

Analysis of Case Practice and Compliance with Standards in Michigan Foster Care

Report Date
February 5, 2008

Class Action Lawsuit
Dwayne B., Carmela B., Lisa J., and Julia,
Simon, and Courtney G., “Plaintiff Children”
vs.
Governor Jennifer Granholm, et al.



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EXECUTIVE SUMMARY

On August 8, 2006, Children's Rights filed a civil rights class action suit on behalf of children in foster care custody in Michigan. The suit cited serious systemic and operational deficiencies in the Michigan foster care system. Questions raised in the suit include the following:

1. Whether Defendants fail to provide Plaintiff Children with safe, appropriate, and stable foster care placements as required by law and reasonable professional standards;
2. Whether Defendants fail to provide Plaintiff Children with services necessary to keep them safe and properly cared for, and to prevent them from deteriorating physically, psychologically, or otherwise while in state custody as required by law and reasonable professional standards;
3. Whether Defendants fail to provide Plaintiff Children with timely and appropriate services necessary to ensure that they are either safely reunited with their families or promptly freed for adoption and placed in a permanent home as required by law and reasonable professional standards; and
4. Whether Defendants fail to provide Plaintiff Children with the supports necessary to maintain family relationships, including the provision of parent and sibling visits as required by law and reasonable professional standards.

The purpose of this study was to collect information on a large, random sample of cases to address the questions cited above based on actual case practice in Michigan. Data collection began in September 2007 and was completed in the first week of December 2007. The project was jointly funded by the State of Michigan Department of Human Services (DHS), the plaintiffs' court-appointed counsel, Children's Rights (CR), and McDermott, Will & Emery, and conducted by the Children's Research Center (CRC, a division of the National Council on Crime and Delinquency), a nonprofit organization in Madison, Wisconsin. CRC has acted as an independent expert appointed by Judge Nancy G. Edmunds of the United States District Court for the Eastern District of Michigan to design and perform an overall case record review process, including the preparation and validation of a case record review instrument, case reader training, data extraction, data analysis, and the preparation of a final report setting forth findings regarding Michigan case practice in relation to applicable laws, policies, and standards.

CRC requested computerized data files from DHS. Case records were extracted by DHS from the Children's Services Management Information System (CSMIS) to include all cases opened for service as of June 30, 2007, in Ingham, Washtenaw, Jackson, Calhoun, Berrien, Kalamazoo, Muskegon, Kent, Genesee, Saginaw, St. Clair, Macomb, Oakland, and Wayne Counties.

CRC randomly selected 530 cases from approximately 15,000 cases in the 14 counties. Because this was a study of overall child welfare practice and not a comparison of county compliance rates, sampling was not done by county, but across the entire foster care population of all 14 counties. Random selection was employed to ensure adequate representation of DHS and private agency cases and to ensure an adequate reflection of child permanency goals. These cases were then split into 460 primary sample cases and 70 replacement cases. The 70 replacement cases were randomly selected and set aside to be used in the event that one of the sample cases did not meet case selection criteria. The sample of cases included in this study reflects 439 of the

original sample cases and 21 replacement cases. In most instances, cases that were replaced in this sample had been closed prior to June 30, 2007, but their closure had not yet been entered in the computerized data system from which the sample was drawn.

Both DHS and CR participated in and approved the selection of counties included in this study. The selection of these counties was not random; instead, their inclusion was based on the following criteria:

1. Combined, they represent more than 70% of the state's foster care population.
2. Together, these counties have a racially diverse population from large, medium, and small cities; small towns; and rural areas.
3. The location of these counties simplified the logistics involved in collecting and returning files to DHS offices, controlled travel costs, and permitted the study to be completed within the desired timeframe.

The parties (DHS, CR, and CRC) agreed that case practices documented in these counties would constitute a fair representation of the child welfare practice in Michigan relative to state and federal foster care standards.

Compliance rates attained in these counties were to be viewed as sufficient to answer questions raised in the class action lawsuit. To simplify the presentation, results from the 14 counties are reported as "Michigan results." However, race, age, legal status, and other characteristics of the sample are representative of the foster care population in the 14 sample counties, not the overall state foster care population.

The sample size establishes the following confidence levels: In the worst case scenario, (i.e., where 50.0% of cases meet standards and 50.0% do not), we can say with 95.0% confidence that between 44.5% and 54.5% of cases met the standard. The estimates produced are within 4.5% of the actual number.

In essence, the number of cases analyzed is sufficient to provide a high level of confidence that the results obtained are a fair representation of foster care practice in Michigan. Up to three separate files were examined on each case: the DHS county file, case files from private agencies when a private agency was involved in case management, and the automated case record. The latter file was utilized to collect data on recent case activities that may not have been in the hard copy files at the time of the case reading.

There were eight case readers employed by CRC for this project. Seven of the case readers were recruited for the project by the on-site coordinator from a pool of individuals previously employed by CRC for other data collection efforts, including a validation of the Michigan child protective services (CPS) risk assessment instrument in 2003 and an examination of the Michigan Determination of Care schedule in 2005. The eighth case reader was an employee of CRC who worked in Lansing for three weeks on the project. Of the first seven, one had extensive experience working in private agencies in Ingham and Genesee Counties as a caseworker and adoption specialist. The other six were retirees of DHS and had extensive experience with child welfare services in Michigan. Four of the six retirees had prior supervisory and management experience that ranged from CPS to foster care and adoption. Of the remaining two readers, one had casework experience in both county offices and private

agencies and was a program specialist with the foster care program office, and the last reader had a long career as a data analyst with the foster care program. Collectively, this group of readers had been involved in many major DHS program initiatives and had a wealth of experience at the direct casework and management levels of the agency.

The Michigan foster care population, the seventh largest in the country (CR, 2006), is nearly equally divided between boys and girls and between Whites and African Americans, with a small (5.9%) percentage of cases either multi-racial, American Indian, or from other racial minorities.

Nearly one third of all foster care cases are Michigan Children's Institute (MCI) state wards. This designation means attempts at reunification with the ward's family have been exhausted, the legal rights of the child's birth parents have been terminated, and another permanency plan is in place. MCI is an office within DHS currently headed by Superintendent William Johnson.

On September 30, 2007, 12.0% of the foster care population was at home with a parent and nearly 37.7% were placed with relatives. The latter figure represents a 5.6% rate of growth over the number of relative placements in 2006.¹

In total, Michigan has 88 offices that support activities in 83 counties, ranging from the heavily populated Wayne County to the sparsely populated counties of the state's Upper Peninsula. The Michigan child welfare system is comprised of both public and private agencies, with substantial variation in the degree to which private providers are utilized.

This study documents many areas where the foster care system in Michigan fails to comply with legislative requirements, state policy, federal performance standards, and best practice standards promulgated by national child welfare organizations. The study also revealed some areas of relative strength. Key elements of each area are presented below.

Placement Stability

This study documented that a substantial number of children in the Michigan foster care system experience multiple moves during their time in care. For those spending two or more years in care, 40.9% experienced three or more placements. Overall, about 40.7% of children in the study were moved at least three times during their placement tenure. Placement changes were often the result of problems encountered with child behavior, indicating that initial screening and/or the initial placement decision or placement options could be improved. It may also indicate that better services to foster care providers are needed to prevent disruption of placements.

¹ Michigan Department of Human Services, September 2007, Foster Care Fact Sheet.

Placement with Siblings

Although keeping sibling groups together in care whenever possible is required by policy, sibling groups are often placed in different settings. Given the size of sibling groups (16.0% of the children in the study had four or more siblings in out-of-home care), special needs of individual children, and other factors, this is an especially difficult requirement for foster care systems to meet. Nevertheless, performance by DHS in relation to sibling placements fails to meet policy requirements by a substantial margin.

In total, only 34.6% of sample children were always placed with all of their siblings while in foster care. Another 18.4% were placed with siblings on some occasions but not others. When siblings were not placed together, workers are required to document reasons for separate placements. Such documentation was not found for 64.0% of sample child placements.

Placement with Unlicensed Relatives

Placement with unlicensed relatives presents some special concerns for foster care agencies. Because these homes have not been subjected to the review process required for licensing, workers are required to conduct a criminal history check to ensure the placement will not endanger the child, and to determine if any adult in the proposed placement home is listed on the state's child/abuse/neglect central registry. In addition, agencies promulgating information on best practices (including the National Resource Center for Child Protective Services) recommend use of a standard safety assessment to evaluate potential problems in placement settings. Although safety assessments are not required for non-licensed placements in Michigan, the importance of such screening was recognized by some workers; safety assessments were completed for over one fourth of all placements with relatives (26.7%). As Table ES1 indicates, compliance with Michigan's requirements is approximately 65.0% for both criminal history and central registry checks. This represents a potentially critical oversight for a large number of children. It is essential that these reviews be conducted routinely for all relative placements to ensure child safety.

Safety Screening for Relative Placement						
	Yes		No		Total	
	N	%	N	%	N	%
Criminal history check	117	65.0%	63	35.0%	180	100.0%
Central registry check	116	64.4%	64	35.6%	180	100.0%
Safety assessment*	48	26.7%	132	73.3%	180	100.0%

*A safety assessment is not required by Michigan policy.

Child Well-being: Medical, Dental, and Education Requirements

Findings regarding psychological assessments, medical and dental examinations, and special education include the following:

- Among children who required at least one physical exam between July 1, 2005, and June 30, 2007, 59.4% received all those required, 18.0% received some of the required exams, and 22.6% had not received any. The standard is that a child must have a physical examination within 30 days after initial foster care placement and every 14 months thereafter (CFF 722-2, Foster Care Administrative Rules).
- A child over the age of four requires periodic dental examinations. All required exams were completed on schedule for 49.2% of the 299 children that required them. An additional 21.1% received at least some of the required exams, while 29.8% did not receive a dental exam. The standard is that a child age four and over must have a dental examination within 90 days of placement, unless the child has had an exam within the 12 months prior to placement, and annually thereafter, unless greater frequency is indicated (CFF 722-2, Foster Care Administrative Rules).
- Case reviewers found child medical records in the case file for 75.7% of the cases reviewed. No file could be located for 24.3% of the children. (See standard for medical passports.)
- Michigan requires that the child's medical passport be available and updated for all children. Case readers could not locate the passport in 49.3% of the sample cases reviewed. In 35.0% of the cases the passport was in the file but not updated as of June 30, 2007. An additional 15.7% were present and updated. The standard is that the supervising agency must maintain a medical passport for each child, which contains all medical information required by policy or law. The passport is to be provided to foster parents/relatives/unrelated caregivers (CFF 722-2, Foster Care Administrative Rules).
- Immunizations are required for all children in care and must be updated periodically. The majority (67.0%) of the children in the sample had received updated immunizations, but 33.0% had not received them or documentation could not be found in the file. The standard is that the supervising agency must ensure that each child is up-to-date with all immunizations (CFF 722-2, Foster Care Administrative Rules).
- Case readers identified 152 (33.0% of sample) children who at some point had special educational needs. As of June 30, 2007, 49.3% of these children had an individual education program (IEP) in the file, while 50.7% did not have an IEP in the file. Approximately half of all children with a special education need identified received special education services in the current school year.

Caseworkers are expected to provide the child's medical records to placement caretakers prior to the child's transfer. This standard applies to all placements. Full compliance was indicated for 40.3% of the children in the sample, and partial compliance for 18.2%. Medical records were not provided in any applicable placement for 41.6% of the sample cases.

The standard for providing caretakers with the child’s medical passport is identical to that for medical records, but compliance with the medical passport requirement is lower. It was provided to caretakers in every applicable placement for 9.0% of the sample cases. Partial compliance was noted for 6.6% of cases, but 84.5% had no placement in which the medical passport was provided to the caretaker. These and other requirements are presented in Table ES2.

Table ES2								
Compliance with Placement Requirements								
	Never		Partial		100%		Total	
	N	%	N	%	N	%	N	%
Placed in potential adoptive home	174	53.7%	53	16.4%	97	29.9%	324	100.0%
Medical record provided to placement	190	41.6%	83	18.2%	184	40.3%	457	100.0%
Medical passport provided	386	84.5%	30	6.6%	41	9.0%	457	100.0%
Dental records provided	206	59.4%	54	15.6%	87	25.1%	347	100.0%
Educational records provided	166	52.7%	48	15.2%	101	32.1%	315	100.0%
IEP provided	33	21.7%	17	11.2%	102	67.1%	152	100.0%
Placed less than 60 miles of parents ²	29	6.8%	31	7.3%	366	85.9%	426	100.0%

To ensure child well-being in Michigan, improvements in all of these areas are clearly required. The rate at which medical and dental examinations are conducted and/or documented in files is substantially out of compliance with state policy and federal standards. In addition, case readers could not document that critical medical, dental, and educational records were shared with foster care providers as required by state and federal policy for a substantial percentage of placements.

Caseworker Face-to-face Contact with Children, Care Providers, and Parents

Contact requirements with care providers, children, and parents in Michigan vary based on legal and time-in-care criteria. These factors were considered in computing the compliance rates discussed below.

- On average, workers made 74.0% of required monthly contacts with children in care. Contacts in the foster home occurred, on average, during 63.1% of applicable months. Consistent and regular contact between caseworkers and children in foster care placements is essential to basic child safety and identifying child and provider needs, as well as monitoring changes in those needs.

² Good case practice calls for placing children close to their homes to facilitate visits and to maintain community relationships. There is no specific standard defining “close;” data were collected on those placed within 60 miles (approximately one hours driving time) of their home.

- The number of contacts with parents was far below standards. On average, standards were met in 42.9% of all applicable months during the study period. Home visits were rare. In 52.8% of cases reviewed, no home visits with parents were documented in file.
- Contacts with foster care providers were conducted more frequently, but still not at standard. Providers were seen on average in 64.5% of applicable months. Home visits were conducted on average during 58.6% of applicable months.

Parent and Sibling Visitation

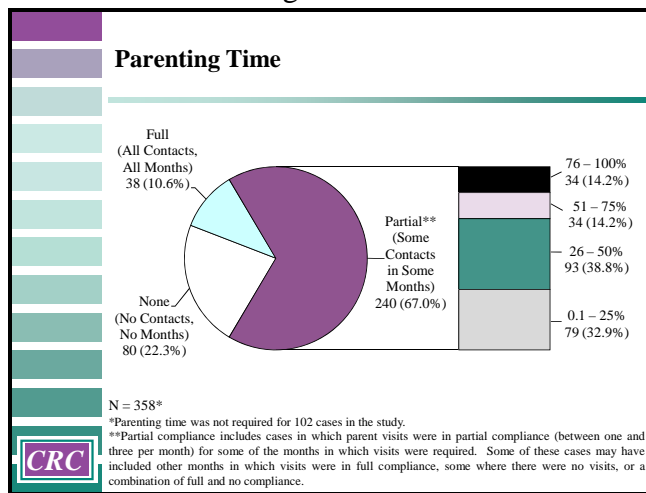
The figure below shows the percentage of months in which cases were in full compliance with parenting time standards, the percentage of months in which cases were in partial compliance, and the percentage of months in which cases were not in compliance (i.e., there were no visits) with parenting time standards. Regular visitation between parents and children is an important element in the reunification process, as it supports and sustains the parent/child relationship. As shown in Figure ES1, the sample child visited his/her parent(s) at least four times a month during all required months in only 38 (10.6%) of the 358 cases requiring parenting time.³ Parenting time did not occur in any required months for 80 (22.3%) cases (i.e., parents did not visit their child at all while the child was in care). For the remaining 240 (67.0%) cases, CRC found partial compliance with parenting time standards.⁴ Of those in partial compliance, 34 (14.2%) of the 240 cases were in partial compliance during 76 – 100% of required months, 34 (14.2%) cases were in partial compliance during 51 – 75% of required months, 93 (38.8%) were in partial compliance during 26.0 – 50.0% of months, and 79 (32.9%) cases were in partial compliance during 0.1 – 25% of the months in which parenting time was required.⁵

³ Parenting time was not required during months in which the child was AWOL, a permanent ward, had no legal parents, the parent(s) was incarcerated, the child was back in the removal home, the child was in an independent living placement, a TPR had been filed, the parent was in a drug rehabilitation center, visitation had been suspended, the parent(s) was deceased, or the parent(s) or child was out of state or out of the country. There were 102 cases in which these circumstances existed for the entire period between July 1, 2005 and June 30, 2007. These cases were removed from the analysis.

⁴ Partial visitation on a monthly basis is defined as one to three visits between the parent and the child during that month. In aggregate, partial visitation defines cases in which the parent and child had partial visitation during some or all months in which parenting time was required. When partial visitation occurred during some months, the other required months may have been full compliance, no compliance, or a combination of full and no compliance. Partial compliance also includes cases in which the parent and child had full visitation (four times per month) during some months and no visitation during other months.

⁵ The number of months that a case was considered in partial compliance was determined by dividing the number of months in which the parent(s) and child met one to three times per month by the number of required months. If the cases included months in which the parent and child met four or more times and months in which there was no parent/child contact, the rate of partial compliance was determined by dividing the number of months parenting time reached full compliance by the number of required months.

Figure ES1



Of the 460 cases in the sample, 297 were eligible for sibling visits in at least one month between July 1, 2005, and June 30, 2007. No visits with siblings were documented for 91 (30.6%) cases. At the other end of the spectrum, 90 (30.3%) children had at least one visit with one or more siblings recorded in every month such visits were possible. In total, sibling visits were completed in at least half the months a sample child was in out-of-home care for 142 (47.8%) cases in which visits could be expected. DHS clearly requires significant improvement in supporting sibling relationships, a vital connection for children in foster care whose lives have been uprooted by removal from the family home.

Permanency Hearings and Dispositional Reviews

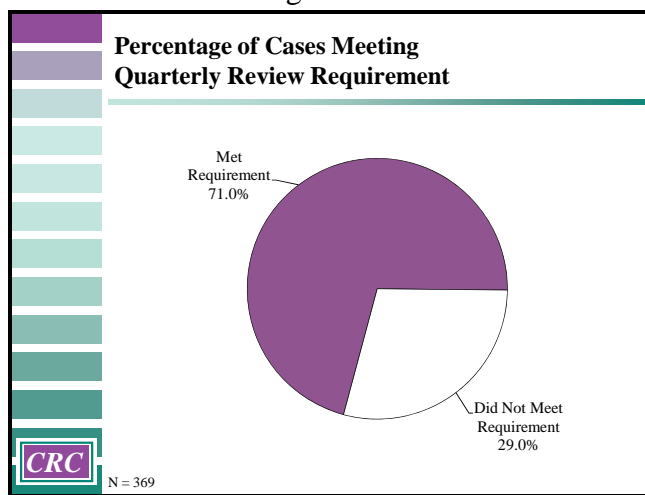
Federal and state law require that periodic permanency hearings be conducted to monitor the progress of DHS in meeting a child’s permanency goal and to assess the appropriateness of that goal. There were 288 children in the study sample who should have had one or two permanency planning hearings between July 1, 2005, and June 30, 2007. For more than half (176, or 61.1%) of these cases, two hearings were required by statute. In total, standards were met for 204 (70.8%) of the 288 children. Two hundred forty-three (84.4%) children had one hearing during the study period. There were 110 hearings that should have been held but were not. In 26 cases, two hearings were required, but none were conducted.

Federal and state law also mandate that periodic dispositional reviews be conducted to monitor the status and appropriateness of a child’s placement, the permanency goal, and the service plan. The number of dispositional reviews required is based on a combination of legal status, placement type, and time in care as described in state statutes. If the legal status was temporary court ward (TCW) as of June 30, 2007, the child was considered to be TCW for the entire time in care. Children for whom adjudication was pending were considered TCW. If a child was a state ward, also known as an MCI ward, or a permanent court ward (neglect)—legal status of children in foster care whose parents’ rights have been terminated and whose legal custody has been retained by the court—the child was considered to be a permanent ward (PW) from the time the TPR was granted through June 30, 2007. If the child had been adopted, the child was considered a PW for the time in care between July 2005 and June 2007. There were two non-court wards in

the sample who were in permanent relative or permanent foster family (PFFA) placements. These cases were subject to the applicable review schedule.

