

Progress of the Michigan Department of Human Services

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

ISSUED December 18, 2023

MISEP 23

JULY TO DECEMBER 2022

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Introduction

This document serves as the nineteenth report to the Honorable Nancy G. Edmunds of the United States District Court for the Eastern District of Michigan in the matter of *Dwayne B. v. Whitmer*, covering Period 23 (July 1, 2022 to December 31, 2022) under the Modified Implementation, Sustainability and Exit Plan (MISEP). On June 27, 2019, the State of Michigan and the Michigan Department of Health and Human Services (DHHS) and Children's Rights, counsel for the plaintiffs, jointly submitted to the court the MISEP, which establishes a path for the improvement of Michigan's child welfare system. Judge Edmunds entered an order directing implementation of the MISEP following its submission by the parties.

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

In sum, the MISEP:

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

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

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

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

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

This report to the Court reflects the efforts of the DHHS leadership team and the status of Michigan's reform efforts as of December 31, 2022. Defined as MISEP Period 23, this report includes progress for the second half of 2022.

Summary of Progress and Challenges

Michigan DHHS met or exceeded required performance standards in 16 of 54 areas monitored for compliance in MISEP Period 23. Among areas where the agency achieved high levels of performance are:

- The MISEP allows that once DHHS has satisfied the Designated Performance Standard for certain commitments at the end of one reporting period, as validated by the monitors, the commitment is eligible to move to Section 5 of the MISEP (To Be Maintained). Three commitments meet these criteria at the conclusion of MISEP 23: Worker-Child Visits, One Visit Per Month in the Placement Location, First Two Months (6.21.a); Worker-Child Visits, One Visit Per Month with a Private Meeting, First Two Months (6.21.a); and Worker-Child Visits, One Visit Per Month with a Private Meeting, Subsequent Months (6.21.b).
- *Investigation Commencement*: The parties agreed that DHHS shall commence all investigations of a report of child abuse or neglect within the timeframes required by state law. The designated performance standard is 95%, which Michigan again exceeded with a performance of 98.4 percent.
- *Foster Home Placement Capacity*: The MISEP requires that no child shall be placed in a foster home if that placement will result in: (1) more than three foster children in that foster home, (2) a total of six children, including the foster family's birth and adopted children, or (3) more than three children under the age of three residing in that foster home. The designated performance standard is 90%, and Michigan's performance was 90.5 percent for the period.

Although Michigan DHHS did not meet required performance standards in whole or in part in 38 of 54 areas monitored for compliance in MISEP Period 23, in 13 of these 38 areas, DHHS' performance was within 10 percent of the performance standard, including:

- *Supervisor Caseloads*: The parties agreed that 95 percent of foster care, adoption, CPS, POS, and licensing supervisors shall be responsible for the supervision of no more than five caseworkers. DHHS achieved 90.9 percent.
- *Supervisory Oversight*: The parties agreed Supervisors shall meet at least monthly with each assigned worker to review the status and progress of each case on the worker's caseload. Supervisors shall review and approve each service plan. The plan can be approved only after the supervisor has a face-to-face meeting with the worker, which can be the monthly meeting. The designated performance standard is 95 percent. DHHS achieved 90.7 percent for initial case consultations and 97.7 percent for monthly case consultations due during the period.
- *Placement Standard*: The parties agreed all children in the foster care custody of DHHS shall be placed only in a licensed foster home, a licensed facility, pursuant to an order of the court, or an unlicensed relative. DHHS achieved 98.6 percent.

The 54 areas monitored for compliance in MISEP Period 23 include 23 where Michigan DHHS did not meet required performance standards by more than 10 percentage points, including:

- *Permanency within 12 Months*: Permanency Indicator One measures the percent of children who enter foster care within a 12-month period who are discharged to permanency¹ within 12 months of their entry date. Based on the data files provided by DHHS, the monitoring team calculated that of the 4,071 children who entered foster care between October 1, 2019 and September 30, 2020, 838 children (20.6 percent) exited to permanency within 12 months of their entry. DHHS did not meet the MISEP standard of 40.5 percent for this commitment. To meet the performance standard, DHHS should have achieved permanency for an additional 811 children.
- *Worker-Parent, Parent-Child, and Sibling Visitation*: DHHS did not meet the performance standards for completion of worker-parent, parent-child, or sibling visits due during the period.
- *Psychotropic Medication, Documentation*: The monitoring team reviewed a randomly selected and statistically significant sample of 66 children who were prescribed psychotropic medication during the period under review. The monitoring team found that

¹ The parties agreed to utilize the federal Child and Family Services Review Round 3 outcome standard for Permanency Indicator One. The federal definition of permanency includes children's discharges from foster care to reunification with parents or primary caregivers, living with a relative, guardianship, or adoption.

the electronic case records for only 21 (31.8 percent) of the children included the required documentation for each prescription including initial and ongoing medical monitoring. DHHS did not meet the designated performance standard of 97 percent for the period.

Additionally, there were two areas of the MISEP where Michigan DHHS did not achieve performance which do not have a numerical performance standard. This includes:

- *Contract Evaluations:* In MISEP 23, DHHS' contract evaluations of Child Caring Institutions (CCIs) and private Child Placing Agencies (CPAs) providing placements and services to Plaintiffs continued to be inconsistent, at times ineffective, and in numerous instances did not ensure the safety and well-being of Plaintiffs. The monitoring team reviewed all licensing investigations conducted at CCIs and private CPAs along with corresponding Corrective Action Plans (CAPs) intended to address established violations. The monitoring team found that CAP implementation was often delayed, lacked specificity, and did not reduce risk of harm to children. Frequently, repeat violations of a serious nature, such as physical intervention or improper restraints causing injuries, recurred despite the CAPs.
- *Foster Home Array:* In SFY 2022 DHHS experienced overall net foster home losses including net losses in homes for special populations of children defined as siblings, children with disabilities, and adolescents. These significant home losses compromised the placement array for children. The monitoring team has discussed with DHHS the need for the agency to develop and implement targeted, systemic strategies to improve the licensure and maintenance of foster homes, including homes for special populations.

Summary of Commitments

Section	Commitment	Performance	Achieved	Report Page
5.1	DHHS shall conduct contract evaluations of all CCIs and private CPAs providing placements and services to Plaintiffs to ensure, among other things, the safety and well-being of Plaintiffs and to ensure that the CCI or private CPA is complying with the applicable terms of this Agreement.	--	No	22
5.2	DHHS shall commence all investigations of a report of child abuse or neglect within the timeframes required by state law. The designated performance standard is 95%.	98.4%	Yes	44
5.3	95% of CPS caseworkers assigned to investigate allegations of abuse or neglect, including maltreatment in care, shall have a caseload of no more than 12 open investigations.	97.9%	Yes	19
5.4	95% of CPS caseworkers assigned to provide ongoing services shall have a caseload of no more than 17 families.	98.5%	Yes	20
5.5	95% of POS workers shall have a caseload of no more than 90 children.	98.8%	Yes	20
5.6	95% of licensing workers shall have a workload of no more than 30 licensed foster homes or homes pending licensure.	97.1%	Yes	20
5.7	DHHS shall require CCIs to report to DCWL all uses of seclusion or isolation. If not reported, DCWL shall take appropriate action to address the failure of the provider to report the incident and to assure that the underlying incident has been investigated and resolved.	--	Yes	22
6.1	DHHS shall ensure that of all children in foster care during the applicable federal reporting period, DHHS will maintain an observed rate of victimization per 100,000 days in foster care less than 9.67, utilizing the CFSR Round 3 criteria.	--	Not due	20
6.2	Until Commitment 6.1 is achieved, DHHS, in partnership with an independent entity, will generate, at least annually, a report that analyzes maltreatment in care data to assess risk factors and/or complete root-cause analysis of maltreatment in care. The report will be used to inform DHHS practice. The first report will be issued no later than June 1, 2020.	--	Not due	--
6.3	DHHS shall achieve an observed performance of at least the national standard (40.5%) on CFSR Round Three Permanency Indicator One (Of all children entering foster care in a 12-month period, what percent discharged to permanency within 12 months of entering foster care?)	20.6%	No	22

Section	Commitment	Performance	Achieved	Report Page
6.4	DHHS will maintain a sufficient number and array of homes capable of serving the needs of the foster care population, including a sufficient number of available licensed placements within the child's home community for adolescents, sibling groups, and children with disabilities. DHHS will develop for each county and statewide an annual recruitment and retention plan, in consultation with the Monitors and experts in the field, subject to approval by the Monitors. DHHS will implement the plan, with interim timelines, benchmarks, and final targets, to be measured by the Monitors based on DHHS's good-faith efforts to meet the final targets set forth in the plan.	--	No	33
6.5	Children in the foster care custody of DHHS shall be placed only in a licensed foster home, a licensed facility, pursuant to an order of the court, or an unlicensed relative.	98.6%	No	39
6.6.a	Siblings who enter placement at or near the same time shall be placed together unless specified exceptions are met. The designated performance standard is 90%.	78.4%	No	39
6.6.b	If a sibling group is separated at any time, except for the above reasons, the case manager shall make immediate efforts to locate or recruit a family in whose home the siblings can be reunited. These efforts shall be documented and maintained in the case file and shall be reassessed on a quarterly basis. The Monitors will conduct an independent qualitative review to determine compliance with this commitment. The designated performance standard is 90%.	66.7%	No	39
6.7	No child shall be placed in a foster home if that placement will result in: (1) more than three foster children in that foster home, (2) a total of six children, including the foster family's birth and adopted children, or (3) more than three children under the age of three residing in that foster home. The designated performance standard is 90%.	90.5%	Yes	40
6.8	Children shall not remain in emergency or temporary facilities, including but not limited to shelter care, for a period in excess of 30 days, unless specified exceptions apply. No child shall remain in a shelter in excess of 60 days. The designated performance standard is 95%.	68.5%	No	40

Section	Commitment	Performance	Achieved	Report Page
6.9	Children shall not be placed in an emergency or temporary facility, including but not limited to shelter care, more than one time within a 12-month period, unless specified exceptions apply. Children under 15 years of age experiencing a subsequent emergency or temporary-facility placement within a 12-month period may not remain in an emergency or temporary facility for more than 7 days. Children 15 years of age or older experiencing a subsequent emergency or temporary-facility placement within a 12-month period may not remain in an emergency or temporary facility for more than 30 days.	18.2%	No	41
6.10.a	When placing a child with a relative who has not been previously licensed as a foster parent, DHHS shall visit the relative's home to determine if it is safe prior to placement; check law enforcement and central registry records for all adults residing in the home within 72 hours following placement; and complete a home study within 30 days. The designated performance standard is 95%.	67.7%	No	36
6.10.b	When placing a child with a relative who has not been previously licensed as a foster parent, a home study will be renewed every 12 months for the duration of the child's placement with the relative. The designated performance standard is 95%.	48.5%	No	38
6.11	DHHS shall complete all investigations of reports of child abuse or neglect within the required timeframes. The designated performance standard is 90%.	94.4%	Yes	45
6.12.a	DHHS shall investigate all allegations of abuse or neglect relating to any child in the foster care custody of DHHS. DHHS shall ensure that allegations of maltreatment in care are not inappropriately screened out for investigation. The Monitors will conduct an independent qualitative review to determine compliance with this commitment. The designated performance standard is 95%.	87.7%	No	45
6.12.a	When DHHS transfers a referral to another agency for investigation, DHHS will independently take appropriate action to ensure the safety and well-being of the child. The Monitors will conduct an independent qualitative review to determine compliance with this commitment. The designated performance standard is 95%.	87.3%	No	45
6.13	95% of foster care, adoption, CPS, POS, and licensing supervisors shall be responsible for the supervision of no more than five caseworkers.	90.9%	No	19
6.14	95% of foster care workers shall have a caseload of no more than 15 children.	95.0%	Yes	19
6.15	95% of adoption caseworkers shall have a caseload of no more than 15 children.	85.5%	No	19

Section	Commitment	Performance	Achieved	Report Page
6.16	Supervisors shall meet at least monthly with each assigned worker to review the status and progress of each case on the worker's caseload. Supervisors shall review and approve each service plan. The plan can be approved only after the supervisor has a face-to-face meeting with the worker, which can be the monthly meeting. The designated performance standard is 95%.	90.7% (Initial)	No	41
6.16	Supervisors shall meet at least monthly with each assigned worker to review the status and progress of each case on the worker's caseload. Supervisors shall review and approve each service plan. The plan can be approved only after the supervisor has a face-to-face meeting with the worker, which can be the monthly meeting. The designated performance standard is 95%.	97.7% (Monthly)	Yes	41
6.17	DHHS shall complete an Initial Service Plan (ISP), consisting of a written assessment of the child(ren)'s and family's strengths and needs and designed to inform decision-making about services and permanency planning, within 30 days after a child's entry into foster care. The designated performance standard is 95%.	85.9%	No	42
6.18	For every child in foster care, DHHS shall complete an Updated Service Plan (USP) at least quarterly. The designated performance standard is 95%.	90.8%	No	42
6.19	Assessments and service plans shall be of sufficient breadth and quality to usefully inform case planning and shall accord with the requirements of 42 U.S.C. 675(1). To be measured through a QSR. The designated performance standard is 83%.	67.1%	No	32
6.20	DHHS shall ensure that the services identified in the service plan are made available in a timely and appropriate manner to the child and family and shall monitor the provision of services to determine whether they are of appropriate quality and are having the intended effect. To be measured through a QSR. The designated performance standard is 83%.	67.1%	No	32
6.21.a	Each child in foster care shall be visited by a caseworker at least twice per month during the child's first two months of placement in an initial or new placement. The designated performance standard is 95%.	90.4%	No	42
6.21.a	Each child in foster care shall be visited by a caseworker at their placement location at least once per month during the child's first two months of placement in an initial or new placement. The designated performance standard is 95%.	95.0%	Yes	42
6.21.a	Each child in foster care shall have at least one visit per month that includes a private meeting between the child and caseworker during the child's first two months of placement in an initial or new placement. The designated performance standard is 95%.	95.2%	Yes	42
6.21.b	Each child in foster care shall be visited by a caseworker at least once per month. The designated performance standard is 95%.	97.3%	Yes	42

Section	Commitment	Performance	Achieved	Report Page
6.21.b	Each child in foster care shall be visited by a caseworker at their placement location at least once per month. The designated performance standard is 95%.	96.4%	Yes	42
6.21.b	Each child in foster care shall have at least one visit per month that includes a private meeting between the child and the caseworker. The designated performance standard is 95%.	96.2%	Yes	42
6.22.a	Caseworkers shall visit parents of children with a goal of reunification at least twice during the first month of placement unless specified exceptions apply. The designated performance standard is 85%.	60.1%	No	43
6.22.a	Caseworkers shall visit parents of children with a goal of reunification at least once in the parent's home during the first month of placement unless specified exceptions apply. The designated performance standard is 85%.	50.7%	No	43
6.22.b	Caseworkers shall visit parents of children with a goal of reunification at least once a month, following the child's first month of placement, unless specified exceptions apply. The designated performance standard is 85%.	63.2%	No	43
6.23	DHHS shall ensure that children in foster care with a goal of reunification shall have at least twice-monthly visitation with their parents unless specified exceptions apply. The designated performance standard is 85%.	63.1%	No	44
6.24	DHHS shall ensure that children in foster care who have siblings in custody with whom they are not placed shall have at least monthly visits with their siblings who are placed elsewhere in DHHS foster care custody unless specified exceptions apply. The designated performance standard is 85%.	70.8%	No	44
6.25	At least 85% of children shall have an initial medical and mental health examination within 30 days of the child's entry into foster care.	71.0%	No	46
6.25	At least 95% of children shall have an initial medical and mental health examination within 45 days of the child's entry into foster care.	79.8%	No	46
6.26	At least 90% of children shall have an initial dental examination within 90 days of the child's entry into care unless the child has had an exam within six months prior to placement or the child is less than four years of age.	64.8%	No	47
6.27	For children in DHHS custody for three months or less at the time of measurement: DHHS shall ensure that 90% of children in this category receive any necessary immunizations according to the guidelines set forth by the American Academy of Pediatrics within three months of entry into care.	Ranges from 76.8% - 92.0% ²	No	47

² Performance for this commitment is measured separately for each required immunization, of which there are 11.

