Progress of the Michigan Department of Human Services

Monitoring Report for *Dwayne B. v. Snyder*

MODIFIED SETTLEMENT AGREEMENT

MSA 1

OCTOBER TO DECEMBER 2011

ISSUED JUNE 25, 2012

public catalyst

Message from Maura D. Corrigan:

On Monday, the first monitoring report under the Child Welfare Modified Settlement Agreement was presented to the court. According to Judge Nancy Edmunds, it was "a different day and a different mindset and a different atmosphere… I just can't say enough good things about Gov. Snyder and the team that Justice Corrigan has put together to tackle this issue" -- and I could not agree more. From the federal monitors to the plaintiffs – and even the judge – praise abounded for our progress and the tremendous strides that have been made in the last 18 months. I wish every one of our child welfare staff could have attended the hearing and personally received the accolades that they so richly deserve.

Since that was not possible, I asked the court if they would expedite the transcript from the hearing. Please take a moment to read the attached hearing transcript. I believe you will feel the same level of pride that I did in all that we accomplished.

I wish to thank local leadership, community and agency partners, the courts -- and most importantly, frontline child welfare staff -- for their hard work and commitment. Without this level of dedication, we could not continue improving outcomes for the children in our care. I would also like to commend the DHS Executive Leadership Team – Steve Yager, Wendy Campau, Michael McSurely, and Scott Parrott – for their extraordinary efforts.

Going forward, we must continue our laser focus to not only meet the requirements of the MSA, but also to implement our comprehensive vision for the children of Michigan.

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Introduction

This document serves as the fifth 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 counsel for the plaintiffs, Children's Rights (CR), 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.

The MSA reflects the parties' joint desire to improve outcomes for children and families in Michigan's child welfare system as quickly as possible. Upon receipt in December 2010 of the monitor's third report concerning the original Settlement Agreement, plaintiffs expressed to the court growing dissatisfaction with the pace and progress of the reform effort. The newly elected administration, led by Michigan Governor Rick Snyder and DHS Director Maura Corrigan, requested an opportunity to analyze the status of the reform effort, develop improvement strategies, implement critical changes in the leadership and organization of the effort, and ultimately negotiate with plaintiffs a modification of the parties' original Agreement.

After several months of study and discussion, the parties reached the MSA. In sum, the MSA:

- Provides the plaintiff class relief in the form of immediate action steps and strategies to bring rapid attention and improvement to critical performance areas in which there has been non-compliance;
- Reprioritizes the phase-in of needed structural improvements;
- Embeds a new case practice model designed by the current DHS management in consultation with the monitors and plaintiffs; and
- Establishes benchmarks and performance targets that the new 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 overseeing and 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.

Director Corrigan has assembled an experienced executive team to lead the state's child welfare reform efforts including Steve Yager, the Director of the DHS Children's Services Administration (CSA). The CSA is responsible for implementing the commitments of the Modified Settlement Agreement. The monitoring team has been impressed by the level of focus and commitment of the current DHS leadership team as well as its desire to realize positive outcomes for Michigan's children and families.

This report to the court reflects the efforts of the new leadership team and the status of Michigan's reform efforts as of December 31, 2011, reflecting progress for the last three months of 2011, defined as Period One in the MSA (MSA 1). Future reports will be structured into six-month periods with public reporting by the monitoring team following each period.

Summary of Progress and Challenges Ahead

As of the conclusion of MSA 1, the monitoring team highlights several significant accomplishments DHS made in certain areas including:

- *Foster care extension for young adults*: In November 2011, Governor Rick Snyder signed into law the Young Adult Voluntary Foster Care Act which provides a variety of benefits for young adults including extending foster care to age 21, and offers young adults a safety net of core services and financial benefits during the critical transition to adulthood.
- *Health insurance for youth transitioning to adulthood*: For the first time since reforms got underway in this matter, DHS ensured that virtually every eligible youth received health insurance upon exiting care.
- *Educational opportunities for youth transitioning to adulthood*: Young adults transitioning from foster care were awarded an education and training voucher to support their post-secondary education.
- *Statewide centralized hotline:* In six counties, DHS successfully piloted a 24/7 centralized hotline to receive and manage calls alleging child maltreatment.

- *Hiring of new child welfare workers*: Following statewide recruitment events, DHS hired over 700 child welfare workers since the last monitoring report was issued.
- *University-based in-service training*: DHS elicited the support and assistance of several Michigan graduate schools of social work to offer in-service courses for CPS workers, adoption, and public and private foster care workers.
- *Immediate action for children with a goal of guardianship*: DHS committed to finalizing 150 juvenile guardianships for CY2011. They exceeded this target, finalizing 192 juvenile guardianships.
- *Licensing of relative foster homes:* DHS resolved a significant number of relative homes pending licensure, including 94 percent of the longest pending home studies.

While much was accomplished in MSA 1, looking ahead, DHS faces challenges in meeting its commitments in important areas of the Agreement. Some of those include achieving purchase of service caseload standards, ensuring staff participation in training, and meeting visitation standards. The monitoring team will report on DHS' progress in meeting those commitments in future reports.

MSA 1 Summary of Commitments

Section	Modified Settlement Agreement Commitment	Deadline[1]	Completed	Page
III.C.1	Safety - Recurrence of Maltreatment within Six Months: DHS shall achieve 94.6%.	9/30/10	No	25
III.C.2	Safety - Maltreatment in Foster Care: DHS shall achieve 99.68%.	9/30/09	No	26
III.D.1	Permanency Composite One: DHS shall achieve a Score of 105.	9/30/11	Yes	26
III.D.1	Permanency Composite One: DHS shall report in each reporting period on its performance on each component element.		Yes	26
III.D.2	Permanency Composite Two: DHS shall achieve a Score of 100.	9/30/11	Yes	26
III.D.2	Permanency Composite Two: DHS shall report in each reporting period on its performance on each component element.		Yes	26
III.D.3	Permanency Composite Three: DHS shall achieve a Score of 120.	9/30/11	Yes	27

[1] The deadline of October 1, 2011 refers to provisions due at the start of MSA 1. Most other deadlines are specifically stated in the MSA, save those provisions which were due before the signing of the MSA and continue to be included in DHS' commitments.

Section	Modified Settlement Agreement Commitment	Deadline[1]	Completed	Page
III.D.3	Permanency Composite Three: DHS shall report in each reporting period on its performance on each component element.		Yes	27
III.D.4	Permanency Composite Four: DHS shall achieve a Score of 101.5.	10/1/11	Yes	27
III.D.4	Permanency Composite Four: DHS shall report in each reporting period on its performance on each component element.		Yes	27
IV.A.1	Establish a Children's Services Administration headed by a Deputy Director of DHS.	10/1/11	Yes	2
V.B.1	Establish a centralized hotline pilot for Kalamazoo, Kent, Ottawa, and Cass/St. Joe Counties.	10/31/11	Yes	40
V.C	Establish and implement a QA process to ensure CPS reports are competently investigated and in cases where abuse/neglect is indicated, actions are taken and services are provided appropriate to the circumstances.	12/31/11	Yes	30
V.D	DHS shall investigate all allegations of abuse or neglect relating to any child in the foster care custody of DHS (Maltreatment in Care).	10/1/11	Yes	39
V.D.1	In designated counties, DHS will maintain separate Maltreatment in Care (MIC) units responsible for MIC investigations.	10/1/11	Yes	39
V.D.2.a	In non-designated counties DHS will maintain 3 separate regional MIC units for all investigations of abuse or neglect occurring in CCIs.	10/1/11	Yes	39
V.D.2b	In non-designated counties DHS will provide specially trained local office and/or regional CPS staff responsible for conducting all CPS investigations in a foster home. No local office MIC investigation will be conducted by an employee with an established relationship with the foster family or alleged perpetrator.	10/1/11	Yes	39
V.D.4	DHS Child Welfare Field Operations shall ensure dedicated supervision, oversight and coordination of all MIC investigations.	10/1/11	Yes	39
VI.A.6	All caseworkers will receive 16 hours of in-service training for SFY2011.	9/30/11	Yes	17

Section	Modified Settlement Agreement Commitment	Deadline[1]	Completed	Page
VI.B.2	Implement a competency based supervisory training program at least 40 hours in length and address specific skills and knowledge.	10/1/11	Yes	18
VI.B.3	All supervisors promoted or hired must complete the training program and pass a written competency based exam within three 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 a supervisory position.	10/1/11	No	18
VI.B.4	University-Based Training Opportunities: Develop and maintain relationships, joint programs with schools of social work to expand training and education for DHS and private CPA caseworkers and supervisors.	10/1/11	Yes	17
VI.C	Licensing Worker Qualifications and Training: Requirements include a bachelor's degree in social work or related human services field; training type and amount provided as indicated in plan submitted to the monitoring team on 3/5/09.	10/1/11	No	18
VI.E.2.d	Supervisors: Submit a proposed formula to the monitoring team and Plaintiffs for determining the ratio caseworkers and to supervisors in circumstances when supervision is provided to both child welfare and non-child welfare caseworkers. This formula is subject to monitoring team approval.	12/31/11	Yes	14
VI.E.7	POS Workers: 95 percent of POS workers will have a caseload of no more than 90 children.	9/30/11	No	13
VI.E.7.a	POS Worker model will remove responsibilities for: review/approve case plans; attend court hearings unless so ordered; enter social work contacts into SWSS; attend quarterly visits with CPAs; attend PPCs.	9/30/11	Yes	14
VI.E.7.b	DHS will provide a plan to monitoring team with implementation schedule for a revised POS monitoring model subject to review and approval of Monitors.	12/31/11	Yes	14
VI.E.10	Caseload Tracking & Reporting: DHS will provide quarterly reporting on the percentage of supervisors and caseworkers in each of the categories. Upon implementation of SACWIS, each worker's monthly average caseload will be used to determine compliance.	10/1/11	Yes	14

Section	Modified Settlement Agreement Commitment	Deadline[1]	Completed	Page
VII.E.6.a	APPLA: This goal may not be assigned to a child under the age of 14.	10/1/11	Yes	33
VII.E.6.e.ii	Immediate Action APPLA: Provide Monitors a status report regarding review of APPLA cases as required by VII.E.6.e.i.	12/31/11	Yes	20
VII.E.7.a	Immediate Action Adoption/Guardianship: Determine number of children with goal of adoption who are available for adoption on 9/30/11.	9/30/11	Yes	19
VII.E.7.b	Immediate Action Adoption/Guardianship: Finalize 150 juvenile guardianships for calendar year 2011.	12/31/11	Yes	19
VII.F.2	PRMs: DHS will maintain an adequate number of PRMs to review cases of children in care more than one year defined in VII.F.1. PRMs will have specialized training, raise awareness of establishing permanency, possess expertise in community resources and collaborate with case managers and supervisors to identify new strategies to focus permanency for these children.	10/1/11	Yes	34
VII.G.2	Worker-Child Contacts: Two face to face visits during first month of placement and one visit per month thereafter and include a private meeting between the child and case worker.	10/1/11	No	36
VII.G.3	Worker-Parent Visits: For children with goal of reunification, (a) two 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, one face to face visit and phone contact as needed; (c) one contact in each three-month period must occur in parent's home.	10/1/11	No	36
VII.G.4	Parent-Child Visits: For children with a goal of reunification, at least twice monthly time with parents unless reasonable exceptions & documentation noted in MSA apply.	10/1/11	No	36
VIII.B.1	Health Services Plan: DHS shall submit a detailed plan including specific actions to ensure that each child entering DHS custody received medical, dental, and mental health services described in VIII.B.2.	9/30/11	Yes	41
VIII.B.2.e.i	The Monitors in consultation with DHS will determine the baselines for periodic medical, dental, and mental health exams according to AAP guidelines with an interim target to be met by 9/30/12.	12/31/11	Yes	42