At least one dispositional review (referred to in Michigan as a “quarterly review”) was required for 369 sample cases. For 262 (71.0%) of the 369 sample cases, all required reviews were conducted. In 53 (14.4%) cases, half or fewer of the reviews required were conducted. Fourteen (3.8%) cases had no reviews completed. Overall, review requirements were met for 71.0% and not met for 29.0% of children (see Figure ES2).

Figure ES2



Termination of Parental Rights

Termination of parental rights (TPR) petitions had been filed in 234 (50.9%) of 460 cases in the study sample.⁶ In total, 187 (79.9% of the 234 filed) TPRs were granted by the court. An additional six cases were pending trial. The TPR order had been appealed in 40 cases. Of the 40 appeals, 25 (62.5%) of the TPR decisions were upheld; four (10.0%) were overruled and four (10.0%) were still pending. In seven (17.5%) cases, the outcomes of appeals could not be determined.

Federal law provides that DHS file petitions for TPRs when a child has been in out-of-home care for 15 months of any 22-month period unless documented reasons exist. This federal statutory provision was established to prevent children from languishing in foster care and to help ensure that permanent placements for children are established within a reasonable timeframe. Of the sample children, 213 (46.3%) met this condition. Of these, 156 (73.2%) cases had TPRs filed.⁷

When a TPR is not filed after a child has been in placement for 15 of 22 months, the agency is required under federal law to provide documented justification. Of the 57 cases in which no TPR had been filed, justifications were found to support only 27 (47.4%) of these decisions.

⁶ This figure includes two cases where the court terminated parental rights, but there was no DHS petition for TPR; four children whose parents released rights; and two children who had no parents.

⁷ Includes one child whose parents had released him/her; two children for whom a TPR was granted but no DHS petition was filed; and one child who had no parents.

Reasons for not filing ranged from the child being 14 years of age or older and refusing adoption to the current caretaker being unwilling to adopt.

In 30 cases (14.1% of 213 children in care for 15 of 22 months) there was no TPR filed and there was no documentation available to support the decision for not filing for termination of parental rights. In total, Michigan was compliant with federal requirements for filing TPR (or documenting why a TPR was not filed) for approximately 86.0% of out-of-home cases for 15 of 22 months.

Maltreatment While in Care

Abuse or neglect at the hands of foster care providers is a relatively rare event nationally, and the threshold established by the federal government for assessing aggregate level of safety in foster care placements reflects this fact, as the threshold is empirically based on the overall instances of substantiated abuse or neglect in foster care reported from the states. The Administration for Children and Families (ACF), a unit of the federal Department of Health and Human Services (HHS), reports that, in 2004, maltreatment rates from states reporting to the federal government ranged from 0.0% to less than 1.5% of children in out-of-home placements during that year. Based on these data, ACF set a state threshold of 0.32% or less of the reporting state's foster care population for purposes of assessing whether the incidence of substantiated maltreatment by providers in the state's foster care system exceeds reasonable performance expectations. Of course, the goal of every foster care system should be to prevent any instance of abuse or neglect to the children removed into and dependent on state care.

In 2006, three children (0.8% of sample cases) in care were victims of maltreatment by providers in Michigan. This is two and a half times the federal threshold. A comparison of rates over time when the measured event occurs infrequently must be done with caution, as relatively small fluctuations in annual substantiated episodes of abuse or neglect in foster care can move a state in or out of compliance with the HHS threshold.

Michigan reported the following rates of substantiated maltreatment of children in care for the years 2003 through 2006: 0.40% in 2003, 0.32% in 2004, 0.12% in 2005, and 0.20% in 2006.⁸ A mere 0.2% change in the rate of maltreatment represents as much as a 167% change viewed in relative terms. With rare events such as maltreatment in care, any sampling strategy utilized can seriously overestimate (or underestimate) the rate at which maltreatment occurs in the general foster care population. Furthermore, CRC believes there are serious issues with the way abuse and neglect rates are computed for ACF that also make comparisons between years and between jurisdictions problematic. Therefore, extreme caution should be exercised in drawing conclusions from differences between the federal threshold (0.32%) and maltreatment rate for sample cases (0.80%).

⁸ Child and Family Services Review, 2003 – 2006.

It is notable, however, that the three substantiated incidents of maltreatment all occurred in licensed foster homes. No such events were recorded or reported for children in unlicensed relative homes. DHS should examine this data more fully to determine whether incidents of abuse or neglect in unlicensed relative homes are being appropriately identified, reported, and addressed by the agency. There were fewer worker contacts recorded with unlicensed homes; hence less opportunity to observe problem behavior.

In total, 5.9% of sample cases (27 children) were alleged victims of abuse or neglect during their time in care. Only four (0.9%) of these incidents were substantiated. In 33 additional instances (7.2% of all cases in the sample), the home (or facility) where a sample child was residing was investigated for abuse/neglect of another child residing in the home. Two of these allegations were substantiated.

Service Plans

Under Michigan foster care policy and standards of good social work practice, initial service plans (ISPs) are required within 30 days of placement. An ISP is the tool with which DHS assesses the needs of a child in foster care and establishes a schedule for meeting those needs. Timely completion of ISPs is a key area of acceptable practice, since children are generally highly vulnerable in the initial weeks following the traumatic event of removal from their family home due to abuse or neglect. On average, foster care workers took nearly 58 days to complete an ISP. One in five (20.2%) ISPs were not completed within 90 days of placement. ISPs are critical for effective service delivery, both to parents and to children. Any delay in the development of a formal plan can lengthen time in care and have a detrimental impact on reunification efforts.

Michigan policy further requires that an updated service plan (USP) be completed “within 120 calendar days of removal and at least every 90 days thereafter, or more frequently, if necessary, to ensure coordination with the court report” (CFF 722-9 Foster Care – Updated Service Plan). All required USPs were completed for 252 (61.0%) children, and some but not all USPs were completed for 120 (29.1%) children. There were no USPs in the case file for 41 (9.9%) children. This failure by DHS to meet basic case planning and service planning policy requirements needs to be rectified to assure proper support to children.

Service Referrals

Considerable information on service referrals and participation for sample children and their families was analyzed in this review. In total, needs identification, service referrals, and service participation are relative areas of strength for the Michigan foster care system. Needs are systematically identified and frequently multiple service referrals are made on behalf of both children and families served by DHS. However, the system could be further strengthened by initiating better methods for tracking participation and monitoring program outcomes. There were, however, few services for foster care providers documented in the files. The analysis does not examine the timeliness of service referrals (i.e., how quickly the referral was made following needs identification), nor can it reflect the appropriateness of the needs identification, service referral, or effectiveness of the services.

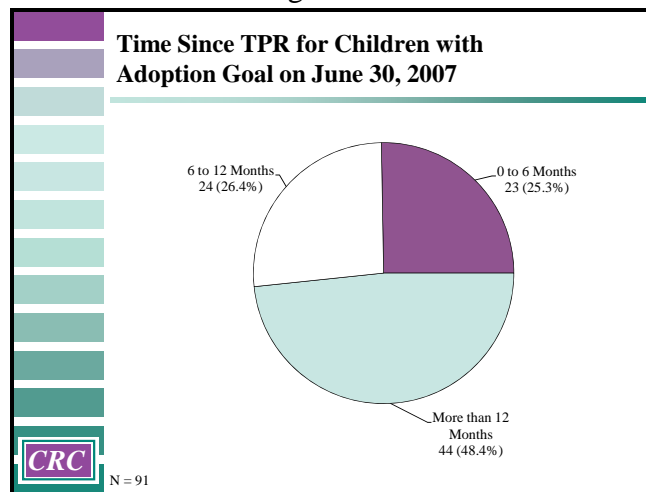
On average, families of children in the case reading sample had more than five service needs identified and received over four separate service referrals. Two hundred eighty-five children (62.0% of the 460 sample children) had mental health needs identified by workers, and nearly 90% were referred for services. Over 58.0% received multiple referrals.

Adoption

Interpreting data produced by case reading studies presents challenges when analyzing issues such as “time to adoption.” Because permanency planning goals change over time, and because not all children with adoption goals are ultimately adopted, all data collection strategies have some drawbacks. Adoption cohorts reflect only the experiences of those actually adopted, while entry cohorts require longitudinal studies that delay findings for years. The federal government, in its attempts to establish standards for measuring agency performance, has struggled with this issue for over a decade without a clearly satisfactory solution. This analysis examines cases in which the TPR was granted and the goal was adoption.

There were 131 children with TPR petitions granted (for both parents) and adoption as the initial goal. Of these, 103 (78.6%) had an adoptive family identified at the time of the TPR, yet few of these children were actually adopted prior to June 30, 2007. There were 91 children whose goal was still adoption as of June 30, 2007. Forty-four (48.4%) of these 91 children had been in care for more than 12 months. Figure ES3 shows the time since the TPR was granted for children with an adoption goal on June 30, 2007. On average, 482 days had elapsed since a TPR was granted. The delay in adoptions seems to start with a failure to quickly notify adoption services of the TPR. Michigan policy requires that adoption services be notified within 14 days. Readers found notification dates for only 75 cases. The average time to notification was 72 days.⁹

Figure ES3



⁹ To compute this average, all notifications that occurred prior to a TPR were given a negative value. There were also two cases where notification was not documented until several years had elapsed since a TPR was granted. These “outliers” may not reflect contemporary practice. When all notifications that occurred on or prior to the TPR grant date are calculated as zero days and two outliers are omitted from the analysis, the average number of days between TPR and notification is 56.5 days. While this provides what could be considered a better review of actual practice, it is still well beyond the standard of 14 days established by Michigan policy.

I. INTRODUCTION

A. Michigan Foster Care Profile

There were approximately 19,000 children who were in foster care at the end of June 2007.¹⁰ This study is based on a random sample of 460 children in the Michigan foster care system as of June 30, 2007, and was drawn from 14 selected counties in which over 70.0% of the foster care population resides.

The Michigan foster care population, the seventh largest in the country (CR, 2006), is nearly equally divided between boys and girls and between Whites and African Americans, with a small (5.9%) percentage of cases either multi-racial, American Indian, or from other racial minorities. Complete age, sex, race, and legal status breakdowns, based on the Michigan DHS Foster Care Fact Sheet from September 2007, are presented in Table 1.

¹⁰ Michigan Department of Human Services Foster Care Fact Sheet.

Table 1		
Characteristics of the Michigan Foster Care Population September 2007		
	N*	%
Gender		
Female	9,562	50.0%
Male	9,555	50.0%
Age		
0-6	7,509	39.4%
7-11	3,882	20.4%
12+	7,679	40.3%
Race		
White	9,004	47.2%
African American	8,944	46.9%
Multi-racial	792	4.2%
American Indian	191	1.0%
Other and unknown	139	0.7%
Legal Status of Children		
Permanent court neglect wards	68	0.4%
Temporary court neglect wards	12,370	64.9%
MCI state neglect wards	6,116	32.1%
Other (OTI, non-wards)	517	2.7%

Source: Michigan Department of Human Services, September 2007, Foster Care Fact Sheet.

*N sizes are not the same for all categories.

Nearly one third of all foster care cases are Michigan Children's Institute (MCI) state wards. This designation means attempts at reunification with the ward's family have been exhausted, the legal rights of the child's birth parents have been terminated, and that another permanency plan is in place.

As of September 30, 2007, DHS reported the following placements for abused/neglected children: 37.7% of placements were with relatives, 35.5% of children were living with foster families, and 12.0% of the foster care population was at home with a parent. Just over one percent (1.3%) of all foster care cases were AWOL on the date of reporting. Table 2 presents complete data on placement as of September 2007.

Table 2 Placements of Abuse/Neglect Children September 2007		
	N	%
Relatives (in- and out-of-state)	7,195	37.7%
Foster care families	6,768	35.5%
Own parent home (reunification with open court case)	2,287	12.0%
Institutions, including shelters	1,263	6.6%
Independent living	847	4.4%
Unrelated caregiver	324	1.7%
AWOL	242	1.3%
Detention, jail, and court treatment	57	0.3%
Legal guardians	17	0.1%
Mental health hospital	16	0.1%
Other	55	0.3%
Total	19,071	100.0%

Source: Michigan Department of Human Services, September 2007, Foster Care Fact Sheet.

It should be noted that not all of the children at home were ever in out-of-home care. Some are siblings of children in care. When any child in a family is placed, responsibility for the family is transferred from the child protection unit to foster care. Therefore, a small percentage of cases in the study sample are siblings of children in out-of-home care who have never themselves been placed. Services to these children are provided by foster care staff.¹¹ Since these children were not placed in out-of-home care, they are not included in many of the analyses related to compliance.

In total, Michigan has 88 offices that support activities in 83 counties, ranging from the heavily populated Wayne County to the sparsely populated counties of the state's Upper Peninsula. The Michigan child welfare system is comprised of both public and private agencies, with substantial variation in the degree to which private providers are utilized.

¹¹ In total, 15 (3.3%) sample children were never out of the parent's home.

B. Study Purpose

In 2006, Children's Rights filed a civil rights class action suit on behalf of children in foster care custody in Michigan. The suit cited serious systemic and operational deficiencies in the Michigan foster care system. Questions raised in the suit include the following:

1. Whether Defendants fail to provide Plaintiff Children with safe, appropriate, and stable foster care placements as required by law and reasonable professional standards;
2. Whether Defendants fail to provide Plaintiff Children with services necessary to keep them safe and properly cared for, and to prevent them from deteriorating physically, psychologically, or otherwise while in state custody as required by law and reasonable professional standards;
3. Whether Defendants fail to provide Plaintiff Children with timely and appropriate services necessary to ensure that they are either safely reunited with their families or promptly freed for adoption and placed in a permanent home as required by law and reasonable professional standards; and
4. Whether Defendants fail to provide Plaintiff Children with the supports necessary to maintain family relationships, including the provision of parent and sibling visits as required by law and reasonable professional standards.

The purpose of this study was to collect information on a large, random sample of cases to answer the questions cited above. Data collection began in September 2007 and was completed in the first week of December 2007. The project was jointly funded by the State of Michigan DHS, the plaintiffs' counsel, Children's Rights (CR), and McDermott, Will & Emery, and conducted by the Children's Research Center (CRC, a division of the National Council on Crime and Delinquency), a nonprofit organization located in Madison, Wisconsin.

C. Sample Criteria

CRC requested computerized data files from DHS. Case records were extracted by DHS from the Children's Services Management Information System (CSMIS) to include all cases opened for service as of June 30, 2007, in Ingham, Washtenaw, Jackson, Calhoun, Berrien,

Kalamazoo, Muskegon, Kent, Genesee, Saginaw, St. Clair, Macomb, Oakland, and Wayne Counties.

CRC requested basic information on case characteristics, current permanent planning goal, placement type, child placing agencies versus service delivery status, and current case location (i.e., load number). Data also included case information necessary to identify the agency(s) that served the case (currently or previously). This information was used to identify the location of the case files DHS provided for the case reading. Finally, CRC requested current CSMIS data file descriptions and codebooks.

CRC randomly selected 530 cases from approximately 15,000 cases in the 14 counties. (The number of cases in the database represents over 78% of all cases in the state. However, a small percentage of cases were not active on June 30, 2007. Therefore, throughout this report, these 14 counties are conservatively reported to represent over 70% of Michigan foster care cases.) Because this was a study of overall child welfare practice and not a comparison of county compliance rates, sampling was not done by county, but across the entire foster care population of all 14 counties. Random selection was employed to ensure adequate representation of DHS and private agency cases and to ensure an adequate reflection of child permanency goals in these counties. These cases were then split into 460 primary sample cases and 70 replacement cases. The 70 replacement cases were randomly selected and set aside to be used in the event that one of the sample cases did not meet case selection criteria. The sample of cases included in this study reflects 439 of the original sample cases and 21 replacement cases. In most instances, cases that were replaced in this sample had been closed prior to June 30, 2007, but their closure had not yet been entered in the computerized data system from which the sample was drawn.

Both DHS and CR participated in and approved the selection of counties included in this study. The selection of these counties was not random; instead, their inclusion was based on the following criteria:

1. Combined, they represent more than 70% of the state's foster care population.
2. Together, these counties have a racially diverse population from large, medium, and small cities; small towns; and rural areas.
3. The location of these counties simplified the logistics involved in collecting and returning files to DHS offices, controlled travel costs, and permitted the study to be completed within the desired timeframe.

The parties (DHS, CR, and CRC) agreed that case practices documented in these counties would constitute a fair representation of the child welfare practice in Michigan relative to state and federal foster care standards.

Compliance rates attained in these counties were viewed as sufficient to answer questions raised in the class action lawsuit. To simplify the presentation, results from the 14 counties are reported as "Michigan results." However, race, age, legal status, and other characteristics of the sample are representative of the foster care population in the 14 sample counties, not the overall state foster care population.

The sample size (460) establishes the following confidence levels: In the worst case scenario, (i.e., where 50.0% of cases meet standards and 50.0% do not), we can say with 95.0% confidence that between 44.5% and 54.5% of cases met the standard. The estimates produced are within 4.5% of the actual number.

In essence, the number of cases analyzed is sufficient to provide a high level of confidence that the results obtained are a fair representation of foster care practice in Michigan. Up to three separate files were examined on each case: the DHS county file, case files from private agencies when a private agency was involved in case management, and the automated case record. The latter file was utilized to collect data on recent case activities that may not have been in the hard copy files at the time of the case reading.

D. Case Reader Qualifications

There were eight case readers employed by CRC for this project. Seven of the case readers were recruited for the project by the on-site coordinator from a pool of individuals previously employed by CRC for other data collection efforts, including a validation of the Michigan child protective services (CPS) risk assessment in 2003 and an examination of the Michigan Determination of Care schedule in 2005. The eighth case reader was an employee of CRC who worked in Lansing for three weeks on the project. Of the first seven, one had extensive experience working in private agencies in Ingham and Genesee Counties as a caseworker and adoption specialist. The other six were retirees of DHS and had extensive experience with child welfare services in Michigan. Four of the six retirees had prior supervisory and management experience that ranged from CPS to foster care and adoption. Of the remaining two readers, one had casework experience in both county offices and private agencies and was a program specialist with the foster care program office, and the last reader had a long career as a data analyst with the foster care program. Collectively, this group of readers had been involved in many major DHS program initiatives and had a wealth of experience at the direct casework and management levels of the agency.

E. Inter-rater Reliability

Inter-rater reliability provides a measure of the degree to which different readers independently reached the same response for items on the case survey form. Reliability was tested to ensure that data were reliably collected by all case readers.

The data collection survey used in this study is 24 pages long. As a result, the database consists of 18 tables and more than 750 variables. Some of the tables are designed so that records for each sample case in the study line up to one another on a one-to-one basis. Other tables bear a one-to-many relationship in that there could be multiple records in the table for each

sample case in the study. This means that if a reader missed an item such as a child need, all variables that are contingent on the child need, such as how the need was identified, the type of service, referral for service, participation in service, service start date, service end date, and the reason the service ended would also be missed. This makes it extremely difficult to present percent agreement across all variables in summary fashion. CRC, however, not only did an extensive review of rater agreement/disagreement, but also used the inter-rater reliability portion of the study as a training mechanism to ensure that readers were able to find and record the same information from the case file on the data collection survey.