Section	Commitment	Performance	Achieved	Report Page
6.28	For children in DHHS custody longer than three months at the time of measurement: DHHS shall ensure that 90% of children in this category receive all required immunizations according to the guidelines set forth by the American Academy of Pediatrics.	Ranges from 84.0% - 96.1% ³	No	47
6.29	Following an initial medical, dental, or mental health examination, at least 95% of children shall receive periodic and ongoing medical, dental, and mental health care examinations and screenings, according to the guidelines set forth by the American Academy of Pediatrics.	65.4%, 84.4%, 69.9%	No	48
6.30	DHHS shall ensure that: (1) The child's health records are up to date and included in the case file. Health records include the names and addresses of the child's health care providers, a record of the child's immunizations, the child's known medical problems, the child's medications, and any other relevant health information.	82.3%	No	48
6.30	DHHS shall ensure that: (2) the case plan addresses the issue of health and dental care needs.	88.2%	No	48
6.30	DHHS shall ensure that: (3) foster parents and foster care providers are provided with the child's health care records.	82.3%	No	48
6.31	DHHS shall ensure that at least 95% of children have access to medical coverage within 30 days of entry into foster care by providing the placement provider with a Medicaid card or an alternative verification of the child's Medicaid status and Medicaid number as soon as it is available.	87.8%	No	49
6.32	DHHS shall ensure that at least 95% of children have access to medical coverage within 24 hours or the next business day following subsequent placement by providing the placement provider a Medicaid card or an alternative verification of the child's Medicaid status and Medicaid number as soon as it is available.	80.7%	No	49
6.33	DHHS shall ensure that informed consent is obtained and documented in writing in connection with each psychotropic medication prescribed to each child in DHHS custody. The designated performance standard is 97%.	75.9%	No	50

³ Performance for this commitment is measured separately for each required immunization, of which there are 11.

Section	Commitment	Performance	Achieved	Report Page
6.34	DHHS shall ensure that: (1) A child is seen regularly by a physician to monitor the effectiveness of the medication, assess any side effects and/or health implications, consider any changes needed to dosage or medication type and determine whether medication is still necessary and/or whether other treatment options would be more appropriate; (2) DHHS shall regularly follow up with foster parents/caregivers about administering medications appropriately and about the child's experience with the medication(s), including any side effects; (3) DHHS shall follow any additional state protocols that may be in place related to the appropriate use and monitoring of medications.	31.8%	No	50
6.37	DHHS will continue to implement policies and provider services to support the rate of older youth achieving permanency.	45.4%	Yes	51

Methodology

To prepare this report, the monitoring team conducted a comprehensive series of verification activities to evaluate the Department's progress in achieving the commitments in the MISEP. These included: meetings with DHHS leadership, private agency leadership, and Plaintiffs' counsel; extensive reviews of individual children's records and other documentation; and participation in blended Child and Family Services Reviews (CFSR)/Quality Service Reviews (QSR). The monitoring team also reviewed and analyzed a wide range of aggregate and detailed data produced by DHHS, and reviewed policies, memos, and other internal information relevant to DHHS' work during the period. To verify information produced by DHHS, the monitoring team conducted virtual field-based interviews, cross-data validation, and case record reviews. By agreement of the parties, the monitoring team assessed DHHS' performance for six MISEP commitments utilizing a qualitative case review⁴ process. The monitoring team reviewed thousands of distinct reports from DHHS including individual case records, relative foster home studies, Division of Child Welfare Licensing (DCWL) investigations and reports, and CPS referrals and investigations.

Demographics

DHHS produced demographic data from July 1, 2022 to December 31, 2022. DHHS data indicate that there were 9,195 children in custody as of December 31, 2022. Of the children and youth in care on December 31, 2022, 333 youth (3.6 percent) were enrolled in the YAVFC (Young Adult Voluntary Foster Care) program. During the reporting period, 1,851⁵ children and youth were placed in foster care and 2,145 children and youth exited care.⁶ DHHS served 11,340 children during the period.⁷

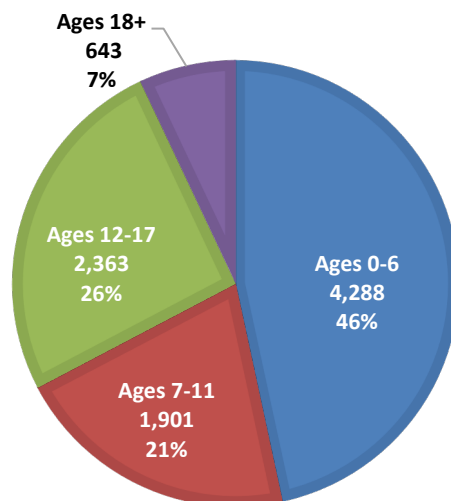
Though young children aged zero to six years made up the largest portion (4,288 or 46 percent), Michigan continued to have a large population of older youth in custody. Twenty-six percent (2,363) were 12 to 17 years of age and seven percent (643) were 18 years and over, as detailed in Figure 1.

⁴ The sample sizes for the monitoring team's case record reviews were based on a statistically significant sample of cases and a methodology based on a 90 percent confidence level.

⁵ The 1,851 entries include one child who entered care twice. That child had unique removal dates and placement setting IDs.

⁶ The 2,145 exits include six children who exited care twice. Those six children had unique removal and discharge dates.

⁷ The monitoring team identified 53 children who appeared twice in the during cohort file (0.5 percent of 11,340). All children appearing twice in the during cohort were served more than once during the reporting period.

Figure 1. Age of Children in Custody on December 31, 2022⁸Source: MiSACWIS, *n*=9,195

With regard to gender, the population was nearly equally split—50.5 percent male and 49.5 percent female. With regard to race, the population of children was 33 percent Black/African American, 51 percent White, one percent Native American, under one percent Asian, and under one percent Native Hawaiian or Pacific Islander (see Table 1). Additionally, 15 percent of children were reported to be of mixed race. Eight percent of children were identified with Hispanic ethnicity and could be of any race. The data indicated that DHHS was unable to determine the race of less than one percent of children in care on December 31, 2022. In contrast, the population of all children in the state of Michigan was 66 percent White, 15 percent Black or African American, three percent Asian, one percent American Indian or Alaska Native, and under one percent Native Hawaiian or Pacific Islander. Additionally, twelve percent of children in the state of Michigan were of mixed race, and nine percent of children were identified with Hispanic ethnicity and can be of any race. Three percent of children in the state of Michigan were of some other race.⁹

⁸ The monitoring team identified 13 instances where the DHHS child age variable did not match the monitoring team's child age calculation. In each instance, the child's date of birth was on December 31st (the last day of the PUR) of various years. This was also the date used to calculate the child age at the end of the PUR, which may have caused the discrepancies. Notably, other children in the cohort with a December 31st date of birth did not show these same discrepancies.

⁹ Data on the race of all children in the state of Michigan was sourced from the U.S. Census Bureau, Population Division, 7/1/2021 Population Estimate.

Table 1. Race of Children in Custody on December 31, 2022 and Race of Children in the State of Michigan on July 1, 2021

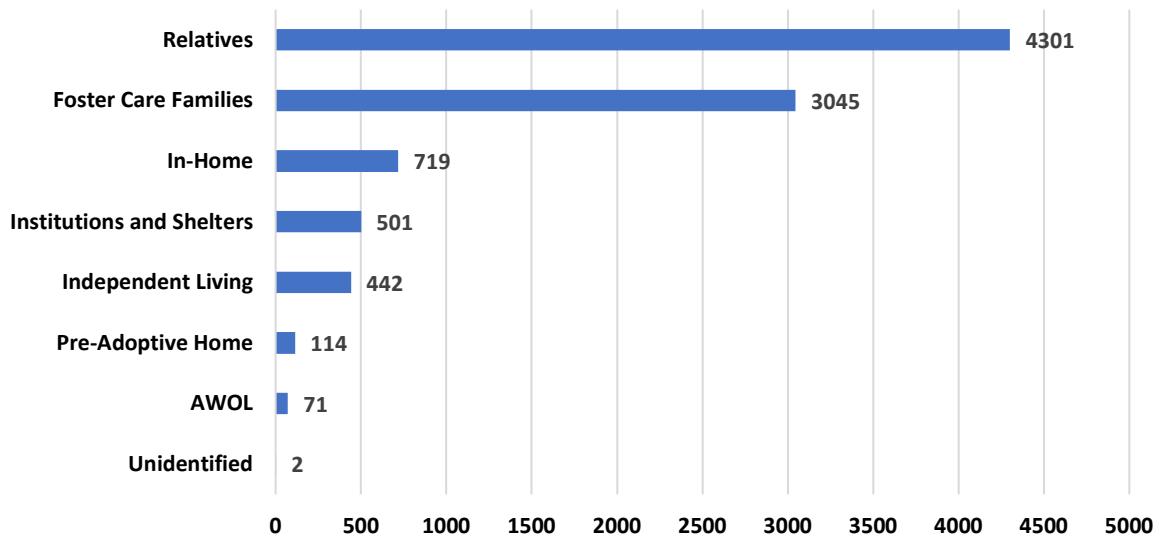
Source: MiSACWIS, US Bureau of the Census

Race	Count (DHHS Custody)	Percent (DHHS Custody)	Percent (State of Michigan)
White	4,668	51%	66%
Black/African American	3,042	33%	15%
Mixed Race	1,394	15%	12%
American Indian or Alaska Native	53	1%	1%
Unable to Determine ¹⁰	15	0%	--
Asian	18	0%	3%
Native Hawaiian or Pacific Islander	5	0%	0%
Some Other Race	--	--	3%
Total	9,195	100%	100%
Hispanic ethnicity and of any race	769	8%	9%

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

As Figure 2 demonstrates, 89 percent of children in DHHS' custody lived in family settings, including with relatives (47 percent), foster families (33 percent), their own parents ("in-home") (eight percent), and in homes that intend to adopt (one percent). Of children in custody, 501 (five percent) lived in institutional settings, including residential treatment and other congregate care facilities. Another 442 children (five percent) resided in independent living placements, which serve youth on the cusp of aging-out of care. The remaining one percent were AWOL. There were two children with unidentified placements and no children with placements in other settings.

¹⁰ Children with "Unable to Determine" and "No Match Found" entered as their race are pooled together in the "Unable to Determine" row.

Figure 2. Placement Types of Children in Custody on December 31, 2022Source: MiSACWIS, *n*=9,195

Of the children in care on December 31, 2022, 37 percent were in care for less than one year, while 21 percent were in care for more than three years.

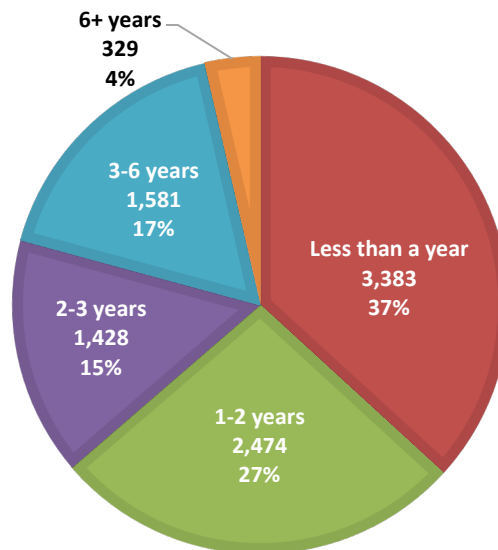
Figure 3. Length of Stay of Children in Custody on December 31, 2022Source: MiSACWIS, *n*=9,195

Table 2. Exits from Care by Exit Type, July 1, 2022 to December 31, 2022¹¹

Source: MiSACWIS

Exit Type	Frequency	Percent
Reunification	790	37%
Adoption	877	41%
Emancipation	302	14%
Guardianship	122	6%
Living with relatives	40	2%
Death of a child	3	0%
Transfer to another agency	5	0%
Runaway	6	0%
Total	2,145	100%

As the table below demonstrates, of the children in custody on December 31, 2022, the majority (5,475 or 60 percent) had reunification as a federal goal. For the remaining children, 2,323 (25 percent) had a goal of adoption, 760 (eight percent) had a goal of APPLA, 516 (six percent) had a goal of guardianship, and 121 (one percent) had placement with a relative as a federal goal. There were no children with missing federal goal codes.

Table 3. Federal Goals for Children in Custody as of December 31, 2022

Source: MiSACWIS

Federal Goal	Frequency	Percent
Reunification	5,475	60%
Adoption	2,323	25%
APPLA	760	8%
Guardianship	516	6%
Relative	121	1%
Total	9,195	100%

Organizational Capacity

Caseloads and Supervision

The MISEP sets forth caseload standards for staff and supervisors performing critical child welfare functions. The agreement states that caseload compliance will be measured by taking the average of three data reports each reporting period, prepared on the last workday of February,

¹¹ The 2,145 exits include six children who exited care twice. (The children appearing twice in the file had unique removal and discharge dates.)

April, June, August, October, and December. For MISEP 23, the monitors used caseload counts from August 31st, October 31st, and December 29th of 2022 to determine compliance.

Supervisor Caseloads (6.13)

DHHS agreed that full-time foster care, adoption, CPS, purchase of service (POS), and licensing supervisors, both public and private, would be responsible for no more than five caseload-carrying staff each. An employee of DHHS or a private child placing agency that is non-caseload carrying will count as 0.5 toward the worker-to-supervisor ratio and administrative and technical support staff who support the supervisor's unit are not counted toward the worker-to-supervisor ratio. In addition, the supervisor methodology requires accounting for the practice among some of the private agencies of assigning both supervisory and direct caseload responsibilities to the same person, which requires pro-rating both supervisory and caseload performance for these hybrid supervisors. DHHS committed that 95 percent of supervisors would meet the MISEP caseload standard. During MISEP 23, DHHS averaged 90.9 percent of supervisors meeting the standard, just missing the target.

Foster Care Caseloads (6.14)

DHHS agreed that full-time staff, public and private, solely engaged in foster care work, would be responsible for no more than 15 children each. Staff who perform foster care work as well as other functions are held to a pro-rated standard. The MISEP requires that 95 percent of staff engaged in foster care work meet the caseload standard. DHHS averaged 95.0 percent of staff meeting the standard during MISEP 23, meeting the standard.

Adoption Caseloads (6.15)

DHHS agreed that full-time staff, public and private, solely engaged in adoption work would be responsible for no more than 15 children each. Staff who perform adoption work as well as other functions are held to a pro-rated standard. The MISEP requires that 95 percent of staff engaged in adoption work meet the caseload standard. For MISEP 23, DHHS averaged 85.5 percent of staff meeting the standard, missing the target.

Child Protective Services (CPS) Investigations Caseloads (5.3)

DHHS agreed that full-time staff engaged solely in investigations would be responsible for no more than 12 open investigations. Staff who perform investigative work as well as other functions are held to a pro-rated standard. The MISEP requires that 95 percent of staff engaged in CPS investigations work meet the caseload standard. For MISEP 23, DHHS averaged 97.9 percent of staff meeting the standard, exceeding the target.

CPS Ongoing Caseloads (5.4)

DHHS agreed that full-time staff solely engaged in CPS ongoing services, a public-sector function, would be responsible for no more than 17 families each. Staff who perform CPS ongoing work as well as other functions are held to a pro-rated standard. The MISEP requires that 95 percent of staff engaged in CPS ongoing work meet the caseload standard. DHHS averaged 98.5 percent of staff meeting the standard in MISEP 23, exceeding the target.

Purchase of Service Caseloads (5.5)

POS work comprises the support and oversight that DHHS staff provide with respect to foster care and adoption child welfare cases assigned to the private sector. The MISEP established the full-time POS standard at 90 cases. However, there are some DHHS staff who are assigned a mix of POS and other work including licensing, foster care, and adoption. For those staff, the standard of 90 POS cases is pro-rated based on their other responsibilities. DHHS committed that 95 percent of staff engaged in POS work would meet the MISEP standard of 90 cases. For MISEP 23, DHHS averaged 98.8 percent of staff meeting the standard, exceeding the target.

Licensing Caseloads (5.6)

DHHS agreed that full-time staff, public and private, solely engaged in licensing work would be responsible for no more than 30 licensed foster homes or homes pending licensure. Staff who perform licensing work, as well as other functions, are held to a pro-rated standard. The MISEP requires that 95 percent of staff engaged in licensing work meet the caseload standard. DHHS averaged 97.1 percent of staff meeting the standard in MISEP 23, exceeding the target.

Accountability

Outcomes

Pursuant to the MISEP, DHHS agreed to meet federal outcome standards regarding safety and permanency for children. The MISEP adopts outcome methodologies developed by the federal government, including one safety measure and one permanency measure from Round Three of the federal CFSR. Performance on all measures is calculated for DHHS by the University of Michigan based on the Adoption and Foster Care Analysis and Reporting System (AFCARS) and National Child Abuse and Neglect Data System (NCANDS) files produced by DHHS.