Section	Modified Settlement Agreement Commitment	Deadline[1]	Completed	Page
VIII.B.3.a.i	Medical file/history: The Monitors in consultation with DHS will determine baseline (and interim targets for 9/30/12, 6/30/13 & final standard) for foster care providers receiving specific written health information about the child entering their care.	12/31/11	Yes	42
VIII.B.3.b.i	Medical Passport: The Monitors in consultation with DHS will determine a baseline (and interim targets for 9/30/12, 6/30/13 & final standard) for foster care providers, medical and mental health professionals to receive specific written health information about the child in their care, including complete and regularly updated statement of all prescribed medications.	12/31/11	Yes	42
VIII.B.4.b	Medical Care & Coverage: The Monitors, in consultation with DHS will determine a baseline for foster children having access to medical coverage upon the child's replacement.	10/31/11	Yes	43
VIII.B.5.a	DHS will hire or contract for a medical consultant who will be a physician and provide consultation on all health related matters required under MSA. Duties and responsibilities of the consultant will be set forth in the Health Services Plan required in VIII.B.1 and subject to approval of the Monitors.	10/1/11	Yes	
VIII.B.5.a	DHS will maintain a full time Health Unit Manager reporting directly to CSA to oversee implementation of policies and procedures concerning psychotropic meds. The manager will have authority to recommend corrective actions and will manage the medical consultant.	10/1/11	Yes	
VIII.B.6	Reconfiguration of MH Services Spending: DHS reconfigured $3 million to fund mental health services and will gather and analyze data to determine whether the allocation of funds matches the priority needs of children served and, if not, implement a plan to reallocate funds to support the development and provision of services to meet priority needs.	10/1/11	Yes	
VIII.B.6.c	SED Waiver Implementation in Muskegon, Washtenaw, Eaton and Clinton Counties.	10/1/11	Yes	43
VIII.C.1.a.v	Immediate Action for Youth Transitioning to Adulthood: DHS in consultation with the Monitors will establish a baseline and targets in the Big 14 counties for 2012 to increase the number of youth 18 years and older leaving foster care with a high school diploma or GED.	12/31/11	Yes	24
VIII.C.1.a.vi	Immediate Action for Youth Transitioning to Adulthood: DHS will support the Michigan Fostering Connections legislations (SB 435-440) and implement as applicable upon passage.	12/31/11	Yes	45

Section	Modified Settlement Agreement Commitment	Deadline[1]	Completed	Page
VIII.C.1.a.vii	Immediate Action for Youth Transitioning to Adulthood: DHS will support higher education for older foster youth through partnerships with Michigan colleges and universities and through collaboration with community partners to create and expand scholarships and onsite programs, supports, and mentorships.	10/1/11	Yes	44
VIII.C.1.a.viii	Immediate Action for Youth Transitioning to Adulthood: DHS will support the Seita Scholars program at Western Michigan University.	10/1/11	Yes	45
VIII.C.1.c.i	Youth Transitioning to Adulthood: DHS will continue to implement policy and resources to extend all foster youths' eligibility for foster care until age 20 and make IL services available through the age of 21.	10/1/11	Yes	45
VIII.C.1.c.ii	Youth Transitioning to Adulthood: DHS will continue to implement a policy and process by which all youth emancipating from foster care at age 18 or older are enrolled for Medicaid managed care coverage so that their coverage continues uninterrupted.	10/1/11	Yes	46
VIII.C.1.c.iii	Youth Transitioning to Adulthood: Beginning 9/30/11, DHS will refer all youth without identified housing at the time of emancipation from foster care at age 18 or beyond to community partners for housing, rental assistance, and services under the Homeless Youth Initiative.	9/30/11	Yes	46
VIII.C.1.c.iv	Education: DHS will maintain 14 regional education planners to provide consultation and support to youth age 14 and older in accessing educational services and in developing individualized education plans, including identifying financial aid resources.	10/1/11	Yes	45
VIII.D.3.b	Treatment Foster Homes: Maintain 200 treatment foster home beds.	10/1/11	Yes	44
VIII.D.4	State Oversight of Recruitment: A designated person or unit within DHS central office will be responsible for monitoring the development and implementation of the foster and adoptive home recruitment and retention plans by county offices and providing or arranging for technical assistance. The person or unit will report to CSA Director on progress and problems in achieving goals.	10/1/11	Yes	23
VIII.D.6.a.ii	Immediate Action to Licensing Relatives: DHS will resolve the pending relative license applications for first target established in VIII.D.6.a.ii.	12/31/11	Yes	22

Section	Modified Settlement Agreement Commitment	Deadline[1]	Completed	Page
VIII.D.6.f	Relative Foster Parents: With documented, exceptional circumstances, relatives who 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.	10/1/11	Yes	23
VIII.D.6.i.i	Relative Foster Parents: Those pursuing licensure will be provided pre-service and in-service foster parent training which will include those parts of general foster parent training curriculum that are relevant to relative caregivers.	10/1/11	Yes	23
VIII.D.6.j	Relative Foster Home Licensing: DHS will maintain a position of Relative Licensing Coordinator with overall responsibility for developing a combined family home assessment for relative providers; monitoring and reporting on number of unlicensed relative homes and children in those homes; ensuring availability of adequate training staff to develop curriculum; and training for and to train Relative Licensing staff.	10/1/11	Yes	
X.B.1	Placement Outside 75-Mile Radius: DHS shall place all children within a 75-mile radius of the home from which the child entered custody, unless one of the exceptional situations exists and is approved.	10/1/11	No	37
X.B.3	Number of Children in Foster Home: No child shall be placed in a foster home if that placement will result in more than 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	37
X.B.4.a	Time Limitations for Emergency or Temporary Facilities: Children shall not remain in emergency or temporary facilities, including but not limited to shelter care, for a period in excess of 30 days.	10/1/11	No	38
X.B.4.b	Number of Placements in an Emergency or Temporary Facility: Children shall not be placed in an emergency or temporary facility, including but not limited to shelter care, more than one time within a 12-month period.	10/1/11	No	38
X.B.5	Placement in Jail, Correctional, or Detention Facility: Unless pursuant to a delinquency charge, no child in DHS foster care custody shall be placed by DHS in a jail, correctional, or detention facility.	10/1/11	Yes	38

Section	Modified Settlement Agreement Commitment	Deadline[1]	Completed	Page
XI.A.1.a	DHS shall draft a policy prohibiting the use of psychotropic medication as a method of discipline or in place of psychosocial or behavioral interventions the child requires.	9/30/11	Yes	42
XI.B.1.a	DHS shall draft a policy prohibiting corporal punishment in all foster care placements and requiring the reporting of corporal punishment in any placement, and the use of seclusion/isolation in CCIs, to the QA unit.	9/30/11	Yes	42
XII.B	Substantiated Incidents of Abuse, Neglect, and Corporal Punishment: DHS will give due consideration to any and all substantiated incidents of abuse, neglect, and/or corporal punishment occurring in the placements licensed and supervised by a contract agency at the time of processing its application for licensure renewal; DHS will investigate any agency that fails to report such incidents and require corrective action; DHS will conduct an Administrative Review of any agency with repeated failures to report within a year.	10/1/11	Yes	28
XII.C	Contract Evaluations: At least once a year, DHS will conduct contract evaluations of all CCIs and private CPAs.	10/1/11	Yes	29
XII.C.2	DHS shall visit a random sample of each agency's foster homes as a 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	No	29
XII.D	Resources: DHS will maintain sufficient resources to permit staff to conduct contract enforcement activities.	10/1/11	No	29
XIV.B	DHS will provide a QA plan to the Monitors that will define the process for the ongoing assessment of DHS child welfare performance in relation to the performance requirements.	12/31/11	Yes	30
XIV.C	The CSA Director will appoint a director to administer the QA unit. The QA director will report directly to the Children's Services Administration Director.	10/1/11	Yes	30

Methodology

In preparation for this report, the monitoring team conducted a series of verification activities to evaluate DHS' progress implementing its commitments in the Modified Settlement Agreement (MSA). These activities included meetings with DHS leadership; verification visits to DHS offices in eight counties as well as the centralized intake pilot office; attendance at a

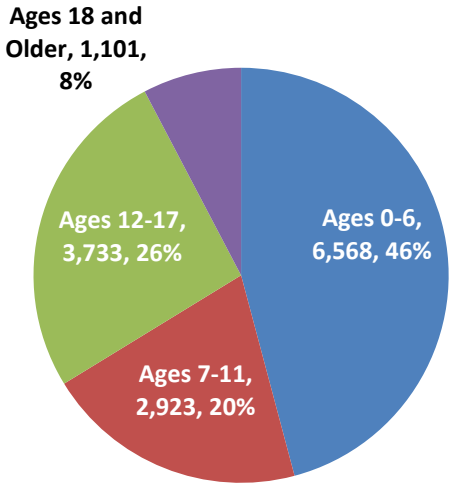
regional directors' meeting; verification visits to private agencies throughout the state; meetings with advocates for children and families; as well as reviews of records and other documentation. During field office visits, the monitoring team interviewed staff and supervisors and talked to public and private managers about the pace, progress, and challenges of the reform. The monitoring team met with private agency leadership collectively in various forums to understand the impact of the MSA on their foster care, adoption, and licensing work. The monitoring team also reviewed and analyzed a wide range of aggregate and detail data produced by DHS as referenced throughout this report.

Demographics

DHS reports there were 14,325 children in custody as of December 31, 2011, a decline of 386 children (2.6 percent) during MSA 1.[2] DHS saw more children leave (1,919) than enter (1,533) custody, explaining the decline. Though young children aged zero to six years make up the largest portion (6,568 or 46 percent), Michigan continues to have a large population of older youth in custody. Twenty-six percent (3,733) are 12 to 17 years, and eight percent (1,101) are 18 years and over, as detailed in the following chart:

Figure 1. Age of Children in Custody on December 31, 2011[3]

n=14,325



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 40 percent African-American children

[2] 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.

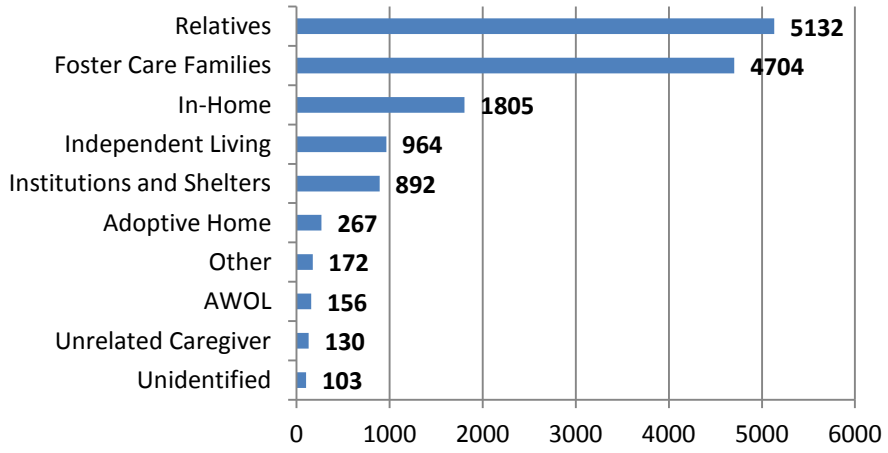
[3] For full detail by county, see Appendix A: Age Range of Children in Care on December 31, 2011.

and 58 percent White children.[4] In addition, six percent of children are identified with Hispanic ethnicity (and can be of any race).

As the following chart demonstrates, 84 percent of children in DHS custody live in family settings, including foster families (33 percent), with relatives (36 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, 892 (six percent) live in institutional settings, including residential treatment and other congregate care facilities. Another 964 children, or seven percent, reside in independent living placements, which serve youth on the cusp of aging-out of care. The remaining three percent reside in other settings, are AWOL, or in unidentified placements.

Figure 2. Placement Types of Children in Custody on December 31, 2011[5]

n=14,325



[4] DHS did not report children as being multi-racial as in previous periods. In monitoring Periods 3 and 4 under the original Settlement, for example, children categorized as multi-racial comprised seven percent of the population.

[5] *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 her 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.

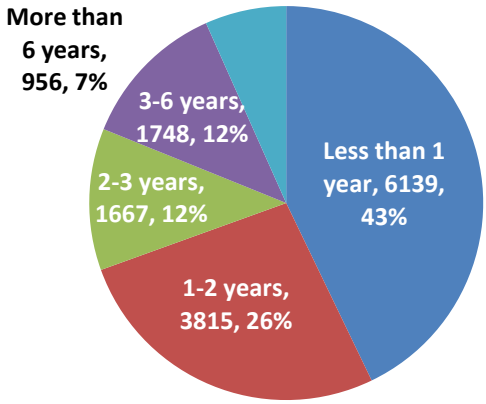
The data above for *In-Home, Relatives,* and *Foster Care Families* include placements both in-state and out-of-state. *Institutions and Shelters* includes emergency shelters (41), out-of-state child placement institutions and agencies (17), and private child care institutions (834).

Other includes detention (31), jail (22), community justice centers (4), court treatment (7), legal guardians (38), mental health hospitals (18), boarding schools (45) and DHS training schools (7).

Of the children in care on December 31, 2011, 43 percent were in care for less than one year, while 19 percent were in care for more than 3 years:

Figure 3. Length of Stay in Care on December 31, 2011[6]

n=14,325



Organizational Capacity

Caseloads and Supervision

The MSA continues to set strict standards for caseloads for supervisors and staff for both the public and private agencies. However, as compared to the prior Agreement, there were adjustments to the timeframes and, in a few instances, to the standards and the methodology.

For MSA 1, DHS has agreed to report on three aspects of caseloads. First, they are to report caseload data for DHS staff engaged in purchase of service (POS) work. DHS supplied the most recent caseload dataset available at the time of reporting to the monitoring team which was data from October 2011. Second, DHS is to establish a revised methodology for analyzing supervisor caseloads. Third, they are to establish a process to report quarterly on all caseloads.