Reliability was tested twice. The first test occurred during the first week of case reading following training, and included eight cases from outside Wayne County and eight readers. Readers worked in pairs. Each pair of readers read the same case, independently completed the case survey form, compared results, and identified areas in which there was disagreement between the two readers. Results were used to identify areas on the case reading survey that required additional clarification and/or training. Some areas of the survey were subsequently modified so that data could be reliably collected. Based on results, CRC staff provided feedback to the entire group of readers and provided additional training in any areas that appeared to be problematic.

The second reliability test occurred during the first week of case reading in Wayne County, and included seven Wayne County cases and the same eight case readers. As in the first reliability test, readers worked in pairs. Each pair of readers read the same case, independently completed the case survey, and compared responses. Results indicated that there were few instances in which case readers responded differently. CRC staff shared results with the entire group.

Throughout the course of study, the case reading coordinator, a senior CRC staff member, randomly selected and validated case reading completed by every member of the team.

If problems were encountered, they were discussed with readers to aid consistency. Readers were also encouraged to discuss coding issues as they arose with other members of the group to ensure proper coding. Hence, information that was difficult to interpret and code was often recorded based on group consensus.

II. PROFILE OF THE STUDY SAMPLE

A. Counties Represented

The study sample of 460 cases was randomly selected from 14 Michigan counties.¹² In total, the sample provides a representative cross-section of foster care cases, deviating in any significant way from the total Michigan population in a few areas including racial composition. Because there were more urban centers in counties selected for the study sample than in other parts of Michigan, there were a higher percentage of African Americans in the study than there are in the entire Michigan foster care population (54.6% of the sample compared to 46.9% of the state's foster care wards). Whites comprised 34.3% of the sample cases, but 47.2% of the state's foster care wards (Michigan DHS, 2007). This difference, however, should have no impact on findings related to standards and performance.

Sample characteristics presented in this section of the report provide a general profile of cases in the study. Additional characteristics are presented throughout the report. The data presented in this section reflect circumstances of cases on June 30, 2007, and will not always match numbers used to measure compliance with standards, as these data (in subsequent sections of the report) often reflect circumstances at other points in time. Table 3 presents the number of cases in the study from each of the 14 counties. Numbers ranged from five cases from Muskegon County (1.1%) to 179 (38.9%) from Wayne County.

¹² Child-based cases.

Table 3		
Sample Demographics by County		
County	Number of Cases*	Percent of Sample
Berrien	16	3.5%
Calhoun	8	1.7%
Genesee	55	12.0%
Ingham	21	4.6%
Jackson	14	3.0%
Kalamazoo	12	2.6%
Kent	26	5.7%
Macomb	46	10.0%
Muskegon	5	1.1%
Oakland	47	10.2%
Saginaw	13	2.8%
St. Clair	8	1.7%
Washtenaw	10	2.2%
Wayne	179	38.9%
Total Sample	460	100.0%

*Child-based cases.

Case management responsibility for 38.7% of the sample rested with private providers. DHS county agencies were responsible for case management for the remaining (61.1%) cases.¹³ This is very close to the statewide breakdown of cases served by private providers. Findings presented throughout this report are not broken down by the service provider (i.e., private versus county). These questions all relate to compliance with standards regardless of the service delivery model used in different counties. A presentation of findings, delineated by the service model utilized does not add substantiability to the findings. Sample data, however, could permit such breakdown and could provide valuable information on remedies to problems if there are significant differences in service delivery and/or compliance rates when the service delivery models are compared.

¹³ For one (0.2%) case, primary responsibility was not identified.

B. Demographics

Children in the study sample were nearly equally divided by gender, with 51.1% of the sample male and 48.9% female. Over half (50.4%) of the children in the sample entered care before the age of 6 and, as of June 30, 2007, 39.8% were still less than 6 years of age. Complete age breakdowns are presented in Figures 1 and 2.

As noted earlier, the majority (54.6%) of children in the sample were African American; just over 34.3% were White, and the remaining 11.1% were multi-racial, American Indian, Asian, and other minorities.

Figure 1

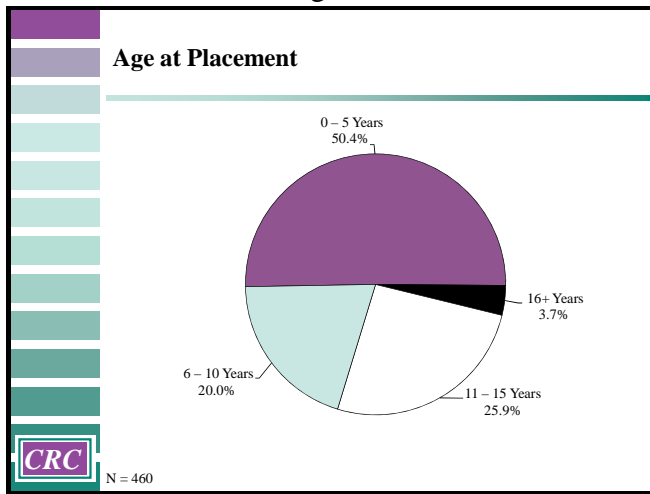
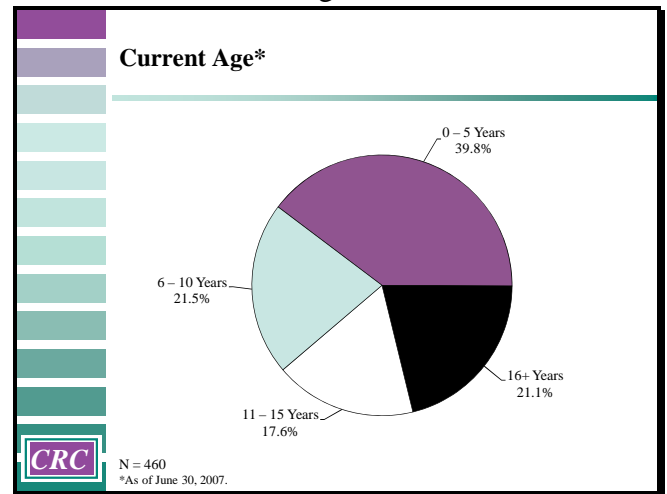


Figure 2



As of June 30, 2007, 70 (15.2%) of 460 sample children were at home with a parent.¹⁴ In 19 (4.1%) of these 70 cases, the child was placed with a parent that did not reside in the household from which the child was removed. In 51 of the 70 cases, the child was in the removal home. Over one third (35.7%) of the 460 children in the sample were with relatives, 32.0% of the 460 children were living with a foster family, 23 (5.0%) were in independent living,

¹⁴ There were 15 children in a parental home for the entire placement episode. This may reflect trial reunification efforts.

20 (4.3%) were in a private child care facility, and nine (2.0%) children were AWOL on June 30, 2007. Table 4 provides a complete breakdown of living arrangements for sample children.

Table 4		
Living Arrangements on June 30, 2007		
	N	%
Parental home		
Removal	51	11.1%
Non-removal	19	4.1%
Relative		
Licensed	44	9.6%
Non-licensed*	120	26.1%
Foster family		
Specialized	23	5.0%
Regular	124	27.0%
Independent living**	23	5.0%
Private child care facility	20	4.3%
AWOL	9	2.0%
Adoptive home	6	1.3%
Mental health facility/residential treatment center	5	1.1%
Fictive kin	5	1.1%
Detention/jail	4	0.9%
Shelter facility	3	0.7%
Nursing home/hospital	2	0.4%
Unknown	1	0.2%
Total	460	100.0%

*Includes three cases where the current living arrangement could not be determined.

**Includes three supervised independent living arrangements.

Of the 70 children living in a parental home, 15 (21.4%) were returned to a parent within seven months of placement; another 23 (32.9%) were returned prior to the end of their twelfth month in placement. The remaining 32 (45.7%) children were in care 13 months or more before going to a parental home. Seventeen (24.3%) of these children were in care for more than 24 months. Note that eight (1.7%) children were in out-of-state placements as of June 30,

2007.¹⁵ Nationally, in 2004, between 44.3% and 92.5% of children were reunified with a parent in less than 12 months. Michigan is close to the midpoint of this range, with 67.1% of children returned home within 13 months.¹⁶ This is under the national median of 69.9%. However, the national definition included the Adoption and Foster Care Analysis and Reporting System (AFCARS) reason for discharge of “live with relative” in the return home total. Hence, these figures are not totally comparable.

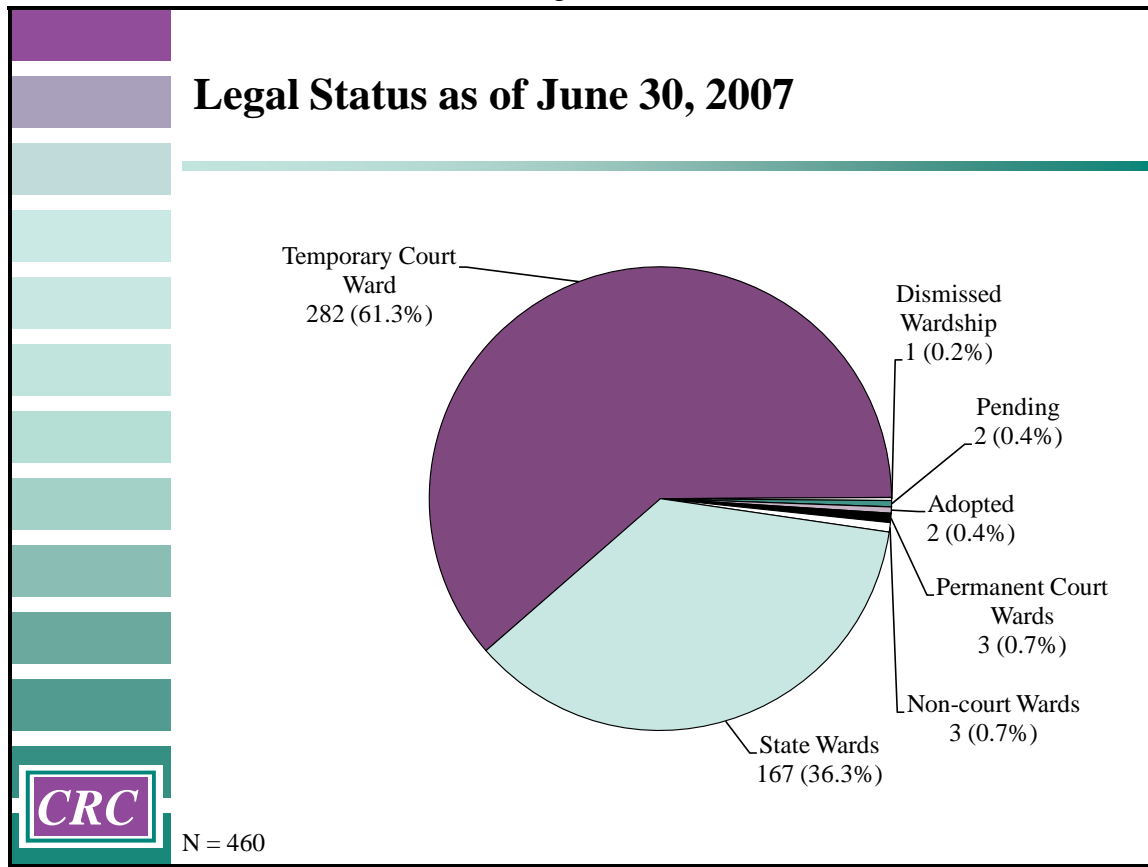
C. Legal Status

As of June 30, 2007, most (61.3%, or 282) of the 460 children were temporary court wards, 167 (36.3%) were state wards, three (0.7%) children were non-court wards, three (0.7%) children were categorized as permanent wards (neglect), two (0.4%) children had been adopted, adjudication was pending for two (0.4%) children, and wardship for one (0.2%) child had been dismissed (see Figure 3).

¹⁵ Five children were with unlicensed out-of-state relatives, one child was with an out-of-state child placing agency, one child was in an out-of-state childcare institution, and one child was living with a licensed relative out of state.

¹⁶ For this comparison, an extra 30 days as the “start date” for counting time in out-of-home care was added. (Start date varies somewhat among states; some allow as much as 60 days in out-of-home care before formally opening a foster care case).

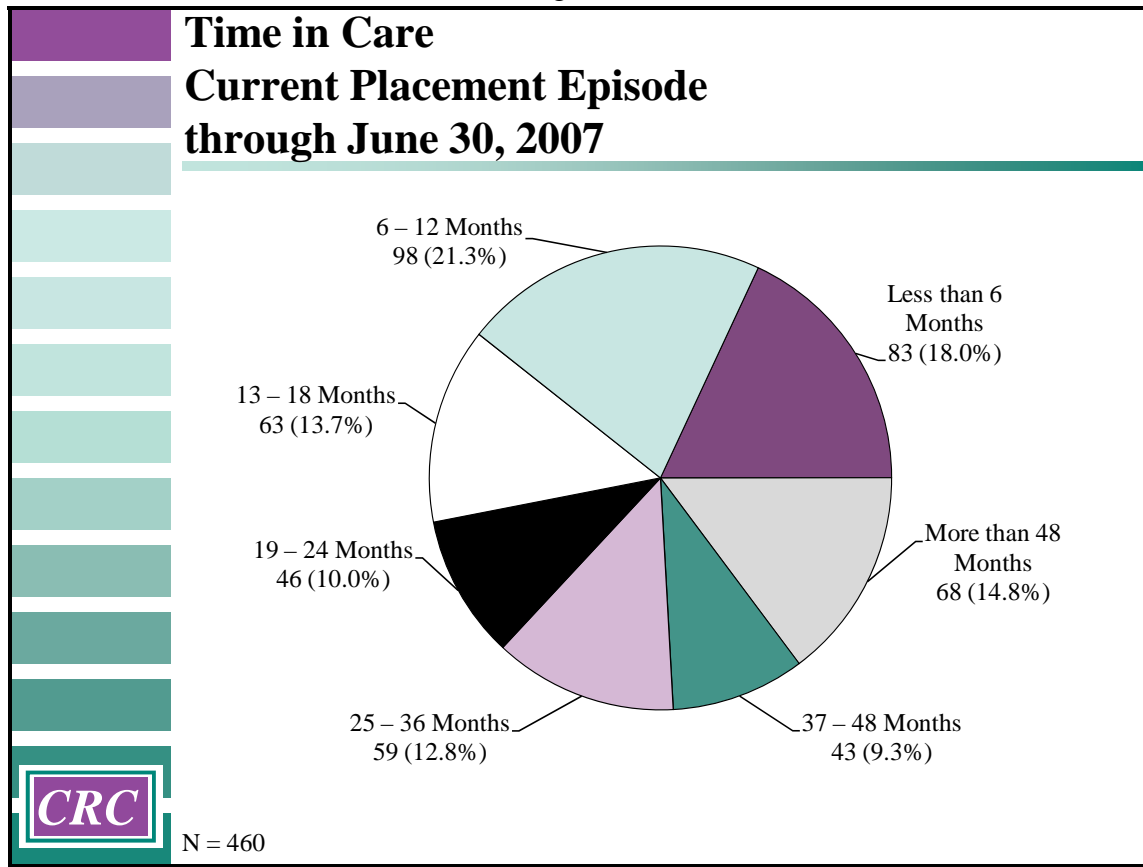
Figure 3



D. Time in Care/Current Placement Episode

Children in the study sample had been in care from 12.0 days to 15.8 years. On average, children had spent 26.9 months in out-of-home care since the placement episode began. Approximately 37.0% of the sample had been in care for more than 24 months as of June 30, 2007. Figure 4 presents a more complete breakdown of time in care, delineated in six-month increments.

Figure 4



Of the 170 children who were in care for more than 24 months, 16 (9.4%) had a reunification goal. Sixty-three (37.1%) of these 170 children had TPR/adoption as a permanency plan; another 45 (26.5%) children had a goal of emancipation by age 19; 21 (12.4%) had maintain own placement as a goal; 13 (7.6%) children were to remain in permanent placement with a relative; five (2.9%) were to remain in a permanent foster family home; two (1.2%) children had guardianship as a goal; one (0.6%) had a goal of custodial care; and no goal was stated for four (2.4%) children.

E. Prior Child Welfare Involvement

There were 354 (77.0%) children who came from homes in which there had been allegations of abuse or neglect prior to the incident that resulted in the child’s removal.

Abuse/neglect had been alleged five or more times for 114 (24.8%) children in the sample. Sixty-five (14.1%) children had previously been in placement.

In 216 (61.0%) of the 354 cases in which there was a history of CA/N, case readers found that abuse or neglect had been substantiated on one or more occasions.¹⁷ The number of prior substantiations (substantiations occurring before the event leading to the latest removal) ranged from one (23.7% of the families of children in the sample) to 15 (one family). For 86 (24.3%) of the 354 families, prior allegations of abuse/neglect were not substantiated.

F. Permanency Planning

In 66 (14.3%) of the 460 cases in the study, there was no federal permanency plan goal in the file.¹⁸ Of the 394 cases with a goal stipulated, 48.7% of children were to be reunified with their families and 28.9% were to be adopted (not shown). The absence of a federal goal is not a failure of performance, as current state goals were available for nearly all cases. Cross-referencing the data collected in state and federal goals, however, provides an additional check on case file reliability.

Due to the amount of data missing on federal permanency goals, a cross-tabulation of both state and federal permanency plans provides a more complete picture of the status of permanency plans on June 30, 2007. Only ten (2.2%) cases failed to have a state permanency plan goal in their files. It should be noted that even when differences in goal definitions were taken into account, the federal and state goals in the files did not match in absolutely every case. However, when missing federal goals were removed from the analysis, there was a high level of agreement between state and federal permanency planning goals. For example, of the 192 cases with a federal goal of reunification, four (2.1%) had conflicting state permanency plan goals. Of

¹⁷ In 58 families, readers could not determine if allegations of abuse/neglect were substantiated.

¹⁸ A large number of these were private provider cases in which the updated service plan template did not include the federal goal and therefore could not be collected by case readers.

the 114 cases with a federal goal of adoption, three (2.6%) still had a state goal of reunification or maintain own placement. A complete comparison of federal and state goals is found in Table 5.

Table 5														
Federal versus State Permanency Plans as of June 30, 2007														
State Permanency Plan	Federal Permanency Plan													
	Reunifi- cation		Adoption		Guardian- ship		Permanent Placement with a Relative		Placement in Another Planned Living Arrange- ment		No Goal Stated		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Return home/ reunification	142	90.4%	2	1.3%	0	0.0%	0	0.0%	0	0.0%	13	8.3%	157	100.0%
Maintain own placement*	46	65.7%	1	1.4%	1	1.4%	9	12.9%	1	1.4%	12	17.1%	70	100.0%
Termination of parental rights/ adoption	2	10.5%	15	78.9%	0	0.0%	0	0.0%	1	5.3%	1	5.3%	19	100.0%
Adoption	1	0.9%	95	84.8%	0	0.0%	3	2.7%	0	0.0%	13	11.6%	112	100.0%
Guardianship	0	0.0%	0	0.0%	3	75.0%	0	0.0%	0	0.0%	1	25.0%	4	100.0%
Permanent placement with relative	1	5.3%	0	0.0%	1	5.3%	12	63.2%	2	10.5%	3	15.8%	19	100.0%
Permanent foster family agreement (PFFA)	0	0.0%	0	0.0%	0	0.0%	1	12.5%	6	75.0%	1	12.5%	8	100.0%
Emancipation by age 19	0	0.0%	0	0.0%	0	0.0%	2	3.3%	46	76.7%	12	20.0%	60	100.0%
No goal stated	0	0.0%	1	10.0%	0	0.0%	0	0.0%	0	0.0%	9	90.0%	10	100.0%
Custodial care	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	1	100.0%
Total	192	41.7%	114	24.8%	5	1.1%	27	5.9%	56	12.2%	66	14.3%	460	100.0%

*Child is in parental home and the goal is to remain home. Most represent children reunified with their parents but the case is still open for services.