Safety – Maltreatment in Foster Care (6.1)

The child safety standard of maltreatment in care (MIC), focuses on keeping children in DHHS custody safe from abuse and neglect. DHHS committed to ensure that of all children in foster

care during the applicable federal reporting period, DHHS will maintain an observed rate of victimizations per 100,000 days in foster care of less than 9.67.

Performance for this commitment is reported annually. Performance for federal fiscal year (FFY) 2022, which ran from October 1, 2021 to September 30, 2022, was discussed in the MISEP 22 report. Performance for FFY 2023 will be validated and reported in the future.

Central Registry Reform

During MISEP 23, the Michigan Child Protection Law was amended narrowing the criteria for DHHS to place adults on the state's child abuse and neglect registry, known as central registry. The updated legislation, effective November 1, 2022, requires that an individual must be a confirmed perpetrator of serious abuse or neglect,¹² sexual abuse, sexual exploitation, or a case involving confirmed methamphetamine production to be placed on central registry. In addition, select criminal convictions involving children will result in placement on central registry.¹³ Previously, DHHS was required to place individuals on central registry if a child abuse or neglect claim against them was substantiated as a Category I or II finding through an investigation.

The law is retroactive; therefore, any case prior to November 1, 2022 that no longer meets the criteria for central registry placement is to be expunged from the registry. DHHS reported that individuals who were placed on central registry for abandonment, birth match,¹⁴ domestic violence, improper supervision, intra-familial sibling violence, and physical neglect had their records automatically expunged from the central registry. Approximately 75,000 records were deleted from the central registry, effective November 3, 2022.¹⁵ For other cases that do not meet the criteria for automatic expungement, DHHS staff has conducted, and will continue to conduct, case reads to determine whether central registry placement is still appropriate. DHHS estimated that approximately 175,000 listings will be removed from the central registry due to the new legislation.

¹² Per DHHS Policy PSM 711-4, confirmed serious abuse or neglect is defined as "a confirmed case of mental injury, physical injury, or neglect that involves any of the following: battering, torture, or other serious physical harm; loss or serious impairment of an organ or limb; life-threatening injury; murder or attempted murder; or serious mental harm."

¹³ Per the Michigan Child Protection Law Act 238 of 1975 Section 722.627j, convictions include a violation of MCL 750.136b (child abuse); a violation of MCL 750.520a to 750.520o (criminal sexual contact) involving a minor victim; a violation of MCL 750.145c (child sexually abusive activity or material); or any conviction involving the death of a child.

¹⁴ Per DHHS Policy PSM 712-2, birth match is an automated system that notifies CI when a new child is born to a parent who has previously had parental rights terminated in a child protective proceeding, caused the death of a child due to abuse and/or neglect or has committed a serious act of child abuse and/or neglect. If the match is accurate and there is not an already pending investigation or open investigation regarding the new birth, the referral must be screened in and assigned for investigation.

¹⁵ As reported in MDHHS Children's Service Agency Communication Issuance 22-145.

Permanency Indicator One (6.3)

Permanency Indicator One measures the percent of children who enter foster care within a 12-month period and who are discharged to permanency within 12 months of their entry date. Three years of AFCARS data is required to measure performance for this outcome, therefore performance was calculated for children who entered care between October 1, 2019 and September 30, 2020. Based on the data files provided by DHHS, the monitoring team calculated that of the 4,071 children who entered foster care during this period, 838 children (20.6 percent) exited to permanency within 12 months of their entry. DHHS did not meet the MISEP standard of 40.5 percent for this commitment. To meet the performance standard, DHHS should have achieved permanency for an additional 811 children within 12 months of their foster care entry date.

Contract Oversight

Contract-Agency Evaluation (5.1)

The MISEP requires DHHS to conduct contract evaluations of all Child Caring Institutions (CCIs) and private Child Placing Agencies (CPAs), including an annual inspection of each CPA, an annual visit to a random sample of CPA foster homes, and an annual unannounced inspection of each CCI. During the required visits, the Division of Child Welfare Licensing (DCWL) is expected to monitor compliance with rule, policy, contract, and MISEP requirements, with the primary focus being the safety and well-being of children.

DHHS reported that DCWL continues to be funded for 22 child welfare licensing field consultants who perform monitoring activities including annual licensing inspections, investigations, technical assistance, and consultation. Additionally, DHHS reports that seven field analysts conduct visits comprised of interviews with foster families and unlicensed relative caregivers to assess safety and service provision within their homes. Three area managers supervise the field consultants and field analysts.

DHHS reported that in July and October of 2022, DHHS convened CCI provider meetings and discussed changes to rules and regulations; variances to those rules and regulations; provider policy and procedural updates; central registry changes; and State contract and policy monitoring.

DHHS reported that during the monitoring period there were two structural changes implemented that are meant to enhance performance related to contract oversight. Specifically, as of October 1, 2022, DHHS created the Division of Child Safety and Program Compliance (CSPC) which began implementation of annual evaluations for all contracted Private Agency Foster Care (PAFC), Adoption Agencies, and CCIs.

DHHS reported that it established the CSPC to enhance contract oversight and provide technical assistance. The CSPC is comprised of two units: the Residential Collaboration Technical Assistance Unit (RCTAU) that conducts annual virtual CCI contract evaluations, and the Private Agency Compliance Unit (PACU) that conducts annual virtual contract evaluations for PAFC and Adoption Agencies.

DHHS further reported that the State implemented the first phase of the Comprehensive Child Welfare Information System (CCWIS) on October 30, 2022, with the release of phase one of the Child Welfare Licensing Module (CWLM). The CWLM replaced the Bureau Information Tracking System (BITS) licensing system and MiSACWIS licensing functions regarding licensed foster homes. DHHS intends to continue to phase out MiSACWIS as new data information system modules are initiated in CCWIS. During the reporting period, the monitoring team spoke to 18 staff at three PAFC agencies who reported experiencing difficulties with the CWLM including the inability to license new homes, the inability to increase a foster home's capacity, and information previously recorded in MiSACWIS that did not transfer to the new system. The monitoring team discussed these reports with DHHS in January 2023. Implementation of the CWLM and its impact on field operations is detailed further in the Foster Home Array (6.4) section of this report.

Child Caring Institutions (CCIs)

During the period the monitoring team continued to monitor the work of DHHS relevant to those CCIs that continued to pose the greatest risk to the safety of youth in care.

The review process consists of the evaluation of weekly and monthly data provided by DHHS related to licensing investigations, Maltreatment in Care (MIC) investigations, and the use of restraints. DHHS continued to employ the Risk Stratification Tool to identify the numerical risk score for each facility in the State on a weekly basis. DHHS reported that it planned to increase its oversight and monitoring efforts if a facility's Risk Score rose above 10.0 on DHHS' Risk Stratification Tool. These facilities are then added to a Weekly CCI Update Spreadsheet provided to the monitoring team, and internally at DHHS to a committee of DHHS staff who met to review the activities at these facilities. If a facility's score increased to 15.0 or above, DHHS reported that the facility would then be subject to a heightened level of engagement with the State. Specifically, according to DHHS, the facility would be connected to a RCTAU analyst assigned to engage agency administration, staff, and youth in an assessment, and then develop an Action Plan to enhance child safety.

At the conclusion of the last reporting period, the monitoring team advised DHHS of its concerns about the level of risk for youth at three facilities. The Department initiated revocation proceedings in the early weeks of this reporting period with two of the facilities and placed the

third on a provisional license after which the facility administrators made the decision to close their operations.

During this time, the monitoring team identified a significant increase in the Risk Score of another facility. From August through December 2022, the facility's Risk Score was above 15.0. By the end of December, their Risk Score had risen to above 37.0 and from mid-October until the end of the year, its score was the highest of any facility in the state. The Monitors communicated with DHHS about the pattern of safety risks to children evident at the facility, particularly the repeated failures of staff to intervene when certain children were targeted for attack by other residents. The Monitors urged DHHS to suspend placements and enhance oversight at the facility throughout the period. DHHS placed the facility on a first provisional license as of December 20, 2022. However, this action was reflected inconsistently in DHHS' different data sources and reports. Specifically, it appeared that while a provisional license was enacted, a placement suspension that had been in effect was also lifted around the same time and conflicting census numbers appeared in various DHHS data reports.¹⁶ The monitoring team's weekly review of DHHS' RCTAU Action Plan did not show any updates regarding these incidents or the concerning patterns of conduct.

During this reporting period, the facility apparently transitioned to become a "hands-free" facility, reportedly instructing staff to use verbal interventions as opposed to physical restraints. While the number of restraints performed by staff were significantly reduced, there were multiple allegations and investigations for Improper Supervision based on reports that staff did not intervene appropriately – or at all – in incidents of physical aggression and fighting among youth in the program. At least one staff member admitted that staff were "afraid" of the youth due to their histories of violence, and also fearful of being investigated for attempting a restraint that would then be reported as physical abuse. The concerning incidents at this facility that occurred during the period include:

- At least eight investigations where staff failed to or chose not to intervene in physical assaults by youth on other youth at the facility. There were numerous reports that gang activity was known to be occurring within the facility and one youth who was reported to be affiliated with a gang was discharged from the facility and found murdered the next day in Detroit.
- A female staff member was alleged to have grabbed a youth by the neck. During the investigation, it was revealed that the staff member had been sexually harassed by that

¹⁶ Subsequent to reviewing the draft MISEP 23 report, DHHS asserted that there was a placement suspension in place when it made the recommendation to modify the license to a first provisional and remained in place until a month after the first provisional license went into effect on December 20, 2022. However, this is not consistent with the information that the monitoring team received during the review period.

youth, which was witnessed by several other residents. In her interview, the staff member reported she had not come forward to report this behavior as she feared retaliation from the youth.

- Another investigation into Improper Supervision and Medical Neglect involved a youth engaging in several suicide attempts, including two instances where he tied a sweatshirt around his neck in the bathroom. In the first instance, he was found by another youth and the second time, by staff. He was only hospitalized after the second incident. While the youth was hospitalized, the attending physician entered the youth's hospital room and found the staff member assigned to provide "supervision" was asleep. The youth had successfully removed a piece of wire from his mask and was attempting to self-harm.
- In another substantiated investigation, a youth turned a garbage can upside down on a basketball court and was sitting on it. When the youth refused to get off the can as instructed by staff, the staff person flipped the can over causing the youth to fall to the ground and strike his head against a meter. During the investigation, it was determined that this staff person had a criminal history dating back to 1989 including possession of a controlled substance and multiple instances of carrying a concealed weapon while having a felony record. Despite this history, he had been employed by the facility for over two years.
- In an incident in September 2022, a youth attempted to hang himself from the bathroom stall door. Only one staff member was present at the time. She heard gasping and gurgling sounds coming from the bathroom and found the youth with a piece of rope around his neck. She attempted to lift him up but was unable to support his weight, so she left him hanging from the stall and ran outside to yell for help. Several youth arrived before staff and staff provided the youth with a knife to cut the rope. The youth was unconscious and vomiting and was transported to the hospital and treated. The youth had recently been evaluated and considered at high risk for self-harm. However, facility administrators had not implemented a safety plan to monitor the child. The youth's treatment plan reflected these safety concerns, but the facility therapist admitted she did not read it, nor did she think the youth was at risk for suicide. The Clinical Manager admitted to signing the treatment plan but not reading it. Several hours later, a different staff member left his personal vehicle keys on a desk. Two youth stole the keys and the vehicle. The investigation determined that the same staff person who had found (and left) the youth hanging from the bathroom stall had overheard a conversation between the two youth earlier in the evening discussing their plan to flee. No incident report was written, and a supervisor denied being notified as alleged by the staff person.

DHHS reported that during MISEP 23 DCWL conducted 14 unannounced renewal and seven unannounced interim inspections of CCIs, totaling 21 inspections for the period, although one CCI was not contracted by DHHS so did not fall under the MISEP. DHHS determined that twelve of the CCIs required CAPs for 33 licensing violations. DHHS reported that eight of the 20 CCIs were in substantial compliance with appropriate statutes, administrative licensing rules, contract regulations, and MISEP requirements, so CAPs were not required. Two CCIs were administratively closed during the period and four CCIs voluntarily closed.

As of the end of the period, one CCI with a recommendation for licensure revocation was pending a hearing, and subsequently closed in July 2023. Six CCIs closed during the period. One CCI was recommended for a first provisional license, and four CCIs were issued a first provisional license.

DCWL completed 161 special investigations during MISEP 23 in 39 contracted CCIs, according to DHHS. Ninety-three of the special investigations resulted in substantial compliance with no CAP required. Violations were found with 65 of the special investigations, requiring CAPs approved by DCWL for 64 of the investigations. Due to a subsequent licensure revocation recommendation for one of the agencies a CAP was not allowed. An additional three of the special investigations resulted in a finding of non-compliance, but based on recommendations for revocation, a CAP was not allowed.

The monitoring team reviewed all 161 CCI special investigations for the period. One hundred thirty-nine of the special investigations led to referrals of abuse or neglect to Centralized Intake (CI) and 99 of these were assigned for a CPS investigation. Twenty of the 99 investigations resulted in a substantiated finding of child abuse and/or neglect in CCIs.

The monitoring team assessed that an additional 12 special investigations during this period surfaced allegations that met the criteria for a CPS investigation. For nine of the 12 investigations, the incidents were referred to CI but were not assigned for investigation. Three other incidents were never referred to CI. The following are some examples determined by the monitoring team to warrant assignment for a CPS investigation:

- Staff at a CCI facility called youth obscene names and were alleged to vape, smoke marijuana, and consume alcohol at the facility. It was also alleged that they bribed youth to lie during investigations. One youth (age unknown) broke into the Chief Administrator's office and used a lighter found there to set fire to books and papers.
- A nurse at a CCI facility sent a child (age 12 and a permanent court ward) on an extended foster home visit knowing she did not have enough psychotropic medication for the duration of the stay, and the youth's behavior became dysregulated and assaultive. She had not been assaultive toward the foster parents in the past and she had to return to the CCI facility early from this visit due to her behavior.

- A CCI staff person began screaming at a youth (age 14 and a temporary court ward) for slamming a door, and he pushed his stomach against the youth. The youth asked the staff person to leave him alone and tried to push him away. The staff person then grabbed both of the youth's arms hard and followed him into the bedroom, continuing to scream. The youth was found to be scared, crying, and intimidated.
- A youth (age 17 and a temporary court ward) had a history of self-harm. She used a piece of glass to cut her arm and was put on suicide watch. She found another piece of glass and cut her legs. The CCI staff person gave her some wipes and told her to clean herself. While actively bleeding, the youth went to a nearby complex and asked them to call 911. She was transported to the hospital for treatment. The facility staff never called 911 and had not been looking for her when she left the facility.
- A youth (age 12 and a temporary court ward) went AWOL stating he did not feel safe at the CCI facility. He alleged that a staff person choked him and threw him to the ground. A summary of the facility video footage indicated that the staff person had pushed the youth.

In addition to the 161 special investigations, corresponding CPS referrals, and CPS-MIC investigations, the monitoring team also reviewed CAPs and CAP follow-up documentation provided by DHHS for the investigations where licensing violations were established. As with the last several periods of reported intensive CCI monitoring by DHHS, during this period the monitoring team continued to find that CAP content and follow-up were inadequate. CAP implementation was often delayed, ineffective, and deficient; lacked specificity, clarity, and substance; and did not remediate risk to children. Frequently repeat violations of a serious nature, such as physical force, improper restraints causing injuries, ineffective intervention for youth with suicidality, and improper supervision, often by the same staff persons, recurred despite the CAPs. In numerous instances, there was no evidence that previous CAPs for repeat child safety violations were analyzed and revamped even after identified risks to children's safety persisted.

A few examples of issues with CAPs include:

- One CAP and the follow-up documentation indicated that random camera checks would be done at the facility. However, the investigation indicated there were no cameras at the facility.
- The CAP regarding a staff person who was fired for taunting a youth, using profane language, and using an improper restraint causing a back injury indicated that the person could not be rehired for a year and would then require new hire training.

- An investigative finding confirmed that staff were falsifying agency logs. The CAP involved re-training and a new log, but it did not include any accountability measures or monitoring of the staff who logged false information.

Child Placing Agencies (CPAs)

DHHS reported that during MISEP 23 there were 38 CPA inspections, which included 16 interim and 22 biennial renewal inspections. One agency was not contracted by DHHS so MISEP requirements were not applicable. Two contracted agencies were in substantial compliance with applicable statutes, licensing rules, contract regulations, and MISEP requirements, while 35 agencies required CAPs due to a total of 310 violations. There were no CPA closings during the period.

