



Michigan Department of  
Health & Human Services

## 2022 Corrective Action Plans

*Dwayne B. v. Whitmer, No. 2:06-cv-13548*

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## Statement of Purpose

On January 20, 2022, Judge Nancy Edmunds ordered Kevin Ryan and Eileen Crummy, the court-appointed monitors, and the State of Michigan to develop corrective action plans (CAPs) to improve performance for fourteen commitments in the Modified Implementation, Sustainability, and Exit Plan (MISEP) where the State has been 10% or more below the identified performance metric for three consistent review periods (MISEP reporting periods 17, 18, and 19). This document contains the CAPs proposed by the State as modified and approved by the monitors, who also received input from Plaintiffs' counsel, Children's Rights. The objective of each CAP is to identify core strategies for improving performance toward the associated MISEP commitment as well as specific actionable steps throughout calendar year 2022 to advance the core strategies. The CAPs were finalized and approved by the monitors on April 14, 2022.

The State is responsible for implementing the CAPs with quarterly meetings to occur during calendar year 2022 with the Court, or the Court's designee, to discuss the State's implementation of the CAPs and progress towards the performance standards for the associated MISEP commitments.

## State of Michigan's CAP Team

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Children's Services Agency (CSA) Liaison: Kelly Sesti, Director of Division of Continuous Quality Improvement (DCQI), [SestiK@michigan.gov](mailto:SestiK@michigan.gov)

## 5.1 - Contract-Agency Evaluation

*5.1 – Contract-Agency Evaluation:* MDHHS shall conduct contract evaluations of all Congregate Care Institutions (CCIs) and private Child Placing Agencies (CPAs) providing placements and services to Plaintiffs to ensure, among other things, the safety and well-being of Plaintiffs and to ensure that the CCI or private CPA is complying with the applicable terms of this Agreement.

| Performance Standard | MISEP Period 17 Performance | MISEP Period 18 Performance | MISEP Period 19 Performance |
|----------------------|-----------------------------|-----------------------------|-----------------------------|
| Yes/No               | No                          | No                          | No                          |

*MDHHS CAP lead:* Shayne Machen, [MachenS@michigan.gov](mailto:MachenS@michigan.gov)

*Root cause:* The monitors have consistently found that MDHHS should be providing more comprehensive inspections, investigations, and corrective actions for agencies to ensure, among other things, the safety and well-being of Plaintiffs.

*Corrective Action Plan:*

Enhance contract compliance oversight, technical assistance, and program performance for both CCIs and CPAs to ensure, among other things, the safety and well-being of Plaintiffs.

1. Implement an executive-level governance committee to support contracting decisions and oversee safety at CCIs with risk identified scores above 15.
2. Expand the scope and structure of the Residential Collaboration and Technical Assistance Unit (RCTAU) to include contract oversight and technical assistance for CCIs and private CPAs.
3. Implement an accurate CPA and CCI data dashboard to assess performance on key metrics.
4. Establish regular meetings with providers and utilize information from the dashboard to help determine future contracting needs and actions.
5. Continue to utilize the risk stratification tool for CCIs to proactively identify areas of risk to intervene with corrective action and technical assistance.
6. Contract with the Building Bridges Initiative (BBI) to provide MDHHS staff with education, training, and technical assistance on the BBI Six Core Strategies to increase their knowledge and understanding of residential best practices, including restraint reduction and elimination, and to develop skills to both assess and provide best practice technical assistance to residential providers experiencing challenges.
7. Contract with BBI to provide training and technical assistance directly to CCI providers on implementation of the BBI core strategies.

8. Establish and monitor systemwide and agency-specific milestones to reduce/eliminate the use of restraints in all licensed CCIs.
9. Liaison with MDHHS's Children's Bureau to assist with evaluations of CCI contractors regarding contractors' utilization of behavioral health resources and trauma-informed practices, including discharge planning, aftercare services, and tracking of repeat stays.
10. Ban seclusion and provide guidance on the reduction/elimination of restraints.