Table 6 illustrates the permanency plan goals delineated by length of time in care for the 460 cases included in the study.

Permanency Plan Goal	Time in Care								Total	
	Less Than One Year		1.0 – 1.99 Years		2.0 – 2.99 Years		3.0 – 15.8 Years			
	N	%	N	%	N	%	N	%	N	%
Return home/reunification	105	61.8%	35	30.4%	12	18.8%	5	4.5%	157	34.1%
Maintain own placement	27	15.9%	22	19.1%	7	10.9%	14	12.6%	70	15.2%
Termination of parental rights/adoption	9	5.3%	8	7.0%	1	1.6%	1	0.9%	19	4.1%
Adoption	11	6.5%	38	33.0%	29	45.3%	34	30.6%	112	24.3%
Guardianship	1	0.6%	1	0.9%	0	0.0%	2	1.8%	4	0.9%
Permanent placement with relative	2	1.2%	4	3.5%	4	6.3%	9	8.1%	19	4.1%
Permanent foster family agreement (PFFA)	2	1.2%	1	0.9%	1	1.6%	4	3.6%	8	1.7%
Emancipation by age 19	9	5.3%	4	3.5%	10	15.6%	37	33.3%	60	13.0%
No goal stated	4	2.4%	2	1.7%	0	0.0%	4	3.6%	10	2.2%
Custodial care	0	0.0%	0	0.0%	0	0.0%	1	0.9%	1	0.2%
Total	170	100.0%	115	100.0%	64	100.0%	111	100.0%	460	100.0%

G. Placement with Siblings

State, federal, and best practice guidelines call for placing siblings together whenever possible (for example, see Child Welfare Information Gateway, 2006). Case readers determined that 404 (87.8%) of the 460 sample children had siblings. Of these, 332 (82.2%) sample children had brothers or sisters in out-of-home care as of June 30, 2007.¹⁹ Just over 40% (134 of 332, or

¹⁹ In total, the families of the 460 sample children had 1,212 children in out-of-home care on June 30, 2007.

40.4%) of this group were placed with all of their siblings; 106 (31.9%) were placed with some siblings, and 92 (27.7%) were not placed with other siblings, who were in out-of-home care.

H. Data Analysis and Presentation

Additional demographics and characteristics of the sample children and their families are detailed in appropriate sections of the report. These include educational profiles, treatment needs, services provided, termination of parental rights (TPR) status, and other factors that require discussion in the context of accepted standards and best practices.

Measuring performance against federal standards, state legislation, and best practice is a complex undertaking since many standards are time dependent and must be applied differently to cases in various legal designations. The following sections of this report attempt to “roll up” data in a manner that presents overall findings in a clear, concise, and uncomplicated format, wherever feasible.

Subsequent sections of this report present findings of the study in relation to the questions posed by CR when litigation was initiated. Findings are compared to state and federal standards as well as applicable practice standards promulgated by CWLA, the Committee on Accreditation (COA), the National Association of Social Workers (NASW), the Federal Resource Center, and other organizations. These standards and recommendations are discussed in each section of the report. They serve as the benchmarks against which agency performance is measured.

The number of cases represented in each table will vary depending on the applicability of standards, best practices, and state policy to the individual circumstances of each sample case. Applicability depends on various factors, including time in care, age of the child, number of siblings in care, and legal status. In some instances, multiple factors have an impact on the number of cases that were in each analysis.

III. PLACEMENTS

A. Number of Placements

Placement stability is a major goal of the U.S. child welfare system. Disruptions can be traumatic for children who have already suffered removal from their parental homes. Federal guidelines and state policy both account for the fact that when a child is first removed, time constraints may not permit the agency to match child needs with foster care capabilities in the first placement. Therefore, the need for emergency placements or transition homes is recognized, usually in the goal of two or fewer placements for each child placed.

Table 7 outlines the number of placements recorded between July 1, 2005, and June 30, 2007, delineated by time in care. The number of placements for each child is counted three different ways: the first count excludes placement with parents, guardians, hospitals, detention/jail, and residential treatment centers. These placements result from attempts to reunify with parents/guardians or address the specific needs/problems of the child. More than 70% (72.2%) of all sample children had two or fewer placements. Of those who had been in care for less than 24 months, 80.3% had two or fewer placements.

The second count includes all placement changes from July 1, 2005, to June 30, 2007. Using this approach, 67.8% of the sample children had two or fewer placements. This was the case for 80.9% of children in care for 12 or fewer months, and 63.4% of those in care for 13 to 24 months.

The final count includes all movements recorded for the current placement episode, including those made prior to July 1, 2005.²⁰ Using this method, the percentage of children with two or fewer placements declined to 59.3%. Among children in care for more than 24 months, 35.8% had two or fewer placements, while nearly half (46.0%) had five or more.

²⁰ This includes placements for children who entered foster care prior to July 1, 2005.

Table 7

Placement Counts by Months in Placement

		Eight Days – 12 Months		13 Months – Less Than 24 Months		24 Months or More		Total	
		N	%	N	%	N	%	N	%
Placement count* (minus parents, guardian, adoptive home, and hospital) (July 1, 2005 – June 30, 2007)	One or two	155	84.7%	73	72.3%	104	59.1%	332	72.2%
	Three	16	8.7%	13	12.9%	21	11.9%	50	10.9%
	Four	9	4.9%	4	4.0%	11	6.3%	24	5.2%
	Five	1	0.5%	2	2.0%	12	6.8%	15	3.3%
	Six	1	0.5%	5	5.0%	13	7.4%	19	4.1%
	7 – 13	1	0.5%	4	4.0%	15	8.5%	20	4.3%
	Total	183	100.0%	101	100.0%	176	100.0%	460	100.0%
Placement count (July 1, 2005 – June 30, 2007)	One or two	148	80.9%	64	63.4%	100	56.8%	312	67.8%
	Three	22	12.0%	21	20.8%	20	11.4%	63	13.7%
	Four	9	4.9%	2	2.0%	12	6.8%	23	5.0%
	Five	2	1.1%	2	2.0%	16	9.1%	20	4.3%
	Six	1	0.5%	5	5.0%	10	5.7%	16	3.5%
	7 – 13	1	0.5%	7	6.9%	18	10.2%	26	5.7%
	Total	183	100.0%	101	100.0%	176	100.0%	460	100.0%
Total placements in current episode	One or two	145	79.2%	65	64.4%	63	35.8%	273	59.3%
	Three	22	12.0%	18	17.8%	24	13.6%	64	13.9%
	Four	11	6.0%	1	1.0%	8	4.5%	20	4.3%
	Five	3	1.6%	3	3.0%	13	7.4%	19	4.1%
	Six	1	0.5%	5	5.0%	8	4.5%	14	3.0%
	7 – 10	1	0.5%	9	8.9%	25	14.2%	35	7.6%
	11 – 15	0	0.0%	0	0.0%	19	10.8%	19	4.1%
	16 – 41	0	0.0%	0	0.0%	16	9.1%	16	3.5%
	Total	183	100.0%	101	100.0%	176	100.0%	460	100.0%

B. Number of Caseworkers

As of June 30, 2007, there were 187 (42.9%) sample children who had had one primary worker assigned to their case. The majority had been served by two or more workers (26.8% had two, 11.9% three, and 18.3% four or more). As the table indicates, the number of workers assigned increases with the length of the placement episode. Among children in placement from eight days to 12 months, 68.8% had only one assigned primary caseworker, 25.0% had two, 3.4% had three, and 2.8% of the 176 children had four to 18 workers in the first year. Among those in care 13 to 24 months, 59.6% had two or more workers, as did 83.1% of the children in care more than two years.

		Eight Days – 12 Months		13 Months – Less Than 24 Months		24 – 36 Months		37 – 48 Months		49 – 60 Months		61+ Months		Total	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%
Number of primary workers during current episode	One	121	68.8%	38	40.4%	17	27.0%	6	15.8%	2	8.3%	3	7.3%	187	42.9%
	Two	44	25.0%	36	38.3%	22	34.9%	10	26.3%	2	8.3%	3	7.3%	117	26.8%
	Three	6	3.4%	14	14.9%	15	23.8%	8	21.1%	4	16.7%	5	12.2%	52	11.9%
	4 – 18	5	2.8%	6	6.4%	9	14.3%	14	36.8%	16	66.7%	30	73.2%	80	18.3%
	Total	176	100.0%	94	100.0%	63	100.0%	38	100.0%	24	100.0%	41	100.0%	436	100.0%

C. Number of Placement Changes: Licensed vs. Unlicensed Homes

In order to examine differences in placement stability between cases in licensed homes versus unlicensed homes, CRC categorized cases (as licensed or unlicensed) based on their first placement within the July 1, 2005, to June 30, 2007, study period. All subsequent placements were then tabulated.²¹ Of the 460 cases sampled, 203 (44.1%) were categorized as in a “licensed placement” and 131 (28.5%) included an unlicensed placement.

As Table 9 shows, 64.9% of children who were in unlicensed relative placements had no placement changes between July 1, 2005, (or first placement date) and June 30, 2007, while 43.3% of children in licensed homes had no placement changes during that time.²² When all placement changes (including return home, hospitalization, adoptive homes) are considered, 56.5% of children in unlicensed homes did not have any placement changes during the study period, while 35.5% of children first placed in a licensed home remained there at least through June 30, 2007.

The results presented in this table could be biased by the time children in each category spent in out-of-home care during the study period. For instance, if children in licensed homes spent an average of 20 months in care, while those in unlicensed care entered later in the study period and spent an average of ten months in care, additional time in care could be one reason for the higher number of moves recorded for children in licensed foster homes. However, the table indicates this is not the case. The mean time in care for both groups was similar: 11.1 months for licensed homes and 10.7 months for unlicensed.

²¹ Licensed placements included in this analysis include licensed relative placements and foster family placements (specialized or unspecialized). Unlicensed placements include unlicensed relatives (in- and out-of-state).

²² Placements in a parent’s home, an adoptive home, and hospital placements were excluded from this analysis.

Table 9					
Placement Changes Following Placement in Licensed and Unlicensed Home as of July 1, 2005, or upon Entering Care*					
		Licensed		Unlicensed	
		N	%	N	%
Placement changes** (minus parents, guardian, adoptive home, and hospital) (July 1, 2005 – June 30, 2007)	None	88	43.3%	85	64.9%
	One	59	29.1%	23	17.6%
	Two	28	13.8%	8	6.1%
	Three	9	4.4%	6	4.6%
	Four	6	3.0%	3	2.3%
	Five or more	13	6.4%	6	4.6%
	Total	203	100.0%	131	100.0%
All Placement changes (July 1, 2005 – June 30, 2007)	None	72	35.5%	74	56.5%
	One	63	31.0%	31	23.7%
	Two	34	16.7%	11	8.4%
	Three	14	6.9%	3	2.3%
	Four	7	3.4%	3	2.3%
	Five or more	13	6.4%	9	6.9%
	Total	203	100.0%	131	100.0%

*Includes children in placement prior to the study period who were in a licensed or unlicensed home as of July 1, 2005. Also includes children who entered care after July 1, 2005, whose first placement was in a licensed or unlicensed placement.

D. Reasons for Child Placement Changes

Case readers recorded the reason for each placement if it was available in the case file. Table 10 below examines reasons for placement changes. It describes instances in which the child's behavior or the child's problems with foster parents or other children in the home caused at least one placement change.²³ It also indicates when child abuse or neglect in placement was stated as a cause. This includes abuse or neglect by other children in the home, foster caretakers, and the child's parents. Abuse or neglect was cited as a placement change reason for 3.7% of the 460 children in the sample. Conflict with the foster parent or another child in the foster home

²³ This study did not determine whether the DHS supports to the foster placement or DHS services to the child were adequate to address and stabilized the behavior without the need for a placement change.

was noted for ten (2.2%) of the sample, and problems with the foster family for 26 (5.7%) of children in the study. The sample child’s behavioral problems (including AWOL, runaway, and arrest) was the reason most frequently recorded by case readers; 100 (21.7%) of the children had at least one placement terminated for this reason.²⁴ Other reasons for placement changes were typically related to changes in permanent planning status (e.g., placement with a parent, adoptive home, or relative; independent living; residential care; or other reasons). Reasons for placement change for 29 (6.3%) children were not in the case file.

Table 10		
Reasons for Placement Change		
(N = 460)		
	N	%
Child Behavioral Problems, Problems with Foster Family, or Abuse/Neglect in Placement		
Child’s behavior (including runaways)	100	21.7%
Problems with foster family	26	5.7%
Abuse or neglect (by other children, foster parents, or birth parents)	17	3.7%
Conflict with other children or foster parents	10	2.2%
Change in Status		
Placed in parent, relative, or adoptive home	139	30.2%
Placed in independent living	15	3.3%
Place in residential care	51	11.1%
Other reasons	108	23.5%
Not documented	29	6.3%

*Other reasons include arrest and other, unspecified reasons.

E. Placement with Siblings

For children in out-of-home placement, Michigan policy and legislation stipulates that “Brothers and sisters are entitled to be placed together.” Further, when separated, “relationships between siblings must be maintained by a detailed plan of visits, phone calls, and letters.” (CFR 772-8C and RFF 67.)

²⁴ This study did not determine whether the DHS supports to the foster placement or DHS services to the child were adequate to address and stabilize the behavior without the need for a placement change.

To measure compliance with the above standards, sample children with siblings in out-of-home care during the study period were identified. In total, there were 364 children with siblings in out-of-home care at some time during the study period. Specific types of placements in which placement with siblings could not be expected (e.g., group homes, residential treatment facilities, detention centers, hospitals, etc.) were eliminated from the analysis. The results for remaining placements are presented in Table 11. A total of 126 children in the sample (34.6% of 364 children with siblings in care) were always placed with all of their siblings. An additional 67 (18.4%) children were placed with all siblings on some occasions, but not others. Over 75% of sample children were placed with one or more siblings on at least one occasion. Nearly one quarter of sample children (24.5%) were never placed with a sibling.

Children Placed with Siblings*								
	Always		Sometimes		Never		Total	
	N	%	N	%	N	%	N	%
Child placed with ALL SIBLINGS	126	34.6%	67	18.4%	171	47.0%	364	100.0%
Child placed with at least one sibling	223	61.3%	52	14.3%	89	24.5%	364	100.0%

*Figures do not include placements in group homes, residential treatment centers, detention, jail, or hospitals.

There are many reasons why siblings are not always placed together, ranging from the difficulty of keeping large family groups together (16% of the sample children had four or more siblings in out-of-home care) to the special needs of individual children that cannot all be met in a single placement. When siblings are not placed together, workers are required to document the reasons for separating them (to assure that the reason reflects good practice rather than mere space availability). Available documentation showed that efforts had been made to keep brothers and sisters together for 36% of these cases. In 64% of cases in which siblings were not placed with one another, readers did not find any documentation that there were efforts made to keep them together.

F. Screening for Safety in Relative Placements

A total of 180 children were placed with relatives (although some, as noted earlier, were in other living arrangements) as of June 30, 2007. Most were in unlicensed homes. When a home has not been subjected to the licensing process, other basic screening is needed to ensure the home is safe. In Michigan, workers are required to conduct a criminal history check and to determine if any adult in the home is on the state’s child abuse/neglect central registry (CFR 722-9B 2007-006; CFR 722-3). As illustrated below, criminal history background checks were conducted for the relatives of 117 (65.0%) of 180 children, and the central registry was checked in 116 (64.4%) cases. Formal safety assessments were conducted for 48 (26.7%) of 180 cases. Safety assessments, although not required by Michigan policy, are highly recommended before children are placed in out-of-home settings and clearly seen as valuable by some Michigan staff. Protocols and training for assessing safety in foster care settings have been developed and distributed by several national organizations including the National Resource Center for Child Protective Services.

Table 12						
Compliance with Safety Screening Requirements						
	Yes		No		Total	
	N	%	N	%	N	%
Criminal history check	117	65.0%	63	35.0%	180	100.0%
Central registry check	116	64.4%	64	35.6%	180	100.0%
Safety assessment*	48	26.7%	132	73.3%	180	100.0%

*Not required by Michigan policy.

Compliance rates which Michigan standards was approximately 65.0% for both criminal history and central registry checks. Failing to conduct these screenings leaves children vulnerable to potential maltreatment. Workers are also required to provide social histories to

relatives (CFF 722-3 10 2007-006; DHS-197). Compliance with this requirement was 50.6% (not shown in the above table).

G. Requirements for Psychological Assessments, Required Medical/Dental Exams, Immunizations, and Special Education

The following describes case compliance with requirements for psychological examinations, medical and dental examinations, and immunizations. It also describes information about children with special education needs. The information presented in this section reflects case status as of June 30, 2007.

As illustrated, the number of cases where these requirements are relevant varied substantially (see Table 13). For instance, under DHS policy, only MCI wards with severe sexual abuse, physical abuse, or mental illness require a psychological assessment. Of the 61 applicable MCI sample cases, 44, or 72.1%, received an assessment, while 17 (27.9%) did not. It should be noted that this standard is well below best practice standards advocated by CWLA and other national agencies. CWLA, for example, recommends that “standardized diagnostic mental health assessment be completed by a qualified mental health practitioner within 30 days of placement” for all children entering care (CWLA HC 2.7). The American Academy of Pediatrics (2002) recommends an even higher standard: foster children should receive assessments of their development and emotional status at least every six months through adolescence. COA (S21.5.02) standards require a mental health assessment on all children within 30 days of placement.

By comparison, in Michigan, the caseworker, rather than a mental health practitioner, assesses each child for emotional and mental health needs upon entry into care, and reassesses each child every three months. If these assessments, using a standardized assessment tool,

indicate a need for further evaluation, the child is, by policy, to be referred to a mental and/or emotional health professional.

Findings regarding psychological assessments, medical and dental examinations, and special education include the following:

- Among children who required at least one physical exam between July 1, 2005, and June 30, 2007, 59.4% received all those required, 18.0% received some of the required exams, and 22.6% had not received any. The standard is that a child must have a physical examination within 30 days after initial foster care placement and every 14 months thereafter (CFF 722-2, Foster Care Administrative Rules).
- A child over the age of four requires periodic dental examinations. All required exams were completed for 49.2% of the 299 children who required them. An additional 21.1% received at least some of the required exams, while 29.8% did not receive a dental exam. The standard is that a child age four and over must have a dental examination within 90 days of placement, unless the child has had an exam within the 12 months prior to placement, and annually thereafter, unless greater frequency is indicated (CFF 722-2, Foster Care Administrative Rules).
- Case reviewers found the child's medical record in the case file for 75.7% of the cases reviewed. No file could be located for 24.3% of the children. (See standard for medical passports.)
- Michigan requires that the child's medical passport be available and updated for all children. Case readers could not locate the passport in 49.3% of the sample cases reviewed. In 35.0% of cases, the passport was in the file but not updated as of June 30, 2007. In 15.7% of cases the passport was present and updated. The standard is that the supervising agency must maintain a medical passport for each child, which contains all medical information required by policy or law. The passport is to be provided to foster parents/relatives/unrelated caregivers (CFF 722-2, Foster Care Administrative Rules).
- Immunizations are required for all children in care and must be updated periodically. Though the majority (67.0%) of the children in the sample had received updated immunizations, 33.0% had not received them or documentation could not be found in the file to confirm immunization. The standard is that the supervising agency must ensure that each child is up-to-date with all immunizations (CFF 722-2, Foster Care Administrative Rules).
- Case readers identified 152 (33.0% of 460 sample cases) children who at some point had special educational needs. As of June 30, 2007, 75 (49.3%) of these children had an individual education program (IEP) in the file. A total of 77 (50.7%) of the 152 children with special education needs did not have an IEP

in the file. Approximately half (49.3%) of all children with a special education need identified received special education services in the current school year.