As indicated above, DCWL field analysts conduct annual home visits to assess safety and service provision within licensed foster homes and unlicensed relative homes supervised by agencies with interim and renewal inspections. According to DHHS, DCWL field analysts visited a random sample of licensed foster homes and unlicensed relatives associated with 34 of the 38 contracted CPAs scheduled for a renewal or interim inspection during MISEP 23. Three of the agencies did not supervise any foster or unlicensed relative homes, and one agency had a non-contracted refugee program.

DCWL field analyst reports indicate that 112 foster homes and 99 unlicensed relative homes were visited during MISEP 23 for a total of 211 home visits. DCWL issued 27 safety alerts for urgent or critical concerns in 15 unlicensed relative homes and 12 regular foster homes. Safety issues included: inoperable smoke or carbon monoxide detectors; rooms lacking the required means of egress; a missing door, window panes, and flooring; no working outlets in three bedrooms and the bathroom light being inoperable; sewage in a basement; unsecured crossbows in two homes; many guns and ammunition in a home not stored properly and the guns not being trigger locked; medications not in a lockbox; the use of physical/corporal punishment; a torn window screen; lack of an alarm/rescue equipment for a pool; missing baby gates; the refusal of visits/walkthroughs by both licensed foster parents and unlicensed relatives; a male adult sharing an air mattress with a young female child; electrical issues; infestation of roaches and bedbugs; a bedroom with a washer and dryer in it; locks on the outside of children's bedroom doors; no appropriate basement egress; and safe-sleep non-compliance. Follow-up to the safety alerts was noted on the safety alert form and in the annual agency inspection report. Several of the children were placed elsewhere as a result of the conditions found in the homes in which they were residing.

The MISEP requires that the field analysts visit a certain number of each CPA's foster homes, dependent on the total number of homes supervised by the agency. CPAs with fewer than 50

homes are required to have at least three licensed foster homes visited, and those agencies with 50 or more licensed homes are required to have five percent of those foster homes visited. From the information provided by DHHS, this commitment was met for the period.

DHHS reported that during MISEP 23 licensing consultants conducted 39 special investigations involving 25 contracted CPAs. The investigations involved 79 allegations of non-compliance related to rule, policy, contract, and MISEP requirements. DHHS determined in 21 (53.8 percent) of the special investigations that CPAs were in substantial compliance so a CAP was not required. Eighteen (46.2 percent) of the 39 investigations resulted in non-compliance findings that required CAPs, with 31 of the 79 allegations resulting in established violations.

The monitoring team reviewed all 39 CPA special investigations. Among the violations that DHHS found: a staff person throwing a fidget toy at a youth hitting him in the face; an agency not submitting a timely variance request for use of a basement as a bedroom; a staff person sending a photo of her genitalia to a parent; no face-to-face contacts between a youth and the caseworker for five months; the agency not ensuring that a youth's scheduled medical and dental appointments were kept; an agency not responding timely to a non-verbal and immobile child's needs for specialized educational and autistic services as well as a larger wheelchair, leaving the child without a functional wheelchair for seven months; a caseworker not attempting for four months to communicate or utilize an interpreter for a youth who is deaf and only communicates via sign language; a youth not being enrolled in school for 18 days after being newly placed; a supervisor allowing an unauthorized person to supervise a parenting visit in a department store, with the mother absconding with the child during the visit; a foster care worker aware that two youth residing together were involved in sexually inappropriate behavior yet failing to provide safety planning; and a staff person assisting a youth in leaving their placement without authorization, and aiding the youth in purchasing cigarettes, drugs, and alcohol.

DHHS reported that during MISEP 23 private agencies conducted 321 foster home special evaluations. These are investigations conducted by the supervising agency when an allegation is made regarding a foster home in their network. The monitoring team reviewed 75 of these special evaluations and found that 25 of the investigations resulted in established violations. Twenty-two of the 25 homes required CAPs while three were not allowed CAPs due to license revocation recommendations. Nine of the 75 Special Evaluations were also referred for MIC investigations. Issues precipitating revocation recommendations for the three foster homes were:

- A three-year-old foster child was grabbed by the foster parent around the neck and pulled backward. The child was later found wandering throughout a fairgrounds and did not want to go back to the foster parents rather wanting to stay with the stranger who

was also the reporter of the incident. These same foster parents were arrested in 2023 for Criminal Sexual Assault that received extensive media attention.

- A foster mother took a youth out of state without notifying the agency and allowed the child to spend nights with her boyfriend, birth grandmother, and mother. Additionally, the foster parent did not contact the police as she was told to do when the youth was AWOL. Despite the revocation recommendation, this home is still active in the CWLM as of December 11, 2023.
- A foster father was arrested when he was pulled over for changing lanes without signaling. He smelled of marijuana and the police found marijuana and a bag of cocaine in the vehicle. The foster parent lied to the agency regarding what occurred and did not report the incident for over two months. The foster parents refused to cooperate with the investigation and revocation was recommended for the multiple violations. The special evaluation with a recommendation for revocation was completed on October 4, 2022. DHHS sent the foster parents a license revocation letter of intent dated April 27, 2023 and this home was closed, as per the CWLM, on August 4, 2023.

Other concerns noted by the monitoring team in reviewing the Special Evaluations included the following:

- A five-month-old baby had a large bruise (half the size of his forehead), an inch-long scrape along his lower back, a bruise the size of a quarter on his right inner thigh, and bumps on his lower back. The foster parent stated he hit himself on the crib while sleeping. The foster parent became "extremely verbally volatile" toward staff when advised an investigation would occur, and wanted the child placed elsewhere. They declined to take a polygraph test as part of the law enforcement investigation. The hospital's medical assessment was that the baby's injuries were "highly abusive." Although this child was removed, another two-year-old child in the process of being adopted remained in the home. The MIC investigation's disposition was that abuse occurred, but the perpetrator could not be determined. No change was recommended for the active license of these foster parents pending CAP completion regarding the foster parents utilizing an unapproved respite caregiver.
- Foster parents placed the foster child with a substitute caregiver without authorization and also provided a friend's breast milk to the one-year-old foster child in their care.
- Foster parents did not allow a four-year-old child to eat with the family as punishment for misbehaving.

- A three-year-old foster child was left with an 11-year-old biological daughter so the foster mother could run an errand. The 11-year-old took a shower and the three-year-old left the home. Police found the child in a high traffic area.
- In the presence of the agency clinician, a foster father grabbed the foster child (age 10) by the upper arm, resulting in a red mark. He was upset because the child was playing with a finger skateboard on the table. The foster father also jabbed his finger in the child's nose while yelling at him. A violation was established and no change in the foster care license occurred.

Seclusion in Contract Agencies (5.7)

The MISEP requires that all uses of seclusion or isolation in CCIs be reported to DCWL for necessary action. If not reported, DCWL is required to take appropriate action to address the failure to report the incident and to ensure that it has been investigated and resolved.

DCWL monitors the occurrence of seclusion or isolation incidents in CCIs according to Michigan law and licensing rules. DHHS amended CCI licensing rules relevant to seclusion in May 2022 to include circumstances when seclusion can be used, de-escalation techniques to be used prior to seclusion, and a requirement that agencies develop a seclusion reduction/elimination plan. The new rules prohibit all seclusion absent an approved variance,¹⁷ effective November 1, 2022. The DCWL program manager, area managers, DCWL Staff, and CCI providers reviewed seclusion rules during the quarterly CCI provider call in October 2022.

DHHS Communication Issuance 22-082 dated July 25, 2022, indicated that all CCI staff are now required to complete the Building Bridges Initiative (BBI) Six Core Strategies Training Modules as part of the DHHS MISEP Corrective Action Plan (CAP).¹⁸ The training discusses skills to prevent conflict, trauma, and violence, while reducing or eliminating the use of seclusion and/or restraint.

Licensing consultants monitor incidents of seclusion during interim and renewal inspections and through special investigations when an allegation of non-compliance with licensing rules is alleged. DHHS reported that during this period inspections did not establish any violations for seclusion, and one seclusion violation was established in a Special Investigation. The DCWL

¹⁷ Per DHHS, variances could be considered to allow the use of emergency seclusion due to situations including staff shortages and escalating issues of violence towards other youth and staff that pose real danger in preventing staff from keeping children safe by separating them from violent acts. CCIs would still be required to follow all sections of Admin Code R 400.4163 related to health status assessment; notification; debriefing and reporting use of seclusion as required. Variances have been requested citing staffing issues, safety protocol around showering and/or passing medications, and responding to emergency situations.

¹⁸ DHHS indicated that all CCI leadership staff were to complete the training by November 17, 2022, and all direct care staff were to complete the training by January 16, 2023. However, DHHS reported in October 2023 that not all staff completed the mandatory training by the due dates.

consultant found that a staff person prevented a resident from leaving the bedroom. A CAP was required, and the consultant confirmed that the staff person was terminated.

Quality Service Reviews

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

The parties agreed that performance for two commitments would be measured through QSR case reviews. The first commitment is Assessments and Service Plans, Content (6.19). The performance standard for this commitment is 83 percent.¹⁹ The second commitment is Provision of Services (6.20). The performance standard for this commitment is 83 percent.

During MISEP 23, DHHS conducted blended CFSR/QSR reviews in Business Service Centers (BSC) 1, 2, 4, and 5. The monitoring team participated in the blended reviews in BSCs 1 and 2 in September 2022, participating in case reviews, panel discussions, and case scoring.

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

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

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

The written service plan must include:

- A child's assigned permanency goal;

¹⁹ On September 6, 2022 a Stipulated Order was issued which amends the Designated Performance Standard for Section 6.19 from 90 percent to 83 percent and the Floor Performance Standard from 85 percent to 80 percent. These amended performance standards are retroactive to June 27, 2019, the day the MISEP was filed.

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

DHHS reviewed 25 children's cases, with 76 applicable items relevant to this commitment during MISEP 23. Of the 76 applicable items, DHHS reported that 51 (67.1 percent) were rated as having acceptable assessments and service plans, below the performance standard of 83 percent for this commitment.

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

DHHS reviewed 25 children's cases, with 76 applicable items relevant to this commitment during MISEP 23. Of the 76 applicable items, DHHS reported that 51 (67.1 percent) were rated as acceptable for provision of services, below the 83 percent performance standard for this commitment.

Permanency

Developing Placement Resources for Children

Foster Home Array (6.4)

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

timelines, benchmarks, and final targets, to be measured by the monitors based on DHHS' good faith efforts to meet the final targets set forth in the plan.

DHHS' Adoption and Foster Home Recruitment and Retention (AFPRR) plans cover the state fiscal year (SFY), running from October 1st to September 30th each year. This report covers DHHS' recruitment efforts for SFY 2022 which concluded on September 30, 2022, during MISEP 23. In addition, this report covers the first three months of the SFY 2023 recruitment cycle, which extended from October 1, 2022, through December 30, 2022.

On October 31, 2022, DHHS launched the Child Welfare Licensing Module (CWLM). This is the first module of the Department's new CCWIS system, which is taking the place of the MiSACWIS information system on a rolling basis. The CWLM stores information on licensed foster homes and can be accessed by both DHHS and private agency staff.

DHHS was unable to produce data tracking the number of foster home licensures and closures for several months after the CWLM was launched. DHHS did not provide this data to the monitoring team for November and December 2022 until May 2023, and was unable to provide information on foster home closures for the special populations for these two months.

For SFY 2022, DHHS agreed to license 965 new non-relative foster homes of which 602 homes would accept adolescent placements, 171 homes would accept children with disabilities, and 549 homes would accept sibling groups. Statewide, DHHS licensed 845 unrelated foster homes, reaching 87 percent of the SFY 2022 non-relative licensing goal. During the same period, 1,359 licensed homes were closed for a SFY 2022 net loss of 514 homes. Regarding homes for adolescents, DHHS licensed 288 homes, only 48 percent of the SFY 2022 licensing goal. During the same period, 469 homes for teens were closed, resulting in a net loss of 181 homes. Regarding homes for children with disabilities, 544 homes were licensed, surpassing the SFY 2022 licensing goal. However, 920 homes for children with disabilities were closed, resulting in a net loss of 376 homes available for placement of children with disabilities. Four hundred sixty-one homes were licensed for siblings, 84 percent of the SFY 2022 licensing goal of 549 homes. Simultaneously, 832 homes for sibling groups were closed, for a net loss of 371 sibling homes.

For SFY 2023, DHHS agreed to license 902 new non-relative homes of which 641 will accept adolescent placements, 110 homes will accept children with disabilities, and 563 homes will accept sibling groups. During the first three months of the fiscal year, DHHS licensed 95 nonrelative foster homes statewide, 10 percent of the SFY 2023 licensing goal. During this same time, 117 existing homes were closed, resulting in a net loss of 22 homes. In the first three months of SFY 2023, 30 homes for teens were licensed, five percent of the full year's licensing goal. Simultaneously, in the month of October 2022, 30 homes for teens were closed, resulting in a zero gain. There were 55 homes for children with disabilities licensed in the first three months

of SFY 2023, which is 50 percent of the licensing goal for SFY 2023. During the month of October 2022, 61 were closed, resulting in a net loss of six homes. Fifty-two homes accepting sibling groups were licensed, nine percent of the SFY 2023 licensing goal. Meanwhile, 60 homes for sibling groups were closed, during the month of October 2022, resulting in a net loss of eight homes.²⁰

As outlined above, in SFY 2022 DHHS experienced overall net foster home losses including net losses in homes for siblings, children with disabilities, and adolescents. In the first three months of SFY 2023, DHHS experienced a statewide net loss of 117 non-relative foster homes. During the month of October 2022 DHHS experienced net losses in placements for sibling groups, children with disabilities, and adolescents. The monitors recommend that DHHS continue to closely track the specific reasons for foster home closures to understand the factors that lead to these resource losses, and then implement targeted strategies to support and retain non-relative licensed foster homes.

As discussed in previous monitoring reports, when assessing the adequacy of DHHS' array of foster home placements, the monitors take into consideration as indicators of foster home sufficiency, the agency's performance regarding other MISEP commitments. These commitments include Separation of Siblings (6.6); Maximum Children in a Foster Home (6.7); Emergency or Temporary Facilities, Length of Stay (6.8); and Emergency or Temporary Facilities, Repeated Placement (6.9). This is the fourth consecutive period in which DHHS experienced net foster home losses for children in the special populations and did not meet its commitments relative to Separation of Siblings (6.6); Emergency or Temporary Facilities, Length of Stay (6.8); and Emergency or Temporary Facilities, Repeated Placement (6.9). In SFY 2022, DHHS still had substantial work to do to understand and stem net foster home losses and to heighten its focus on licensing foster homes for the special populations of siblings and adolescents. These significant home losses compromised the placement array for children and contributed to the separation of siblings and the placement of children in shelters. During SFY 2022, DHHS did not provide evidence that systemic and targeted strategies were meaningfully implemented to improve these outcomes. The monitors find that DHHS did not make good faith efforts to maintain a sufficient number and array of foster homes capable of meeting the needs of the foster care population, including a sufficient array of licensed homes to meet the needs of children in the special populations in SFY 2022.

The monitoring team has discussed with DHHS the need for the agency to develop, implement and monitor targeted, systemic strategies to improve the licensure and maintenance of foster homes, including those that will serve special populations, to demonstrate good faith efforts.

²⁰ DHHS did not provide data on foster home closures for special populations for November and December 2022, as they were unable to track this information following the launch of the CWLM on October 31, 2022.

DHHS has reported that during SFY 2023 certain targeted strategies were in the process of being implemented for the development of sibling and adolescent homes and for the support of families who commit to fostering those children. For SFY 2024, DHHS has advised that the AFPRR plan templates were updated to include a requirement that support based activities be included in each county retention plan. On a statewide level, DHHS has reportedly been working with Adopt US Kids to develop an implementation framework for agencies to address foster parent retention. The monitoring team will evaluate and discuss DHHS' efforts to implement and monitor targeted retention strategies in future monitoring periods, including this initiative.

Relative Foster Parents (6.10.a)

When children are placed in out-of-home care, preference must be given to placement with a relative. DHHS committed to ensuring that safety assessments, safety planning (when appropriate) and background checks occur for all non-licensed homes. The MISEP relative commitments are particularly important to child safety as 47 percent of children in DHHS custody were living with relatives at the conclusion of MISEP 23. In the MISEP, DHHS committed to ensure that:

- Prior to a child's placement, DHHS will visit with relatives to determine if it is safe;
- Law enforcement and central registry background checks for all adults living in the home will be completed within 72 hours of placement;
- A home study will be completed within 30 days of placement determining whether the placement is safe and appropriate.