Targets for DHS' obligations with respect to all other aspects of caseloads begin in MSA 2 and so will be included in the next monitoring report.

POS Caseloads

POS work comprises the support and oversight that DHS staff provide with respect to foster care and adoption cases assigned to the private sector. The MSA established the full-time POS standard at 90 cases. However, standard practice as of October 2011 for most DHS staff engaged in POS work was to combine that responsibility with other responsibilities including licensing work and DHS foster care and adoption work (often referred to as 'direct'). As a

[6] For full detail by county, see Appendix B, Length of Stay of Children in Care on December 31, 2011.

result, in most instances, the standard for the staff doing POS work was not 90 POS cases but a lesser number calculated based on the other responsibilities assigned to that staff person.

For the first period of the MSA, DHS committed that 95% of DHS staff engaged in POS work would meet the established standard for POS work. DHS reported that 453 of 556 staff or 81% met the standard.[7] As a result, DHS failed to meet the caseload requirement established in the MSA.

Supervisor Methodology

DHS agreed that by December 31, 2011, they would submit to the monitors and plaintiffs a proposed formula for determining the ratio of caseworkers to supervisors in circumstances in which supervisors provide supervision to both child welfare and non-child welfare caseworkers. DHS met this obligation, submitting a proposed methodology on December 29, 2011, which the monitoring team approved.

This new methodology recognizes that DHS and private agency supervisors supervise staff who fulfill a wide variety of roles including administrative, non-child welfare related, and child welfare related. The methodology does a good job of delineating 23 different roles and assigns each one a different weight. Because DHS established this methodology after the October 2011 caseload reporting process was complete and this new supervisor methodology requires modification of the existing reporting format, the monitoring team has not yet had the opportunity to see how DHS will implement this new methodology. The monitoring team will meet with DHS in advance of MSA 2 reporting to discuss the practical application of the new supervisor methodology and review the MSA 2 caseload reporting incorporating the new methodology.

Caseload Reporting

DHS agreed to report on caseloads on a quarterly basis. Only one such report was due during MSA 1 and DHS supplied that report to the monitoring team, meeting this obligation.

POS Monitoring Model

DHS is reinventing the method by which private child placing foster care agencies, commonly referred to as POS agencies, are monitored. DHS committed to implement an interim POS monitoring model by September 30, 2011. The interim model sets POS worker caseloads at 90 children per worker (as described earlier) and identifies activities that POS workers may no longer perform. Those activities include:

[7] DHS' analysis differed from the monitoring team's analysis but in both cases, DHS did not meet the standard. The monitoring team will meet with DHS during MSA 2 to work to further align the analyses.

- Reviewing and approving assessments and case plans
- Attending court hearings, unless ordered by the Court
- Entering social work contacts into SWSS/FAJ
- Attending quarterly visits with child placing agencies
- Attending permanency planning conferences

The POS worker would, however, maintain case management responsibilities, such as authorizing payments, referring clients for services, and arranging Medicaid coverage. In anticipation of these changes, DHS issued program instructions to both the DHS field staff and private child placing agency foster care staff in early September 2011. In addition to issuing the program changes, DHS County Directors convened meetings in their respective jurisdictions to review the changes and expectations. Invited participants included the executive management staff from the private placement agencies and local court jurists.

By December 31, 2011, DHS agreed to provide a plan to the monitoring team, including an implementation schedule, for a revised POS monitoring model, subject to the review and approval of the monitors. DHS submitted the plan on time and the plan was approved by the monitoring team on February 13, 2012.

The revised POS model will be conducted as a pilot in at least six counties, including Genessee, Ingham, Kent, Macomb, Oakland and one Wayne County DHS office. The remainder of the state will continue to use the approved interim POS model. In the pilot, child welfare financial specialists (CWFS) will execute foster care payments and payment reconciliation projects with all foster care agencies in the pilot counties, essentially removing those responsibilities from the POS monitors. CWFS function as local office experts in completing funding determinations, and it is an expansion of their role to include the approval of payments to foster care providers and agencies. DHS believes that doing so will have a significant positive impact on foster care providers, as payments will be processed in a more accurate and efficient manner. The DHS pilot will run through September 30, 2012 after which DHS will provide a report to the monitoring team with recommendations for continuation, modification and/or expansion to other counties.

Training

Pre-Service Training

During the first monitoring period, DHS employed a variety of strategies to ensure that newly hired caseworkers were trained adequately and within the timeframe agreed to in the MSA.[8] DHS acknowledged, however, there are still challenges to be addressed.

In October 2011, DHS unveiled the redesigned Pre-Service Institute (PSI) training for incoming caseworkers, consisting of four weeks of classroom instruction and five weeks of field instruction and eLearning. DHS reported that pre-service training occurs within 16 weeks of the hire date and that each new caseworker is initially scheduled for 320 hours of training, 120 of which take place in the classroom and 200 through a combination of on-the-job and eLearning. To familiarize themselves with the new training format and the corresponding roles and expectations, supervisors can access webinars and a Transfer of Learning Guide. DHS also reported that caseworkers enrolled in PSI have experienced workers as mentors during training, as agreed to in the MSA. During verification activity, staff confirmed that new workers are starting to be paired with mentors. The monitoring team will report on the development of new caseworker mentorship and assess the redesigned PSI in the future.

To support the training commitments, DHS took steps to make training more accessible for caseworkers, better understood by pertinent DHS personnel, and more easily monitored by stakeholders. To facilitate timely training delivery for all newly hired caseworkers, a new round of pre-service training is scheduled to begin every month. DHS committed to no wait-listing and reported that they accommodated every PSI registrant during MSA 1, but some caseworkers expressed concern to the monitoring team that larger class sizes were less than optimal. Additionally, DHS established Training Councils comprised of internal and external stakeholders to ensure the training content is adequate and to develop ongoing program-specific curricula.

DHS acknowledges some administrative challenges exist that must be addressed in order to reliably deliver and report on pre-service training, such as improved tracking of the hiring and training needs of new private agency caseworkers and more timely submission of training request forms by DHS local offices. The monitoring team will closely follow and report on DHS' progress in this area in future monitoring reports.

[8] In the MSA, DHS agreed that all new caseworkers who do not possess the University-Based Child Welfare Certificate shall complete a 270 hour pre-service training program within 16 weeks of hire. For MSA 1, the monitoring team requested information on the steps DHS took to provide timely pre-service training. For MSA 2, the monitoring team will analyze DHS' performance in this area.

University-Based Child Welfare Training

Consistent with the MSA, DHS engaged in a partnership with Michigan schools of social work to develop pre-service and in-service training programs. As an alternative to the nine-week PSI, the partnership schools are creating the Child Welfare Certificate Pre-Service Institute (CWCPSI) to provide child welfare specific coursework and a field placement of at least 400 hours for social work students seeking DHS employment. In designing the program, DHS compared Council of Social Work Education competencies with its own training competencies to identify what CWCPSI students would be taught.[9] DHS reports that the CWPCSI curriculum will be complete and qualifying schools will be selected to provide endorsed certificates during MSA 2, which the monitoring team will review and report on subsequently.

For 2012, seven accredited Michigan graduate schools of social work offer 41 in-service courses in the classroom and three online courses on topics ranging from assessing and intervening with traumatized youth to engaging fathers with their children.[10] DHS child protective services workers and public and private foster care and adoption workers can take courses free of charge, which are each capped at 35 registrants. The monitoring team met at the Michigan State University School of Social Work with the contract lead for the university-based training programs, who praised DHS for their ongoing commitment to collaborating with the universities to implement in-service training opportunities. The monitoring team also commends DHS for its continued advancement in this area.

In-Service Training

DHS agreed that all caseworkers (including CPS, adoption, foster care, and POS caseworkers) will complete a minimum number of annual in-service training hours: 16 hours for FY2011 and 24 hours for FY2012.

The data DHS provided to the monitoring team indicates that of 1,130 public agency staff, 99 percent (1,118) completed the in-service training requirement and 93 percent (342) of 367 private agency staff completed the requisite in-service training hours, representing a combined 96% compliance with this provision.

[9] For a social work school to be accredited, its curriculum must incorporate the Council of Social Work Education competencies.

[10] 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.

Supervisory Curriculum and Training

Pursuant to the MSA, DHS agreed that all supervisors will complete a competency-based training program of at least 40 hours in length, and pass a written competency exam within three months of assuming a supervisory position.

The supervisory curriculum instituted in 2009 is in the process of being redesigned under the guidance of a Training Council subcommittee of stakeholders established by DHS. Preliminarily, a needs assessment is being conducted to determine learning objectives and desired competency-based outcomes.

During MSA 1, 46 child welfare supervisors were newly hired or promoted, with 29 employed by DHS, and 17 by private agencies. All 17 of the private agency supervisors completed training, with 15 supervisors completing it within the three-month timeframe. Of the 29 DHS supervisors, 27 completed the training, 24 within the three-month timeframe. The remaining two supervisors were scheduled to attend and complete training in April 2012, although both will have exceeded the compliance timeframe. DHS is meeting to determine how to improve supervisory training compliance.

Licensing Worker Training

In the MSA, DHS agreed that licensing workers will have a bachelor's degree in social work or a related human services field, and that they will continue to train licensing workers in accordance with the plan submitted to and approved by the monitoring team in 2009. DHS provided the monitoring team a JJOLT report of 440 licensing staff – 354 workers and 86 supervisors. At the end of the monitoring period, DHS reported data summarized in the following table.

Table 1. Completion of Training Requirements by Licensing Staff

Type of Training Completed	Number of Staff	Percentage
Certification and Complaint	277	63%
Complaint only	12	3%
Certification only	74	17%
None	77	18%
Total	440	101%*

**Percentages do not add to 100 due to rounding.*

As indicated in the table, over one-third of licensing staff lacked training in one or both required areas. Additionally, some licensing workers lacked a bachelor's degree in a social work or related human services field, as agreed to in the MSA.

Immediate Actions

Adoption and Guardianship

DHS committed to take immediate action steps for children with a goal of adoption or guardianship. Specifically, the MSA states that by September 30, 2012, DHS shall finalize 70 percent of adoptions for children whose permanency planning goal on September 30, 2011 is adoption. Then, by September 30, 2013, DHS shall finalize 77 percent of adoptions for children whose permanency planning goal on September 30, 2012, is adoption.

DHS reports that as of September 30, 2011, 3,075 children and youth in its custody had a goal of adoption and were available for adoption (legally free). In order to meet its immediate action commitment, DHS will need to finalize 2,153 adoptions by September 30, 2012. DHS is developing monthly performance data reports, individualized by local DHS office and adoption agency, which will be provided to management for performance tracking purposes.

DHS also committed to finalize 150 juvenile guardianships for calendar year 2011 and to finalize 165 juvenile guardianships for each calendar year in 2012, 2013 and 2014. DHS exceeded the 2011 target, finalizing 192 juvenile guardianships. DHS provided spreadsheets that identified each child for whom guardianship was achieved, and the monitoring team engaged in data verification activities to confirm the number of guardianships. DHS should be commended for exceeding their commitment in calendar year 2011 by more than 22 percent. While not in any way impacting DHS' attainment of the 2011 goal, during verification activities the monitoring team identified 36 children whose foster care cases remained open for months post-guardianship. DHS clarified that court-related delays in issuing guardianship orders or the courts' maintaining a period of supervision was the reason for 29 of these 36 cases remaining

open. These are issues that DHS may need to address with the courts moving forward so that children's DHS cases can be closed shortly after the issuance of guardianship orders.

APPLA and APPLA-E

When children enter foster care, permanency planning must begin immediately upon placement. Family reunification is typically the preferred permanency goal at placement but when reunification is not feasible, placement with a relative, adoption, or guardianship are the preferred permanency goals. In certain instances, children are assigned permanency goals of Another Planned Permanent Living Arrangement (APPLA) and Another Planned Permanent Living Arrangement-Emancipation (APPLA-E). These are the least preferred permanency goals and DHS agreed to use them only when certain conditions have been met. Further information about APPLA-related commitments in the MSA may be found in the Permanency section of this report.

DHS agreed to take the following immediate action steps for children and youth with APPLA and APPLA-E permanency goals: conduct a review of each child who had an unapproved goal of APPLA or APPLA-E as of July 1, 2011; determine the appropriateness of the permanency goal for each child reviewed; and validate that no child has a recommended APPLA or APPLA-E goal without DHS approval, unless ordered by the court. While the final deadline for this work is not until September 30, 2012, during MSA 1, DHS was to provide the monitoring team with a status report, by December 31, 2011. DHS submitted the status report to the monitoring team on time and the information contained therein is summarized below.