*Monitoring data/activities for CAP:*

1. Create governance committee by May 1, 2022.
2. Complete the modification of RCTAU by May 31, 2022.
3. Create the dashboards by April 30, 2022 and commit to an accurate data-informed data dashboard for ongoing utilization.
4. Establish schedule for provider meetings and hold first all provider meeting by May 31, 2022. MDHHS will document meeting minutes and all steps agreed upon to address areas of underlying risk to children's safety.
5. Continue to produce the risk stratification tool for CCIs to monitors weekly.
6. Provide training summary quarterly, starting May 31, 2022.
7. All RCTAU staff will complete BBI training by June 30, 2022. CCIs with a risk score above 15 will complete BBI training for all staff by July 31, 2022 and all CCIs will complete training for all staff by October 1, 2022. Provide monthly summary of technical assistance provided by BBI, starting May 31, 2022.
8. Provide monthly updates regarding restraint usage, starting April 30, 2022.
9. Include assessment of CCIs' utilization of behavioral health resources and trauma-informed practices within contract assessment mechanisms beginning July 31, 2022.
10. Ban seclusion and provide guidance on the reduction/elimination of restraints by June 1, 2022.

## 6.3 - Permanency Indicator 1

*6.3 – Permanency Indicator 1:* MDHHS shall achieve an observed performance of at least the national standard (40.5%) on Child & Family Service Review (CFSR) Round 3 Permanency Indicator One (Of all children entering foster care in a 12-month period, what percent discharged to permanency within 12 months of entering foster care?).

| Performance Standard | MISEP Period 17 Performance | MISEP Period 18 Performance | MISEP Period 19 Performance |
|----------------------|-----------------------------|-----------------------------|-----------------------------|
| 40.5%                | 26.6%                       | 27.3%                       | 27.4%                       |

*MDHHS CAP lead:* Kelly Sesti, [SestiK@michigan.gov](mailto:SestiK@michigan.gov)

*Root cause:* Since the initial settlement in *Dwayne B.*, Michigan significantly decreased its entry rates. MDHHS believes that like some other states with low entry rates, the low entry rate directly impacts the 12-months performance metric as the State now focuses on more complex foster care cases, with more intensive needs for services. In addition, permanency is significantly impacted by the speed at which local courts handle cases.

*Corrective Action Plan:*

MDHHS will implement statewide CQI efforts to improve permanency in 12 months in partnership with the courts. MDHHS will:

1. Designate permanency as a focus for ChildStat, MDHHS’s process for leading statewide performance improvement, and will include an in-depth assessment of individual cases, discussion of barriers, and identification of local best practices to be implemented statewide. This initiative will also include identification of current practice regarding early parental engagement and development and implementation of strategies to improve that engagement.
2. Develop and implement a tracking tool for individual cases, which will include timeframes/deadlines, and share the tool weekly with Business Service Center (BSC) and county directors for case-specific follow up.
3. Update the recent permanency analysis of 50 children in care during 2019 using a new cohort of children from 2021; use this updated analysis to determine factors impacting permanency; and identify barriers to permanency based on this updated analysis and steps for addressing these barriers.
4. Work with the courts to support the development of a “Juvenile Court Data Packet: Timely Reunification” data report, which will include data intended

to positively impact court hearing timeliness and permanency within 12 months.

5. In partnership with the University of Michigan, MDHHS will implement at BSC 3 a case review to identify barriers and make changes to positively impact permanency timeliness.
6. Create a grant or grants using Title IV-E funding for increased parental representation and addressing ancillary legal work.
7. Develop a program with two local courts to pilot expedited permanency planning hearings to occur at 9 months.

*Monitoring data/activities for CAP:*

1. Implement permanency as a focus of ChildStat by April 15, 2022.
2. Provide a draft copy of the tracking tool by April 30, 2022 and implement the tool by May 31, 2022.
3. Complete and produce a report detailing the updated analysis and results by June 30, 2022.
4. Provide data for the development of the Juvenile Court Packet by July 31, 2022.
5. Initiate a permanency case review in BSC 3 by April 30, 2022, begin implementing resulting changes by June 30, 2022, and evaluate and share results with the monitors quarterly thereafter.
6. Provide a summary of the grant information for fiscal year 2022 by April 30, 2022. For fiscal year 2023, MDHHS will provide information about the grants by August 30, 2022.
7. Complete the pilot of permanency planning hearings at 9 months and provide a summary of findings by July 31, 2022.