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

For MISEP 23, the monitoring team reviewed a random sample of 65 unlicensed relative homes. The monitoring team determined the performance was achieved overall in 44 cases (67.7 percent) and was not achieved in 21 cases (32.3 percent). For one of the 21 cases, there was insufficient evidence to validate the timely completion of background checks. For each of the individual safety requirements, DHHS' performance was as follows:

- An initial home safety visit prior to placement was completed for 63 homes (96.9 percent).
- Law enforcement and central registry checks were completed for caregivers within 72 hours of placement for 60 homes (92.3 percent).

- Twenty-four homes had additional adult household members. Law enforcement background checks and central registry checks were both completed timely for 23 homes (95.8 percent) each.
- Michigan policy requires that all caregivers and adult household members must have their names and addresses searched on the Michigan Public Sex Offender Registry. The monitoring team was able to find evidence that this background check was completed for 58 (89.2 percent) of the homes.
- A home study was completed within 30 days for 58 relative placements (89.2 percent).

DHHS did not meet the designated standard of 95 percent. Additional reasons why cases did not meet the standard include:

- In four cases the background checks were completed late, more than 72 hours after the initial placement.
- Three homes did not meet the performance requirements due to improper weapon storage.
- Four cases required a Placement Exception Request (PER) approval, which was not completed.²¹ When a PER is required, the DHHS caseworker must complete the PER and route it to the supervisor for review, who is then expected to route it to the DHHS county director for review and approval.
 - A PER was required for more than five children in the home. The children were placed on July 25, 2022 and verbal approval was not given until October 19, 2022.
 - A PER was required for more than three foster children and more than five children living in the home. Six children were placed in the home on September 19, 2022 and the PER reads "in progress" as of October 12, 2023.
 - A PER was required for more than five children living in the home. The children were placed on September 20, 2022 and the PER reads "in progress" in MiSACWIS as of October 12, 2023.
 - A PER was required for more than five children living in the home. Five children were placed on December 15, 2022 with their sister, the PER reads "in progress" as of October 12, 2023.

²¹ In these four cases neither a timely verbal nor written approval was documented in MiSACWIS. DHHS Policy FOM 722-03E requires a minimum of a verbal approval prior to placement with documentation and approval within the electronic case management record completed within 30 calendar days from the date of verbal approval.

Relative Foster Parents (6.10.b)

The MISEP requires that a relative placement home study, including all clearances, must be completed, and approved annually²² for unlicensed caregivers to ensure the safety of children placed in relative homes. An approved relative home study is valid for one year. This commitment is measured through an independent qualitative review conducted by the monitors with a designated performance standard of 95 percent.

For this commitment, the monitoring team reviewed a random sample of 66 unlicensed relative homes due for a renewal home study. The monitoring team found that 32 homes (48.5 percent) met each of the performance requirements in the MISEP, and 34 homes (51.5 percent) did not. The performance requirements were not met for 10 of the 34 homes solely because of insufficient evidence to support the timely completion of updated background checks.

An annual home study was approved timely by the supervisor for 59 homes (89.4 percent). Another four homes (6.1 percent) had an annual home study that was completed late, and three homes (4.6 percent) did not have an annual home study uploaded into MiSACWIS. The following chart details the amount of time past the due date when each of the six late home studies was completed.

Table 4. Annual Relative Home Studies Completed Late, MISEP 23

Timeframe Overdue	Number of Homes
10-25 days	1
1-2 months	2
3-5 months	1

Additionally, for relative caregivers, central registry checks were completed timely, prior to the approval of the annual home study, in 45 cases (68.2 percent), and law enforcement background checks were completed timely in 47 cases (71.2 percent). Eleven homes had additional adult household members. Central registry checks were completed timely for four (36.4 percent) of these homes, and law enforcement background checks were completed timely for four (36.4 percent) of these homes. Michigan policy requires that all caregivers and adult household members must have their names and addresses searched on the Michigan Public Sex Offender Registry. The monitoring team was able to find evidence that this background check was completed for relevant individuals in 44 cases (66.7 percent). DHHS did not meet the designated performance standard of 95 percent during the period.

Other factors contributing to performance lapses include:

²² Annually is defined as within 365 days of the last relative home study.

- In four cases it is unknown if a new adult household member lived out of the state during the past five years which would require central registry and law enforcement background checks from the state in which the household member resided.
- In six cases the home had improper weapon storage.
- In four cases a required PER was not completed timely.
 - A PER was required at the time of placement, November 22, 2021, for more than five children in the home, more than three foster children being placed in the home, and for more than three children under the age of three. As of October 12, 2023, the PER still reads “in progress.”
 - Five children were placed with their grandparents on September 20, 2021. A PER was required for more than three foster children placed in the home, however the PER still reads “in progress” for all five children as of October 12, 2023.
 - A PER was required for more than five children in the home and more than three foster children. Verbal approval was given on August 19, 2020, however the PER was not completed within the required thirty days and still reads “in progress” as of October 12, 2023.
 - A PER for more than three foster children in the home was completed late. The children were placed on July 6, 2021, but the PER was not approved until December 21, 2021.

Placement Standards

Placement Standard (6.5)

The MISEP requires that all children placed in the foster care custody of DHHS be placed in a licensed foster home, a licensed facility, pursuant to a court order, or with an unlicensed relative.²³ According to the data submitted by DHHS for MISEP 23, 9,037 children were subject to this commitment.²⁴ Of those children, 8,907 (98.6 percent) were placed in allowable settings. DHHS only slightly missed the standard of 100 percent for this commitment.

Placing Siblings Together (6.6)

The MISEP requires DHHS to place siblings together when they enter foster care at or near the same time. Exceptions can be made if placing the siblings together would be harmful to one or

²³ On September 9, 2021 the parties signed a letter of agreement detailing additional living situations that will be deemed compliant for this commitment.

²⁴ This commitment excludes children in temporary placement settings including AWOL, jail, detention, and hospitals.

more of the siblings, one of the siblings has exceptional needs that can only be met in a specialized program or facility, or the size of the sibling group makes such placement impractical notwithstanding efforts to place the group together. DHHS provided data to the monitoring team indicating there were 371 sibling groups whose members entered foster care within 30 days of each other during MISEP 23. Of these 371 sibling groups, 291 (78.4 percent) were either placed together or had a timely approval for an allowable exception. DHHS did not meet the designated performance standard of 90 percent for this commitment.

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

For MISEP 23, the monitoring team reviewed 33 children's case records subject to this provision and found that DHHS met the terms of the commitment in 22 cases (66.7 percent), below the designated performance standard of 90 percent.

Maximum Children in a Foster Home (6.7)

In the MISEP, DHHS committed that no child shall be placed in a foster home if that placement will result in more than three foster children living in that foster home, or a total of six children, including the foster family's birth and adopted children. In addition, DHHS agreed that no placement will result in more than three children under the age of three residing in a foster home. Exceptions to these limitations may be made by the Director of DCWL when in the best interest of the child(ren) being placed. As of December 31, 2022, there were 4,411 foster homes in Michigan with at least one child in placement. Of these 4,411 homes, 3,991 (90.5 percent) met the terms of this commitment, meeting the designated performance standard of 90 percent.

Emergency or Temporary Facilities, Length of Stay (6.8)

DHHS is required to ensure children shall not remain in emergency or temporary facilities, including shelter care, for a period lasting more than 30 days unless exceptional circumstances exist. DHHS committed that no child shall remain in an emergency or temporary facility for a period lasting more than 60 days with no exceptions and DHHS Director Hertel committed to personally review all shelter placements during the period. The agreed-upon performance standard for this commitment is 95 percent. DHHS served 11,340 children during MISEP 23, and 54 (0.48 percent) were placed in emergency or temporary facilities. Of these 54 children, 37 (68.5 percent) were placed within the length of stay parameters. DHHS did not meet the performance standard during MISEP 23.

Emergency or Temporary Facilities, Repeated Placement (6.9)

The MISEP requires that no child be placed in an emergency or temporary facility more than one time in a 12-month period unless exceptional circumstances exist. Children under 15 years of age experiencing a subsequent emergency or temporary facility placement within a 12-month period may not remain in such a placement for more than seven days. Children 15 years of age or older experiencing a subsequent emergency or temporary facility placement within a 12-month period may not remain in such a placement for more than 30 days. During the reporting period, 11 children experienced subsequent stays in shelter care, of which two placement episodes (18.2 percent) met the terms of this commitment. DHHS did not meet the agreed-upon performance standard of 97 percent, but the number of children who experienced a subsequent stay in shelter represents just 0.09 percent of the 11,340 children in care during the period and is the lowest number ever reported under the MISEP.

Case Planning and Practice

Supervisory Oversight (6.16)

Supervisors are to meet at least monthly with each assigned caseworker to review the status of progress of each case on the worker's caseload. Supervisors must review and approve each service plan after having a face-to-face meeting²⁵ with the worker, which can be the monthly supervisory meeting. The designated performance standard for this commitment is 95 percent.

The following table includes the performance for initial and monthly case consultations due in MISEP 23. As the table indicates, DHHS met the performance standard for the designated performance standard of 95 percent for one of the two components of the commitment.

Table 5. Supervisory Oversight Performance, MISEP 23

Requirement	Performance
Initial case consultations between a worker and supervisor that were due in the first 30 days	90.7%
Monthly case consultations due between a worker and supervisor	97.7%

²⁵ On October 18, 2021, the parties signed a letter of agreement allowing video conferences to be compliant for purposes of "face-to-face" meetings required under 6.16 of the MISEP.

Timeliness of Service Plans (6.17, 6.18)

The MISEP requires that DHHS complete an initial service plan (ISP) within 30 days of a child's entry into foster care (6.17) and then complete an updated service plan (USP) at least quarterly thereafter (6.18). The designated performance standard for both commitments is 95 percent.

During MISEP 23, DHHS did not achieve the designated performance standard for either commitment. Of the 1,806 ISPs due during the period, 1,553 (85.9 percent) were completed within 30 days of a child's entry into foster care or Young Adult Voluntary Foster Care (YAVFC). Of the 16,567 USPs due during the period, 15,045 (90.8 percent) were completed in a timely manner.

Caseworker Visitation

Worker-Child Visitation (6.21)

DHHS agreed that caseworkers shall visit children in foster care at least two times per month during the child's first two months of placement in an initial or new placement, and at least once per month thereafter. At least one visit each month shall be held at the child's placement location and shall include a private meeting between the child and the caseworker. DHHS and the monitoring team established, in the Metrics Plan, assessment criteria for the six components that are included in the 6.21 commitment. The designated performance standard is 95 percent for all components.

DHHS' MISEP 23 performance on the six components of worker-child visitation is included in the following table. As the table below indicates, DHHS met the designated performance standard for five of the six components.

Table 6. Worker-Child Visitation Performance, MISEP 23

Requirement	Performance
Each child shall be visited by a caseworker at least twice per month during the first two months following an initial or new placement	90.4%
Each child shall be visited by a caseworker at their placement location at least once per month during the first two months following an initial or new placement	95.0%
Each child shall have at least one visit per month that includes a private meeting between the child and caseworker during the first two months following an initial or new placement	95.2%
Each child shall be visited by a caseworker at least once per full month the child is in foster care	97.3%
Each child shall be visited by a caseworker at their placement location at least once per full month the child is in foster care	96.4%
Each child shall have at least one visit per full month the child is in foster care that includes a private meeting between the child and caseworker	96.2%

Worker-Parent Visitation (6.22)

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

DHHS' MISEP 23 performance on the three components of worker-parent visitation is included below. As the table indicates, DHHS did not achieve the designated performance standard of 85 percent for any component of the worker-parent visitation commitment during MISEP 23.

Table 7. Worker-Parent Visitation Performance, MISEP 23

Requirement	Performance
Caseworkers shall visit parents of children with a goal of reunification at least twice during the first month of placement	60.1%
Caseworkers shall visit parents of children with a goal of reunification in the parent's place of residence at least once during the first month of placement	50.7%
Caseworkers shall visit parents of children with a goal of reunification at least once for each subsequent month of placement	63.2%

Parent-Child Visitation (6.23)

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

Of the 29,598 parent-child visits required during MISEP 23, DHHS completed 18,669 (63.1 percent) timely. DHHS did not meet the designated performance standard during the period.

Sibling Visitation (6.24)

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

Of the 12,656 sibling visits required during MISEP 23, DHHS completed 8,957 (70.8 percent) timely. DHHS did not meet the designated performance standard during the period.

Safety and Well-Being

Responding to Reports of Abuse and Neglect

Commencement of CPS Investigations (5.2)

DHHS committed to commence investigations of reports of child abuse or neglect within the timeframes required by state law. The designated performance standard for this commitment is 95 percent.

DHHS reported that during MISEP 23, 33,551 complaints required the commencement of an investigation. Of those, 32,998 (98.4 percent) commenced timely, exceeding the performance standard for the period.

Completion of CPS Investigations (6.11)

DHHS agreed that all child abuse or neglect investigations would be completed by the worker and approved by the supervisor within 44 days. The parties agreed to a performance standard of 90 percent for this commitment.

During MISEP 23, there were 30,845 investigation reports due to be completed. Of those, 29,124 (94.4 percent) were submitted by caseworkers and approved by supervisors within 44 days, meeting the performance standard for this commitment.

CPS Investigations and Screening, Screening (6.12.a)

In the MISEP, DHHS committed to investigate all allegations of abuse or neglect relating to any child in the foster care custody of DHHS and to ensure that allegations of maltreatment in care are not inappropriately screened out and therefore not investigated by CPS. The MISEP requires that this provision be measured by the monitors through a qualitative review. A statistically significant sample of cases and a set of questions established by DHHS and the monitors were utilized in the MISEP 23 review. The review population was comprised of all referrals that involved a plaintiff class child (whether they were in out-of-home or in-home placement) that were screened out for CPS investigation during the period. There were 1,614 such referrals in the MISEP 23 data provided by DHHS.

The monitoring team reviewed 65 screened-out CPS referrals and determined that DHHS made appropriate screening decisions in 57 instances (87.7 percent). The monitors determined that three referrals met the criteria for assignment for investigation and five referrals required the screener to obtain additional information to make an appropriate screening decision.

The following referral is an example of one that the monitoring team concluded should have been investigated for child abuse and neglect:

- Three children, ages 10, 9, and 4, were in a licensed placement with their grandfather and his long-term partner. It was reported by the licensing worker for the family that the grandfather took the children to the store with him. The grandfather was intoxicated and passed out in the car, with the children in it. Additionally, it was alleged that the children were constantly screamed at by the grandfather and his partner and did not want to live with them anymore. They were afraid to talk about what was going on in the home as the grandfather and his partner were listening to them and would monitor their phone calls. Centralized Intake transferred the referral to the active workers and licensing.

The following referral is an example of a referral that the monitoring team concluded needed more information before a screening decision could be made:

- A six-year-old was in DHHS custody and had an overnight visit with his mother. The foster care worker reported that during the visit the six-year-old was “whapped.” The details regarding where the child was hit, and if he had any injuries were unknown. The child allegedly did not want to go back to his mother’s home. Centralized Intake deemed that the allegations were vague with no reported injuries and transferred the referral to regulatory services. More information should have been obtained before screening out the referral, including what the child meant by “whapped,” and where, when, and why it occurred.

The MISEP also requires that when DHHS transfers a referral to another agency for investigation, DHHS must independently take appropriate action to ensure the safety and well-being of the child in the Department’s custody. The parties agreed that the monitors would conduct an independent qualitative review to determine compliance with this commitment.

The monitoring team reviewed a random sample of 63 referrals received by Centralized Intake regarding plaintiff class children that were transferred outside the Department during the period under review, stratified by county, to determine performance. The designated performance standard for this commitment is 95 percent.

Of the 63 transferred cases, the monitoring team found 55 cases (87.3 percent) met the terms of the MISEP and eight cases (12.7 percent) did not. In the monitors’ assessment, DHHS did not meet the designated performance standard of 95 percent for the period.

Health and Mental Health

Medical and Mental Health Examinations for Children (6.25)

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

During MISEP 23, DHHS completed 1,294 (71.0 percent) of 1,822 required initial medical and mental health exams within 30 days of a child’s entry into care. Additionally, DHHS completed 1,449 (79.8 percent) of 1,816 required initial medical and mental health exams within 45 days of a child’s entry into care. DHHS did not meet the performance standard for this commitment.

Dental Care for Children (6.26)

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

During MISEP 23, 654 (64.8 percent) of 1,010 required initial dental exams were completed timely for children in DHHS custody. DHHS did not meet the performance standard of 90 percent for this commitment.