DHS first analyzed several data reports to identify all youth with APPLA/APPLA-E goals as of July 1, 2011. From this group, DHS separated the children who had an unapproved APPLA/APPLA-E goal as of July 1, 2011 from those whose goals were approved prior to that date. This process resulted in the establishment of a baseline of 1,026 children with unapproved APPLA or APPLA-E goals. DHS Permanency Resource Managers (PRMs) were assigned to conduct reviews of these cases.

As of December 28, 2011, DHS reported that it reviewed 436 or 43 percent of the 1,026 required cases. As a result of these reviews, 314 cases have been resolved. DHS approved APPLA/APPLA-E permanency goals for 122 children and their cases remain open, while 20 additional children received approved APPLA/APPLA-E goals and their cases have since been closed. There were preferred goal changes (reunification, adoption, placement with relative) for another 32 children whose cases remain open with DHS, and three children have preferred goal changes with permanency achieved resulting in case closure. There were 137 cases closed without permanency, with youth aging out of foster care.

For the remaining 712 children with unapproved APPLA/APPLA-E goals in the cohort, reviews continue. Permanency Resource Managers will provide status updates on a monthly basis to DHS local offices as well as private foster care agencies in order to track progress in completing the reviews by September 30, 2012.

At the conclusion of MSA 1, the monitoring team met with PRMs to discuss their approach to the review process. The PRMs described the process as very child focused, with emphasis on creative planning that will ensure stability and support for adolescents with APPLA goals. The PRMs discussed specific case scenarios and strategies for permanency, and the monitoring team was provided with reports for review. The PRMs shared that field workers are very receptive to their "thinking out of the box" strategies that included the following examples: exploring family connections in Poland for a youth who originated from an orphanage there; establishing a connection with a previous foster family for an incarcerated youth, with the foster family now visiting and committing to being an ongoing resource for him; reaching out to a child's former teacher who expressed interest in adopting the child as well as a sibling who had been placed with an aunt now terminally ill.

The monitoring team is hopeful that the review process will serve as a teaching tool for staff to consider permanency options for youth in the state's custody and will result in a reduction in the number of youth aging out of foster care without permanency or permanent connections.

Relative Licensing

In the MSA, DHS agreed to act immediately to ensure that each county has a sufficient number of foster homes to meet the needs of all children entering out of home care. The first immediate action relates to the licensing of relative foster homes. Specifically, DHS committed to taking appropriate steps to not only license relative caretakers, but to do so in a timely manner–within 180 days.[11] DHS further committed to reduce the number of relative homes pending licensure as of July 1, 2011. DHS was to conduct an analysis of relative homes pending licensure as of that date, determine the number of days since enrollment, and to submit that information to the monitoring team by August 31, 2011. From that information, the monitoring team was required to immediately set targets to resolve pending applications according to the timeframes already established by the MSA: December 31, 2011; June 30, 2012; and December 31, 2012.

DHS submitted the information to the monitoring team in advance of the due date. The agency reported that there were 429 relative homes pending licensure as of July 1, 2011. According to

[11] This provision commits DHS to reduce the time to licensure and meet a 180 day timeframe; however DHS does not begin reporting on this until June 30, 2012. At that time 55% of relatives foster parents are to be licensed in 180 days.

DHS, 278 homes were pending 150 days or less, and 151 homes were pending more than 150 days. The monitoring team met with DHS staff to discuss their plan to resolve these pending applications. DHS shared that they were working with the private child placing agencies as well as DHS local offices to ensure a more timely resolution of the home studies, with a particular focus on the longest pending homes.

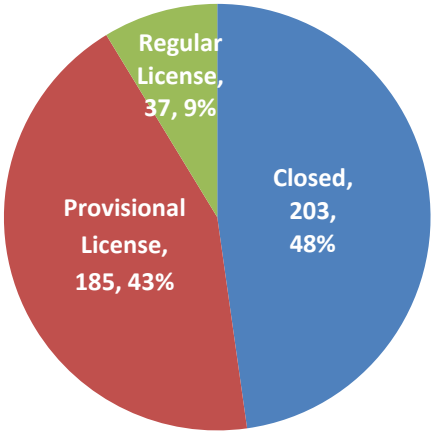
As a result of the information submitted and discussion with DHS staff, the monitoring team established incremental home study targets. The targets reflected DHS' commitment to resolve the relative home studies that had been enrolled the longest, with an emphasis on those studies pending in excess of 210 days. The established targets are as follows:

- December 31, 2011 Target: Resolution of 25 percent of the relative home studies, a total of 110 enrollments, of which at least 77 studies must be resolved from the group pending 211 days or longer,
- June 30, 2012 Target: Resolution of 80 percent of the relative home studies, a total of 342 homes, and
- December 31, 2012 Target: Resolution of 100 percent of the 429 relative home studies that were pending as of July 1, 2011.

When DHS submitted information regarding home study resolution subsequent to the conclusion of this monitoring period, they advised the monitoring team that there were additional pending studies from July 2011 that had not been included in the original count. The agency indicated that when the original data run for pending studies was completed, there was a business rule applied that automatically closed all enrollments one year after the date of application. This rule was changed, according to DHS, in August 2011, resulting in some of the previously closed applications being reopened. This resulted in an additional 142 pending homes being added to the original 429, so that the total number of pending homes effective July 1, 2011 was actually 571, not 429, and the number of homes pending for 210 or more days was 158, not 151 pending relative homes.

DHS reported that as of December 31, 2011, 425 (74 percent) of the pending relative home studies have been resolved, with 203 being closed, 185 receiving a provisional license, and 37 receiving a regular license. Of the 158 pending for more than 210 days, 148 (94 percent) have been resolved, with 117 being closed, 23 receiving provisional licenses, and 8 receiving regular licenses. Although there is concern that the original number of pending homes provided to the monitoring team was inaccurate, DHS was, nevertheless, able to exceed the 25 percent resolution requirement for MSA 1.

Figure 4. Resolved Relative Home Studies as of December 31, 2011
n= 425



In order for DHS to license a relative care provider, the provider must complete Pre-Service Training. DHS utilizes PRIDE (Parent Resources for Information, Development, and Education) for all licensed foster homes. This is a well-established curriculum developed by the Child Welfare League of America. Though the MSA permits DHS to provide relatives with only those portions of general foster parent training that is deemed "relevant to relative caretakers," DHS has chosen to provide the same training curriculum to both relative and non-relative foster parent applicants. As needed, DHS recently began offering the training to relatives through a home computer program. Additionally, the Child Welfare Training Institute provided training for over 150 DHS and private agency staff on how to train foster parents.

Although it is expected that all relative caretakers become licensed, the MSA does allow, in exceptional situations, for a relative to be granted a waiver of licensure. These situations are outlined in the MSA. Waivers require approval from either the Child Welfare Director (in designated counties) or the County Director, and must be renewed annually. Additionally, the home must meet the same safety standards as non-relatives, and the relatives must be informed of all the benefits of licensure, including financial ones. According to DHS, there were 257 approved waivers for the last three months of CY2011. Denials were not tracked, and therefore DHS cannot report on that number. In the future, DHS will track all denials as well as approved waivers.

Resource Home Development

DHS committed to license 1,300 new non-relative foster homes by June 30, 2012 and to then license an additional 1,450 non-relative foster homes by June 2013.

In order to focus on this important work, DHS has developed county recruitment and retention plans that were, for the first time, developed collaboratively between local DHS offices and the child placing agencies serving the county. To assist with this process, DHS established a full time position, the "Adoptive and Foster Care Recruitment Coordinator," located within the Permanency Division of the Bureau of Child Welfare, in satisfaction of its commitment. The recruitment plans contain target numbers of non-relative homes for licensure, with requirements for recruiting foster parents willing to care for children of specific age ranges and, in some cases, children with special needs. Additionally, the plans specify the frequency of foster parent orientation and pre-service training, critical components in licensing a foster home.

DHS' progress in meeting its specific foster home recruitment targets will be reported in future monitoring reports.

Youth in Transition

DHS agreed to work with the monitoring team to establish a baseline and targets for the number of youth 18 and older in the Big 14 counties leaving the foster care system with a high school diploma or GED. To accomplish this, DHS initiated a targeted review of a stratified sample of 103 cases. The Department found that in 30 of 103 cases, youth exited care with a high school diploma, and in another five cases, youth exited with a GED, bringing the total number of youth exiting care with a high school diploma or GED to 35. This represents 34 percent of the sample, which the monitoring team confirms as the baseline.

The monitoring team consulted with DHS in establishing the target for this measure in 2012, which is 39 percent.

It should be noted that 43 youth in the sample received their diploma in the same semester that they exited care, including the 30 referenced above. Another five received their GED in the same semester as their exit. These 48 youth represent 47 percent of the sample. Of course, many young people not in foster care turn 18 before they graduate from high school; if more youth remained with DHS after their 18th birthday, a greater percentage of youth would leave care with their diploma or GED in hand.

Accountability

Outcomes

Pursuant to the Modified Settlement Agreement, DHS agreed to meet quantitative standards of performance on a range of outcome measures, including two safety measures and four permanency composite measures, with the four permanency composite measures

encompassing fifteen sub-measures. In measuring those outcomes, the parties chose to utilize metrics established by the federal government but with interim and final numerical standards agreed to by the parties. For this first period of the MSA, the parties established numerical standards for the two safety measures and the four permanency composite measures. They also agreed to report on all of the fifteen permanency sub-measures, but there were no individual numerical standards to be met for those sub-measures during MSA 1. In sum, DHS reports they met or exceeded the four permanency composite standards but failed to meet the two safety standards.

Methodology

In evaluating DHS' performance, the monitoring team utilized the federally produced data profile dated July 20, 2011, the latest profile available at the time of reporting. As is standard practice, DHS produces NCANDS and AFCARS data for the federal government every six months. 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 this process and the design of the metrics, the data profile does not and cannot reflect performance for the period under review. Even if a more up-to-date data profile were available, it would still reflect performance prior to MSA 1. 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 from time periods prior to the one under review. In each instance, the monitoring team will make it clear in the reporting which time period (usually a federal fiscal year) is covered by the data profile.[12]

For this first report, the data profile reflects performance in federal fiscal year 2010, which commenced on October 1, 2009 and concluded on September 30, 2010. It should be noted that this period preceded not only the first monitoring period of the MSA, but it preceded the MSA itself.

Safety

Absence of Maltreatment Recurrence: The first standard selected by the parties is designed to measure how well the system does at protecting children from repeated incidents of abuse or neglect in a short period of time. In particular, the measure focuses on 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.

[12] Note that the design of several of the individual metrics requires analysis that reaches into other time periods. For a complete explanation of how the federal government measures the metrics chosen by the parties, see Children's Bureau, US Department of Health and Human Services, *Child Welfare Outcomes 2006-2009: A Report to Congress*, Appendix B, pages B-1 to B-5, http://www.acf.hhs.gov/programs/cb/pubs/cwo06-09/cwo06-09.pdf (accessed March 28, 2012).

The parties agreed that as of September 30, 2010, DHS was to meet and thereafter maintain a standard of 94.6 percent or higher.[13] The data profile shows no repeat maltreatment for 15,218 of the 16,592 children covered during the period or 91.7 percent, below the required 94.6 percent. To meet the agreed upon standard, DHS would have needed to achieve this outcome for 478 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 by measuring the percentage of them who were not the subjects of substantiated maltreatment while in DHS custody. The parties agreed DHS would meet a standard of 99.68 percent as of September 30, 2009 and maintain that standard going forward. The data profile reflects that DHS kept 25,437 of the 25,679 children in placement during the period safe from abuse or neglect in care or 99.06 percent, below the agreed upon standard. To have met the standard, DHS would have had to achieve this outcome for more than 150 additional children.

Permanency

Permanency Composite One – Timeliness and Permanency of Reunification: The federal government uses four different sub-measures that roll up into a single score for this measure. The parties agreed that as of September 30, 2011 DHS would achieve a score of 105. The data profile reflects that DHS exceeded that score at 117.1.

With regard to the sub-measures, on the first, exits to reunification in less than 12 months, DHS reported that 55.9 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 10.8 months. The third measure focuses on the children who entered care during the relevant period and the percent who exited to reunification within 12 months; DHS reported 30.7 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 3.6 percent had re-entered.[14]

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

[13] Note that in this instance, the time period agreed upon by the parties for this measure matches the time period for the data produced.

[14] DHS subsequently identified an error in the data submission for their AFCARS FFY11 submission and is resubmitting the data. DHS believes this error will improve their reported performance with respect to re-entries into foster care. DHS will share the modified report with the monitoring team once it becomes available.

that as of September 30, 2011, DHS would achieve a score of 105. DHS exceeded the agreed upon standard, achieving a score of 116.0.

As for the sub-measures, the first two focus on children who exited to adoption during the period. The first measures the percentage of adoption exits that occurred in less than 24 months; DHS reported 33.6 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 29.2 months. Sub-measures three and four both focus on children who had been in care for 17 or more months. For sub-measure three, the focus is on the percentage of those children who exited to adoption by the end of the year; DHS reported 30.3 percent had. For sub-measure four, the focus is on the percentage of those children who became legally free for adoption during the first six months of the period; DHS reported 15.9 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 41.0 percent had.