## 6.6.a - Separation of Siblings (at or near placement)

*6.6.a – Separation of Siblings (at or near placement):* Siblings who enter placement at or near the same time shall be placed together unless (1) doing so is harmful to one or more of the siblings; (2) one of the siblings has exceptional needs that can only be met in a specialized program or facility; or (3) the size of the sibling group makes such placement impractical notwithstanding efforts to place the group together.

| Performance Standard | MISEP Period 17 Performance | MISEP Period 18 Performance | MISEP Period 19 Performance |
|----------------------|-----------------------------|-----------------------------|-----------------------------|
| 90%                  | 68.1%                       | 72.4%                       | 73.4%                       |

*MDHHS CAP lead:* Jen Wrayno, [WraynoJ@michigan.gov](mailto:WraynoJ@michigan.gov)

*Root cause:* Based on MDHHS’s review of sibling cases, in some cases, the worker fails to complete Placement Exception Requests (PERs) at initial separation of siblings. In addition, siblings in foster care often have different needs, which makes it difficult to find placements that meet all siblings needs. Moreover, there is an inadequate supply of foster homes willing or able to accept multiple siblings, particularly large sibling groups.

*Corrective Action Plan:*

MDHHS will expand the array of foster homes to accommodate sibling groups and improve the PER process to ensure they are completed as required.

1. The BSCs will generate and share with counties a monthly CW-2944 to ensure exceptions are requested as required, documentation regarding efforts is clear, and that PER status is approved.
2. MDHHS will create and implement a process to ensure that the resulting data and efforts will be shared back with responsible management staff so they can continue to improve practice going forward.
3. MDHHS will update the PER policy to reflect that PERs must be completed and approved by a county-level director prior to the child’s placement.
4. The State has committed in Section 6.4 of the MISEP to develop and implement a plan to recruit and retain adequate foster home capacity, including a sufficient number of foster homes to serve sibling groups. As part of that plan, MDHHS will revise and modify its statewide recruitment plan to ensure that the State recruits, retains, and maintains sufficient homes for sibling groups, including the development of an LGBTQ taskforce.



*Monitoring data/activities for CAP:*

1. Distribute the CW-2944s monthly by April 15, 2022.
2. Provide monthly summaries to the monitors that include the monthly data reports and all actions taken by MDHHS to ensure that PERs are approved in accordance with the revised PER policy by April 30, 2022.
3. Update the PER policy by April 30, 2022.
4. Develop a revised and enhanced statewide sibling group recruitment plan by June 30, 2022; implement the plan by July 31, 2022.

## 6.6.b - Separation of Siblings (at any time)

*6.6.b – Separation of Siblings (at any time):* If a sibling group is separated at any time, except for the above reasons, the case manager shall make immediate efforts to locate or recruit a family in whose home the siblings can be reunited. These efforts shall be documented and maintained in the case file and shall be reassessed on a quarterly basis.

| Performance Standard | MISEP Period 17 Performance | MISEP Period 18 Performance | MISEP Period 19 Performance |
|----------------------|-----------------------------|-----------------------------|-----------------------------|
| 90%                  | 61.2%                       | 36.8%                       | 29.8%                       |

*MDHHS CAP lead:* Kelly Sesti, [SestiK@michigan.gov](mailto:SestiK@michigan.gov)

*Root cause:* There is a lack of foster homes willing to accept multiple siblings. In addition, moving can often be traumatic for children, even when reunifying a child with a sibling. Thus, workers and courts may be reluctant to move a child who has been in a placement long enough to become bonded to a foster family solely to reunify the child in a separate foster home with his or her sibling. Moreover, siblings in foster care often have different needs, which MDHHS reports has made it difficult to find placements that meet all siblings' needs. Finally, case managers may be performing appropriate reunification efforts but failing to document them in the case record.

*Corrective Action Plan:*

Expand the array of foster homes to accommodate sibling groups and implement a CQI process to ensure case managers are completing and documenting efforts to reunify properly.

1. As noted above, the State has committed in Section 6.4 of the MISEP to develop and implement a plan to recruit and retain adequate foster home capacity, including a sufficient number of foster homes to serve sibling groups. As part of that plan, MDHHS will revise and modify its statewide recruitment plan to ensure that the State recruits, retains, and maintains sufficient homes for sibling groups throughout the state, including the development of an LGBTQ taskforce.
2. Create a proactive CQI process to evaluate and improve the quality of documentation in quarterly service plans, ensuring that case workers continuously reassess sibling separations in the quarterly plans. The CQI process will include the development of a data report and case review process.
3. Issue a job aide with best practices regarding expectations to reunify sibling groups.

*Monitoring data/activities for CAP:*

1. Develop a statewide recruitment plan by June 30, 2022; implement the plan by July 31, 2022.
2. Create and implement the CQI process and data report by April 30, 2022.
3. Produce data and case read report quarterly, beginning with the April 30, 2022 CQI case reads.
4. Issue job aide by May 15, 2022.