Immunizations (6.27, 6.28)

Under the MISEP, children in DHHS custody must receive all required immunizations according to the guidelines set forth by the American Academy of Pediatrics (AAP). For children in DHHS custody for three or fewer months at the end of the period, DHHS is to ensure that 90 percent receive any necessary immunizations, according to AAP guidelines, within three months of entry into care (6.27). DHHS reported on this commitment through data produced by the Michigan Care Improvement Registry (MCIR). The MCIR is an immunization database that documents immunizations reported to be administered by healthcare providers in Michigan. Performance for each immunization type was calculated by dividing the number of children who require the immunization by the number of children current with the immunization during MISEP 23. DHHS met the 90 percent standard for four of the eleven required immunizations, as charted below.

Table 8. Immunizations for Children in Custody Three Months or Less, MISEP 23

Immunization	Children requiring immunization	Children current with immunization	Performance
DTP/DTap/DT/Td/Tdap	917	777	84.7%
Hepatitis A	917	827	90.2%
Hepatitis B	917	844	92.0%
Hib	398	322	80.9%
HPV	357	274	76.8%
Meningococcal Conjugate	324	275	84.9%
MMR	917	840	91.6%
Pneumococcal Conjugate	398	332	83.4%
Polio	876	780	89.0%
Rotavirus	141	114	80.9%
Varicella	917	841	91.7%

For children in DHHS custody for longer than three months as of the end of the period, DHHS is to ensure that 90 percent receive all required immunizations according to AAP guidelines (6.28). DHHS also reported on this commitment through data produced by the MCIR. Performance for each immunization type was calculated by dividing the number of children who require the

immunization by the number of children current with the immunization during MISEP 23. DHHS met the 90 percent standard for nine of the eleven required immunizations, as charted below.

Table 9. Immunizations for Children in Custody Longer Than Three Months, MISEP 23

Immunization	Children requiring immunization	Children current with immunization	Performance
DTP/DTaP/DT/Td/Tdap	7,408	6,879	92.9%
Hepatitis A	7,408	6,941	93.7%
Hepatitis B	7,408	7,120	96.1%
Hib	2,497	2,307	92.4%
HPV	3,396	2,869	84.5%
Meningococcal Conjugate	3,067	2,807	91.5%
MMR	7,408	7,085	95.6%
Pneumococcal Conjugate	2,497	2,299	92.1%
Polio	6,858	6,503	94.8%
Rotavirus	50	42	84.0%
Varicella	7,408	7,079	95.6%

Ongoing Healthcare for Children (6.29)

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

During MISEP 23, DHHS completed 2,464 (65.4 percent) of 3,769 medical well-child visits timely, 3,700 (84.4 percent) of 4,385 annual physicals timely, and 4,805 (69.9 percent) of 6,876 semiannual dental exams timely. DHHS did not meet the performance standard of 95 percent for any component of this commitment.

Child Case File, Medical and Psychological (6.30)

The MISEP requires that DHHS will ensure that:

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

DHHS' MISEP 23 performance on each of the three components of the child's medical and psychological case files is charted below. To measure performance, DHHS reviewed 17 foster care cases utilizing CSFR Item 17 criteria described in the chart below. DHHS did not achieve the 95 percent performance standard for any of the components of the child case file commitment during MISEP 23.

Table 10. Child Case File, Medical and Psychological Performance, MISEP 23

Requirement	Applicable Cases	Cases not Compliant	Cases Compliant	Performance Percentage
To the extent available and accessible, the child's health records are up to date and included in the case file.	17	3	14	82.3%
The case plan addresses the issue of health and dental care needs.	17	2	15	88.2%
To the extent available and accessible, foster parents or foster care providers are provided with the child's health records.	17	3	14	82.3%

Access to Health Insurance (6.31, 6.32)

The MISEP requires that DHHS ensure that at least 95 percent of children have access to medical coverage within 30 days of entry into foster care by providing the placement provider with a Medicaid card or an alternative verification of the child's Medicaid status and Medicaid number as soon as it is available (6.31).

Data provided by DHHS indicate that placement providers received a Medicaid card or an alternative verification of the child's Medicaid status and number within 30 days of entry into foster care for 1,599 (87.8 percent) of 1,822 children in MISEP 23. DHHS did not meet the performance standard during the period.

The MISEP also requires DHHS to ensure that 95 percent of children have access to medical coverage within 24 hours or the next business day following subsequent placement by giving the placement provider a Medicaid card or an alternative verification of the child's Medicaid status and Medicaid number as soon as it is available (6.32).

During MISEP 23, 2,737 (80.7 percent) of 3,392 placement providers received Medicaid cards within 24 hours or the next business day following a child's subsequent placement. DHHS also reported that for 3,382 (99.7 percent) of 3,392 subsequent placements, either the provider received a Medicaid card within 24 hours or the next business day following a child's subsequent placement, or the child had Medicaid coverage within 24 hours of the date of placement.

Psychotropic Medication, Informed Consent (6.33)

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

During MISEP 23, the Department reported 2,206 children required informed consent documentation, for 5,424 unique prescriptions. Data indicated that valid consents were on file for 4,119 (75.9 percent) of the medications. Therefore, DHHS did not meet the designated performance standard of 97 percent for this commitment.

Psychotropic Medication, Documentation (6.34)

Under the MISEP, DHHS must ensure that:

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

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

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

For MISEP 23, the monitoring team randomly selected a sample of 66 cases from a total population of 2,200 children. The monitoring team found 21 cases (31.8 percent) met the terms of this commitment and 45 cases (68.2 percent) did not meet the terms of this commitment. DHHS did not meet the designated performance standard of 97 percent for the period.

Youth Transitioning to Adulthood

Achieving Permanency

Support for Youth Transitioning to Adulthood, Permanency (6.37)

The MISEP requires DHHS to continue to implement policies and provide services to support the rate of older youth achieving permanency. The parties agreed that this commitment would be measured by examining the outcomes of all older youth who exit foster care during the monitoring period and comparing rates of exits to permanency and rates of exits to emancipation. For purposes of this commitment, older youth is defined as youth aged 15 or older with a permanency goal of reunification, guardianship, adoption, or APPLA. The performance standard for this commitment is positive trending, or any reduction in the rates of older youth exiting without permanency.

During MISEP 23, 414 youth who were 15 years and older exited foster care. Of those, 188 (45.4 percent) were discharged with an exit type of reunification, adoption, or guardianship. This represents a 1.3 percent increase in performance from the previous reporting period.

Appendix A. Age Range of Children in Care on June December 31, 2022 by County

County Name	Ages 0-6		Ages 7-11		Ages 12-17		Ages 18+		Total
	Children	%	Children	%	Children	%	Children	%	
Alcona	10	66.7%	3	20.0%	0	0.0%	2	13.3%	15
Alger	6	46.2%	4	30.8%	0	0.0%	3	23.1%	13
Allegan	59	50.0%	25	21.2%	7	5.9%	27	22.9%	118
Alpena	26	56.5%	7	15.2%	6	13.0%	7	15.2%	46
Antrim	1	16.7%	5	83.3%	0	0.0%	0	0.0%	6
Arenac	6	37.5%	5	31.3%	0	0.0%	5	31.3%	16
Baraga	1	25.0%	0	0.0%	0	0.0%	3	75.0%	4
Barry	8	38.1%	9	42.9%	3	14.3%	1	4.8%	21
Bay	37	35.9%	35	34.0%	13	12.6%	18	17.5%	103
Benzie	5	31.3%	6	37.5%	3	18.8%	2	12.5%	16
Berrien	92	46.0%	51	25.5%	11	5.5%	46	23.0%	200
Branch	37	50.0%	16	21.6%	3	4.1%	18	24.3%	74
Calhoun	103	44.0%	64	27.4%	11	4.7%	56	23.9%	234
Cass	38	46.9%	21	25.9%	11	13.6%	11	13.6%	81
Central Office	0	0.0%	1	50.0%	0	0.0%	1	50.0%	2
Charlevoix	6	60.0%	1	10.0%	3	30.0%	0	0.0%	10
Cheboygan	18	50.0%	7	19.4%	1	2.8%	10	27.8%	36
Chippewa	25	42.4%	15	25.4%	4	6.8%	15	25.4%	59
Clare	22	55.0%	11	27.5%	1	2.5%	6	15.0%	40
Clinton	12	40.0%	11	36.7%	2	6.7%	5	16.7%	30
Crawford	14	35.0%	18	45.0%	1	2.5%	7	17.5%	40
Delta	18	41.9%	17	39.5%	0	0.0%	8	18.6%	43
Dickinson	8	53.3%	3	20.0%	0	0.0%	4	26.7%	15
Eaton	28	49.1%	14	24.6%	5	8.8%	10	17.5%	57
Emmet	5	50.0%	5	50.0%	0	0.0%	0	0.0%	10
Genesee	234	48.0%	128	26.2%	32	6.6%	94	19.3%	488
Gladwin	14	35.9%	15	38.5%	2	5.1%	8	20.5%	39
Gogebic	9	45.0%	4	20.0%	1	5.0%	6	30.0%	20
Grand Traverse	36	65.5%	7	12.7%	3	5.5%	9	16.4%	55
Gratiot	18	51.4%	9	25.7%	1	2.9%	7	20.0%	35
Hillsdale	45	47.9%	20	21.3%	1	1.1%	28	29.8%	94
Houghton	4	57.1%	1	14.3%	1	14.3%	1	14.3%	7
Huron	15	38.5%	11	28.2%	3	7.7%	10	25.6%	39
Ingham	182	54.7%	75	22.5%	18	5.4%	58	17.4%	333
Ionia	13	39.4%	10	30.3%	3	9.1%	7	21.2%	33
Iosco	18	62.1%	6	20.7%	2	6.9%	3	10.3%	29
Iron	3	42.9%	0	0.0%	0	0.0%	4	57.1%	7
Isabella	27	56.3%	11	22.9%	3	6.3%	7	14.6%	48
Jackson	68	47.6%	41	28.7%	15	10.5%	19	13.3%	143
Kalamazoo	172	46.1%	95	25.5%	27	7.2%	79	21.2%	373

County Name	Ages 0-6		Ages 7-11		Ages 12-17		Ages 18+		Total
	Children	%	Children	%	Children	%	Children	%	
Kalkaska	7	43.8%	7	43.8%	1	6.3%	1	6.3%	16
Kent	177	36.6%	146	30.2%	73	15.1%	87	18.0%	483
Keweenaw	1	50.0%	0	0.0%	0	0.0%	1	50.0%	2
Lake	10	45.5%	7	31.8%	0	0.0%	5	22.7%	22
Lapeer	11	40.7%	5	18.5%	3	11.1%	8	29.6%	27
Leelanau	7	43.8%	5	31.3%	3	18.8%	1	6.3%	16
Lenawee	61	50.8%	25	20.8%	3	2.5%	31	25.8%	120
Livingston	37	44.6%	19	22.9%	8	9.6%	19	22.9%	83
Luce	8	72.7%	0	0.0%	0	0.0%	3	27.3%	11
Mackinac	14	60.9%	3	13.0%	0	0.0%	6	26.1%	23
Macomb	225	48.2%	124	26.6%	34	7.3%	84	18.0%	467
Manistee	21	65.6%	6	18.8%	0	0.0%	5	15.6%	32
Marquette	23	60.5%	3	7.9%	4	10.5%	8	21.1%	38
Mason	13	54.2%	7	29.2%	2	8.3%	2	8.3%	24
Mecosta	12	60.0%	3	15.0%	0	0.0%	5	25.0%	20
Menominee	11	42.3%	6	23.1%	0	0.0%	9	34.6%	26
Midland	31	40.8%	19	25.0%	7	9.2%	19	25.0%	76
Missaukee	9	39.1%	9	39.1%	1	4.3%	4	17.4%	23
Monroe	39	44.3%	22	25.0%	5	5.7%	22	25.0%	88
Montcalm	24	37.5%	24	37.5%	3	4.7%	13	20.3%	64
Montmorency	5	55.6%	0	0.0%	2	22.2%	2	22.2%	9
Muskegon	198	51.3%	85	22.0%	26	6.7%	77	19.9%	386
Newaygo	17	34.7%	18	36.7%	7	14.3%	7	14.3%	49
Oakland	222	52.6%	93	22.0%	18	4.3%	89	21.1%	422
Oceana	8	40.0%	6	30.0%	0	0.0%	6	30.0%	20
Ogemaw	5	31.3%	4	25.0%	4	25.0%	3	18.8%	16
Osceola	7	38.9%	3	16.7%	1	5.6%	7	38.9%	18
Oscoda	9	42.9%	6	28.6%	1	4.8%	5	23.8%	21
Otsego	19	55.9%	6	17.6%	1	2.9%	8	23.5%	34
Ottawa	53	46.9%	32	28.3%	6	5.3%	22	19.5%	113
Presque Isle	3	33.3%	4	44.4%	0	0.0%	2	22.2%	9
Roscommon	15	50.0%	8	26.7%	0	0.0%	7	23.3%	30
Saginaw	86	48.6%	47	26.6%	14	7.9%	30	16.9%	177
Sanilac	14	33.3%	11	26.2%	2	4.8%	15	35.7%	42
Schoolcraft	6	37.5%	6	37.5%	0	0.0%	4	25.0%	16
Shiawassee	11	31.4%	12	34.3%	1	2.9%	11	31.4%	35
St. Clair	68	42.8%	36	22.6%	13	8.2%	42	26.4%	159
St. Joseph	57	48.7%	32	27.4%	5	4.3%	23	19.7%	117
Tuscola	7	35.0%	8	40.0%	2	10.0%	3	15.0%	20
Van Buren	30	39.5%	20	26.3%	8	10.5%	18	23.7%	76
Washtenaw	67	53.2%	32	25.4%	10	7.9%	17	13.5%	126
Wayne	1186	46.1%	654	25.4%	174	6.8%	561	21.8%	2575
Wexford	11	34.4%	13	40.6%	4	12.5%	4	12.5%	32
Total	4,288	46.6%	2,363	25.7%	643	7.0%	1,901	20.7%	9,195

Appendix B. Length of Stay of Children in Care on December 31, 2022 by County

County Name	Less than a year		1-2 years		2-3 years		3-6 years		6 years plus		Total
	Children	%	Children	%	Children	%	Children	%	Children	%	
Alcona	3	20.0%	8	53.3%	1	6.7%	3	20.0%	0	0.0%	15
Alger	9	69.2%	0	0.0%	3	23.1%	1	7.7%	0	0.0%	13
Allegan	48	40.7%	37	31.4%	26	22.0%	5	4.2%	2	1.7%	118
Alpena	12	26.1%	10	21.7%	10	21.7%	14	30.4%	0	0.0%	46
Antrim	3	50.0%	0	0.0%	0	0.0%	3	50.0%	0	0.0%	6
Arenac	7	43.8%	4	25.0%	3	18.8%	2	12.5%	0	0.0%	16
Baraga	3	75.0%	1	25.0%	0	0.0%	0	0.0%	0	0.0%	4
Barry	7	33.3%	10	47.6%	2	9.5%	1	4.8%	1	4.8%	21
Bay	31	30.1%	38	36.9%	9	8.7%	19	18.4%	6	5.8%	103
Benzie	1	6.3%	8	50.0%	2	12.5%	5	31.3%	0	0.0%	16
Berrien	92	46.0%	46	23.0%	33	16.5%	23	11.5%	6	3.0%	200
Branch	48	64.9%	18	24.3%	4	5.4%	3	4.1%	1	1.4%	74
Calhoun	132	56.4%	42	17.9%	24	10.3%	28	12.0%	8	3.4%	234
Cass	40	49.4%	17	21.0%	10	12.3%	6	7.4%	8	9.9%	81
Central Office	1	50.0%	0	0.0%	1	50.0%	0	0.0%	0	0.0%	2
Charlevoix	4	40.0%	5	50.0%	0	0.0%	1	10.0%	0	0.0%	10
Cheboygan	14	38.9%	10	27.8%	6	16.7%	6	16.7%	0	0.0%	36
Chippewa	27	45.8%	21	35.6%	8	13.6%	3	5.1%	0	0.0%	59
Clare	17	42.5%	11	27.5%	8	20.0%	3	7.5%	1	2.5%	40
Clinton	14	46.7%	10	33.3%	5	16.7%	1	3.3%	0	0.0%	30
Crawford	8	20.0%	10	25.0%	8	20.0%	14	35.0%	0	0.0%	40
Delta	18	41.9%	14	32.6%	3	7.0%	8	18.6%	0	0.0%	43
Dickinson	8	53.3%	4	26.7%	1	6.7%	2	13.3%	0	0.0%	15
Eaton	25	43.9%	12	21.1%	15	26.3%	5	8.8%	0	0.0%	57
Emmet	4	40.0%	3	30.0%	0	0.0%	2	20.0%	1	10.0%	10
Genesee	169	34.6%	127	26.0%	59	12.1%	110	22.5%	23	4.7%	488
Gladwin	17	43.6%	12	30.8%	7	17.9%	3	7.7%	0	0.0%	39
Gogebic	7	35.0%	12	60.0%	0	0.0%	1	5.0%	0	0.0%	20
Grand Traverse	30	54.5%	20	36.4%	1	1.8%	4	7.3%	0	0.0%	55
Gratiot	16	45.7%	2	5.7%	14	40.0%	3	8.6%	0	0.0%	35
Hillsdale	40	42.6%	30	31.9%	18	19.1%	6	6.4%	0	0.0%	94
Houghton	3	42.9%	4	57.1%	0	0.0%	0	0.0%	0	0.0%	7
Huron	18	46.2%	10	25.6%	9	23.1%	2	5.1%	0	0.0%	39
Ingham	125	37.5%	101	30.3%	49	14.7%	50	15.0%	8	2.4%	333
Ionia	13	39.4%	9	27.3%	5	15.2%	4	12.1%	2	6.1%	33
Iosco	9	31.0%	9	31.0%	8	27.6%	3	10.3%	0	0.0%	29
Iron	4	57.1%	0	0.0%	3	42.9%	0	0.0%	0	0.0%	7
Isabella	25	52.1%	10	20.8%	4	8.3%	6	12.5%	3	6.3%	48
Jackson	44	30.8%	47	32.9%	25	17.5%	21	14.7%	6	4.2%	143
Kalamazoo	120	32.2%	107	28.7%	66	17.7%	71	19.0%	9	2.4%	373