Permanency Composite Three – Permanency for Children and Youth in Foster Care for Long Periods of Time: The federal government uses three different sub-measures to calculate this measure. The parties agreed that as of September 30, 2011, DHS would achieve a composite score of 120. DHS exceeded this standard, achieving a score of 127.3.

The first sub-measure captures 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 35.3 percent of the defined group of children and youth had exited to permanency. The second sub-score looks at children and youth who had been made legally free and exited during the period; it measures the percentage of those youth who were discharged to a permanent home prior to their 18th birthday. DHS reported 97.8 percent had. Finally, the last sub-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 18th birthday in placement – and calculates the percentage of this combined group who were in care for three years or more; DHS reported 47.8 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 Agreement for this measure, setting that score at 101.5. DHS exceeded that score at 108.6.

The three sub-measures divide up the placement population into three sub-cohorts based on their length of stay in placement and ask in each instance what percentage of that sub-cohort of children lived in two or fewer placement settings. The first sub-cohort are children and

youth in placement for less than 12 months, and DHS reports that 88.4 percent of that group of children and youth lived in two or fewer placement settings. The second sub-cohort are children and youth in care for 12 to 24 months, and DHS reports that 74.6 percent of those children and youth lived in two or fewer placement settings. Finally, the third sub-cohort are children and youth in placement for more than 24 months, and DHS reported that 46.0 percent of those children and youth lived in two or fewer placement settings.

Overall, DHS met the agreed upon standards for the four permanency outcome measures but missed the standards for the two safety measures. Note that in MSA 2, the standards set by the parties for performance on each of these measures remains the same, but DHS will be able to make available to the monitoring team more up-to-date data reflecting, at a minimum, performance through federal fiscal year 2011 (October 1, 2010 through September 30, 2011).

Contract Oversight

Substantiated Abuse, Neglect, and Corporal Punishment in Contract Agencies

The Bureau of Children and Adult Licensing (BCAL) has the responsibility for reviewing all licensed programs at regular intervals. BCAL staff conduct in-person inspections of the programs/facilities; review records; and meet with staff, residents, and clients as appropriate. As agreed in the MSA, BCAL is to ensure that substantiated incidents of abuse, neglect and corporal punishment are taken into consideration at the time of licensure reviews. To that end, BCAL has a dedicated section on its renewal report for the licensing consultant to include a summary of all incidents of substantiated abuse, neglect and/or corporal punishment. The consultant also reports on the contract agency's compliance with any corrective action plans. The monitoring team reviewed a sample of renewal inspections and found that for all of the licensing renewal reports reviewed, BCAL staff documented due consideration for any such situation. Although some reports were much more detailed and evaluative than others, it is evident that the basic practice agreed to in the MSA has taken hold.

The second part of this MSA provision requires DHS to conduct an immediate investigation in the event an agency fails to report an incident of abuse, neglect, or corporal punishment, and determine appropriate corrective action. According to information received from DHS, BCAL cited four child caring institutions and two child placing agencies during MSA 1 for failure to report. The monitoring team reviewed the majority of the special investigations and corrective action plans submitted by the agencies. The corrective action plans include steps such as: offering additional training for agencies' staff on reporting requirements, providing closer supervision of staff, and having failure to report as a standing agenda item for team and staff meetings. In addition, BCAL reports that their administrative, field, and contract compliance staff have all provided training and technical assistance to the agencies who have been cited.

The third part of this MSA provision requires DHS to conduct an administrative review regarding any agency that has a repeated violation, within a year, for failing to report suspected incidents of abuse and/or neglect at their program. No program was cited for more than one failure to report; therefore, no administrative reviews were conducted.

Contract Evaluations

DHS agreed to conduct annual contract evaluations for all CCIs and private CPAs to ensure the safety and well-being of children under their auspices. Annual evaluations include: reviewing all relevant aspects of the CPA's operations; visiting a random sample of each CPA's foster homes; and conducting an unannounced inspection of each CCI. DHS provides written reports from all inspections and visits to the monitoring team. DHS also ensures that CPAs and CCIs provide corrective action plans and report to DHS on implementation of the plans. All such reports are routinely provided to the monitoring team. DHS has committed to maintain sufficient resources to perform timely and competent contract enforcement activities.

From October 1, 2011 to December 31, 2011, DHS reported that the Child Welfare Contract Compliance Division (CWCCD) completed 22 evaluations of CPAs. The monitoring team reviewed a sample of these evaluation reports. The reports indicated that DHS assessed programs in a variety of areas including training, case management staffing ratios, policies and procedures, program operations, and child and family interactions.

The contract evaluations included case file reviews and interviews with management, staff, and families involved in the programs. Each of the programs was cited for one or more contract, policy, or rule violations, which DHS reported is not uncommon. Violations occurred in the areas of training, caseloads, and various service delivery requirements.

According to documentation supplied by DHS, the department did not meet its commitment to visit a random sample of each CPA's foster homes as part of the annual inspections. DHS reports that the department continues to work on finalizing CWCCD policy and procedures, and filling seven vacancies that were assigned this responsibility. These vacancies impeded DHS' ability to conduct contract enforcement activities.

With respect to CCIs, during this monitoring period DHS reported that BCAL conducted 69 interim or renewal inspections and provided the monitoring team with rosters of the agencies inspected. All visits were unannounced, in accordance with the MSA. As a result of the inspections, four residential licenses were modified to provisional status and one additional agency license was recommended as provisional pending a corrective action plan. Additionally, four programs were closed upon the request of the facilities. In addition, DHS reported that three out-of-state facilities were not visited for an annual inspection. However, DHS reports

that caseworkers are required to visit children in out-of-state facilities consistent with the child-worker visitation schedule.

The organizational chart for the CWCCD indicates a 32-staff operation. At the end of this monitoring period, 17 vacancies existed, including the seven foster home compliance analyst positions referenced above. Although the hiring process for these positions began in June 2011, DHS reported that there was an insufficient pool of applicants that necessitated revising the qualifications and reposting the positions. Interviews were held in early December 2011, but as of the end of the period, DHS was still awaiting approval to hire staff for these positions. Due to the significant number of vacancies and the fact that random visits to foster homes were not completed, DHS did not meet the requirement of having sufficient resources to perform contract enforcement activities.

Continuous Quality Improvement

DHS committed to develop a comprehensive Quality Assurance Plan, subject to the approval of the monitors, that defines the process for the ongoing assessment of DHS child welfare performance in relation to the performance requirements and goals contained in the MSA. DHS agreed to address in the plan a mechanism for the consideration of high risk cases, as defined in the MSA Glossary. The plan was to include a diverse continuum of activities, including a process to ensure that reports of abuse and neglect are competently investigated and that, in cases in which abuse and/or neglect is indicated, actions are taken and services are provided appropriate to the circumstances. DHS agreed to implement the plan led by a QA director who administers the agency's QA Unit and who possesses the necessary qualifications and experience to conduct competent data collection, evaluation, as well as the management skills necessary to manage a staff tasked to perform QA functions encompassing DHS state, regional, and county offices. The director of the QA unit shall report directly to the Children's Services Administration Director. During MSA 1, DHS identified and hired a well-qualified QA director. In a series of meetings and exchanges with the monitors stretching into MSA 2, the new QA director and other key members of the DHS leadership team collaborated to develop a comprehensive Quality Assurance Plan for DHS. The monitors have approved the QA Plan, which is available on the DHS website.

Permanency

Case Planning and Practice

One of the key principles that drives the child welfare system is permanency. For children who must enter foster care because they cannot safely stay in their own homes, permanency means reunifying them with their families and returning them home as soon as the safety concerns are

addressed. For those children who cannot return home safely, permanency can mean a family who adopts them, a caregiver who obtains legal guardianship of the child, or a relative who offers the child a permanent placement. In the MSA, DHS committed to make substantial improvements in permanency practice throughout the system to achieve positive outcomes for children and families. Several of those commitments are discussed below.

During MSA 1 the monitoring team and DHS leadership met to discuss the case planning and permanency provisions in order to determine how best to assess DHS' progress in meeting those commitments. Agreement was reached that a quality review process, rather than counting each provision separately, will be the mechanism utilized to assess DHS' progress. DHS committed to begin a quality review process during MSA 2, when its Division of Continuous Quality Improvement begins to roll out a modified Child and Family Service Review (CFSR) protocol. The modified CFSR will enable DHS to provide feedback to local DHS offices and CPAs regarding the quality of practice and will begin to capture qualitative data related to commitments in the MSA. The monitoring team will report on DHS' findings and its plans for practice improvement in future monitoring reports. However, one quantitative measure is discussed in this monitoring report, regarding the use of the APPLA permanency planning goal.

Assessments and Service Plans

DHS agreed to strengthen its permanency practice through individual assessments, case planning, and the provision of services. With respect to assessments, DHS agreed that quality assessments will be completed within 30 days of a child's entry into foster care. These assessments will identify family strengths and needs and are thus designed to inform service provision and permanency planning. Updated service plans must be completed quarterly thereafter. The plans must contain attainable, measurable objectives with expected timeframes, and identify the parties responsible for each task. Plans must be signed by the caseworker, the caseworker's supervisor, the parents, and the child, if age appropriate. If the parents are unable or unwilling to sign the plan, the service plan shall include an explanation of the steps taken to involve them and shall identify any follow-up actions to be taken to secure their participation. Supervisors must approve service plans which can only be done after a face-to-face meeting with the worker, and they must meet at least monthly with the assigned worker to review the status and progress of each plan on the worker's caseload.

DHS agreed to make the services identified in the service plan available in a timely and appropriate manner to the child and family. The services must be of sufficient quality to address the identified needs. DHS further agreed to assist the child or family in accessing services by, for example, assisting with transportation when necessary and helping families identify and resolve barriers that may impede them from making effective use of services.

In order to define how it will work with children and families, DHS made the important commitment to develop a family engagement model of permanency practice. The practice model will include family engagement strategies, child and family team meetings, and concurrent permanency planning. DHS will finalize the family engagement model during MSA 2 as well as policies, communication strategies and training to implement it. Phased implementation throughout the state will begin in March 2013 and continue through December 2014.

Permanency Planning Goals

On December 31, 2011 there were 14,325 children in the custody of DHS. The following chart documents the permanency case goal for all of those children, using federal reporting definitions. Eighty-one percent of children had a permanency goal of reunification or adoption, with 57 percent having a goal of reunification and 24 percent having a goal of adoption. Almost 11 percent of youth had a goal of APPLA, almost three percent of children had Guardianship case goals, and two percent had case goals of Permanent Placement with Relatives. There were missing case goals for 371 children.

Table 2. Permanency Goal for Children in Foster Care on December 31, 2011

Federal Permanency Goal	Number of Children with Goal	Percent
Reunification	8,181	57%
Adoption[15]	3,487	24%
Guardianship	413	3%
Permanent Placement with Relative	306	2%
Placement in Another Planned Permanent Living Arrangement (APPLA)	1,567	11%
Missing Goal	371	3%
Total	*14,325*	*100%*

DHS agreed that it would maintain certain practices that focus on the timely movement of children in foster care to permanent families. For example, for any child who has a permanency goal of return home for more than 12 months, the child's worker, with written approval from the supervisor, must document in the child's case file written justification for the continuation of the goal, and must identify the services necessary or circumstances which must occur in order to accomplish the goal. No child may have a goal of reunification for more than 15

[15] Of the 3,487 children with an adoption goal, 3,015 had parental rights terminated and are legally free for adoption.

months without reasons that are documented in the child's file with compelling reasons to believe that the child can return home within a specified and reasonable period.

For children with a goal of adoption, within 30 days of the child's goal change to adoption, there are a series of actions that must begin, including the assignment of a worker with adoption expertise and the determination of whether or not the foster parent or relative is prepared to adopt. If the foster family is not prepared to adopt, the child must be registered on various adoption exchanges and a child specific adoption recruitment plan must be developed. The plan must be reviewed at intervals that require increased levels of supervisor involvement based upon the length of time the child has been legally free for adoption and waiting for a family.

DHS agreed that APPLA may only be assigned as a permanency goal when the youth is 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 no 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.

DHS agreed that the goal of placement with a fit and willing relative will not be used for a child for whom it has not made adoption efforts unless an appropriate relative has been identified and cleared, the relative is willing to take the child on a long-term basis and has legitimate reasons for not adopting or taking guardianship, and the placement is in the child's best interests. The use of this goal requires documented approval by the child welfare director or the county director.

For MSA 1, the monitoring team reviewed data concerning the APPLA age restriction in VII.E.6.a. As of December 31, 2011, there were 1,567 youth with APPLA permanency goals. 944 of those youth (60 percent) were at least 18 years old. The remaining 626 youth (40 percent) were between 14 and 18. DHS met its commitment not to assign an APPLA goal to any child under 14, as summarized in the following table. The monitoring team will also review DHS performance on the other APPLA restrictions in future reports.