## 6.8 - Emergency or Temporary Facility, Length of Stay

*6.8 – Emergency or Temporary Facility, Length of Stay:* Children shall not remain in emergency or temporary facilities, including but not limited to shelter care, for a period in excess of 30 days, unless specified exceptions apply. No child shall remain in a shelter in excess of 60 days.

| Performance Standard | MISEP Period 17 Performance | MISEP Period 18 Performance | MISEP Period 19 Performance |
|----------------------|-----------------------------|-----------------------------|-----------------------------|
| 95%                  | 67.9%                       | 64.2%                       | 62.9%                       |

*MDHHS CAP lead:* Jen Wrayno, [WraynoJ@michigan.gov](mailto:WraynoJ@michigan.gov)

*Root cause:* Extended placement in shelter remains an issue due to the lack of safe needs-based placements for children. In addition, PERs are not always completed timely for extended stays in shelter placement.

*Corrective Action Plan:*

MDHHS will increase specialized services to meet the needs of youth placed in shelter and require director approval of all shelter placements and length of stay exceptions.

1. MDHHS will develop and implement a process requiring approval from the MDHHS Director before each placement in a shelter and before any extension of a child's stay to exceed 30 days pursuant to the exceptions in MISEP 6.8(a).
2. DCQI will complete a data analysis to determine the needs of children who have experienced stays in shelter care in excess of 30 days. Case read data will be shared with the Out of Home Services Bureau to guide placement array and community placement capacity expansion.
3. MDHHS will work with the provider community to develop placements and services to meet the needs of children with severe mental health diagnoses, developmental delays, and violent behaviors, in the least restrictive setting.
4. MDHHS will develop a process to ensure that every child placed in a shelter receives a comprehensive assessment and appropriate services.
5. The Residential Placement Unit (RPU) will send the BSCs weekly lists of cases with upcoming 30- and 60-day deadlines to facilitate moving children out of shelter or ensure timely completion of PERs based on the exceptions in MISEP 6.8(a), as appropriate. RPU will also implement an ongoing review process for all children in a shelter placement.

6. MDHHS will create a community reintegration process to assist with youth exiting CCI care or hospitalization to transition back into the community with a focus on trauma-informed services and discharge planning.

*Monitoring data/activities for CAP:*

1. Develop and implement the director-approval process by April 30, 2022.
2. DCQI will complete the data analysis by May 31, 2022 and will share a summary of this analysis with the monitors.
3. Provide a monthly update on MDHHS's efforts to develop needs-based placements and services to eliminate the improper use of shelters beginning May 1, 2022.
4. Develop and implement the assessment and service provision by May 31, 2022.
5. RPU will begin sending the PER lists to BSCs by May 31, 2022. MDHHS will provide these lists and a summary of the review process to the monitors on a quarterly basis.
6. Creation of community reintegration process by June 1, 2022.

## 6.9 - Emergency or Temporary Facility, Repeated Placement

*6.9 – Emergency or Temporary Facility, Repeated Placement:* Children shall not be placed in an emergency or temporary facility, including but not limited to shelter care, more than one time within a 12-month period, unless specified exceptions apply. Children under 15 years of age experiencing a subsequent emergency or temporary-facility placement within a 12-month period may not remain in an emergency or temporary facility for more than 7 days. Children 15 years of age or older experiencing a subsequent emergency or temporary-facility placement within a 12-month period may not remain in an emergency or temporary facility for more than 30 days.

| Performance Standard | MISEP Period 17 Performance | MISEP Period 18 Performance | MISEP Period 19 Performance |
|----------------------|-----------------------------|-----------------------------|-----------------------------|
| 95%                  | 6.3%                        | 12.5%                       | 2.9%                        |

*MDHHS CAP lead:* Kelly Sesti, [SestiK@michigan.gov](mailto:SestiK@michigan.gov)

*Root cause:* Placement in shelter remains an issue due to the lack of safe needs-based placements. In addition, PERs are not always completed timely for repeat stays in shelter placement.

*Corrective Action Plan:*

MDHHS will identify the unique needs of children with a repeat stay in shelter to develop specialized resources to meet their placement needs and require director approval of all repeat shelter placements.

1. Develop and implement a process requiring approval from the MDHHS Director before each repeat placement in a shelter. Approval by the Director shall be consistent with the exceptions set forth in 6.9(a).
2. DCQI will complete a data analysis to determine the needs of children who have experienced repeat stays in shelter care. Case read data will be shared with the Out of Home Services Bureau to guide placement array and community placement capacity expansion.
3. Create a weekly data report to identify instances of repeat stays and the timeframes by which those children must be removed from shelter care and share it with the BSCs to ensure children do not remain beyond the limitations provided in MISEP 6.9.
4. MDHHS will develop a process to ensure that every child placed in a shelter receives a comprehensive assessment and appropriate services.

