%	52	7%	71	10%	694
GLADWIN	20	69%	4	14%	1	3%	3	10%	1	3%	29
GOGEBIC	12	44%	7	26%	2	7%	5	19%	1	4%	27
GRAND TRAVERSE	55	66%	17	20%	7	8%	3	4%	1	1%	83
GRATIOT	23	37%	27	43%	6	10%	6	10%	1	2%	63
HILLSDALE	55	67%	23	28%	4	5%	0	0%	0	0%	82
HOUGHTON	7	30%	8	35%	2	9%	6	26%	0	0%	23
HURON	18	58%	8	26%	0	0%	3	10%	2	6%	31
INGHAM	294	53%	139	25%	40	7%	54	10%	24	4%	551
IONIA	15	35%	12	28%	5	12%	8	19%	3	7%	43
IOSCO	20	50%	13	33%	2	5%	4	10%	1	3%	40
IRON	3	33%	1	11%	3	33%	2	22%	0	0%	9



Length of Stay of Children in Care on December 31, 2013											
	Less than 1 year		1-2 years		2-3 years		3-6 years		Over 6 years		Total
County	Children	%	Children	%	Children	%	Children	%	Children	%	Children
ISABELLA	58	63%	16	17%	14	15%	3	3%	1	1%	92
JACKSON	176	55%	92	29%	29	9%	15	5%	10	3%	322
KALAMAZOO	318	52%	178	29%	59	10%	44	7%	18	3%	617
KALKASKA	20	56%	13	36%	0	0%	1	3%	2	6%	36
KENT	473	48%	302	31%	128	13%	61	6%	22	2%	986
LAKE	24	40%	25	42%	2	3%	8	13%	1	2%	60
LAPEER	34	51%	26	39%	5	7%	1	1%	1	1%	67
LEELANAU	3	12%	7	28%	3	12%	10	40%	2	8%	25
LENAWEE	54	55%	32	32%	6	6%	3	3%	4	4%	99
LIVINGSTON	92	61%	34	23%	16	11%	4	3%	4	3%	150
LUCE	9	75%	3	25%	0	0%	0	0%	0	0%	12
MACKINAC	5	29%	6	35%	4	24%	2	12%	0	0%	17
MACOMB	326	44%	205	27%	105	14%	87	12%	24	3%	747
MANISTEE	11	38%	8	28%	8	28%	2	7%	0	0%	29
MARQUETTE	63	49%	38	30%	19	15%	4	3%	4	3%	128
MASON	18	36%	20	40%	7	14%	2	4%	3	6%	50
MECOSTA	38	58%	14	21%	10	15%	3	5%	1	2%	66
MENOMINEE	11	37%	8	27%	4	13%	6	20%	1	3%	30
MIDLAND	46	61%	20	27%	4	5%	3	4%	2	3%	75
MISSAUKEE	5	56%	2	22%	1	11%	1	11%	0	0%	9
MONROE	112	61%	61	33%	6	3%	2	1%	4	2%	185
MONTCALM	35	38%	38	41%	13	14%	4	4%	3	3%	93
MONTMORENCY	22	85%	3	12%	0	0%	1	4%	0	0%	26
MUSKEGON	220	52%	114	27%	45	11%	27	6%	17	4%	423
NEWAYGO	72	56%	28	22%	20	16%	5	4%	3	2%	128
OAKLAND	406	52%	182	23%	76	10%	75	10%	41	5%	780
OCEANA	6	33%	10	56%	2	11%	0	0%	0	0%	18
OGEMAW	14	61%	2	9%	3	13%	2	9%	2	9%	23
ONTONAGON	3	100%	0	0%	0	0%	0	0%	0	0%	3
OSCEOLA	22	43%	17	33%	8	16%	2	4%	2	4%	51
OSCODA	2	50%	1	25%	1	25%	0	0%	0	0%	4
OTSEGO	29	76%	4	11%	3	8%	2	5%	0	0%	38
OTTAWA	158	70%	37	16%	11	5%	15	7%	4	2%	225
PRESQUE ISLE	20	80%	4	16%	0	0%	1	4%	0	0%	25
ROSCOMMON	13	29%	17	38%	6	13%	6	13%	3	7%	45
SAGINAW	68	47%	33	23%	26	18%	9	6%	9	6%	145
SANILAC	28	49%	18	32%	7	12%	1	2%	3	5%	57
SCHOOLCRAFT	4	17%	12	52%	1	4%	5	22%	1	4%	23
SHIAWASSEE	49	55%	20	22%	11	12%	8	9%	1	1%	89

Length of Stay of Children in Care on December 31, 2013											
	Less than 1 year		1-2 years		2-3 years		3-6 years		Over 6 years		Total
County	Children	%	Children	%	Children	%	Children	%	Children	%	Children
ST. CLAIR	133	46%	91	31%	33	11%	23	8%	10	3%	290
ST. JOSEPH	85	60%	30	21%	10	7%	12	9%	4	3%	141
TUSCOLA	69	57%	33	27%	16	13%	2	2%	1	1%	121
VAN BUREN	78	55%	35	25%	18	13%	7	5%	3	2%	141
WASHTENAW	120	51%	54	23%	37	16%	19	8%	6	3%	236
WAYNE	1092	40%	521	19%	381	14%	430	16%	294	11%	2718
WEXFORD	31	50%	21	34%	4	6%	4	6%	2	3%	62
Total	6618	49%	3444	26%	1496	11%	1193	9%	661	5%	13412

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

## Appendix C. Corrections by DHS to Previously Reported Federal Safety Outcome Data

		FY2010			FY2011			FY2012		
		Initial Data	Corrected Data	Change	Initial Data	Corrected Data	Change	Initial Data	Corrected Data	Change
ABSENCE OF MALTREATMENT RECURRENCE	Child victims not maltreated again during the latter 6 months				14,939	15,174	235	15,896	16,140	244
	Child victims during the first 6 months				16,340	16,279	-61	17,477	17,400	-77
	Percent of children without maltreatment recurrence				91.4%	93.2%	1.8%	91.0%	92.8%	1.8%
ABSENCE OF CHILD ABUSE/NEGLECT IN CARE	Children in care not maltreated	25,432	25,444	12	23,130	23,168	38	22,000	22,033	33
	Children in care	25,674	25,674	0	23,371	23,371	0	22,180	22,180	0
	Percent of children in care not maltreated	99.06%	99.10%	0.04%	98.97%	99.13%	0.16%	99.19%	99.34%	0.15%

### Appendix D. Number of Children Placed in Shelters by Age and County during MSA 5

County	Age																				County Total
	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	
BERRIEN														1							1
CLINTON																		1			1
GENESEE						1					2			1				3	1		8
INGHAM												1	1		2	1	1	1			7
IONIA																		1			1
JACKSON									1	2			1	2		1		1			8
KALAMAZOO			1													2		1			4
KENT		1	3	1		4	6	7	4	4	8	5	9	10	7	11	10	10	3		103
LIVINGSTON												1				2					3
MACOMB					1	1			1			3	1	2		3	1	3			16
MUSKEGON															1	1		1			3
OAKLAND		1		2	1	1	3	4	2	3	5	6	4	3	9	9	6	9			68
OTTAWA																1		1			2
SAGINAW	1																				1
ST. CLAIR																1	1				2
WASHTENAW										2	1	1	1	2	1		1				9
WAYNE										1	1	1	10	7	15	25	29	15	12	2	118
Age Total	1	2	4	3	2	7	9	11	8	12	17	18	27	28	35	57	49	47	16	2	355