Table 3. Age of Children with APPLA Permanency Goal on December 31, 2011

Age (years)	Number of Children	Percent
14	19	1%
15	53	3%
16	167	11%
17	384	24%
18	501	32%
19	402	26%
20	41	3%
Total	*1,567*	*100%*

Permanency Resource Managers

DHS made the commitment to maintain an adequate number of Permanency Resource Manager (PRM) positions to review cases of children in care more than one year who have a goal of reunification or who are legally free for adoption. The MSA spells out the role of PRMs, who are to:

- Receive specialized PRM training,
- Raise awareness of the importance of establishing permanency for children in foster care,
- Possess expertise and knowledge of community resources and new approaches to planning for children who have been in the system for extended periods, and
- Collaborate with case managers and supervisors to identify new strategies to focus on permanency through case reviews and Family Team Meetings.

On December 2, 2011, DHS leadership sent an informational memo to DHS child welfare staff, child welfare training institute staff, and private agency child welfare staff advising them of the expanded role of the PRM. The memo indicated that PRMs are now expected to coordinate with all counties and placement agency foster care providers, as needed, with respect to these areas:

- Conducting adoption explorations and reviewing individual recruitment plans for children with adoption goals with no identified adoptive family,
- Working with staff to expand recruitment efforts, locating extended family members, and involving the youth in their adoption planning,
- Assisting with special reviews for children legally free and in care for over one year,

- Assisting with special reviews for children who have a reunification goal and have been in care for more than one year,
- Assisting with the resolution of unapproved APPLA/APPLA-E permanency goals, and
- Attending Adoption Exploration, Transitional and 90-day Discharge Permanency Planning Conferences.

Additionally, PRMs can provide training in various areas including: adoption; adoption subsidies; permanency goal approvals; relative search/engagement; and the guardianship assistance program.

DHS submitted the names and county assignments for PRMs throughout the state and the monitoring team met with several PRMs during MSA 1. They appeared knowledgeable regarding permanency strategies and committed to assisting field staff in expeditiously securing permanent placements and connections for children and youth. The monitoring team will report on the PRMs' ongoing work in conducting case reviews in future monitoring reports.

Caseworker Visitation

A key element of permanency practice involves face-to-face time between various people in a child welfare case: the caseworker and the child in custody; the caseworker and the parents of a child in custody; the child and his or her parents; and siblings. Because more frequent contact of these types leads to improved safety, permanency, and well-being outcomes for children, DHS made several commitments to improve its visitation practice including:

- By October 2011, caseworkers will 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;
- By October 2011, children with a goal of reunification will see their parents at least twice monthly unless specified exceptions exist;
- By October 2011, caseworkers will visit children in custody at least two times during each child's first month of placement, with at least one visit in the placement, and at least one time during each subsequent month; and
- By October 2011, siblings in custody will visit each other at least monthly unless specified exceptions exist.

For this monitoring period, DHS produced information regarding performance on caseworkers visiting parents and children, and children seeing their parents. DHS provided compliance data on each provision for each month in the monitoring period.

DHS is unable to produce data from its information systems regarding sibling visits, and the monitoring team will assess compliance with this requirement through a qualitative case review process that will begin in the next monitoring period.

Caseworker Contacts with Parents

Because the commitment for caseworker contacts with parents includes additional requirements for children in the first month of custody (two visits as opposed to one for subsequent months), DHS has created two separate reporting mechanisms. The first identifies the number of parents of children who have entered custody within the preceding month; using this universe, DHS reports the percentage of parents who received at least two visits in total in a given month, as well as the percentage of parents who received at least one visit in the home in the month.

The range of compliance over the three months in the monitoring period for caseworkers visiting mothers of children in their first month in foster care at least twice was between 50 and 54 percent. Caseworkers visited fathers less frequently in the first month, with a range of 27 to 38 percent compliance. For the provisions that require one visit to occur in the parent's home, the range was 26 and 30 percent of the time for mothers and 19 to 22 percent of the time for fathers.

The second commitment is for once-monthly visits between caseworkers and parents after the first month of custody. To calculate this data, DHS identifies those parents whose children have been in DHS custody more than 30 days. Over the three months in the monitoring period, the range of compliance for caseworkers visiting mothers of children after their first month in custody at least once each month was between 56 and 63 percent; caseworkers visited fathers less often, ranging from 41 to 46 percent each month.

Parent-Child Visitation

DHS committed that for families in which the permanency goal is reunification, parents will spend time with their children at least twice each month. Over the three months of MSA 1, DHS reported that with respect to mothers, this occurred from 25 to 27 percent of the time. With respect to fathers, DHS reported that it occurred from 16 to 17 percent of the time.

Worker-Child Visitation

By October 2011, DHS committed that caseworkers will visit children in custody at least two times during each child's first month of placement, with at least one visit happening in the placement. In each subsequent month of placement, there should be at least one visit.

Data collected for the three months of MSA 1 show that caseworkers visited with children at least two times during the first month of placement from 53 percent to 57 percent of the time. At least one of these visits occurred in the child's placement from 61 to 66 percent of the time. During subsequent months caseworkers visited with children at least once from 71 percent to 75 percent of the time; visits occurred in the child's placement location from 59 to 61 percent of the time.

DHS reports that it continues to work towards improved performance with the caseworker and parent-child visitation commitments in the MSA. During MSA 1 DHS determined through a case file review and interview process that critical data about worker visits is not accurately inputted into SWSS. DHS further reports that performance improved by more than 50 percent as a result of the case file review and interview process and that timely and accurate documentation of visits is the most significant barrier to achieving compliance with the MSA visitation standards. DHS reports that it continues to provide tools to local offices and foster care agencies to accurately document the required contact information.

Placement Standards

Placement Proximity

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 14,325 children in care on December 31, 2011, DHS reported that 986 children (seven percent) were in placements more than 75 miles from removal home. DHS reports a recorded exception for 219 of the 986. For the remaining 767, DHS reports it is in the process of improving its waiver system but currently does not have information as to whether or not the placement for those children meets one of the allowed exceptions. As a result, DHS is out of compliance with this provision.

Appropriate Placement Settings

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 shall 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 December 31, 2011, DHS reported that 811 children were placed in 244 foster homes that exceeded more than three foster children. Twenty-eight children were placed in seven homes where there were more than three foster children under the age of three.

The reporting system currently has a significant limitation. DHS' current information system, SWSS, does not capture the number of birth children who reside in a foster home, an issue that will be remedied with the release of the new DHS information system, Mi-SACWIS, next year. 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. Additionally, DHS cannot currently reliably count siblings and so cannot report on how many of the children in over-capacity homes are placed together because they are in sibling groups, and thus should be excluded from this measurement. Furthermore, as reported above, DHS is in the process of revising its waiver system so it can report more fully on exceptions granted.

Therefore, with respect to this provision, DHS can now only report fully on the number of placements that result in more than three foster children. As there are children in this category without documented exceptions, DHS is out of compliance with this provision.

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 more than 30 days unless one of a limited number of exceptional circumstances exists. There were 285 children in an emergency or temporary facility at some point during MSA 1. Of these 285 children, 120 children resided in a facility for more than 30 days. In addition, 29 children were placed in an emergency or temporary facility more than once within a 12-month period. DHS did not identify exceptional circumstances to justify a deviation from the MSA, and committed to the monitors that the agency will strengthen its oversight of such placements going forward. Based on this, the monitors expect to see significant improvements in MSA 2.

Jail, Correctional, or Detention Facilities

DHS provided a list of all youth in the custody of the Department detained during MSA 1, and the basis for the detention or incarceration. DHS maintained that all detentions and incarcerations of young people in the child welfare custody of DHS were consistent with the MSA, which 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. Historically, this has

been an area of significant challenge for the Department and DHS' representations for MSA 1 reveal an important difference in documented performance. For the MSA 2 report, the monitors will examine the case files, and speak to the caseworkers and lawyers, of a random sample of detained/incarcerated children and youth and report to the court on DHS' ongoing performance with respect to these important commitments.

Safety and Well-Being

Maltreatment in Care

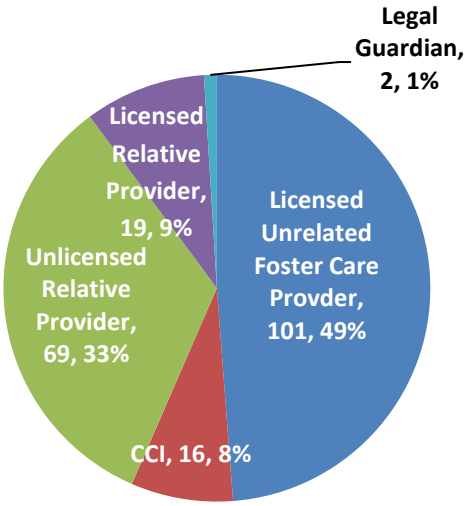
DHS committed to investigate all allegations of abuse or neglect relating to any child in its custody and to maintain separate maltreatment in care (MIC) investigation units throughout the state. These units are to be staffed with trained employees whose primary responsibility is to conduct these investigations.

Each of the five urban counties has established at least one MIC investigative unit and there are three additional units serving the remainder of the state, with the exception of Ingham County. Ingham County has assigned primary and back-up workers and supervisors who are responsible for the county's MIC investigations. In Ingham as well as the five urban counties, the units report directly to the county child welfare director. The three regional units report to the DHS Acting Director of Field Operations/the MIC division in Lansing. Additionally, DHS reports that this same individual is responsible for providing statewide oversight and coordination of MIC investigations.

For this reporting period DHS received 875 complaints of suspected maltreatment in care, 556 (64 percent) of which were assigned for investigation. For all of the completed investigations as of February 14, 2012, 56 (10 percent) resulted in a substantiated finding of child abuse/neglect, involving 207 victims. The findings by relationship to victim are presented in the following chart:

Figure 5. MIC Substantiations by Relationship to Victim as of February 14, 2012

n=207



DHS continues to monitor the MIC process for continuous quality improvement. DHS has acknowledged that errors are made on coding, some related to data entry and some that are system-generated. DHS believes that these errors have been reduced through system corrections and training. All MIC complaints are sent to the Division of Continuous Quality Improvement, the Bureau of Children and Adult Licensing (BCAL), and to the Child Welfare Field Office MIC program manager for review. Problems that are identified are brought to the attention of the county or regional supervisor. In addition, the Office of Workforce Development and Training provides quarterly web-based trainings for MIC workers and supervisors. Statewide quarterly meetings are also held with the MIC direct unit supervisors where policy and training issues are addressed. In December 2011, DHS CPS policy was updated to include MIC protocols.

Statewide Child Abuse Hotline

DHS committed to phase out its local office screening systems and to establish a 24/7 centralized hotline with the necessary staff, information technology and telecommunications systems to receive and manage calls alleging child maltreatment across the state by April 2012. Doing so will create a system for all reporters to call one well-publicized child abuse hotline number; trained screeners and supervisors will be expected to make consistent decisions for all calls across the state, and investigations will be sent to field offices for response in a timely manner. Continuous quality improvement of statewide screening practice will also be possible with a centralized hotline system.

In order for DHS to evaluate how to best design and implement a statewide hotline, the MSA required a phased, pilot implementation beginning October 2011, including but not limited to

the following counties: Kalamazoo, Kent, Ottawa, and Cass/St. Joseph. DHS designed the pilot to include Berrien County, in addition to those agreed to in the MSA. DHS implemented the hotline pilot early, beginning operations on September 12, 2011. The hotline is located in Kent County, selected for its adequate capacity, technology, accessibility, and expansion capability.

DHS selected an experienced CPS manager to serve as the hotline director. The pilot has been staffed with 25 CPS workers and 8 supervisors to cover all shifts. DHS began selecting staff well in advance of implementation in order to provide training prior to screeners assuming their duties. DHS selected a telecommunications system that enables supervisors to monitor calls and provide feedback to staff. Supervisors are required to monitor at least two calls each month per screener. A second level manager was hired in January 2012 to provide necessary oversight and mentoring which is needed to develop skills for new staff and supervisors while maintaining quality performance.

In order for the hotline to function effectively, communication between hotline staff and field offices is a critical issue. DHS is addressing these issues through the convening of a statewide hotline workgroup, with quarterly meetings led by the hotline director. The director has also been attending the DHS child welfare field operations county directors meetings, participates in monthly child welfare supervisor phone conferences, and participates on the DHS CPS advisory committee. All of these efforts will remain critical as DHS prepares to roll out the statewide hotline during the next monitoring period.