*Monitoring data/activities for CAP:*

1. Develop and implement the director-approval process by April 30, 2022.
2. DCQI will complete the data analysis by May 31, 2022 and will share a summary of this analysis with the monitors.
3. MDHHS will begin producing the weekly report by April 15, 2022. The reports will be provided to the monitors on a quarterly basis.
4. Develop and implement the assessment and service provision by May 31, 2022.

## 6.10.a - Relative Foster Parents (initial placement)

*6.10.a – Relative Foster Parents (initial placement):* When placing a child with a relative who has not been previously licensed as a foster parent, MDHHS shall visit the relative’s home to determine if it is safe prior to placement; check law enforcement and central registry records for all adults residing in the home within 72 hours following placement; and complete a home study within 30 days.

| Performance Standard | MISEP Period 17 Performance | MISEP Period 18 Performance | MISEP Period 19 Performance |
|----------------------|-----------------------------|-----------------------------|-----------------------------|
| 95%                  | 53%                         | 73.8%                       | 41.5%                       |

*MDHHS CAP lead:* Danielle Martin, [MartinD28@michigan.gov](mailto:MartinD28@michigan.gov)

*Root cause:* During the first 30 days following placement, there are multiple requirements and activities that must be completed to assess the placement, support the relative caregiver, and ensure the child’s needs are being met. Further, CSA policy/practice does not currently require verification of the criminal clearance information be included or entered in MiSACWIS. In addition, documentation of remediation of safety concerns was not consistently occurring.

*Corrective Action Plan:*

MDHHS will develop enhanced data reports, real-time feedback, published minimum performance standards, technical assistance, kinship staff, and targeted case reviews.

1. MDHHS will change policy to require workers to include verification of the clearance information in MiSACWIS for each home study.
2. MDHHS will establish kinship parent support workers within each BSC to support kinship caregivers.
3. Relative home study data will be included in ChildStat to improve performance and identify local best practices to be implemented statewide.
4. DCQI will implement improvement efforts on a statewide level, including:
  - a. Tracking and publishing monthly data reports proactively identifying due dates, supervisory approval dates, and incomplete documentation of safety remediation efforts.
  - b. Local offices will be directed to address identified safety concerns and report back to DCQI with the completion date.
  - c. If any clearance dates are before the allowable timeframe(s), local offices will be directed to run new clearances and report back to DCQI with the completion date.
  - d. Random case reviews will be conducted quarterly to ensure local office compliance with identified required remediations.



5. DCQI will hold statewide technical assistance calls on a quarterly basis, with focus on data trends and BSC involvement to discuss local CQI activities and identify best practices.

*Monitoring data/activities for CAP:*

1. Publish policy changes by April 15, 2022.
2. Establish new kinship support positions by May 31, 2022.
3. Update ChildStat data slides by April 15, 2022.
4. Implement statewide DCQI efforts by May 31, 2022. DCQI will share a copy of the data reports and internal DCQI tracking mechanism with the monitors quarterly.
5. Initiate quarterly technical assistance meetings by April 30, 2022. MDHHS will provide to the monitors meeting minutes to demonstrate compliance.

## 6.10.b - Relative Foster Parents (annual renewal)

*6.10.b – Relative Foster Parents (annual renewal):* When placing a child with a relative who has not been previously licensed as a foster parent, a home study will be renewed every 12 months for the duration of the child’s placement with the relative.

| Performance Standard | MISEP Period 17 Performance | MISEP Period 18 Performance | MISEP Period 19 Performance |
|----------------------|-----------------------------|-----------------------------|-----------------------------|
| 95%                  | 9.7%                        | 36.5%                       | 14.1%                       |

*MDHHS CAP lead:* Danielle Martin, [MartinD28@michigan.gov](mailto:MartinD28@michigan.gov)

*Root cause:* Policy does not include the clearance verification requirements and the current data reports do not include the necessary information for the field to track compliance with this measure.

*Corrective Action Plan:*

MDHHS will update its annual renewal data report to include the necessary information for the field to track annual renewal of home studies, generate additional data reports to identify areas for improvement, and monitor progress at the leadership level.