Table 13			
Medical, Dental, and Psychological Examination Requirements			
Requirement	Met Policy?	N	%
Received required physical exams? (July 1, 2005 – June 30, 2007)	None	102	22.6%
	Some	81	18.0%
	All	268	59.4%
	Total	451	100.0%
Received required dental exams? (July 1, 2005 – June 30, 2007)	None	89	29.8%
	Some	63	21.1%
	All	147	49.2%
	Total	299	100.0%
Were medical records in file? (As of June 30, 2007)	No	112	24.3%
	Yes	348	75.7%
	Total	460	100.0%
Was the medical passport in file and up to date? (As of June 30, 2007)	Not in file	227	49.3%
	In file, not updated	161	35.0%
	In file, updated	72	15.7%
	Total	460	100.0%
Child immunizations up-to-date? (As of June 30, 2007)	No	152	33.0%
	Yes	308	67.0%
	Total	460	100.0%
MCI ward received a required psychological assessment?	No	17	27.9%
	Yes	44	72.1%
	Total	61	100.0%

Table 14**Special Education Requirements**

Requirement	Met Policy?	N	%
Was child identified with special education needs?	No	308	67.0%
	Yes	152	33.0%
	Total	460	100.0%
If special education needs – child had IEP (or IEP was being developed)	No	77	50.7%
	Yes	75	49.3%
	Total	152	100.0%
If special education needs – has child received special education services in current year?	No	77	50.7%
	Yes (current or previous)	75	49.3%
	Total	152	100.0%

H. Compliance with Placement Requirements: Provision of Medical, Dental, and Educational Records to Caretakers in Applicable Placements

The tables below examine compliance with placement standards, such as placement near parents or the provision of the child's medical, dental, and educational records to caretakers. These data cover the period between July 1, 2005, and June 30, 2007, for all placements where standards were applicable. Caretaker access to the child's medical, dental and educational information is essential to service delivery efforts to address the needs of children in placement.

Not all children in the sample entered placements where a specific standard for providing information could be applied. For example, questions concerning the child's placement in a potential adoptive home cannot be evaluated in a group home, residential treatment center, jail, or hospital. In addition, children age four or older require periodic dental examinations but those under four do not. Consequently, children under four may not have dental records for workers to provide to a placement caretaker. The measures shown below reflect compliance with standards for sample cases with at least one placement applicable to the standard applied.

Because children often experience more than one placement where a standard is applicable, compliance can vary from 100% (i.e., full compliance with the standard in all applicable placements) to none (i.e., compliance in none of the applicable placements). Partial compliance indicates that standards were met for some but not all of the child's applicable placements (e.g., partial compliance can range from 1% to 99% of applicable placements). However, since sample cases averaged 2.6 placements during the study period, partial compliance generally means that standards were met in about 40% to 50% of placements.

Federal law requires that children be placed in close proximity to their parents (42 U.S.C. 675[5][A]) to facilitate visitation and reunification. National practice standards (CWLA FC 2.29) state that "Placement with foster families who live outside of the child's community should be avoided."

Certain cases were eliminated from the analysis, primarily those in residential care placements. For remaining cases, close proximity was defined as within 60 miles (approximately a one-hour drive) of a parent's home.²⁵ There was a high rate of compliance with this standard, despite problems often encountered in finding the right placement for a child within a community. The findings indicate that 366 (85.9%) of the sample children were located within 60 miles of their parents in all applicable placements, 31 (7.3%) children in at least some placements, and 29 (6.8%) children in none.

Child welfare practice encourages placement of children with caretakers who have the potential to become adoptive parents. Placement in group homes, residential treatment centers, jails, or hospitals were removed from the analysis, as were child placements with parents. This standard was met in all applicable placements in only 97 (29.9%) of 324 sample cases, and 53 (16.4%) of the 324 children were placed with potential adoptive parents in some of their placements. The 174 (53.7%) remaining children were not placed in a potential adoptive home at any time during the two-year study period.

Caseworkers are expected to provide the child's medical records to placement caretakers prior to the child's transfer. This standard applies to all placements with the exception of AWOL status. Full compliance was indicated for 184 (40.3%) of 457 children, and partial compliance for 83 (18.2%) children. Medical records were not provided in any applicable placement for 190 (41.6%) of 457 sample cases.

The standard for providing caretakers with the child's medical passport is identical to that for medical records, but compliance with the medical passport requirement is lower. It was provided to caretakers in every applicable placement in 41 (9.0%) of 457 sample cases. Partial compliance was noted for 30 (6.6%) of cases, but 84.5% (386 of 457 children) had no placement in which the medical passport was provided to their caretaker.

²⁵ Case readers consulted a map to determine if placement was within 60 miles. The use of 60 miles is in the opinion of CRC, a liberal interpretation of "close proximity" especially in an urban area where traffic volume can result in considerably longer travel time. It takes into account difficulties often encountered in finding a suitable placement in the community where the family resides.

The provision of dental records to placement providers applies to children age four and older for placements other than AWOL. In 25.1%, or 87 of 347, cases that met this criteria, the child’s placement providers received these records in every applicable placement, and partial compliance was found for 54 (15.6%) cases. In 59.4% (or 206) of the 347 cases, dental records were not provided in any applicable placement.

The provision of educational records applied to 315 children. In 101 (32.1%) of 315 cases, the child’s educational records were provided to all foster parents. In an additional 48 (15.2%) of 315 sample cases, records were provided for some, but not all, placements. Educational records were not provided in any applicable placement for 166 (52.7%) of the 315 children.

Provision of the IEP educational record is applicable only if the child has one available. In 102 (67.1%) of the 152 cases with an IEP (at any point in time while in placement), the child’s placement providers received it in every applicable placement; in an additional 17 (11.2%) of 152 sample cases, there was partial compliance with this requirement. The IEP record was not provided in any applicable placement for the remaining 33 (21.7%) of 152 children with an IEP.

Table 15								
Compliance with Placement Requirements								
	Never		Partial		100%		Total	
	N	%	N	%	N	%	N	%
Placed in potential adoptive home	174	53.7%	53	16.4%	97	29.9%	324	100.0%
Medical record provided to placement	190	41.6%	83	18.2%	184	40.3%	457	100.0%
Medical passport provided	386	84.5%	30	6.6%	41	9.0%	457	100.0%
Dental records provided	206	59.4%	54	15.6%	87	25.1%	347	100.0%
Educational records provided	166	52.7%	48	15.2%	101	32.1%	315	100.0%
IEP provided	33	21.7%	17	11.2%	102	67.1%	152	100.0%
Placed less than 60 miles of parents ²⁶	29	6.8%	31	7.3%	366	85.9%	426	100.0%

²⁶ Good case practice calls for placing children close to their homes to facilitate visits and to maintain community relationships. There is no specific standard defining “close;” data were collected on those placed within 60 miles (approximately one hours driving time) of their home.

I. Transfers to New School Due to Placement Change

There were 281 children who were school aged and should have been enrolled in school at some time during the two-year study period. School records were found for 263 of these children (records for 18 children could not be located in the case file or the child was not enrolled). Of these, 91 (34.6%) children had to transfer to another school due to a change in placement. There were 49 (18.6%) children who changed schools one time; 28 (10.6%) children changed schools twice; nine (3.4%) children experienced three school changes; and there were five (1.9%) children who transferred to a new school four times during the two-year study period due to placement changes. Note that results should be interpreted with caution, as a substantial amount of information was missing from case files (see Table 16).

Number of Changes Per Child	N	%
None	172	65.4%
One	49	18.6%
Two	28	10.6%
Three	9	3.4%
Four	5	1.9%
Total	263	100.0%

Note: School records were found for 263 of 281 school-aged children. School aged reflects children in kindergarten through twelfth grade.

Enrollment in the new school was delayed for 14 (15.4%) of the 91 children; there was no delay for 51 (56.0%) children; and enrollment delays could not be determined for 30 (33.0%) children due to a lack of information in the case file. Case readers were able to locate the number of days of school that children missed for seven of the 14 children who experienced an enrollment delay due to a change in placement. The number of missed school days ranged from

five to 30. On average, these seven children missed 14 days of school when transferring to a new school because of a change in placement.

J. Post-secondary Assistance

There were 129 children who were eligible to attend high school during the two-year study period. Twelve of these children earned a high school diploma and three earned a GED; 80 were still in high school as of June 30, 2007; and there was not enough information in the case file to determine whether or not the other 34 children remained enrolled or had graduated. However, 24 of these children were under age 18, so many of them could have been enrolled in school. Six of the 15 children who graduated from high school (or earned a GED) enrolled in a post-secondary institution such as a college or trade school. Evidence in the case file suggested that the department assisted four of these children with a college or trade school application.

K. Denial and Appeal of Requests for a Determination of Care Supplement for Sample Children

The social worker or foster parent may request a determination of care (DOC) supplement to the standard foster care reimbursement paid to the placement provider to care for children with documented special needs (based on an assessment). A DOC supplement is paid at a level one (lowest) to a level four rate based on the child's assessed need for special care. An initial DOC request can be made immediately after a child enters foster care. Once a DOC supplement is granted, a continuation request must be submitted every six months. Continuation requests may ask for a higher or lower DOC level than was previously received.

The DHS may deny, grant, or modify requests for an initially granted DOC or a continuation (modifications can be to a higher or lower DOC level). The foster parent may appeal decisions to modify or deny a request. The findings below describe DHS approvals,

denials, and modifications of DOC requests and the appeal of the DHS decision for the period between July 1, 2005, and June 30, 2007.

At least one DOC request was processed for 138 (30.0%) of the sample children. Note that a child could have multiple requests denied, modified, or granted. The majority (72.5%) of the 138 children for whom a DOC request was made had all of them granted. In other words, the DOC level was approved at the level requested. The DHS review process denied at least one request for 24 (17.4%) of the 138 sample children, and at least one request was modified for nine (6.5%) of the 138 children.²⁷ In nine (6.5%) cases the DHS review decision was not known.

Only six appeals of DHS denial or modification decisions were recorded in the case files; all of these were for different children. Of these, three families were successful in obtaining the DOC level they requested. In two appeals, the DHS decision was upheld (both asked for an increase to an existing DOC level). The results of the other two appeals were not found in the files.

²⁷ There were four modified requests for one child, two modified requests for two children, and the DOC supplemental request was modified one time for six children, for a total of 14 modifications. DHS approved a lower-level DOC supplement than the one requested in 12 of the 14 requests. DHS decision was not recorded for two requests.

Table 17			
Determination of Care Requests			
		N	%
Determination of Care Requested (N = 460)	No	322	70.0%
	Yes	138	30.0%
DHS Review Outcomes* (n = 138)			
Granted		100	72.5%
One, two, or three denied		24	17.4%
One, two, or four modified		9	6.5%
Decision unknown		9	6.5%
Determination of Care Decision Appealed? (n = 138)	No	132	95.7%
	Yes	6	4.3%
Result of Appeal (n = 6)			
Determination of care level requested was granted		3	50.0%
Modification/denial upheld		2	33.3%
Unknown result		1	16.7%

*Cases may have included more than one request. Therefore, more than one outcome was possible for each case.

L. Denial of Requests for a Residential Care Placement for Sample Children

Case readers were asked to record each request for a residential placement of the sample child during the period between July 1, 2005, and June 30, 2007. The decision made by DHS to grant or deny each request was also captured. At least one request was recorded for 37 (8.0% of sample) children, and ten of these cases had multiple requests in their file. Only one denial was noted, and one request was pending a decision.

Requests for Residential Care			
		N	%
Request for residential care?	No	423	92.0%
	Yes	37	8.0%
	Total	460	100.0%
DHS Decision (n = 37)			
Granted		35	94.6%
Denied		1	2.7%
Pending decision		1	2.7%

There were ten cases with multiple requests whose collected data did not permit any analysis of why multiple requests were made. They could constitute perceived need for residential care at different points in time, or could represent requests that were denied one or more times, but later granted.

IV. WORKER CONTACT WITH CHILDREN, CARE PROVIDERS, AND PARENTS

A. Worker Contacts during the First Month

The first month in foster care can be particularly difficult for parents, children, and foster care providers. Parents may need extra support to understand the circumstances surrounding the removal; children may find the first month difficult as they adjust to being separated from their families; and foster care providers require (and deserve) additional contact with the worker to share information about the child's adjustment and needs. This is a period in which important relationships are initiated, and practitioners emphasize the importance of the period immediately following removal (see for example, Child Information Welfare Gateway, 2006). The following section describes contacts between workers and children, workers and care providers, and workers and parents during the first month.

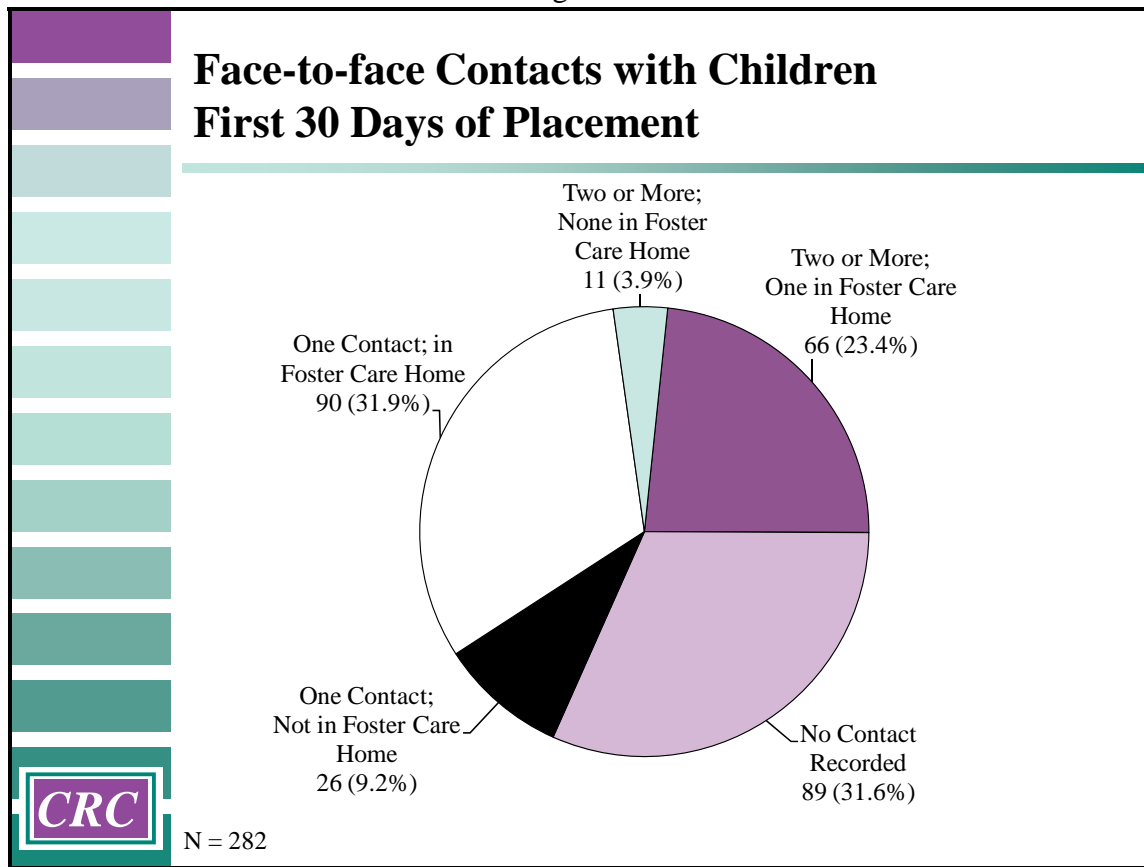
1. Children

Michigan policy requires that workers make two face-to-face contacts with the child in the first 30 days, and one of those contacts is to be in the foster provider's home (CFR 722-6, CFB 2007-006). National standards state that agency social workers should be available to "help children in their care cope with the effects of separation from their parents and other family members. Dealing with separation and loss is pivotal to the casework help that children in placement must receive to counter the trauma of separation" (CWLA 2.37).

National practice standards (CWLA FC 2.35) also direct social workers to provide information to children about the move, including "an emergency plan with the child in the event the child should need the immediate help of the social worker." COA standards (S21.4.02) require that the agency social worker meet "privately with the child to conduct a preliminary assessment within the first 72 hours of the child's initial placement or any subsequent replacements [and] [conduct] a complete assessment within 45 days."

The Michigan standard was met for 66 (23.4%) of 282 children entering care during the study period.²⁸ Eleven (3.9%) additional cases had two contacts recorded but no home visit. In 90 of 116 cases (77.6%) one contact was made and it was in the foster care home and in 26 cases (9.2%) the worker made a contact but did not visit the foster home. In 89 (31.6%) cases, there were no contacts documented in the first month of care. In total, of 282 cases entering care in the study period, workers visited 55.3% of children in the providers' homes during the first month in care. Workers did not visit the other 44.7% of children in the placement home.

Figure 5



²⁸ There were 284 children who entered care between July 1, 2005 and June 30, 2007. Of those, two children were out of state and did not require any worker contact.

2. Foster Care Providers

Michigan has no increased requirements for the worker to meet with the foster care provider during the child's first month in care. However, this is a practice area that Michigan may wish to review. As noted earlier, national organizations have stressed the importance of this period of transition, and call for increased contact in the first thirty days to ensure that providers have the information, skills, and support needed to provide the appropriate level of care. CRC first applied a standard of one contact per month and then examined foster care provider contacts during the first month using the same standards applied to children and parents (two contacts, at least one of which is in the home). In 58.8% of applicable cases, workers documented at least one contact with foster parents (or other providers) during the first month of care. Of the 277 children who entered care between July 1, 2005 and June 30, 2007, and required care provider contacts; workers saw foster parents at least twice and at least one of these contacts occurred in the home for 57 (20.6%) children. An additional three (1.1%) of the 277 cases included two contacts, but neither was in the care provider's home; 103 (37.2%) included one contact (91 of which were in the placement home); and 114 (41.2%) cases included no care provider contact during the first month of placement.

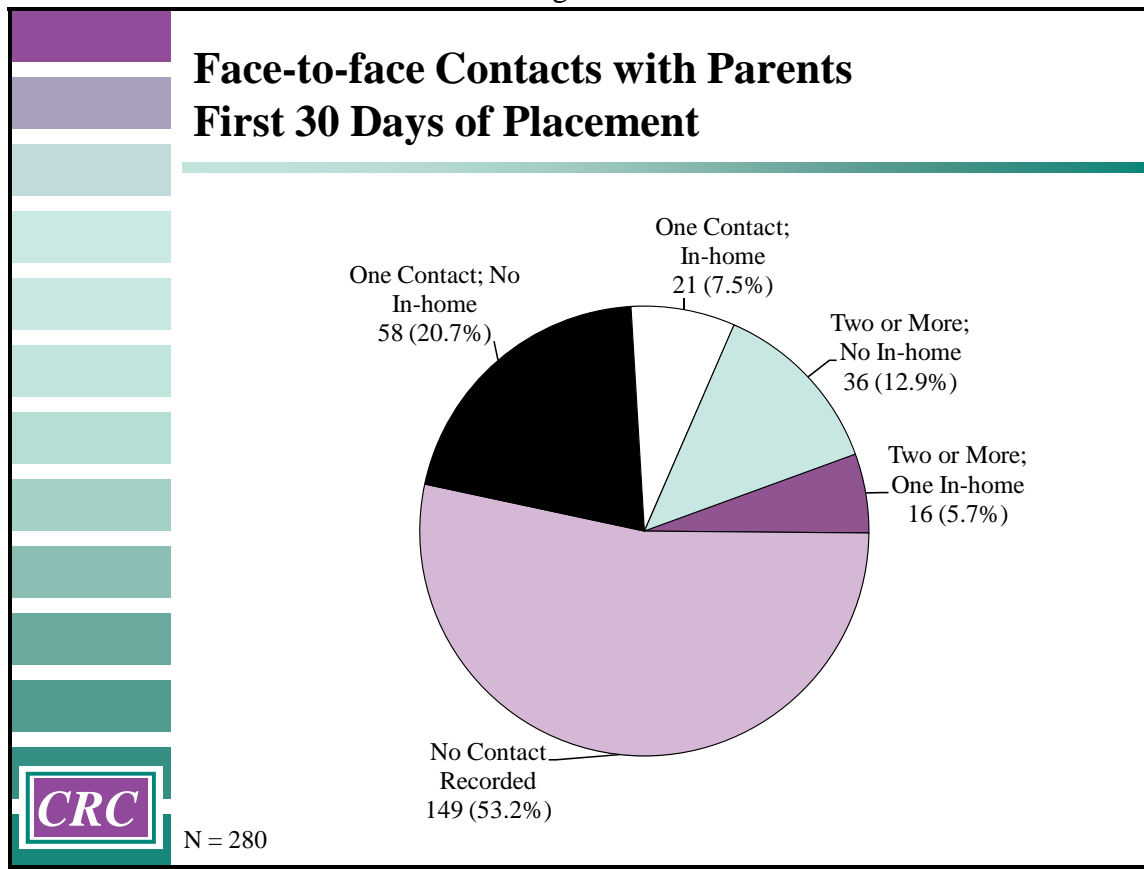
3. Parents

Michigan policy requires that the worker see each parent twice during the first month that the child is placed in out-of-home care. At least one of these contacts must be at the parent's home (CFR 722-6, CFR 2007-006).