From the pilot's inception until early March 2012, the hotline received approximately 25,000 calls resulting in 9,129 complaints sent to the participating counties. These include child welfare as well as adult protective services calls. With implementation of the statewide hotline, DHS must establish a system to track child welfare calls separate from adult protective service calls and complaints and report child welfare data separately in future monitoring periods.

The monitoring team will report on the implementation of the statewide hotline in future reports.

Health and Mental Health

Policies and Plans

In the MSA, DHS agreed to create various plans and policies designed to improve the health and mental health of children in its custody. First, it agreed to develop a detailed Health Services Plan to safeguard and improve the health and well-being of children in its care, which the monitors received on time. The monitors reviewed the Plan, consulted extensively with the parties, and approved a final version of the Plan for implementation in January 2012. The Plan can be accessed at the DHS website.

Second, DHS agreed to draft a policy limiting and monitoring the use of psychotropic medication to children in its custody, which the monitors received on time. The monitors reviewed the draft policy, undertook discussions with DHS' leadership team regarding the policy and, having received a timely, final version, approved it for implementation. The policy is viewable at http://www.michigan.gov/dhs-manuals.

Third, DHS agreed to draft a policy to curb and monitor incidents of corporal punishment, and to govern seclusion and isolation practices. The monitors received this draft on time as well. The monitors reviewed the draft policy and associated forms, engaged in extensive discussions with DHS leadership regarding these documents and, having received a final version on time, approved the policy for implementation. It can be viewed at http://www.michigan.gov/dhs-manuals.

Outcome Measures: Baseline Data and Performance Targets

The MSA creates various outcome measures related to children's health and provides for their phased implementation, beginning with the creation of baseline data. In extensive consultation with the monitors and consistent with these MSA provisions, DHS developed and implemented a targeted review of a stratified sample of 65 randomly selected cases.

Pursuant to the MSA, the Department's review revealed that in 41 of 65 cases, there was documentation in the case file that the child received periodic and ongoing medical examinations according to the guidelines set forth by the American Academy of Pediatrics. Therefore, consistent with Section VIII.B.2.e.i, the monitors are confirming the baseline for periodic medical examinations is 63 percent.

In 37 of 53 cases, there was documentation in the case file that the child received his/her periodic dental examinations. Therefore, consistent with Section VIII.B.2.e.i, the monitors are confirming the baseline for periodic dental examinations is 70 percent.

In 22 of 61 cases, there was documentation in the case file that the child received ongoing mental health care examinations. Therefore, consistent with Section VIII.B.2.e.i, the monitors are confirming the baseline for periodic mental health care examinations is 36 percent.

In 31 of 65 cases, the case record contained documentation that the child's present health status, any medical needs or health concerns, as well as any medical history was provided to the current caregiver in writing at the time of placement. Therefore, consistent with Section VIII.B.3.a, the monitors are confirming the baseline for foster care providers receiving specific written health information is 48 percent.

In 22 of 65 cases there was documentation in the case file that the medical passport was

provided to the current caregiver. Therefore, consistent with Section VIII.B.3.b, the monitors are confirming the baseline for caregivers receiving the medical passport is 34 percent.

Documentation in case files established that in 37 of 65 cases, Medicaid information was provided to the caregivers at the time the child was placed in the current living arrangement. Therefore, consistent with Section VIII.B.4.b, the monitors are confirming the baseline for caregivers receiving Medicaid information is 57 percent. This finding triggers Section VIII.B.4.b.iii; therefore, DHS shall assure 95 percent of children have access to medical coverage upon subsequent placement by December 31, 2012.

For each of the foregoing outcome measures, the MSA provides a final target for performance with a specific completion date; it also calls on the monitoring team, in consultation with DHS, to set interim targets for completion by September 30, 2012. (The MSA specifies additional interim targets for later dates). The following table summarizes the baseline, interim targets, and final target for each measure:

Table 4. Health Outcome Measures

Outcome Measure	Baseline Performance	First Target (9/30/12)	Second Target (6/30/13)	Final Target
Periodic Medical Exams	63%	70%	80%	95% by 12/31/13
Periodic Dental Exams	70%	70%	80%	95% by 12/31/13
Periodic Mental Health Exams	36%	70%	80%	95% by 12/31/13
Current Health Info Provided to Caretaker	48%	70%	80%	95% by 12/31/13
Medical Passport Provided to Caretaker	34%	70%	80%	95% by 12/31/13
Medicaid Card Provided to New Caretaker	57%	None	None	95% by 12/31/12

SED Waiver Services

Pursuant to the MSA, the Michigan Department of Community Health (DCH) submitted an amendment to the federal Centers for Medicare and Medicaid Services (CMMS) on DHS' behalf to expand Serious Emotional Disturbance (SED) waiver services to children in Muskegon, Washtenaw, Eaton, and Clinton Counties. CMMS granted this request. DHS reports that staff in all four counties have now received training and on-going technical assistance from both DHS and DCH.

Muskegon County has enrolled two children in the SED Waiver program. Eaton County has enrolled three. Applications continue to be submitted and children screened for eligibility. As implementation expands during MSA 2, the monitors expect that children in the additional two counties will begin to receive needed services consistent with the MSA.

Treatment Homes

DHS identified a list of 200 treatment homes, which included both licensed placements and homes serving children with severe emotional disorders who are receiving enhanced behavioral health services pursuant to the SED waiver. In MSA 2, the monitors will visit a sample of both the licensed homes and the SED waiver homes and report on the treatment home model of care and the level of care and services available to affected children.

Youth Transitioning to Adulthood

Education

Partnerships

DHS committed in the MSA to support higher education for older foster youth through partnerships with Michigan colleges and universities and through collaboration with community partners. The goal of these efforts is to create and expand scholarships, onsite programs, support services, and mentorships.

During MSA 1, DHS, in partnership with the State Court Administrative Office and the Michigan Department of Education, developed a joint strategic plan to improve educational outcomes for children in foster care. The resulting action plan has short-term and long-term goals, including the development of an Education Passport and assisting all Michigan colleges and universities create support programs for foster youths' post-secondary pursuits.

Currently, four Michigan universities offer services and programing specifically for foster youth: Western Michigan University, University of Michigan, Ferris State University, and Michigan State University. DHS' Health, Education and Youth Unit (HEYU) provides technical assistance to colleges and universities interested in developing and implementing strategies to support foster youth and former foster youth in a college setting. In December 2011 the HEYU education analyst met with Wayne State University (WSU) staff to discuss supportive programming on campus for foster and former foster youth. In attendance were the Director of Admissions, the Director of Financial Aid, and the Merrill Palmer Skillman Institute. The staff at WSU demonstrated a great interest in developing programming and policies to assist foster youth. The HEYU is also in the process of providing technical assistance to Walsh College, Lawrence

Technological University, Eastern Michigan University and Northern Michigan University.

DHS began working with the Division of Logistics and Rate Setting in October 2011 to develop an Invitation to Bid (ITB) for on-site Life Skill Coaches on university and college campuses. The program is modeled after the Campus Coach position of the Seita Scholarship program at Western Michigan University. It is anticipated that contracts will be in place on October 1, 2012.

Seita Scholars Program

DHS agreed in the MSA it will support the Seita Scholars program at Western Michigan University (WMU). In the 2011-12 academic year, 141 Seita Scholars enrolled at and are attending Western Michigan University. Seita Scholars receive financial aid from multiple sources. During this reporting period, a total of 51 Seita Scholars were eligible for and awarded Education and Training Voucher (ETV) funding, totaling $124,750.

The Department of Human Services provides Western Michigan University with a liaison located on WMU's campus. The liaison is a foster care worker and assists Seita Scholars access DHS services, such as Youth in Transition funds and Education and Training Vouchers. The liaison also provides courtesy supervision for students who continue to have open foster care cases in other counties. A second DHS foster care worker who will function as a liaison is being allocated beginning February 2012.

Education Planners

DHS agreed to maintain 14 regional education planners to provide consultation and support to youth age 14 and older in accessing educational services and in developing individualized education plans, including identifying financial aid resources. The monitoring team verified the placement and responsibilities of the education planners who serve Michigan's largest counties and interviewed a random sample of planners regarding their role and functions. All observed that their services are in great demand, particularly as a result of DHS' immediate actions to increase the number of youth aging out of its care with a high school diploma or GED.

Extending Eligibility and Services

DHS committed in the MSA to continue to implement policies and provide resources to extend all foster youths' eligibility for foster care until age 20 and make independent living services available through the age of 21. Thanks in large part to the advocacy of DHS Director Corrigan, on November 22, 2011, Governor Rick Snyder signed into law the Young Adult Voluntary Foster Care Act; this legislation goes beyond the MSA to allow foster youth to voluntarily remain under the state's care until age 21 if they are in job training or college, are employed, or are disabled. Months before this legislation passed, DHS and the State Court Administrative Office (SCAO)

collaborated to draft policy and procedures that would support the extension of foster care primarily utilizing federal Title IV-E funding, an option made possible by the federal Fostering Connections to Success and Increasing Adoptions Act of 2008. At the close of MSA 1, policy changes for the extension of foster care, guardianship assistance, and adoption subsidies were in the final stages of review. The extension of foster care has been included in Mi-SACWIS detail design sessions. However, until Mi-SACWIS is operational statewide, payment for extension of foster care will be facilitated out of DHS' central administration. As funding for the extension is tied to use of federal Title IV-E funds, it is essential to receive approval of DHS' state plan from the U.S. Department of Health and Human Services. The Young Adult Voluntary Foster Care Act includes a provision that requires federal approval of the Title IV-E state plan before implementation can occur. It is anticipated that the program will be implemented in MSA 2.

Medicaid

DHS also committed that older youth exiting custody will have health insurance. The federal government makes significant funds available to the states, at their option, to extend health insurance coverage to these youth. Michigan's program is known as Foster Care Transition Medicaid (FCTMA). Prior to the MSA, DHS' performance in ensuring that youth receive health care coverage after they age out of custody improved impressively, but it never reached more than 85.2 percent of eligible youth.

During MSA 1, 194 youth 18 years or older exited foster care. Of those youth, DHS reported all but 13 had Medicaid coverage upon exit, reflecting 93 percent of all exiting youth. Upon closer inspection, of the 13 youth who lacked coverage, 10 were not eligible, as per DHS policy FOM 902-11. This policy declares that youth who returned to their parental home prior to age 18 without subsequent removal, youth residing in a locked detention facility or incarcerated, and OTI (out of town inquiry) youth are per se ineligible for FCTMA. Of the remaining three youth, one died and two were not provided coverage despite being eligible. For the first time since reforms got underway in this matter, DHS ensured that virtually every eligible youth received health insurance upon exit.

Housing

DHS pledged to refer all youth without identified housing at the time of emancipation from foster care at age 18 or beyond to community partners for housing, rental assistance, and services under the Homeless Youth Initiative.

On October 31, 2011, DHS announced a new referral process for these youth. This new process uses DHS' contracted Homeless Youth and Runaway programs located across the state to engage these vulnerable youth and assist them in accessing housing. The Homeless Youth and Runaway programs are well suited for this role; they are established in their communities and

known for providing a variety of services to adolescents including emergency shelter, outreach, basic care, and transitional and supportive housing.

In order to initiate the referral process in a given case, the DHS worker must complete a designated form, send it to the local homeless youth/runaway coordinator, and document the referral in SWSS-FAJ. The contractor has five days to make contact with the youth and to gather the information necessary to identify possible housing arrangements. The contractor is required to document their efforts and relay the information to the foster care worker. Once a housing plan has been developed and the youth has given his/her consent, the foster care worker enters the relevant information into the final Updated Service Plan (USP)/Permanent Ward Service Plan (PWSP).

Beginning in MSA 2, the monitors will verify the referral process, including reviewing copies of the completed housing referral forms.