County Name	Less than a year		1-2 years		2-3 years		3-6 years		6 years plus		Total
	Children	%	Children	%	Children	%	Children	%	Children	%	
Kalkaska	4	25.0%	5	31.3%	2	12.5%	5	31.3%	0	0.0%	16
Kent	168	34.8%	136	28.2%	65	13.5%	95	19.7%	19	3.9%	483
Keweenaw	2	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2
Lake	3	13.6%	9	40.9%	3	13.6%	6	27.3%	1	4.5%	22
Lapeer	17	63.0%	1	3.7%	3	11.1%	5	18.5%	1	3.7%	27
Leelanau	9	56.3%	2	12.5%	1	6.3%	3	18.8%	1	6.3%	16
Lenawee	45	37.5%	38	31.7%	21	17.5%	15	12.5%	1	0.8%	120
Livingston	25	30.1%	18	21.7%	21	25.3%	18	21.7%	1	1.2%	83
Luce	10	90.9%	0	0.0%	0	0.0%	1	9.1%	0	0.0%	11
Mackinac	15	65.2%	7	30.4%	1	4.3%	0	0.0%	0	0.0%	23
Macomb	171	36.6%	126	27.0%	66	14.1%	84	18.0%	20	4.3%	467
Manistee	10	31.3%	15	46.9%	4	12.5%	3	9.4%	0	0.0%	32
Marquette	11	28.9%	22	57.9%	4	10.5%	1	2.6%	0	0.0%	38
Mason	17	70.8%	6	25.0%	0	0.0%	1	4.2%	0	0.0%	24
Mecosta	7	35.0%	10	50.0%	3	15.0%	0	0.0%	0	0.0%	20
Menominee	7	26.9%	13	50.0%	2	7.7%	4	15.4%	0	0.0%	26
Midland	33	43.4%	18	23.7%	15	19.7%	6	7.9%	4	5.3%	76
Missaukee	12	52.2%	6	26.1%	4	17.4%	1	4.3%	0	0.0%	23
Monroe	31	35.2%	32	36.4%	9	10.2%	13	14.8%	3	3.4%	88
Montcalm	16	25.0%	17	26.6%	20	31.3%	8	12.5%	3	4.7%	64
Montmorency	3	33.3%	3	33.3%	1	11.1%	1	11.1%	1	11.1%	9
Muskegon	124	32.1%	124	32.1%	72	18.7%	62	16.1%	4	1.0%	386
Newaygo	14	28.6%	13	26.5%	7	14.3%	14	28.6%	1	2.0%	49
Oakland	147	34.8%	123	29.1%	53	12.6%	80	19.0%	19	4.5%	422
Oceana	11	55.0%	8	40.0%	0	0.0%	1	5.0%	0	0.0%	20
Ogemaw	8	50.0%	1	6.3%	1	6.3%	4	25.0%	2	12.5%	16
Osceola	7	38.9%	8	44.4%	0	0.0%	2	11.1%	1	5.6%	18
Oscoda	3	14.3%	13	61.9%	5	23.8%	0	0.0%	0	0.0%	21
Otsego	9	26.5%	13	38.2%	3	8.8%	7	20.6%	2	5.9%	34
Ottawa	40	35.4%	38	33.6%	19	16.8%	14	12.4%	2	1.8%	113
Presque Isle	1	11.1%	4	44.4%	4	44.4%	0	0.0%	0	0.0%	9
Roscommon	17	56.7%	3	10.0%	4	13.3%	5	16.7%	1	3.3%	30
Saginaw	70	39.5%	68	38.4%	14	7.9%	24	13.6%	1	0.6%	177
Sanilac	7	16.7%	12	28.6%	12	28.6%	11	26.2%	0	0.0%	42
Schoolcraft	3	18.8%	7	43.8%	5	31.3%	1	6.3%	0	0.0%	16
Shiawassee	10	28.6%	12	34.3%	5	14.3%	7	20.0%	1	2.9%	35
St. Clair	52	32.7%	52	32.7%	25	15.7%	22	13.8%	8	5.0%	159
St. Joseph	41	35.0%	28	23.9%	30	25.6%	11	9.4%	7	6.0%	117
Tuscola	11	55.0%	6	30.0%	1	5.0%	1	5.0%	1	5.0%	20
Van Buren	35	46.1%	12	15.8%	5	6.6%	18	23.7%	6	7.9%	76
Washtenaw	49	38.9%	36	28.6%	15	11.9%	21	16.7%	5	4.0%	126
Wayne	882	34.3%	565	21.9%	444	17.2%	556	21.6%	128	5.0%	2575
Wexford	10	31.3%	5	15.6%	9	28.1%	8	25.0%	0	0.0%	32
Total	3,383	36.8%	2,474	26.9%	1,428	15.5%	1,581	17.2%	329	3.6%	9,195

Appendix C. MISEP Performance, Summary of Commitments

Commitment		Standard	MISEP 17	MISEP 18	MISEP 19	MISEP 20	MISEP 21	MISEP 22	MISEP 23
Met the performance standard in all eligible periods									
5.2	CPS Investigations, Commencement: DHHS shall commence all investigations of reports of child abuse or neglect within the timeframes required by state law.	95%	Yes, 96.8%	Yes, 97.9%	Yes, 97.7%	Yes, 98.3%	Yes, 98.2%	Yes, 98.1%	Yes, 98.4%
5.5	Caseload, POS Workers: 95% of POS workers shall have a caseload of no more than 90 children.	95%	Yes, 95.6%	Yes, 97.8%	Yes, 98.6%	Yes, 99.4%	Yes, 97.8%	Yes, 99.1%	Yes, 98.8%
5.7	Seclusion/Isolation: DHHS shall require CCIs to report to DCWL all uses of seclusion or isolation. If not reported, DCWL shall take appropriate action to address the failure of the provider to report the incident and to assure that the underlying incident has been investigated and resolved.	N/A	Yes	Yes	Yes	Yes	Yes	Yes	Yes
6.2	MIC Data Report: Until Commitment 6.1 is achieved, DHHS, in partnership with an independent entity, will generate, at least annually, a report that analyzes maltreatment in care data to assess risk factors and/or complete root-cause analysis of maltreatment in care.	N/A	N/A	Yes	N/A	Yes	N/A	Yes	N/A
6.7	Maximum Children in a Foster Home: No child shall be placed in a foster home if that placement will result in: (1) more than three foster children in that foster home, (2) a total of six children, including the foster family's birth and adopted children, or (3) more than three children under the age of three residing in that foster home.	90%	Yes, 90.1% Eligible to be moved to "To be Maintained."	Yes, 91.9%	Yes, 90.0%	Yes, 92.5%	Yes, 90.7%	Yes, 90.2%	Yes, 90.5%

	Commitment	Standard	MISEP 17	MISEP 18	MISEP 19	MISEP 20	MISEP 21	MISEP 22	MISEP 23
6.12 (b)	CPS Investigations, Screening: DHHS will maintain a Placement Collaboration Unit (PCU) to review and assess screening decisions on plaintiff-class children who are in out-of-home placements and to ensure safety and well-being is addressed on those transferred complaints. The PCU will review 100% of cases until reconsideration for complaints involving plaintiff class children placed out of home are less than 5%.	95%	Yes, 98.5% Eligible to be moved to "To be Maintained."	Yes, 95.4% Eligible to be moved to "Structures and Policies."	N/A	N/A	N/A	N/A	N/A
6.21 (b)	Visits, Worker-Child: Each child in foster care shall be visited by a caseworker at least once per month.	95%	Yes, 97.6%	N/A – COVID-Impacted, 97.9% (Jan-Feb) 97.1% (March – June)	N/A – COVID-Impacted, 97.1%	Yes, 97.1% Eligible to be moved to "To be Maintained."	Yes, 96.1%	Yes, 96.4%	Yes, 97.3%
6.36 (a)	Support for Transitioning to Adulthood, YAVFC: DHHS will continue to implement policies and provide services to support youth transitioning to adulthood, including ensuring youth have been informed of services available through the Youth Adult Voluntary Foster Care (YAVFC) program.	Positive trending	41.1% ²⁶ Baseline	N/A – COVID-Impacted, 40.3% ²⁶	N/A – COVID-Impacted, 46.7% ²⁶	Yes, 47.1% ²⁶ Eligible to be moved to "To be Maintained."	Yes, 48.8% Eligible to be moved to "Structures and Policies."	N/A	N/A
6.36 (b)	Support for Transitioning to Adulthood, YAVFC: DHHS will continue to implement policies and provide services to support youth transitioning to adulthood, including ensuring youth have been informed of the availability of Medicaid coverage.	95%	Yes, 98.6% Eligible to be moved to "To be Maintained."	Yes, 99.6% Eligible to be moved to "Structures and Policies."	N/A	N/A	N/A	N/A	N/A

²⁶ Performance was revised slightly upward for Periods 17 through 20 due to a data error identified in MISEP 21.

Commitment		Standard	MISEP 17	MISEP 18	MISEP 19	MISEP 20	MISEP 21	MISEP 22	MISEP 23
Met the performance standard in at least one eligible period									
5.3	Caseload, CPS Investigation Workers: 95% of CPS caseworkers assigned to investigate allegations of abuse or neglect, including maltreatment in care, shall have a caseload of no more than 12 open investigations.	95%	No, 94.4%	Yes, 99.8%	Yes, 100%	Yes, 99.7%	Yes, 99.5%	Yes, 97.8%	Yes, 97.9%
5.4	Caseload, CPS Ongoing Workers: 95% of CPS caseworkers assigned to provide ongoing services shall have a caseload of no more than 17 families.	95%	No, 93.4%	Yes, 99.8%	Yes, 99.8%	Yes, 99.5%	Yes, 99.4%	Yes, 98.1%	Yes, 98.5%
5.6	Caseload, Licensing Workers: 95% of licensing workers shall have a workload of no more than 30 licensed foster homes or homes pending licensure.	95%	No, 94.1%	Yes, 95.0%	No, 93.6%	Yes, 95.8%	Yes, 96.5%	Yes, 97.5%	Yes, 97.1%
6.4	Foster Home Array: DHHS will maintain a sufficient number and array of homes capable of serving the needs of the foster care population, including a sufficient number of available licensed placement within the child's home community for adolescents, sibling groups, and children with disabilities. DHHS will develop for each county and statewide an annual recruitment and retention plan, in consultation with the Monitors and experts in the field, and subject to approval by the Monitors. DHHS will implement the plan, with interim timelines, benchmarks, and final targets, to be measured by the Monitors based on DHHS's good-faith efforts to meet the final targets set forth in the plan.	N/A	Yes	N/A – COVID-Impacted	N/A – COVID-Impacted	Will be included in the MISEP 21 Report	No	Will be reported on at conclusion of fiscal year	No
6.11	CPS Investigations, Completion: DHHS shall complete all investigations of reports of child abuse or neglect within the required timeframes.	90%	No, 83.4%	Yes, 95.1% Eligible to be moved to "To be Maintained."	Yes, 96.9%	Yes, 97.1%	Yes, 95.9%	Yes, 96.5%	Yes, 94.4%

	Commitment	Standard	MISEP 17	MISEP 18	MISEP 19	MISEP 20	MISEP 21	MISEP 22	MISEP 23
6.12 (a)	CPS Investigations, Screening: DHHS shall investigate all allegations of abuse or neglect relating to any child in the foster care custody of DHHS. DHHS shall ensure that allegations of maltreatment in care are not inappropriately screened out for investigation.	95%	No, 92.4%	No, 90.9%	No, 87.9%	Yes, 95.5% Eligible to be moved to "To be Maintained."	No, 86.4%	No, 87.7%	No, 87.7%
6.14	Caseload, Foster Care Workers: 95% of foster care workers shall have a caseload of no more than 15 children.	95%	No, 90.3%	Yes, 95.0% Eligible to be moved to "To be Maintained."	No, 94.4%	No, 93.1%	No, 91.8%	No, 93.1%	No, 94.6%
6.16	Supervisory Oversight: Supervisors shall meet at least monthly with each assigned worker to review the status and progress of each case on the worker's caseload. Supervisors shall review and approve each service plan. The plan can be approved only after the supervisor has a face-to-face meeting with the worker, which can be the monthly meeting.	95%	Yes, 95.0% Eligible to be moved to "To be Maintained."	N/A – COVID-Impacted, 93.3% (Initial, Jan-Feb), 97.3% (Initial, March-June), 92.1% (Monthly, Jan-Feb), 95.4% (Monthly, March-June)	N/A – COVID-Impacted, 86.3% (Initial), 94.4% (Monthly)	No, 90.6% (Initial), 93.6% (Monthly)	No, 87.4% (Initial), 93.0% (Monthly)	No, 90.9% (Initial), Yes, 96.7% (Monthly)	No, 90.7% (Initial), Yes, 97.7% (Monthly)
6.21 (a)	Visits, Worker-Child: Each child in foster care shall be visited by a caseworker at their placement location at least once per month during the child's first two months of placement in an initial or new placement.	95%	Yes, 95.2%	N/A – COVID-Impacted, 82.5% (Jan-Feb)	N/A – COVID-Impacted, 91.5%	No, 93.7%	No, 94.7%	No, 94.4%	Yes, 95.0%
6.21 (a)	Visits, Worker-Child: Each child in foster care shall have at least one visit per month that includes a private meeting between the child and caseworker during the child's first two months of placement in an initial or new placement.	95%	Yes, 95.3%	N/A – COVID-Impacted, 82.7% (Jan-Feb)	N/A – COVID-Impacted, 89.0%	No, 92.6%	No, 94.2%	No, 94.6%	Yes, 95.2%
6.21 (b)	Visits, Worker-Child: Each child in foster care shall be visited by a caseworker at their placement location at least once per month.	95%	Yes, 95.5%	N/A – COVID-Impacted, 96.4% (Jan-Feb)	N/A – COVID-Impacted, 91.7%	No, 92.9%	Yes, 95.0% Eligible to be moved to "To be Maintained."	Yes, 95.5%	Yes, 96.4%