There were 284 children (of 460 in the sample) who entered out-of-home care between July 1, 2005, and June 30, 2007. Worker contact with the parent(s) was required during the first

month of care for 280 of these children.²⁹ In only 52 (18.6%) of these cases, workers saw each parent two or more times during the first month a child was in out-of-home care. Few of these contacts occurred in the home: in only 16 (5.7%) cases did worker contact include a home visit. Workers made a single contact with parents in the first month for 79 (28.2%) of applicable cases; this included 21 (26.6%) home visits. In 149 (53.2%) cases, there were no contacts with parents during the first month of care.

Figure 6



²⁹ In four of the 284 cases in which the child entered care after July 1, 2005, the child was a permanent ward during all months in care. Therefore, worker contact with parents was not required.

B. Ongoing Worker Contacts

1. Children

Michigan policy is that the worker must see the child at least one time per month, with the contact in the placement home at least every other month (CFF 722-6, CFB 2007-006).

On average, child contacts were made in 74.0% of months required; home visits were done, on average, 63.1% of the time. Table 19 provides the average number of months in which the worker met face to face with the child over the course of the study period.

Table 19	
Average Percentage of Months with Worker Face-to-face Contact with Child Requirements Met July 1, 2005 to June 30, 2007 (N = 458)	
Person Contacted	%
Child	74.0%
Child at the placement site	63.1%

Table 20 presents additional data on child contacts throughout the two-year study period.

As illustrated, the worker met with the child every month in 20.3% of cases.³⁰

Table 20														
Face-to-face Contact by Workers between July 1, 2005, and June 30, 2007														
Type of Face-to-face Contact	Percent of Months Required Contact Made												Total	
	None Recorded		0.1 – 24.9%		25.0 – 49.9%		50.0 – 74.9%		75.0 – 99.9%		100.0%			
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Child contacted	10	2.2%	18	3.9%	35	7.6%	124	27.1%	178	38.9%	93	20.3%	458	100.0%
Child contacted in placement	17	3.7%	32	7.0%	79	17.2%	143	31.0%	142	31.0%	46	10.0%	458	100.0%

³⁰ Michigan foster care workers are required to visit children in the placement setting at least every other month. The data presented in this table regarding child contact in placement does not represent the number of times the worker saw the child every other month. It is a count of the number of times the worker saw the child in the placement during all months. The number of times the every-other-month standard was met can be approximated by counting the number of times in which workers saw children in the placement 50% or more of applicable months. Of the 458 cases in which child placement contacts were required, 331 children were seen in the placement during 50% or more of the required months.

2. Foster Care Providers

National practice standards (CWLA FC 2.54, 2.55; COA S21.4.02, S21.8.05a) require that the agency social worker meet face to face at least monthly with the child’s foster caregivers. CWLA (FC 1.7) further requires that the monthly meetings with the caregiver must occur in the foster home. Practice standards (CWLA FC 2.54) state that the agency social worker and the foster parents “should work as partners for the safety and welfare of the children in care and as partners in assisting parents to meet the objectives in their service plans.” Social workers and foster parents should meet regularly “to review and assess the needs of children and the services they are receiving.”

Michigan policy is that the worker must have face-to-face contact with the care provider at least once per month in the placement home. Foster care provider contacts were made, on average, in 64.5% of applicable months. Care providers were seen at home, as required, on average, 58.6% of the time (see Table 21).

Table 21	
Average Percentage of Months Worker Face-to-face Contact with Care Provider Requirements Met July 1, 2005 to June 30, 2007 (N = 448)	
Person Contacted	%
Care provider	64.5%
Care provider at the placement site	58.6%

The percentage of months in which workers made face-to-face contacts during the study is illustrated below. Workers met with care providers during all required months in 14.3% of 448 cases, but saw care providers in the placement home during all months, as required by Michigan policy, in only 48 (10.7%) cases.

Table 22

**Face-to-face Contact by Workers
between July 1, 2005, and June 30, 2007**

Type of Face-to-face Contact	Percent of Months Required Contact Made												Total	
	None Recorded		0.1 – 24.9%		25.0 – 49.9%		50.0 – 74.9%		75.0 – 99.9%		100.0%			
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Care provider contacted	30	6.7%	35	7.8%	49	10.9%	126	28.1%	144	32.1%	64	14.3%	448	100.0%
Care provider contacted in home	35	7.8%	43	9.6%	79	17.6%	124	27.7%	119	26.6%	48	10.7%	448	100.0%

3. Parents

Michigan standards for worker contacts in the months following the first month of care require that workers see parents once per month and that the worker visit the parental home every three months (CFR 722-6, CFB 2007-006).

Table 23 presents a complete breakdown of contacts with parents, relative to agency requirements, for the entire study period.³¹ In over 50% of the study cases, there was no documentation of a home visit with the child’s parents during the study period. In 17.9% of the cases where face-to-face contacts were applicable, there was no documentation of contact with parents at all. All monthly contacts with parents were made in only 7.7% of cases.

Table 23

**Face-to-face Contact with Child’s Parent(s)
July 1, 2005 – June 30, 2007**

Type of Face-to-face Contact	Percent of Months Required Contact Made												Total	
	None Recorded		0.1 – 24.9%		25.0 – 49.9%		50.0 – 74.9%		75.0 – 99.9%		100.0%			
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Parents/caretakers contacted	70	17.9%	63	16.1%	80	20.5%	94	24.0%	54	13.8%	30	7.7%	391	100.0%
Parents/caretakers contacted in home	201	52.8%	96	25.2%	44	11.5%	24	6.3%	9	2.4%	7	1.8%	381	100.0%

³¹ This count represents the number of times the worker met with the parents/caretakers in the home, not the number of times the worker met with the parent/caretakers every third month. Therefore, it does not directly represent the Michigan standard for in-home parent contacts. The number of times that standard was met can be approximated by examining the number of cases in which workers met with parents/caretakers in the home in 33.3% or more of the required months. Of the 381 cases in which in-home parent contacts were required, contacts were made 33.3% or more of the months for 63 (16.5%) cases.

On average, parent contact standards were met in 42.9% of the applicable months over the two-year study period. Home visits were made in 14.3% of months (see Table 24).

Table 24	
Average Number of Months Worker Face-to-face Contact with Parents Requirements Met July 1, 2005 – June 30, 2007	
Person Contacted	%
Parent/caretaker (N = 391)	42.9%
Parent/caretaker at home (N = 381)	14.3%

The data presented above were adjusted to remove months in which contacts could not or need not be made, including any month after a TPR was filed. To further examine the validity of these findings, all cases other than those where return home was the goal as of June 30, 2007, were removed from analysis. As illustrated in Table 25, workers made slightly more contacts with these parents during applicable months. Parents/caretakers were contacted every month in 12.2% of cases in which return home was the goal versus 7.7% of all cases. There were also fewer cases among those with a return home goal on June 30, 2007, in which no parent contact was made (8.3% versus 17.9% of all cases). Even with this constricted view of parental visits, it is evident that Michigan failed to conduct the number of visits required.

Table 25														
Face-to-face Contact with Child's Parent(s) Cases with Return Home Goal as of June 30, 2007 July 1, 2005 – June 30, 2007														
Type of Face-to-face Contact	Percent of Months Required Contact Made												Total	
	None Reported		0.1 – 24.9%		25.0 – 49.9%		50.0 – 74.9%		75.0 – 99.9%		100.0%			
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Parents/caretakers contacted	13	8.3%	14	9.0%	29	18.6%	53	34.0%	28	17.9%	19	12.2%	156	100.0%
Parents/caretakers contacted in home	73	47.4%	50	32.5%	16	10.4%	10	6.5%	3	1.9%	2	1.3%	154	100.0%

In sum, both views of the data clearly illustrate that Michigan is falling far short of compliance standards to meet with the parents of children in care. For approximately 80% of these cases, home visits were made in less than one of every four months that a home visit was required. For 73 (47.4%) cases, there were no home visits documented. Working with parents is obviously critical to reunification efforts. Before returning a child, workers need to know if the family met case planning goals and that safety issues that led to removal have been resolved.

The failure to meet regularly with parents of children in care and with foster parents and children as required raises questions regarding the quality of case plans and services provided. Better monitoring of cases is needed to ensure the safety and well-being of children in care.

C. Worker Contact in Licensed vs. Unlicensed Homes

Table 26 compares worker face-to-face contacts with children and care providers when the sample child was in a licensed or unlicensed home as of July 1, 2005, or for children entering care after July 1, 2005, whose first placement was in a licensed or unlicensed home.³² Because children could move between licensed and unlicensed homes or between two or more licensed or unlicensed homes, only children who remained in one licensed or unlicensed home following their initial placement there were included. As illustrated, 57.0% (41 of 72) of children in licensed care were seen at least 75.0% of the time, whereas children in unlicensed care were seen far less frequently. Only 27 (37.5%) of 72 children in unlicensed care were seen by the workers at least 75.0% of the time.

³² Licensed homes included licensed relative homes and foster family homes (specialized and unspecialized). Unlicensed homes include unlicensed, in-state relative homes. There were two children placed with unlicensed relatives out of state for the entire period. Because contacts with care providers and the child in these cases would be difficult, they were dropped from the analysis.

Table 26

**Face-to-face Contact with Child and Care Providers
Sample Children in Licensed versus Unlicensed Placements
July 1, 2005 – June 30, 2007**

Type of Face-to-face Contact	Percent of Months Required Contact Made	Licensed		Unlicensed	
		N	%	N	%
Child in the foster home	None Recorded	1	1.4%	4	5.6%
	0.1 – 24.9%	1	1.4%	3	4.2%
	25.0 – 49.9%	10	13.9%	10	13.9%
	50.0 – 74.9%	19	26.4%	28	38.9%
	75.0 – 99.9%	29	40.3%	21	29.2%
	100.0%	12	16.7%	6	8.3%
	Total	72	100.0%	72	100.0%
Care provider in the foster home	None Recorded	1	1.4%	4	5.6%
	0.1 – 24.9%	1	1.4%	3	4.2%
	25.0 – 49.9%	12	16.7%	13	18.1%
	50.0 – 74.9%	20	27.8%	24	33.3%
	75.0 – 99.9%	25	34.7%	19	26.4%
	100.0%	13	18.1%	9	12.5%
	Total	72	100.0%	72	100.0%

V. VISITATION WITH PARENTS AND SIBLINGS

A. Parenting Time

Michigan policy states that parenting time between parents and their children who are in foster care must occur frequently prior to the initial disposition and at least weekly thereafter.³³ For the purposes of this report, parenting time during each month in which parent/child contact was required was considered in full compliance if four or more visits occurred.³⁴ Parenting time was defined as partial compliance if one to three visits were made during the month.³⁵ Finally, if no visits occurred between a parent and the child during a required month, parenting time was defined as none, or not in compliance at any level. Because a case could be in full, partial, or no compliance during different months throughout the life of the case, an overall compliance rate could not be calculated for each case. Rather, the analysis examines the number of months in which cases were in full compliance, partial compliance, and no compliance separately for each child.

Figure 7 shows the percentage of months in which cases were in full compliance, partial compliance, or not in compliance (i.e., there were no visits) with parenting time standards. As shown, the sample child visited his/her parent(s) at least four times a month during all required months in 38 (10.6%) of the 358 cases requiring parenting time.³⁶ Parenting time did not occur in any required months for 80 (22.3%) cases (i.e., parents did not visit their child at all while the child was in care). For the remaining 240 (67.0%) cases, CRC found partial compliance with

³³ Parenting time standards apply to any parent with legal rights to the child, whether the parent resides in the removal home or elsewhere. State of Michigan. (2007). Foster care—developing the service plan. *Children's Foster Care Manual* (pp. 7 and 9). CFF 722-6, CFB 2007-006.

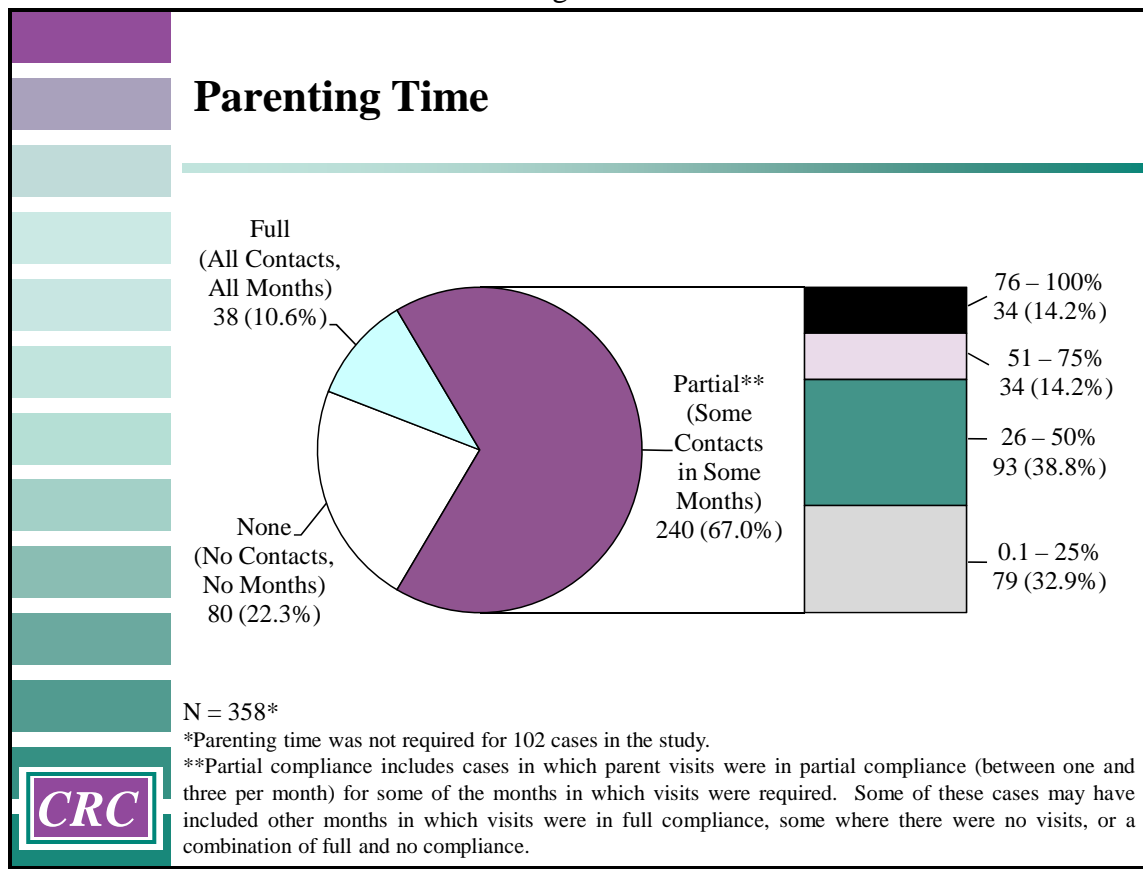
³⁴ Four visits per month was used as the standard for full parenting time compliance as there are approximately four full weeks in each month.

³⁵ Partial parenting time is defined as one to three visits during a particular month. Therefore, when a case included partial parenting time compliance during some months, the case may have included full compliance during some of the months and/or no compliance during other months.

³⁶ Parenting time was not required during months in which the child was AWOL, a permanent ward, had no legal parents, the parent(s) was incarcerated, the child was back in the removal home, the child was in an independent living placement, a TPR had been filed, the parent was in a drug rehabilitation center, visitation had been suspended, the parent(s) was deceased, or the parent(s) or child was out of state or out of the country. There were 102 cases in which these circumstances existed for the entire period between July 1, 2005 and June 30, 2007. These cases were removed from the analysis.

parenting time standards.³⁷ Of those in partial compliance, 34 (14.2%) of the 240 cases were in partial compliance 76 – 100% of required months, 34 (14.2%) cases were in partial compliance during 51 – 75% of required months, 93 (38.8%) were in partial compliance 26 – 50% of months, and 79 (32.9%) cases were in partial compliance during 0.1 – 25% of months in which parenting time was required.^{38, 39}

Figure 7



³⁷ Partial visitation on a monthly basis is defined as one to three visits between the parent and the child during that month. In aggregate, partial visitation defines cases in which the parent and child had partial visitation during some or all months in which parenting time was required. When partial visitation occurred during some months, the other required months may have been full compliance, no compliance, or a combination of full and no compliance. Partial compliance also includes cases in which the parent and child had full visitation (four times per month) during some months and no visitation during other months.

³⁸ The number of months that a case was considered in partial compliance was determined by dividing the number of months in which the parent(s) and child met one to three times per month by the number of required months. If the cases included months in which the parent and child met four or more times and months in which there was no parent/child contact, the rate of partial compliance was determined by dividing the number of months parenting time reached full compliance by the number of required months.

³⁹ Updated service plans (USPs), by policy, are to include documentation of parenting time compliance. While visitation plans were in place for the vast majority of cases, actual reasons visits were not made were seldom provided.

B. Sibling Visits

When siblings are not placed together, Michigan policy requires that contact be maintained through visits, phone calls, and letters. This reflects best practice as defined by CWLA, COA, and other standard-setting organizations. CWLA, for example, states “If siblings must be placed with separate foster families, frequent and regular ongoing contact between the children should be maintained” (FC 2.30). COA states that relationships between siblings should be maintained through “visits and shared activities” (S21.25d, S21.3.05b).

Analysis dealt strictly with face-to-face visitation, as accurate data on the frequency of phone calls and letters would be extremely difficult to obtain from files. While Michigan policy calls for “a detailed plan of visits, phone calls, and letters,” collecting data on phone calls and letters requires a level of documentation rarely found in files. There is no specific standard established for sibling visits in Michigan. For this analysis, CRC assumed a minimum expectation of one visit per month between siblings, although this expectation may be well below what CWLA intended in using the term “frequent contact.”

Of the 460 cases in the sample, 297 were eligible for sibling visits in at least one month between July 1, 2005, and June 30, 2007.⁴⁰ No visits with siblings were documented for 91 (30.6%) cases. At the other end of the spectrum, 90 (30.3%) children had at least one visit with one or more siblings recorded in every month such visits were possible. In total, sibling visits were held in at least half the months a sample child was in out-of-home care for 142 (47.8%) cases in which visits could be expected (see Table 27).