Appendices

Appendix A. Age Range of Children in Care on December 31, 2011

	Age Range of Children in Care on December 31, 2011								
County	0-6 Years Old		7-11 Years Old		12-17 Years Old		18 Years and Older		Total
	Children	%	Children	%	Children	%	Children	%	Children
Alcona	3	33%	2	22%	3	33%	1	11%	9
Alger	2	25%	4	50%	2	25%	0	0%	8
Allegan	81	49%	33	20%	51	31%	2	1%	167
Alpena	30	42%	20	28%	19	26%	3	4%	72
Antrim	24	55%	7	16%	12	27%	1	2%	44
Arenac	14	41%	13	38%	6	18%	1	3%	34
Baraga	8	53%	3	20%	4	27%	0	0%	15
Barry	36	59%	16	26%	9	15%	0	0%	61
Bay	45	49%	27	29%	17	18%	3	3%	92
Benzie	5	50%	2	20%	3	30%	0	0%	10
Berrien	199	51%	68	17%	98	25%	26	7%	391
Branch	63	59%	18	17%	22	21%	3	3%	106
Calhoun	132	59%	39	17%	48	21%	6	3%	225
Cass	49	41%	28	23%	40	33%	3	3%	120
Central office	4	80%	1	20%	0	0%	0	0%	5
Charlevoix	19	48%	9	23%	11	28%	1	3%	40
Cheboygan	33	42%	24	30%	19	24%	3	4%	79
Chippewa	35	71%	6	12%	8	16%	0	0%	49
Clare	25	47%	11	21%	13	25%	4	8%	53
Clinton	32	42%	20	26%	20	26%	5	6%	77
Crawford	17	34%	9	18%	23	46%	1	2%	50
Delta	22	76%	5	17%	2	7%	0	0%	29
Dickinson	25	63%	5	13%	9	23%	1	3%	40
Eaton	73	46%	42	26%	37	23%	7	4%	159
Emmet	14	23%	21	34%	25	40%	2	3%	62
Genesee	452	48%	171	18%	231	24%	89	9%	943
Gladwin	17	55%	7	23%	6	19%	1	3%	31
Gogebic	12	38%	3	9%	15	47%	2	6%	32
Grand Traverse	43	44%	33	34%	15	15%	6	6%	97
Gratiot	16	33%	16	33%	15	31%	1	2%	48
Hillsdale	46	61%	16	21%	12	16%	2	3%	76
Houghton	14	56%	4	16%	6	24%	1	4%	25
Huron	17	40%	8	19%	15	36%	2	5%	42

	Age Range of Children in Care on December 31, 2011								
County	0-6 Years Old		7-11 Years Old		12-17 Years Old		18 Years and Older		Total
	Children	%	Children	%	Children	%	Children	%	Children
Ingham	283	49%	110	19%	143	25%	40	7%	576
Ionia	47	57%	10	12%	23	28%	2	2%	82
Iosco	14	45%	6	19%	9	29%	2	6%	31
Iron	4	33%	5	42%	2	17%	1	8%	12
Isabella	61	60%	24	24%	13	13%	4	4%	102
Jackson	125	46%	61	22%	61	22%	25	9%	272
Kalamazoo	283	53%	101	19%	131	24%	20	4%	535
Kalkaska	14	52%	6	22%	5	19%	2	7%	27
Kent	489	50%	187	19%	247	25%	57	6%	980
Lake	19	51%	6	16%	9	24%	3	8%	37
Lapeer	22	52%	11	26%	7	17%	2	5%	42
Leelanau	9	28%	4	13%	16	50%	3	9%	32
Lenawee	36	48%	17	23%	18	24%	4	5%	75
Livingston	64	51%	28	22%	27	22%	6	5%	125
Luce	4	50%	2	25%	2	25%	0	0%	8
Mackinac	7	50%	4	29%	3	21%	0	0%	14
Macomb	402	45%	185	21%	233	26%	67	8%	887
Manistee	12	63%	4	21%	3	16%	0	0%	19
Marquette	57	50%	22	19%	31	27%	3	3%	113
Mason	7	21%	17	50%	10	29%	0	0%	34
Mecosta	35	56%	11	17%	14	22%	3	5%	63
Menominee	17	45%	10	26%	11	29%	0	0%	38
Midland	27	40%	19	28%	20	29%	2	3%	68
Missaukee	7	37%	6	32%	6	32%	0	0%	19
Monroe	41	47%	25	28%	17	19%	5	6%	88
Montcalm	55	54%	21	21%	22	22%	3	3%	101
Montmorency	3	25%	3	25%	5	42%	1	8%	12
Muskegon	239	45%	133	25%	147	28%	14	3%	533
Newaygo	40	44%	24	27%	23	26%	3	3%	90
Non-spec. County	1	100%	0	0%	0	0%	0	0%	1
Oakland	262	36%	155	21%	242	33%	72	10%	731
Oceana	7	70%	0	0%	3	30%	0	0%	10
Ogemaw	19	63%	4	13%	5	17%	2	7%	30
Osceola	26	51%	8	16%	14	27%	3	6%	51
Oscoda	9	45%	8	40%	3	15%	0	0%	20
Otsego	19	53%	4	11%	12	33%	1	3%	36

	Age Range of Children in Care on December 31, 2011								
County	0-6 Years Old		7-11 Years Old		12-17 Years Old		18 Years and Older		Total
	Children	%	Children	%	Children	%	Children	%	Children
Ottawa	98	54%	30	17%	38	21%	15	8%	181
Presque Isle	8	67%	3	25%	1	8%	0	0%	12
Roscommon	21	46%	9	20%	14	30%	2	4%	46
Saginaw	104	40%	57	22%	68	26%	28	11%	257
Sanilac	34	57%	12	20%	11	18%	3	5%	60
Schoolcraft	3	43%	2	29%	2	29%	0	0%	7
Shiawassee	56	60%	14	15%	16	17%	7	8%	93
St Clair	164	53%	57	19%	65	21%	21	7%	307
St Joseph	84	53%	43	27%	26	16%	6	4%	159
Tuscola	49	43%	25	22%	33	29%	6	5%	113
Van Buren	60	44%	32	24%	39	29%	5	4%	136
Washtenaw	112	52%	43	20%	42	20%	17	8%	214
Wayne	1,372	39%	655	19%	1,010	29%	464	13%	3,501
Wexford	30	56%	9	17%	15	28%	0	0%	54
Total	**6,568**	**46%**	**2,923**	**20%**	**3,733**	**26%**	**1,101**	**8%**	**14,325**

Note: The 18 years and older category includes two people listed as 25 years old, both in Wayne County. Some row percentage totals do not total 100 due to rounding.

Appendix B. Length of Stay of Children in Care on December 31, 2011

	Length of Stay of Children in Care on December 31, 2011										
County	Less than 1 year		1-2 years		2-3 years		3-6 years		6 years+		Total
	No.	%	No.	%	No.	%	No.	%	No.	%	No.
Alcona	4	44%	1	11%	0	0%	0	0%	4	44%	9
Alger	1	13%	2	25%	5	63%	0	0%	0	0%	8
Allegan	89	53%	49	29%	15	9%	13	8%	1	1%	167
Alpena	25	35%	29	40%	12	17%	6	8%	0	0%	72
Antrim	24	55%	16	36%	2	5%	0	0%	2	5%	44
Arenac	19	56%	12	35%	2	6%	1	3%	0	0%	34
Baraga	6	40%	4	27%	3	20%	1	7%	1	7%	15
Barry	47	77%	9	15%	2	3%	3	5%	0	0%	61
Bay	55	60%	31	34%	2	2%	3	3%	1	1%	92
Benzie	8	80%	1	10%	0	0%	1	10%	0	0%	10
Berrien	165	42%	124	32%	40	10%	46	12%	16	4%	391
Branch	36	34%	54	51%	6	6%	9	8%	1	1%	106
Calhoun	105	47%	73	32%	21	9%	20	9%	6	3%	225
Cass	63	53%	42	35%	4	3%	7	6%	4	3%	120
Central office	0	0%	1	20%	0	0%	3	60%	1	20%	5
Charlevoix	25	63%	5	13%	7	18%	3	8%	0	0%	40
Cheboygan	36	46%	29	37%	9	11%	3	4%	2	3%	79
Chippewa	30	61%	12	24%	3	6%	4	8%	0	0%	49
Clare	34	64%	13	25%	1	2%	3	6%	2	4%	53
Clinton	34	44%	22	29%	6	8%	12	16%	3	4%	77
Crawford	24	48%	6	12%	9	18%	11	22%	0	0%	50
Delta	20	69%	7	24%	0	0%	0	0%	2	7%	29
Dickinson	22	55%	7	18%	4	10%	5	13%	2	5%	40
Eaton	63	40%	63	40%	20	13%	11	7%	2	1%	159
Emmet	30	48%	13	21%	15	24%	4	6%	0	0%	62
Genesee	336	36%	230	24%	123	13%	145	15%	109	12%	943
Gladwin	21	68%	6	19%	0	0%	3	10%	1	3%	31
Gogebic	17	53%	5	16%	4	13%	3	9%	3	9%	32
Grand Traverse	51	53%	20	21%	10	10%	13	13%	3	3%	97
Gratiot	27	56%	12	25%	5	10%	3	6%	1	2%	48
Hillsdale	49	64%	21	28%	3	4%	1	1%	2	3%	76
Houghton	7	28%	9	36%	8	32%	0	0%	1	4%	25
Huron	19	45%	12	29%	3	7%	6	14%	2	5%	42
Ingham	289	50%	157	27%	35	6%	73	13%	22	4%	576

	Length of Stay of Children in Care on December 31, 2011										
County	Less than 1 year		1-2 years		2-3 years		3-6 years		6 years+		Total
	No.	%	No.	%	No.	%	No.	%	No.	%	No.
Ionia	44	54%	23	28%	6	7%	7	9%	2	2%	82
Iosco	17	55%	8	26%	3	10%	0	0%	3	10%	31
Iron	4	33%	6	50%	1	8%	0	0%	1	8%	12
Isabella	52	51%	34	33%	8	8%	6	6%	2	2%	102
Jackson	142	52%	65	24%	22	8%	27	10%	16	6%	272
Kalamazoo	244	46%	170	32%	67	13%	39	7%	15	3%	535
Kalkaska	14	52%	8	30%	1	4%	3	11%	1	4%	27
Kent	470	48%	297	30%	95	10%	86	9%	32	3%	980
Lake	16	43%	14	38%	4	11%	2	5%	1	3%	37
Lapeer	25	60%	13	31%	2	5%	2	5%	0	0%	42
Leelanau	12	38%	5	16%	7	22%	8	25%	0	0%	32
Lenawee	37	49%	14	19%	9	12%	12	16%	3	4%	75
Livingston	72	58%	32	26%	12	10%	8	6%	1	1%	125
Luce	6	75%	1	13%	0	0%	1	13%	0	0%	8
Mackinac	9	64%	2	14%	2	14%	1	7%	0	0%	14
Macomb	355	40%	257	29%	122	14%	116	13%	37	4%	887
Manistee	9	47%	4	21%	4	21%	2	11%	0	0%	19
Marquette	71	63%	28	25%	3	3%	8	7%	3	3%	113
Mason	23	68%	6	18%	0	0%	2	6%	3	9%	34
Mecosta	38	60%	10	16%	13	21%	1	2%	1	2%	63
Menominee	19	50%	7	18%	5	13%	2	5%	5	13%	38
Midland	35	51%	23	34%	4	6%	3	4%	3	4%	68
Missaukee	14	74%	3	16%	2	11%	0	0%	0	0%	19
Monroe	44	50%	25	28%	5	6%	10	11%	4	5%	88
Montcalm	60	59%	26	26%	5	5%	7	7%	3	3%	101
Montmorency	7	58%	1	8%	4	33%	0	0%	0	0%	12
Muskegon	312	59%	126	24%	37	7%	37	7%	21	4%	533
Newaygo	56	62%	19	21%	3	3%	6	7%	6	7%	90
Non-spec. County	0	0%	0	0%	0	0%	1	100%	0	0%	1
Oakland	299	41%	176	24%	80	11%	112	15%	64	9%	731
Oceana	5	50%	3	30%	1	10%	1	10%	0	0%	10
Ogemaw	16	53%	8	27%	1	3%	3	10%	2	7%	30
Osceola	31	61%	11	22%	5	10%	4	8%	0	0%	51
Oscoda	14	70%	6	30%	0	0%	0	0%	0	0%	20
Otsego	20	56%	11	31%	3	8%	1	3%	1	3%	36
Ottawa	98	54%	46	25%	21	12%	13	7%	3	2%	181

	Length of Stay of Children in Care on December 31, 2011										
County	Less than 1 year		1-2 years		2-3 years		3-6 years		6 years+		Total
	No.	%	No.	%	No.	%	No.	%	No.	%	No.
Presque Isle	3	25%	2	17%	4	33%	3	25%	0	0%	12
Roscommon	18	39%	12	26%	9	20%	7	15%	0	0%	46
Saginaw	105	41%	93	36%	20	8%	16	6%	23	9%	257
Sanilac	36	60%	13	22%	4	7%	3	5%	4	7%	60
Schoolcraft	2	29%	5	71%	0	0%	0	0%	0	0%	7
Shiawassee	47	51%	26	28%	6	6%	9	10%	5	5%	93
St Clair	130	42%	108	35%	32	10%	29	9%	8	3%	307
St Joseph	66	42%	50	31%	26	16%	14	9%	3	2%	159
Tuscola	47	42%	35	31%	16	14%	13	12%	2	2%	113
Van Buren	67	49%	33	24%	20	15%	11	8%	5	4%	136
Washtenaw	110	51%	59	28%	19	9%	20	9%	6	3%	214
Wayne	1,007	29%	777	22%	571	16%	676	19%	470	13%	3,501
Wexford	30	56%	17	31%	4	7%	0	0%	3	6%	54
Total	**6,139**	**43%**	**3,815**	**27%**	**1,667**	**12%**	**1,748**	**12%**	**956**	**7%**	**14,325**

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

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