1. Change policy to require workers to include verification of the clearance information in MiSACWIS for each home study.
2. Establish kinship parent support workers within each BSC to support kinship caregivers.
3. Modify the 6021 data report to include upcoming due dates for annual renewals and approval dates.
4. Implement a monthly performance report tracking annual renewals and conduct quarterly CSA executive-level meetings to identify and assess barriers for low performing agencies (public and private).

*Monitoring data/activities for CAP:*

1. Publish policy changes by April 15, 2022.
2. Establish the new kinship support worker positions by May 31, 2022.
3. Modify the 6021 data report by May 31, 2022.
4. Develop the monthly report and begin the CSA executive-level meetings by April 30, 2022.
5. Provide monthly performance reports to the monitors on a quarterly basis beginning July 31, 2022.

## 6.15 - Caseloads, Adoption Workers

*6.15 – Caseloads, Adoption Workers:* 95% of adoption caseworkers shall have a caseload of no more than 15 children.

| Performance Standard | MISEP Period 17 Performance | MISEP Period 18 Performance | MISEP Period 19 Performance |
|----------------------|-----------------------------|-----------------------------|-----------------------------|
| 95%                  | 66.7%                       | 78.2%                       | 81.5%                       |

*MDHHS CAP lead:* Jen Wrayno, [WraynoJ@michigan.gov](mailto:WraynoJ@michigan.gov)

*Root cause:* Finalized adoptions are often not closed in MiSACWIS, resulting in inflated caseloads. Additionally, many cases have an Order Placing Child for Adoption, but not a final Order of Adoption.

*Corrective Action Plan:*

1. DCQI will create a weekly dashboard report listing the private agencies that are out of compliance with this term and provide the report to leadership.
2. The BSC director or their designee will contact out-of-compliance agencies biweekly to instruct the agencies to close out completed adoptions and inquire if additional barriers are impacting adoption caseloads.
3. If a private agency remains low performing for more than one month, the agency will be required to attend biweekly meetings with leadership and, as deemed appropriate, create a corrective action plan.

*Monitoring data/activities for CAP:*

1. DCQI analysts will create the dashboard report by April 22, 2022.
2. The follow up processes identified in 2 and 3 above will begin by April 8, 2022.

## 6.19 - Assessments and Service Plans, Content

*6.19 – Assessment and Service Plans, Content:* Assessments and service plans shall be of sufficient breadth and quality to usefully inform case planning and shall accord with the requirements of 42 U.S.C. 675(1).

| Performance Standard | MISEP Period 17 Performance | MISEP Period 18 Performance | MISEP Period 19 Performance |
|----------------------|-----------------------------|-----------------------------|-----------------------------|
| 90%                  | 66.7%                       | 73.5%                       | 57.6%                       |

*MDHHS CAP lead:* Rachel Willis, [WillisR4@michigan.gov](mailto:WillisR4@michigan.gov)

*Root cause:* The Department, which has the lead responsibility for conducting Quality Services Reviews (QSRs), represents that in some instances, supervisors may focus on ensuring technical compliance with policy and standards of promptness, instead of the accuracy of assessments and service provisions that would promote quality case planning. The monitors have requested information and data to support the Department’s root cause analysis.

*Corrective Action Plan:*

MDHHS will conduct data analysis and case reviews in order to identify specific deficiencies in performance and opportunities to improve practice, and will develop and implement statewide strategies and tactics to ensure completion of quality assessments and service planning.

1. Review and analyze MDHHS’s last four quality service reviews (QSR) to identify gaps in and opportunities to improve assessment and service planning practice.
2. Develop and implement statewide corrective action targeted to remedy those specific practice gaps.
3. Train and coach staff on the principles of the MiTEAM practice model to improve worker engagement and assessment skills.
4. Incorporate the use and impact of the fidelity tool on outcomes into the ChildStat process.
5. Train field staff to improve engagement techniques in seven pilot counties.
6. CQI teams will conduct quarterly quality assurance reads of service plans from a random sample in real time.

*Monitoring data/activities for CAP:*

1. Complete analysis of MDHHS’s last four QSRs by May 30, 2022.
2. Develop and begin implementation of the plan to improve practice gaps statewide by July 15, 2022.

3. Train and coach staff on the principles of the MiTEAM practice model to improve worker engagement and assessment skills by July 31, 2022.
4. Implement the fidelity tool information in the ChildStat process by April 15, 2022.
5. Initiate training in pilot counties by June 30, 2022.
6. Provide the monitors with a summary update of the pilot programs by September 30, 2022.
7. Initiate quarterly quality assurance reads by May 31, 2022.
8. Provide summary reports from the quarterly quality assurance reads to the monitors by September 30, 2022.