⁴⁰ Sibling visits were not possible if the child was AWOL, did not have any siblings, or was out of the state or country. Sibling visits were unnecessary when the siblings were placed together, and not recommended if one sibling perpetrated on another. For 163 sample cases, these circumstances existed during all months the child was in care and, therefore, these children were not eligible for sibling visits.

Table 27**Sample Child Visitation with Sibling(s)
July 1, 2005 to June 30, 2007**

Percent of Months Visit(s) Occurred	Visitation with Sibling (all or some)	
	N	%
None	91	30.6%
0.1 – 24.9%	32	10.8%
25.0 – 49.9%	32	10.8%
50.0 – 74.9%	29	9.8%
75.0 – 99.9%	23	7.7%
100.0%	90	30.3%
Total	297	100.0%

Note: There were 460 sample cases. Of those, 163 were not eligible for sibling visitation during any months. Those cases are not included in the analysis. Months when a child was AWOL, when all siblings were placed together, siblings were placed out of state, and other months when visits were not possible were also excluded.

VI. PERMANENCY PLANNING HEARINGS AND DISPOSITIONAL REVIEWS

A. Permanency Planning Hearings

Permanency hearings are required on an annual basis for children in care in the State of Michigan. However, CRC discovered that the DHS policy manual does not directly align with State of Michigan statutes regarding permanency planning and dispositional reviews schedules. State statute Section 712A.19a stipulates that a permanency planning hearing is required for all children within 12 months of the child's *removal* date.⁴¹ The DHS policy manual states that the permanency planning hearing must occur within 12 months from the date of the *original petition* (CFR 722-7, CFB 2007-006). While these dates would presumably be the same, this was true for only 41.5% of children in the sample.⁴² The following analysis is based on state statute requirements.

There were 288 children in the study sample who should have had one or two permanency planning hearings between July 1, 2005 and June 30, 2007. For more than half (176 or 61.1%) of these cases, two hearings were required by statute. In total, standards were met for 204 (70.8%) of the 288 children. Two hundred forty-three (84.4%) children had at least one hearing during the study period. There were 110 hearings that should have been held but were not. In 26 (14.7%) cases, two hearings were required, but none were conducted. Table 28 below presents a complete breakdown of findings.

Permanency Planning Hearings				
Number of Hearings Required	Number of Hearings Held			
	None	One	Two	Total
Children with one hearing required	19	93	n/a	112
Children with two hearings required	26	39	111	176

Note: Shaded cells indicated cases in which permanency planning hearing standards were met.

⁴¹ Probate Code of 1939, Act 288 of 1939, Chapter XIIA, Jurisdiction, Procedure, and Disposition Involving Minors, Section 712A.19a.

⁴² The petition date was the same as the removal date for 191 (41.5%) of 460 cases; placement occurred prior to petition in 117 (25.4%) cases; placement occurred after petition for 142 (30.9%) cases; and the petition date was not recorded for ten (2.2%) of the 460 cases.

B. Dispositional (“Quarterly”) Reviews

Dispositional reviews (referred to in Michigan as “quarterly reviews”) are required, in general, on a quarterly or semi-annual basis. CRC discovered a disparity between state statutes and the DHS policy manual regarding when dispositional reviews should occur. The policy manual states that “State law requires a dispositional review 91 days from the *original dispositional hearing* and every 91 days thereafter for a child(ren) that is placed and remains in foster care, as long as the child(ren) is subject to the jurisdiction, control or supervision of the court, or the Michigan Children’s Institute, or other agency.” The policy manual then describes exceptions for children permanently placed with a relative, in a permanent foster family agreement (PFFA), or in the family home (CFF 722-10, CFB 2005-008). State statutes (Section 712A.19, 712A.19c.), however, set a review schedule based on a combination of the child’s legal status and placement type, and in nearly all instances, requirements are based on the *removal* date—the exception is when the child is in the home. In those cases, the review is due 182 days from the *initial petition filing* date (not the original dispositional order date, as stated in DHS policy manual.) The following is based on the review schedule established by state statute.

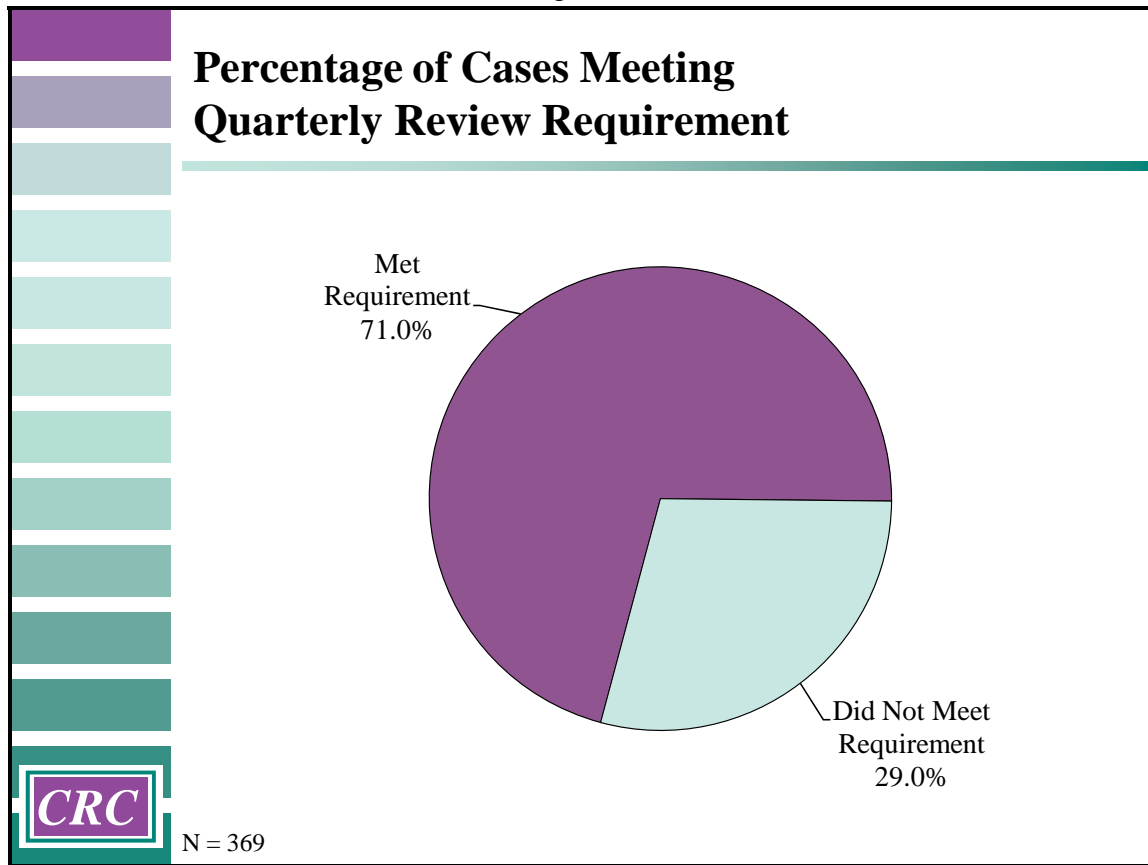
The number of dispositional reviews required was based on a combination of legal status, placement type, and time in care as described in state statutes. If the legal status was temporary court ward (TCW) as of June 30, 2007, the child was considered to be TCW for the entire time in care. Children for whom adjudication was pending were considered TCW. If a child was a state ward or a permanent court ward (neglect), the child was considered to be a permanent ward (PW) from the time the TPR was granted through June 30, 2007. If the child had been adopted, the child was considered PW for the time in care between July 2005 and June 2007. There were two non-court wards in permanent relative or PFFA placements who were subject to the applicable review schedule.⁴³

⁴³ These were children who initially entered the system as court wards, but were in a long-term placement without court jurisdiction as of June 30, 2007.

Review schedules for children whose status changed from TCW to PW between July 2005 and June 2007 were established based on the amount of time the child spent as a TCW and the amount of time the child was a PW. That is, the time from the most recent placement to the TPR date was considered time as a TCW and from the time of TPR through June 30, 2007, the child was considered a PW. (Note that the TPR must have been granted for both parents.) There were ten cases in which the TPR date was not available because it was not in the file or it was not explained. Because it was not clear when the child's status changed from TCW to PW, these ten cases were dropped from the analysis.

At least one dispositional review was required for 369 sample cases. For 262 (71.0%) sample cases, all required quarterly reviews were conducted. In 53 (14.4%) cases, half or fewer of the reviews required were conducted. Fourteen (3.8%) cases had no reviews completed. Overall, review requirements were met for 71.0% and not met for 29.0% of children (see Figure 8).

Figure 8



C. Concurrent Planning

When parental rights are terminated, the state is responsible for developing and implementing a new plan for permanency. In many cases, planning begins long before a petition to terminate parental rights is filed. In instances where there is any potential for adoption or long-term out-of-home care, many states engage in concurrent planning. Concurrent planning differs from the traditional approach of sequential planning currently used in Michigan. In sequential planning, one permanency plan is pursued at a time. A new plan is established only when all efforts to achieve the plan have failed. Concurrent planning allows the worker to pursue multiple permanency options for each child. That way, should the primary permanency plan prove untenable, an alternative plan has already been established and can be pursued.

As described by Katz, Robinson, and Spoonemore (1994):

Concurrent planning provides for reunification services while simultaneously developing an alternative plan, in case it is needed. The approach follows logically from family-centered practice, as parents are involved in decision making and are given candid feedback from their worker throughout the process. It depends on accurate assessment and culturally sensitive interviewing.

Michigan lags behind other states in utilizing a concurrent planning approach to permanency. Since the 1990s, practitioners and researchers have examined the benefits of using concurrent planning to shorten the length of time to reach permanency for children in foster care and most states (38 plus the District of Columbia) have enacted legislation addressing the issue of concurrent planning. Some of this legislation is general in nature, stating that agencies may initiate a plan. However, legislation in 14 states directs child welfare agencies to use concurrent planning (Child Welfare Information Gateway, July 2005.) A stronger policy on concurrent planning is currently under consideration by the Michigan legislature and the legislation is supported by DHS.

Evidence of concurrent planning was found in only 57 files, or 12.4% of the sample. This finding was not surprising since concurrent planning is not department policy.

D. Termination of Parental Rights

Termination of parental rights (TPR) had been filed in 234 (50.9%) cases in the study sample.⁴⁴ In total, 187 (79.9% of those filed) TPRs were granted by the court. An additional six cases were pending trial. The TPR order had been appealed in 40 cases. Of the 40 appeals, 25 (62.5%) of the TPR decisions were upheld, four (10.0%) were overruled, and four (10.0%) were still pending. In seven (17.5%) cases, the outcomes of appeals could not be determined.

Of the 187 children with a TPR, most (70.1%) had adoption listed as the permanency goal; the goal for 16 (8.6%) children was emancipation (independent living). For 27 (14.4%) children, the permanency plan goal was not recorded. A complete breakdown is presented below:

Table 29		
Permanency Plan Goals for TPR Cases		
Goal	N	%
Adoption	131	70.1%
Emancipation	16	8.6%
Placement with relative/guardian	6	3.2%
Permanent foster family	4	2.1%
Maintain own placement	3	1.6%
Not available	27	14.4%
Total	187	100.0%

In total, adoption represents nearly 82% of the known goals for cases where parental rights were terminated. Emancipation (independent living) accounts for 10% of known goals.

⁴⁴ This figure reflects TPR petitions filed on both parents and includes two cases where the court terminated parental rights but there was no DHS petition for TPR; four children whose parents released rights; and two children who had no parents.

Federal law requires that TPRs be filed when a child has been in out-of-home care for 15 months of any 22-month period unless a reason is documented to show TPR would not be in child’s best interest. The law was established to prevent children from languishing in foster care and to help ensure that permanent placements for children are established within a reasonable timeframe. Of the sample children, 213 (46.3%) met this condition. Of these, 156 (73.2%) cases had TPRs filed.⁴⁵

When a TPR is not filed after a child has been in placement for 15 of 22 months, the agency is required to provide justification. Of the 57 cases in which no TPR had been filed, justifications were found to support 27 (47.4%) of these decisions. Reasons for not filing ranged from the child being 14 years of age or older and refusing adoption to the current caretaker being unwilling to adopt (see Table 30).

Table 30		
Reasons for Not Filing a TPR Child in Care 15 of 22 Months		
	N	%
Child is 14 or older and refuses adoption	9	15.8%
Child custodial and treatment services not completed	3	5.3%
Child 18 or older	2	3.5%
Supervising agency did not provide services to make reunification possible	1	1.8%
Appropriate relative/non-relative caregiver will care for child, no adoption	1	1.8%
Other	11	19.3%
Not in file	30	52.6%
Total	57	100.0%

In total, 30 cases (14.1% of 213 children in care for 15 of 22 months) had no TPR filed and there was no documentation available to support the decision for not filing for termination of

⁴⁵ Includes one child whose parents had released him/her; two children for whom a TPR was granted but no DHS petition was filed; and one child who had no parents.

parental rights. There were an additional 72 cases in which TPRs were filed before the child reached the milestone of 15 of 22 months in out-of-home care.⁴⁶

⁴⁶ Included two cases in which parents released rights. There was one case in which parents released the child and one case in which the child had no parents. There were four cases in which readers were unable to determine if the child had been in care for 15 of 22 months. These six cases are not included.

VII. ALLEGED CHILD ABUSE OR NEGLECT IN CARE

A. Formal Investigation and Substantiation of Child Abuse or Neglect of Sample Child

Investigations of the sample child's parents or placement provider for abuse or neglect of a sample child during the placement episode are described in Table 31. Incidents were split into two categories. One category describes child abuse or neglect (CA/N) allegations involving individuals in the care providers' homes and the other describes allegations involving the parental home.

In 27 (5.9%) sample cases, alleged CA/N in a placement provider's home or facility was investigated. Four (0.9%) of these investigations were substantiated. No child was substantiated in more than one placement. In all four instances where an allegation was substantiated the perpetrator was identified as a placement provider. In three of the four substantiated incidents, the child was removed from the placement. Action taken by investigators in one substantiated case could not be determined from information contained in the case file.

A parental home of 22 (4.8%) sample children was investigated for abuse or neglect. Abuse or neglect was substantiated for six children, or 1.3% of the sample. One child was substantiated in a parental home on two separate occasions. Action was taken by investigators (e.g., removal of the child or implementation of a corrective action plan) in all six substantiated incidents. The incidents could have occurred during visitation, when the child was returned home for a period to maintain family ties and facilitate eventual reunification, or during an attempt at reunification. Some reports of abuse or neglect that occurred prior to removal were reported and investigated subsequent to removal. These could be included in this total because the investigation fell within the timeframe analyzed.

The current federal measure (CFSR) for abuse/neglect of children in foster care provides that the rate recorded in a given year should not exceed 0.32% (Federal Register, 2006). This measure represents the number of abuse/neglect substantiations in a given year where a care

provider was the perpetrator divided by the total number of children in care during that year. In calendar year 2006, 377 sample children were in out-of-home care for at least some portion of the year. Three of these children were maltreated by care providers in 2006, a rate of 0.8%.

Although reported maltreatment at the hands of providers is rare in Michigan, it occurred at 2.5 times the federal standard for sample children in 2006. Maltreatment rates in all jurisdictions that submit data to the federal government ranged from 0.0% to 1.41% in 2004 (the last year published). The rate calculated for sample cases in 2006 is in the upper half of this range, well above the CFSR standard and the median rate reported for all jurisdictions, 0.52% (Federal Register, 2006). However, it should be noted that there is an extremely low rate of substantiated maltreatment in foster homes reported in Michigan and nationally. It is CRC's position that the federal measure of CA/N in care is far from optimal. It is cited here only because it is the accepted measure at this point in time. The combination of the extraordinarily low base rate and small annual fluctuations in the numbers recorded can move a state into or out of compliance with this standard.

Michigan reported the following rates of substantiated maltreatment of children in care for the years 2003 through 2006: 0.40% in 2003, 0.32% in 2004, 0.12% in 2005, and 0.20% in 2006.⁴⁷ A mere 0.2% change in the rate of maltreatment represents as much as a 167% change viewed in relative terms. With rare events such as maltreatment in care, any sampling strategy utilized can seriously overestimate (or underestimate) the rate at which maltreatment occurs in the general foster care population. Furthermore, CRC believes there are serious issues with the way abuse and neglect rates are computed for ACF that also make comparisons between years and between jurisdictions problematic. Therefore, extreme caution should be exercised in drawing conclusions from differences between the federal threshold (0.32%) and maltreatment rate for sample cases (0.80%).

⁴⁷ Child and Family Services Review, 2003 – 2006.

Table 31		
Abuse/Neglect Complaints Involving the Sample Child Investigated While the Child was in Out-of-home Care		
Allegations/Substantiations	N	%
Allegations involving individuals in the foster home (N = 460)	27	5.9%
Substantiated	4	0.9%
Action taken (i.e., child removed) (n = 4)	3	75.0%*
Allegations involving parental home (N = 460)	22	4.8%
Substantiated	6	1.3%
Action taken (n = 6)	6	100.0%

Note: In one case, it could not be determined if corrective actions were initiated.

In every case where data were available, DHS took corrective action following a substantiated incident of abuse neglect of a child in care.

B. Formal Investigation and Substantiation of Child Abuse or Neglect for Other Child(ren) in Same Placement as the Sample Child

In addition to identifying children in the sample who were alleged victims of abuse/neglect while in out-of-home care, case readers also collected information on allegations involving other children living in the same placement as the sample child. If the alleged perpetrator was a parent/caretaker of the alleged victim, it was considered an incident in the parental home. If the alleged perpetrator was the placement provider (foster parent or residential staff member), another adult in that household, the sample child, or another child in that household, it is referred to as allegations involving individuals in the foster home.

Abuse/neglect allegations involving another child in the sample child's placement were found in 33 (7.2%) cases. The alleged victim was a foster care provider's child in six (1.3%) cases, another foster child in 29 (6.3%) cases, and another child in the home for six (1.3%) cases (not shown).

As illustrated in Table 32 below, an investigation of alleged abuse on another child in placement with a sample child was conducted on a care provider in 11 (2.4%) sample cases.⁴⁸ Allegations of abuse by a care provider were substantiated in two (0.4%) sample cases. Investigators initiated protective action(s) in both of the cases in which allegations of CA/N by a care provider were substantiated.

A family member of the alleged victim was investigated for CA/N in 20 (4.3%) sample cases. The investigation of the family member was substantiated seven times, affecting 1.5% of sample children. Corrective action (removal of child[ren] or implementation of a corrective action plan) was taken in four (57.1%) of the seven cases; no corrective action was taken in three (42.9%) cases.⁴⁹

Table 32		
Abuse/Neglect Complaints Involving Other Children Investigated While the Sample Child was in Out-of-home Care*		
Investigations/Substantiations	N	%
Investigations involving individuals in the foster home (N = 460)	11	2.4%
Substantiated	2	0.4%
Action taken (n = 2)	2	100.0%
Investigations involving parental home (N = 460)	20	4.3%
Substantiated	7	1.5%
Action taken (n = 7)	4	57.1%

*In two cases, there were investigations in the foster home and in the parental home.

C. Sample Child Alleged Victim of Child Abuse or Neglect – No Formal Report to CPS

Case file narrative suggested that eight (1.7%) sample children were victims of CA/N while in foster care but the allegations were not formally reported to CPS. A parent/family member was named as the perpetrator in two (25.0%) cases, a care provider was the alleged

⁴⁸ There were two cases in which the alleged incident was not investigated, and there were two cases in which CA/N allegations involved someone other than the care provider or parent. These are not included in the analysis.

⁴⁹ In one of the cases in which no corrective action was taken, the complaint was made on a foster child's father after the child was placed in foster care with the sample child. Therefore, the abuse did not occur in the placement home.

perpetrator in four (50.0%) cases, and the alleged perpetrator was unknown in two (25.0%) cases.