	Commitment	Standard	MISEP 17	MISEP 18	MISEP 19	MISEP 20	MISEP 21	MISEP 22	MISEP 23
6.21 (b)	Visits, Worker-Child: Each child in foster care shall have at least one visit per month that includes a private meeting between the child and caseworker.	95%	Yes, 96.5%	N/A – COVID-Impacted, 95.4% (Jan-Feb)	N/A – COVID-Impacted, 88.7%	No, 91.0%	No, 93.6%	No, 94.9%	Yes, 96.2%
6.22 (a)	Visits, Worker-Parent: Caseworkers shall visit parents of children with a goal of reunification at least twice during the first month of placement, unless specified exceptions apply.	85%	No, 73.6%	N/A – COVID-Impacted, 71.7% (Jan-Feb), 83.2% (March-June)	N/A – COVID-Impacted, 85.2%	Yes, 85.2% Eligible to be moved to "To be Maintained."	No, 59.1%	No, 59.5%	No, 60.1%
6.30	Child Case File, Medical and Psychological: DHHS shall ensure that: (1) The child's health records are up to date and included in the case file. Health records include the names and addresses of the child's health care providers, a record of the child's immunizations, the child's known medical problems, the child's medications, and any other relevant health information.	95%	No, 75.0%	No, 90.6%	No, 85.7%	No, 94.3%	Yes, 95.0% Eligible to be moved to "To be Maintained."	No, 86.4%	No, 82.3%
6.30	Child Case File, Medical and Psychological: DHHS shall ensure that: (2) the case plan addresses the issue of health and dental care needs.	95%	No, 62.5%	No, 93.8%	No, 91.8%	No, 91.4%	Yes, 95.0% Eligible to be moved to "To be Maintained."	No, 86.4%	No, 88.2%
6.35	Generation of Data: DHHS shall generate from its Child Welfare Information System accurate and timely reports and information regarding the requirements and outcome measures set forth in this Agreement.	N/A	No	Yes Eligible to be moved to "To be Maintained."	Yes Eligible to be moved to "Structures and Policies."	N/A	N/A	N/A	N/A
6.37	Support for Transitioning to Adulthood, Permanency: DHHS will continue to implement policies and provider services to support the rate of older youth achieving permanency.	Positive trending	55.1% Baseline	N/A – COVID-Impacted, 50.5%	N/A – COVID-Impacted, 51.4%	Yes, 51.9% Eligible to be moved to "To be Maintained."	No, 46.2%	No, 44.1%	Yes, 45.4%

Commitment		Standard	MISEP 17	MISEP 18	MISEP 19	MISEP 20	MISEP 21	MISEP 22	MISEP 23
Within 10 percent of the performance standard in at least one period									
6.5	Placement Standard: Children in the foster care custody of DHHS shall be placed only in a licensed foster home, a licensed facility, pursuant to an order of the court, or an unlicensed relative.	100%	No, 95.6%	No, 95.4%	No, 98.7%	No, 98.6%	No, 98.8%	No, 98.0%	No, 98.6%
6.6 (a)	Separation of Siblings: Siblings who enter placement at or near the same time shall be placed together unless specified exceptions are met.	90%	No, 68.1%	No, 72.4%	No, 73.4%	No, 71.2%	No, 77.6%	No, 80.2%	No, 78.4%
6.12 (a)	CPS Investigations, Screening: When DHHS transfers a referral to another agency for investigation, DHHS will independently take appropriate action to ensure the safety and well-being of the child. The Monitors will conduct an independent qualitative review to determine compliance with this commitment.	95%	No, 78.7%	No, 82.3%	No, 85.5%	No, 87.1%	No, 88.7%	No, 85.5%	No, 87.3%
6.13	Caseload, Supervisors: 95% of foster care, adoption, CPS, POS, and licensing supervisors shall be responsible for the supervision of no more than five caseworkers.	95%	No, 84.3%	No, 86.9%	No, 88.2%	No, 88.9%	No, 88.8%	No, 90.1%	No, 90.9%
6.15	Caseload, Adoption Workers: 95% of adoption caseworkers shall have a caseload of no more than 15 children.	95%	No, 66.7%	No, 78.2%	No, 81.5%	No, 76.2%	No, 74.1%	No, 75.0%	No, 85.5%

	Commitment	Standard	MISEP 17	MISEP 18	MISEP 19	MISEP 20	MISEP 21	MISEP 22	MISEP 23
6.17	Assessments and Service Plans, Timeliness of Initial Plan: DHHS shall complete an Initial Service Plan (ISP), consisting of a written assessment of the child(ren)'s and family's strengths and needs and designed to inform decision-making about services and permanency planning, within 30 days after a child's entry into foster care.	95%	No, 82.5%	No, 86.9%	No, 83.0%	No, 86.2%	No, 87.8%	No, 87.8%	No, 85.9%
6.18	Assessments and Service Plans, Timeliness of Updated Plan: For every child in foster care, DHHS shall complete an Updated Service Plan (USP) at least quarterly.	95%	No, 86.6%	No, 90.0%	No, 88.0%	No, 89.5%	No, 87.8%	No, 90.8%	No, 90.8%
6.19	Assessment and Service Plans, Content: Assessments and service plans shall be of sufficient breadth and quality to usefully inform case planning and shall accord with the requirements of 42 U.S.C. 675(1).	83% ²⁷	No, 66.7%	No, 73.5%	No, 57.6%	No, 73.2%	No, 79.7%	No, 69.5%	No, 67.1%
6.21 (a)	Visits, Worker-Child: Each child in foster care shall be visited by a caseworker at least twice per month during the child's first two months of placement in an initial or new placement.	95%	No, 91.4%	N/A – COVID-Impacted, 90.4% (Jan-Feb), 89.5% (March-June)	N/A – COVID-Impacted, 89.3%	No, 90.7%	No, 89.2%	No, 89.1%	No, 90.4%
6.25	Medical and Mental Health Examinations: At least 85% of children shall have an initial medical and mental health examination within 30 days of the child's entry into foster care.	85%	No, 83.9%	N/A – COVID-Impacted, 69.8%	N/A – COVID-Impacted, 69.8%	N/A – COVID-Impacted, 78.0%	No, 72.9%	No, 72.9%	No, 71.0%
6.25	Medical and Mental Health Examinations: At least 95% of children shall have an initial medical and mental health examination within 45 days of the child's entry into foster care.	95%	No, 89.3%	N/A – COVID-Impacted, 76.6%	N/A – COVID-Impacted, 77.9%	N/A – COVID-Impacted, 85.6%	No, 82.1%	No, 81.4%	No, 79.8%

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

Commitment	Standard	MISEP 17	MISEP 18	MISEP 19	MISEP 20	MISEP 21	MISEP 22	MISEP 23
6.27 Immunizations, in Custody 3 Months or Less: For children in DHHS custody for three months or less at the time of measurement: DHHS shall ensure that 90% of children in this category receive any necessary immunizations according to the guidelines set forth by the American Academy of Pediatrics within three months of entry into care.	90%	N/A	N/A – COVID-Impacted and subject to separate March 12, 2021 order	N/A – COVID-Impacted, ranges from 61.2% to 94%	N/A – COVID-Impacted, ranges from 17.9% to 95.8%	No, Ranges from 82.1% - 94.7% ²⁸	No, Ranges from 76.7% - 94.2% ²⁸	No, Ranges from 76.8% - 92.0% ²⁸
6.28 Immunizations, in Custody Longer Than 3 Months: For children in DHHS custody longer than three months at the time of measurement: DHHS shall ensure that 90% of children in this category receive all required immunizations according to the guidelines set forth by the American Academy of Pediatrics.	90%	N/A	N/A – COVID-Impacted and subject to separate March 12, 2021 order	N/A – COVID-Impacted, ranges from 18.2% to 97.2%	N/A – COVID-Impacted, ranges from 84.6% to 96.1%	No, Ranges from 73.9% - 96.2% ²⁸	No, Ranges from 75.9% - 96.3% ²⁸	No, Ranges from 84.0% - 96.1% ²⁸
6.30 Child Case File, Medical and Psychological: DHHS shall ensure that: (3) foster parents and foster care providers are provided with the child's health care records.	95%	No, 59.4%	No, 93.8%	No, 91.8%	No, 88.6%	No, 90.0%	No, 86.4%	No, 82.3%
6.31 Medical Care and Coverage, at Entry: DHHS shall ensure that at least 95% of children have access to medical coverage within 30 days of entry into foster care by providing the placement provider with a Medicaid card or an alternative verification of the child's Medicaid status and Medicaid number as soon as it is available.	95%	No, 88.9%	No, 89.5%	No, 87.7%	No, 90.5%	No, 88.3%	No, 88.0%	No, 87.8%

²⁸ Performance for this commitment is measured separately for each required immunization, of which there are 11.

Commitment		Standard	MISEP 17	MISEP 18	MISEP 19	MISEP 20	MISEP 21	MISEP 22	MISEP 23
Performance is consistently more than 10 percentage points below the standard									
6.3	Permanency Indicator 1: DHHS shall achieve an observed performance of at least the national standard (40.5%) on CFSR Round Three Permanency Indicator One (Of all children entering foster care in a 12-month period, what percent discharged to permanency within 12 months of entering foster care?)	≥ 40.5%	No, 26.6%	No, 27.3%	No, 27.4%	No, 28.6%	No, 27.4%	No, 22.9%	No, 20.6%
6.6 (b)	Separation of Siblings: If a sibling group is separated at any time, except for the above reasons, the case manager shall make immediate efforts to locate or recruit a family in whose home the siblings can be reunited. These efforts shall be documented and maintained in the case file and shall be reassessed on a quarterly basis.	90%	No, 61.2%	No, 36.8%	No, 29.8%	No, 38.1%	No, 50.0%	No, 72.7%	No, 66.7%
6.20	Provision of Services: DHHS shall ensure that the services identified in the service plan are made available in a timely and appropriate manner to the child and family and shall monitor the provision of services to determine whether they are of appropriate quality and are having the intended effect.	83%	No, 69.3%	No, 71.6%	No, 51.7%	No, 70.0%	No, 68.5%	No, 62.2%	No, 67.1%
6.22 (b)	Visits, Worker-Parent: Caseworkers shall visit parents of children with a goal of reunification at least once a month, following the child's first month of placement, unless specified exceptions apply.	85%	No, 69.4%	N/A – COVID-Impacted, 69.6% (Jan-Feb), 71.7% (March-June)	N/A – COVID-Impacted, 74.1%	No, 73.6%	No, 60.4%	No, 64.6%	No, 63.2%
6.24	Visits, Between Siblings: DHHS shall ensure that children in foster care who have siblings in custody with whom they are not placed shall have at least monthly visits with their siblings who are placed elsewhere in DHHS foster care custody, unless specified exceptions apply.	85%	No, 72.9%	N/A – COVID-Impacted, 69.5% (Jan-Feb), 56.8% (March-June)	N/A – COVID-Impacted, 69.2%	No, 73.7%	No, 67.6%	No, 70.1%	No, 70.8%

	Commitment	Standard	MISEP 17	MISEP 18	MISEP 19	MISEP 20	MISEP 21	MISEP 22	MISEP 23
6.26	Dental Examinations: At least 90% of children shall have an initial dental examination within 90 days of the child's entry into care unless the child has had an exam within six months prior to placement or the child is less than four years of age.	90%	No, 77.3%	N/A – COVID-Impacted, 36.4%	N/A – COVID-Impacted, 56.7%	N/A – COVID-Impacted, 66.4%	No, 62.8%	No, 62.6%	No, 64.8%
6.32	Medical Care and Coverage, Subsequent Placement: DHHS shall ensure that at least 95% of children have access to medical coverage within 24 hours or the next business day following subsequent placement by providing the placement provider a Medicaid card or an alternative verification of the child's Medicaid status and Medicaid number as soon as it is available.	95%	No, 82.8%	No, 82.1%	No, 78.5%	No, 79.3%	No, 80.6%	No, 80.1%	No, 80.7%
Performance is consistently more than 20 percentage points below the standard									
6.8	Emergency or Temporary Facilities, Length of Stay: Children shall not remain in emergency or temporary facilities, including but not limited to shelter care, for a period in excess of 30 days, unless specified exceptions apply. No child shall remain in a shelter in excess of 60 days.	95%	No, 67.9%	No, 64.2%	No, 62.9%	No, 68.7%	No, 55.9%	No, 47.3%	No, 68.5%
6.10 (a)	Relative Foster Parents: When placing a child with a relative who has not been previously licensed as a foster parent, DHHS shall visit the relative's home to determine if it is safe prior to placement; check law enforcement and central registry records for all adults residing in the home within 72 hours following placement; and complete a home study within 30 days.	95%	No, 53.0%	No, 73.8%	No, 41.5%	No, 43.1%	No, 70.8%	No, 65.6%	No, 67.7%

	Commitment	Standard	MISEP 17	MISEP 18	MISEP 19	MISEP 20	MISEP 21	MISEP 22	MISEP 23
6.23	Visits, Parent-Child: DHHS shall ensure that children in foster care with a goal of reunification shall have at least twice-monthly visitation with their parents, unless specified exceptions apply.	85%	No, 62.5%	N/A – COVID-Impacted, 64.7% (Jan-Feb), 59.4% (March-June)	N/A – COVID-Impacted, 62.0%	No, 59.1%	No, 57.8%	No, 62.6%	No, 63.1%
6.29	Examinations and Screenings: Following an initial medical, dental, or mental health examination, at least 95% of children shall receive periodic and ongoing medical, dental, and mental health care examinations and screenings, according to the guidelines set forth by the American Academy of Pediatrics.	95%	No, 69.7%, 87.7%, 92.1%	N/A – COVID-Impacted, 58.3%, 75.6%, 38.6%	N/A – COVID-Impacted, 61.8%, 81.7%, 70.5%	N/A – COVID-Impacted, 68.7%, 85.0%, 74.5%	No, 66.5%, 83.0%, 71.0%	No, 66.5%, 84.5%, 73.7%	No, 65.4%, 84.4%, 69.9%
6.33	Psychotropic Medication, Informed Consent: DHHS shall ensure that informed consent is obtained and documented in writing in connection with each psychotropic medication prescribed to each child in DHHS custody.	97%	No, 75.9%	No, 74.4%	No, 76.1%	No, 71.8%	No, 72.5%	No, 72.2%	No, 75.9%
Performance is consistently more than 30 percentage points below the standard									
6.22 (a)	Visits, Worker-Parent: Caseworkers shall visit parents of children with a goal of reunification at least once in the parent's home during the first month of placement, unless specified exceptions apply.	85%	No, 47.9%	N/A – COVID-Impacted, 53.4%	N/A – COVID-Impacted, 45.6%	No, 52.4%	No, 50.0%	No, 51.3%	No, 50.7%
Performance is consistently more than 40 percentage points below the standard									
6.10 (b)	Relative Foster Parents: When placing a child with a relative who has not been previously licensed as a foster parent, a home study will be renewed every 12 months for the duration of the child's placement with the relative.	95%	No, 9.7%	No, 36.5%	No, 14.1%	No, 37.9%	No, 42.4%	No, 51.5%	No, 48.5%

Commitment		Standard	MISEP 17	MISEP 18	MISEP 19	MISEP 20	MISEP 21	MISEP 22	MISEP 23
Performance is consistently more than 50 percentage points below the standard									
6.9	Emergency or Temporary Facilities, Repeated Placement: Children shall not be placed in an emergency or temporary facility, including but not limited to shelter care, more than one time within a 12-month period, unless specified exceptions apply. Children under 15 years of age experiencing a subsequent emergency or temporary-facility placement within a 12-month period may not remain in an emergency or temporary facility for more than 7 days. Children 15 years of age or older experiencing a subsequent emergency or temporary-facility placement within a 12-month period may not remain in an emergency or temporary facility for more than 30 days.	95%	No, 6.3%	No, 12.5%	No, 2.9%	No, 18.2%	No, 4.5%	No, 0.0%	No, 18.2%
6.34	Psychotropic Medication, Documentation: DHHS shall ensure that: (1) A child is seen regularly by a physician to monitor the effectiveness of the medication, assess any side effects and/or health implications, consider any changes needed to dosage or medication type and determine whether medication is still necessary and/or whether other treatment options would be more appropriate; (2) DHHS shall regularly follow up with foster parents/caregivers about administering medications appropriately and about the child's experience with the medication(s), including any side effects; (3) DHHS shall follow any additional state protocols that may be in place related to the appropriate use and monitoring of medications.	95%	No, 33.8%	No, 26.9%	No, 34.8%	No, 27.3%	No, 36.4%	No, 31.8%	No, 31.8%

Commitment		Standard	MISEP 17	MISEP 18	MISEP 19	MISEP 20	MISEP 21	MISEP 22	MISEP 23
Performance has never been achieved, no performance standard									
5.1	Contract-Agency Evaluation: DHHS shall conduct contract evaluations of all CCI and private CPAs providing placements and services to Plaintiffs to ensure, among other things, the safety and well-being of Plaintiffs and to ensure that the CCI or private CPA is complying with the applicable terms of this Agreement.	N/A	No	No	No	No	No	No	No
Not applicable or unable to verify in all periods									
6.1	Safety – Maltreatment in Foster Care: DHHS shall ensure that of all children in foster care during the applicable federal reporting period, DHHS will maintain an observed rate of victimization per 100,000 days in foster care less than 9.67, utilizing the CFSR Round 3 criteria.	≤ 9.67	Unable to verify	N/A	Unable to verify	N/A	Unable to verify	Unable to verify	N/A