## 6.20 - Provision of Services

*6.20 – Provision of Services:* MDHHS shall ensure that the services identified in the service plan are made available in a timely and appropriate manner to the child and family and shall monitor the provision of services to determine whether they are of appropriate quality and are having the intended effect.

| Performance Standard | MISEP Period 17 Performance | MISEP Period 18 Performance | MISEP Period 19 Performance |
|----------------------|-----------------------------|-----------------------------|-----------------------------|
| 83%                  | 69.3%                       | 71.6%                       | 51.7%                       |

*MDHHS CAP lead:* Rachel Willis, [WillisR4@michigan.gov](mailto:WillisR4@michigan.gov)

*Root cause:* There is a lack of available service providers to meet the needs of the families that MDHHS serves. As a result, there are significant waitlists and service gaps that impact service availability.

*Corrective Action Plan:*

MDHHS will develop new contract opportunities to increase service availability.

1. Implement a needs assessment through ChildStat to determine areas of unmet service needs, including domestic violence, substance use, and mental health, and implement new contracting opportunities to address identified needs.
2. Increase coordination with Behavioral Health Developmental Disability Administration (BHDDA) and Health and Aging Services Administration (HASA) to expand service array with community-based services, including day-treatment programs.
3. Re-issue communication to field providing guidance on compliance with policy FOM 802 regarding trauma assessments.
4. Develop and implement contracts at the local level for targeted service needs.

*Monitoring data/activities for CAP:*

1. Implement needs assessment through ChildStat including data from QSRs and existing waitlists by May 15, 2022.
2. Provide quarterly updates on coordination efforts between CSA and BHDDA/HASA.
3. Re-issue communication issuance by April 30, 2022.
4. Produce a contract expansion plan based on the findings of the needs assessment, including levels of funding by April 30, 2022.
5. Contract for local services based on needs assessment findings by May 31, 2022.

6. Provide quarterly updates regarding service expansion to the monitors beginning July 31, 2022.

## 6.32 - Medical Care and Coverage, Subsequent Placement

*6.32 – Medical Care and Coverage, Subsequent Placement:* MDHHS shall ensure that at least 95% of children have access to medical coverage within 24 hours or the next business day following subsequent placement by providing the placement provider a Medicaid card or an alternative verification of the child’s Medicaid status and Medicaid number as soon as it is available.

| Performance Standard | MISEP Period 17 Performance | MISEP Period 18 Performance | MISEP Period 19 Performance |
|----------------------|-----------------------------|-----------------------------|-----------------------------|
| 95%                  | 82.8%                       | 82.1%                       | 78.5%                       |

*MDHHS CAP lead:* Kelly Sesti, [SestiK@michigan.gov](mailto:SestiK@michigan.gov)

*Root cause:* There is inconsistent practice among workers in documenting that required Medicaid coverage information has been provided to caregivers. In addition, AWOL children do not have a caregiver to send the Medicaid coverage information (represents about 2% of children). Notably, performance towards the commitment does not assess whether children are covered by Medicaid at the time of placement. In fact, for nearly all children for which MDHHS was deemed out of compliance with this metric in Reporting Period 19, Medicaid coverage was available within 24 hours of placement. Thus, the sole cause of nonperformance was that workers did not document that Medicaid information was provided to the caregiver.

*Corrective Actions:*

MDHHS will ensure children with placement changes maintain Medicaid coverage, provide information to caregivers to ensure their awareness of the coverage, and document that each caregiver has received that information in the case record.

1. Provide a data report verifying continuous Medicaid coverage with placement changes.
2. Provide information to foster parents during initial training on how to obtain a child’s Medicaid coverage information if they do not have the Medicaid card.
3. Update publication 268 to ensure caregivers are aware of how to access Medicaid information and medical treatment for the child in their care.
4. Ensure that workers document in the case record that they have provided each child’s placement provider a Medicaid card or an alternative verification of the child’s Medicaid status and Medicaid number as soon as it is available.



*Monitoring data/activities for CAP:*

1. Create the data report and provide to the monitors by April 30, 2022.
2. Modify the GROW curriculum by April 30, 2022.
3. Update Publication 268 by April 30, 2022.
4. Revise and reissue policy by April 30, 2022.

### 6.33 - Psychotropic Medication, Informed Consent

6.33 – *Psychotropic Medication, Informed Consent*: MDHHS shall ensure that informed consent is obtained and documented in writing in connection with each psychotropic medication prescribed to each child in MDHHS custody.

| Performance Standard | MISEP Period 17 Performance | MISEP Period 18 Performance | MISEP Period 19 Performance |
|----------------------|-----------------------------|-----------------------------|-----------------------------|
| 97%                  | 75.9%                       | 74.4%                       | 76.1%                       |

MDHHS CAP lead: Mary Chaliman, [ChalimanM2@michigan.gov](mailto:ChalimanM2@michigan.gov)

*Root cause*: Workers may fail to gather the informed consent documents timely, and/or ensure the parent is able to be at or participate in the doctor appointment. In addition, the prescribing physician may not be aware of informed consent requirements under MDHHS rules and regulations.

*Corrective Action Plan*:

Establish a workgroup to further identify barriers and solutions to increase compliance and provide additional training to workers.

1. Establish a quality assurance process to further identify barriers and solutions to ensure informed consent is obtained and timely documented, including engagement with the provider and medical community and development of targeted pilot programs.
2. Update 268 form that is provided to foster care providers to include information about psychotropic medications, the required consents, and notifications to caseworker.
3. Refine the worker job aid outlining due dates for specific requirements and related activities for psychotropic medications.

*Monitoring data/activities for CAP*:

1. Establish quality assurance process by April 15, 2022.
2. Provide quarterly updates to the monitors regarding remediation efforts beginning June 1, 2022.
2. Update 268 form by April 30, 2022.
3. Job aid to be updated by May 31, 2022.

## 6.34 - Psychotropic Medication, Documentation

*6.34 – Psychotropic Medication, Documentation:* MDHHS shall ensure that: (1) A child is seen regularly by a physician to monitor the effectiveness of the medication, assess any side effects and/or health implications, consider any changes needed to dosage or medication type and determine whether medication is still necessary and/or whether other treatment options would be more appropriate; (2) MDHHS shall regularly follow up with foster parents/caregivers about administering medications appropriately and about the child’s experience with the medication(s), including any side effects; (3) MDHHS shall follow any additional state protocols that may be in place related to the appropriate use and monitoring of medications.

| Performance Standard | MISEP Period 17 Performance | MISEP Period 18 Performance | MISEP Period 19 Performance |
|----------------------|-----------------------------|-----------------------------|-----------------------------|
| 95%                  | 33.8%                       | 26.9%                       | 34.8%                       |

*MDHHS CAP lead:* Mary Chaliman, [ChalimanM2@michigan.gov](mailto:ChalimanM2@michigan.gov)

*Root cause:* Workers may fail to gather and document the information required by 6.34(2) and such discussions are outside of standard social work practices.

*Corrective Action Plan:*

1. A centralized tracking system will be developed and implemented, requiring Medicaid claims data for all children prescribed psychotropic medication the previous month to be compiled and distributed to each BSC by the 5<sup>th</sup> business day of every month. The data will be contained in a spreadsheet that also displays columns for completion of the psychotropic consent form and completion of a social work contact with the caretaker. The spreadsheet will be returned by each BSC fully completed by the last business day of the month.
2. Foster care supervisors will be required to complete annual training regarding: psychotropic medication, reviewing psychotropic medications with youth and foster care providers, and the tools available to appropriately track this information.
3. A secondary quality assurance process will be developed to review 10% of all cases quarterly involving children prescribed psychotropic medication. The existing case read tool utilized by the CSA Health unit will be reviewed for potential modification. Training will be provided by the Health Unit to ensure fidelity and consistency in the review.
4. The CSA Health Unit will develop and implement a process improvement team to include foster care supervisors, HLOs, and foster care workers. This team will develop training materials for foster care workers, develop survey

material for quality assurance, and determine if additional remedial measures to improve performance with this commitment are appropriate.

5. The Parties may decide to convene later this year to discuss additional strategies to ensure regular follow up with foster parents/caregivers about administering medications appropriately and about the child's experience with the medication(s), including any side effects.

*Monitoring data/activities for CAP:*

1. Distribute the spreadsheet by April 30, 2022, and continue monthly thereafter.
2. Training will be completed annually by September 30th. Training materials will be developed by the CSA Health Unit and process improvement team by June 10, 2022 and updated annually as applicable.
3. A tool for reviewing 10% of cases quarterly will be finalized by May 31, 2022 to be utilized by the third quarter of 2022. Training will be completed for foster care supervisors by June 10, 2022.
4. The process improvement group will be developed by May 16, 2022 and will hold the first meeting by May 31, 2022.