The source of information for two alleged incidents was the sample child. The source for two other alleged incidents was the foster care worker. A foster care worker and sample child were both sources for one case, and the source was other/unknown (unspecified) in three cases.

The alleged CA/N incidents noted in the case file but not formally reported to CPS included the following: one allegation of deplorable housing, one extremely dirty foster home, two alleged incidents of physical abuse, and four alleged incidents of sexual abuse by adult(s) while in placement.

Table 33			
Alleged Incident of CA/N for Sample Child in Case File Not Formally Reported to CPS			
		N	%
Alleged CA/N incident not formally reported	Yes	8	1.7%
	No	452	98.3%
	Total	460	100.0%
Alleged perpetrator	Family/relative	2	25.0%
	Care provider	4	50.0%
	Other/unknown	2	25.0%
	Total	8	100.0%
Source of allegation	Sample child	2	25.0%
	Worker/worker observation	2	25.0%
	Sample child and worker	1	12.5%
	Other/unknown	3	37.5%
	Total	8	100.0%
Allegation	Deplorable housing	1	12.5%
	Extremely dirty foster home	1	12.5%
	Physical abuse	2	25.0%
	Sexual abuse*	4	50.0%
	Total	8	100.0%

Note: Includes sexual abuse by other adults in placement, a friend of the child's mother, an older sibling, and another foster child in the sample child's placement.

It is important to note that these incidents were not investigated and therefore not subjected to the level of scrutiny required to determine if the allegations were supported. In three instances, however, the source of the information was the assigned social worker and all were deemed important enough to be included in case narrative.

D. Other Child Victims of Child Abuse or Neglect – No Formal Report to CPS

Information in case files suggested that a child who was in placement with a sample child may have been a victim of CA/N, but there was no formal report of the incident to CPS. There were six (1.3% of sample) incidents of this nature found in files. The alleged victims were a foster care provider's children in three (0.7%) cases and other foster children in three (0.7%) sample cases.

The alleged perpetrator of the incident was a family member/relative in two (33.3%) of the six cases, another child in the placement in one (16.7%) case, the sample child in one (16.7%) case, and unidentified in two (33.3%) cases. In two cases, the information in the file was based on observations of the foster care worker. The source for the other four incidents was not specified. The alleged CA/N incidents included the following: one allegation of deplorable housing, two alleged incidents of physical abuse, and two alleged incidents of sexual abuse (see Table 34).

Table 34			
Alleged Incident of CA/N in Case File for an “Other” Child in Placement Not Formally Reported to CPS			
		N	%
Alleged CA/N incident not formally reported	Yes	6	1.3%
	No	454	98.7%
	Total	460	100.0%
Alleged CA/N incident involved foster care provider children	Yes	3	0.7%
	No	457	99.3%
	Total	460	100.0%
Alleged CA/N incident involved foster children	Yes	3	0.7%
	No	457	99.3%
	Total	460	100.0%
Alleged CA/N incident involved other children in the placement home	Yes	0	0.0%
	No	458	99.6%
	Unknown	2	0.4%
	Total	460	100.0%
Alleged perpetrator	Family/relative	2	33.3%
	Other child in placement	1	16.7%
	Sample child	1	16.7%
	Other/unknown	2	33.3%
	Total	6	100.0%
Source of allegation	Worker/worker observation	2	33.3%
	Other/unknown	4	66.7%
	Total	6	100.0%
Allegation	Deplorable housing	1	16.7%
	Physical abuse	2	33.3%
	Sexual abuse*	2	33.3%
	Total	6	100.0%

Note: Includes sexual abuse by the sample child’s uncle and another foster child in the sample child’s placement.

VIII. SERVICE PLANS

A. Completion

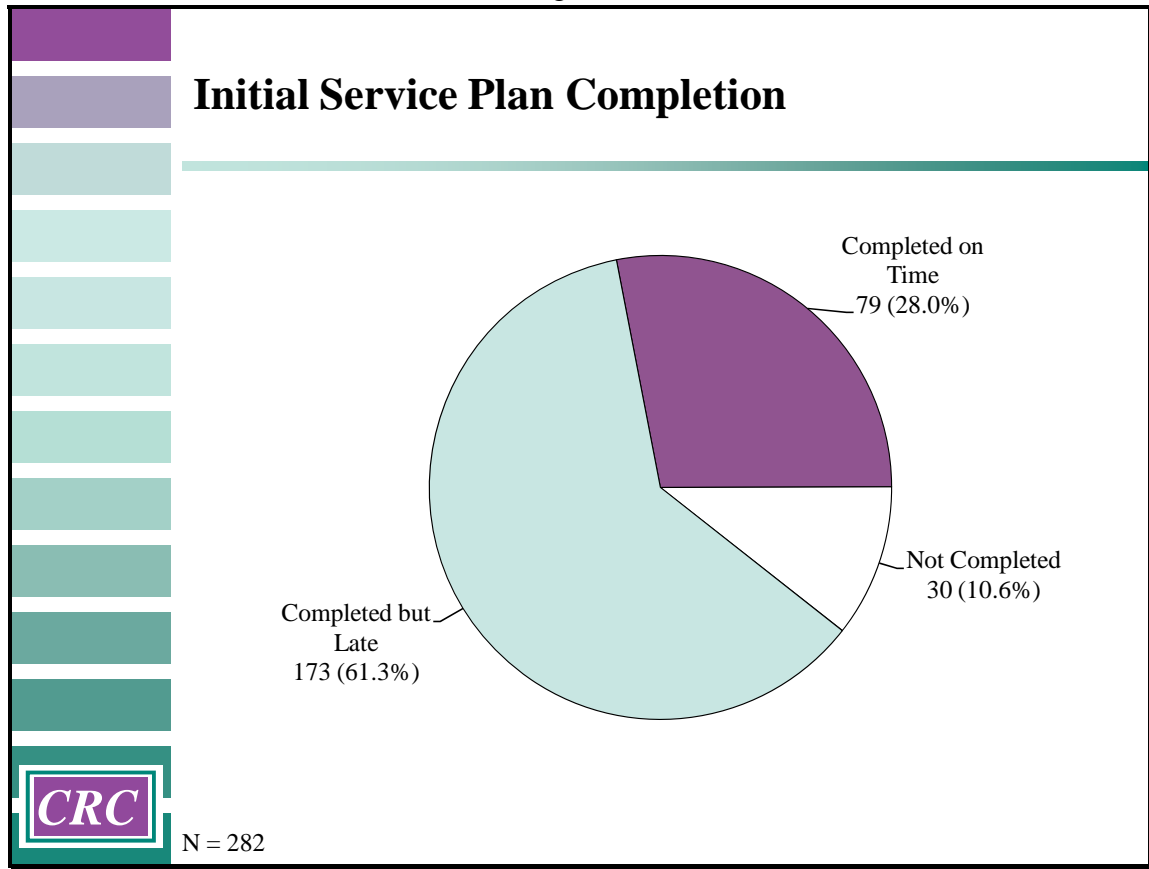
1. Initial Service Plans

Case readers recorded data from all service plans completed during the study period (July 1, 2005 to June 30, 2007). Initial service plans (ISPs) are required within 30 days of a child's initial placement.⁵⁰ Hence, children must have been in placement for at least 30 days prior to the end of the sample period to be included in the analysis. Of 460 sample cases, 284 children entered care on or after July 1, 2005, but two of those children were in placement less than 30 days at the end of the study period. Of the 282 remaining children, 252 (89.4%) had an ISP in the case file; however, only 79 (28.0%) ISPs were completed within 30 days of the start of the placement episode. One hundred seventy-three (61.3%) ISPs were completed more than 30 days after the start of the placement episode. As of June 30, 2007, there were an additional 30 (10.6%) cases for which **no** ISP was completed (see Figure 9).⁵¹ Of the 30 cases without an ISP, 28 had been in placement for 61 or more days; 22 of these were in placement for more than 90 days.

⁵⁰ CFF 722-8 Foster Care – Initial Service Plan.

⁵¹ This analysis only includes service plans that were completed on or before June 30, 2007. Therefore, the 30 cases with no service plan may have had one completed after that date in the case file.

Figure 9



On average, it took foster care workers 57.9 days from the child’s placement date to complete the initial service plan. Table 35 shows a breakdown of days to completion for the 282 sample cases.

Days to Completion	N	%
0 – 30 days	79	28.0%
31 – 45 days	77	27.3%
46 – 60 days	26	9.2%
61 – 90 days	43	15.2%
91+ days	57	20.2%
Total	282	100.0%

*Includes cases where no ISP was found in file.

When cases in placement more than 60 days with no ISP on file are combined with those where ISPs took 61 or more days to complete, a total of 100 (35.5%) of the 282 children requiring an ISP did not have an ISP completed within 60 days of placement.

ISPs are critical for effective service delivery, both to parents and to children. Any delay in the development of a formal plan can lengthen time in care and have a detrimental impact on reunification efforts.

Michigan policy also requires supervisors, parents, and children over age 14 to sign each service plan (CFR 722-8C, 2007-006).⁵² Of the 252 cases with completed ISPs, 231 (91.7%) included a supervisor signature. Seventeen service plans indicated that a parent signature was not required or that the parent was unable to sign. Of the 235 requiring a parent's signature, only 33 (14.0%) included one. There were 41 cases in which the sample child was 14 years of age or older at the time the ISP was completed. Of those, a child's signature was included on the service plan in only three (7.3%) cases. The service plan indicated the child signature was not applicable for one (2.4%) case, and the remaining 37 (90.2%) cases did not include a signature. Without the signatures of parents and children (where applicable), there is little evidence of the existence of family involvement in case planning activities. Family involvement is critical to success and has become a major focus of several national efforts supported by such agencies as the Annie E. Casey Foundation and the American Humane Association's child protection division. Family involvement is also a major focus of the Administration for Children and Families' Children and Family Services Reviews.

2. Updated Service Plan Completion

Michigan policy requires that an updated service plan (USP) be completed "within 120 calendar days of removal and at least every 90 days thereafter, or more frequently, if necessary,

⁵² If the child is a permanent ward, parent signatures are not required.

to ensure coordination with the court report” (CFF 722-9 Foster Care – Updated Service Plan). Case readers were asked to record service plans completed by staff between July 1, 2005, and June 30, 2007. Since sample children were placed at different times, the sample cases were divided into three groups based on the date the child’s placement episode began, and the number of USPs required for each child was calculated. The three groups are defined below:

1. Cases in which the placement episode began prior to July 1, 2005 and had been open 30 days or more as of July 1, 2005. These cases required eight USPs during the study period.
2. Cases in which the placement episode began prior to July 1, 2005, but had been open less than 30 days prior to that date. These cases required seven USPs during the study period.⁵³
3. Cases that opened on or after July 1, 2005 and had been open for 120 days or more as of June 30, 2007. The number of USPs required for these cases was based on the number of days the child had been in care. Cases with placement episodes beginning on or after July 1, 2005 required different numbers of USPs, depending on how many days the placement episode was open as of June 30, 2007.⁵⁴

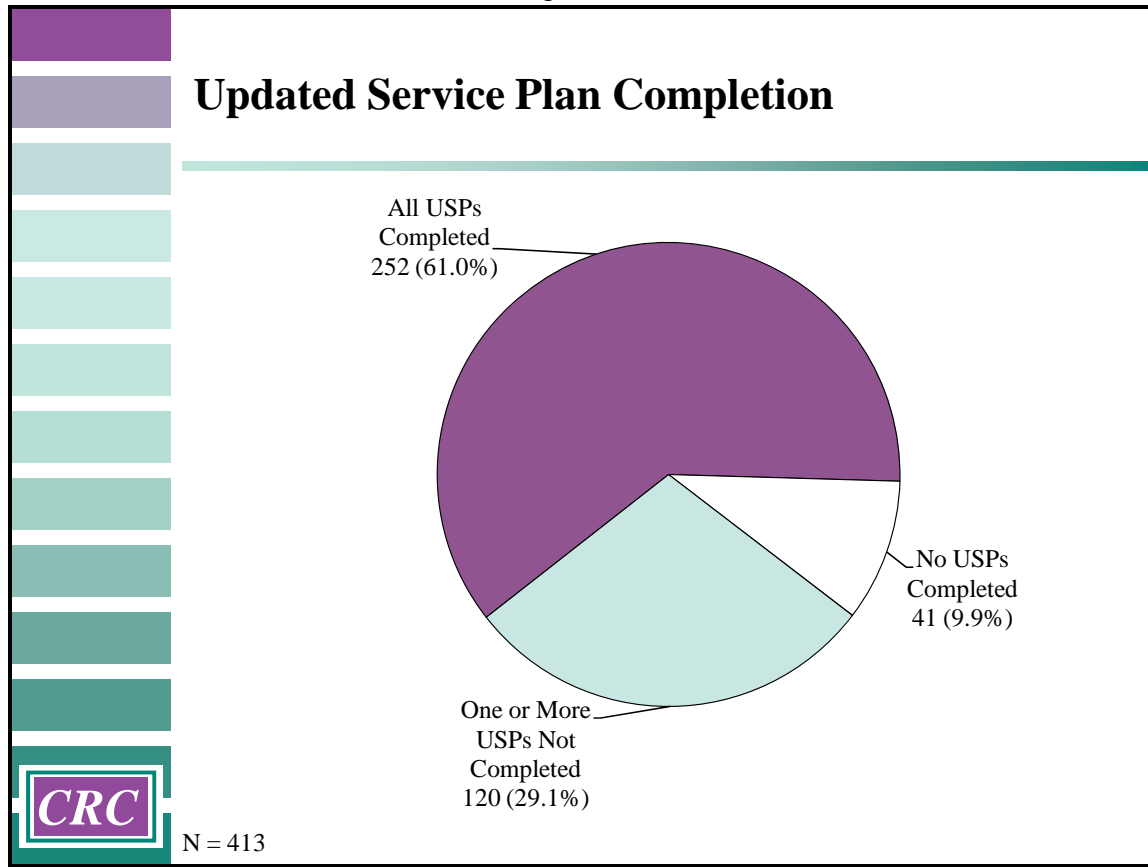
All service plans completed during the study period, excluding the first ISP for cases that opened during the study period, were included in the analysis.⁵⁵ The number of completed USPs was then compared to the number of required USPs. As Figure 10 shows, there were 413 cases that required at least one USP during the study period. All required USPs were completed for 252 (61.0%) children, and some but not all USPs were completed for 120 (29.1%) children. There were no USPs in the case file for 41 (9.9%) children.

⁵³ Cases open less than 30 days as of July 1, 2005 required one less USP than those open longer than 30 days because the first ISP for those cases may have been completed up to one day prior to the start of the study period. Therefore, seven USPs (as calculated using a 90-day count) would have been required prior to June 30, 2007.

⁵⁴ There were 47 cases open less than 120 days. Since these cases did not require any USPs, they were removed from the analysis.

⁵⁵ ISPs and/or PW ISPs may be completed during the placement episode if a child becomes a permanent ward or switches from a direct service to purchase-of-service agency or vice versa. Since these ISPs were completed during the period for which USP requirements were calculated and may have affected the number of USPs required, these service plans (ISPs and PW ISPs) were included in the analysis.

Figure 10



Each USP should include the signature of the supervisor, parents, and the child, if he/she was over age 14. Of the 372 cases with at least one service plan completed, 262 (70.4%) included a supervisor signature on all service plans, 100 (26.9%) included a supervisor signature on some of the service plans, and 10 (2.7%) cases did not include a supervisor signature on any of the service plans in the file.

Of the 87 children who were 14 or over, only one (1.1%) child signed all of the service plans in his/her file, 17 (19.5%) children signed some of the service plans, and 69 (79.3%) children did not sign any of the service plans included in the case file.

Parents are required to sign all case plans, unless the child is a permanent ward. There were 200 cases in which at least one service plan was completed and parental rights had not been

terminated.⁵⁶ A parent signed some of the service plans for 23 (11.5%) cases. The remaining 177 (88.5%) cases did not include any parent signatures (see Table 36).

Table 36			
Updated Service Plans Supervisor, Child, and Parent Signatures			
		N	%
Supervisor signature	All	262	70.4%
	Some	100	26.9%
	None	10	2.7%
	Total	372	100.0%
Child signature (age 14 or older)	All	1	1.1%
	Some	17	19.5%
	None	69	79.3%
	Total	87	100.0%
Parent signature (temporary court wards only)	All	0	0.0%
	Some	23	11.5%
	None	177	88.5%
	Total	200	100.0%

Note: There were 460 sample cases. Of those, 413 required at least one USP during the study period. Forty-one of those cases did not have any service plans in the case file. Of the 372 cases that did have at least one service plan in the case file, 87 children were 14 years of age or older for the entire study period and 200 children were temporary court wards during the study period.

B. Child Needs and Service Referrals

Case readers recorded child needs identified in service plans and/or case narrative completed between July 1, 2005, and June 30, 2007. They also recorded service referrals made to address the identified needs of the child and collected information on service participation. These service planning and referral activities were typically made to improve child well-being in areas such as mental or physical health or education. Independent living was identified as a special need separate from these areas.

⁵⁶ CRC used the child's current legal status to determine which children were still temporary court wards as of June 30, 2007. Parents of these children were required to sign all service plans during the study period.

This analysis reflects child needs identified as well as service referrals made at any time during the study period. It does not reflect whether or not a particular need was identified on multiple occasions (for example, at the ISP and all subsequent USPs). The analysis does not examine the timeliness of service referrals (i.e., how quickly the referral was made following needs identification), nor can it reflect the appropriateness of the needs identification, service referral, or effectiveness of the services.

Table 37 summarizes the findings for 458 of the 460 sample cases.⁵⁷ The service planning process assesses children at the time of initial and updated service planning to identify their needs and develop a treatment plan. Five of the 458 children did not receive an assessment, so no needs were identified for them. These cases are included in the analysis that follows.

Each child may have multiple needs identified and may receive multiple service referrals to address them. On the other hand, service referrals may occasionally be made for issues not identified by the needs assessment instrument used in Michigan. Among the 458 sample cases examined here, 353 (77.1%) had at least one need identified, and 331 (72.3%) children received at least one service referral.

Among the 331 children who received one or more service referrals, participation in at least one related service was observed for 313 (94.6%) children. A very small number (18, or 5.4%) of the sample children did not participate in at least one service to which they were referred. Documentation of participation was not found for one or more of the referrals made for 87 (26.3%) of children referred.

⁵⁷ Two cases in foster care for less than 30 days did not require an initial service plan and were dropped from this analysis.

Table 37			
Identified Child Needs, Service Referrals, and Service Participation			
		N	%
Child need identified	None	105	22.9%
	One or more	353	77.1%
	Total	458	100.0%
Service referral	None	127	27.7%
	One or more	331	72.3%
	Total	458	100.0%
Service participation	None	18	5.4%
	One or more	313	94.6%
	Total	331	100.0%
No service participation or refused	None	313	94.6%
	One or more	18	5.4%
	Total	331	100.0%
Service participation unknown	None	244	73.7%
	One or more	87	26.3%
	Total	331	100.0%

Table 38 describes service referrals made for the child’s identified needs in several areas including independent living, mental health, physical health, and all other areas.⁵⁸ For instance, in 95 cases a child was identified as needing independent living services. In 30 (31.6%) of these sample cases, readers observed one service referral to address this issue, and 48 (50.5%) had two or more referrals. The remaining 17 (17.9%) cases did not receive a referral.

For the 285 children with mental health – related needs, one referral was made for 89 (31.2%) of children, multiple referrals for 166 (58.2%) children, and 30 (10.5%) children were not referred. Similar findings are shown for educational and physical care needs. Very few (seven) children had other needs, e.g., those identified outside the four areas.

⁵⁸ Mental health includes problems such as social or emotional behavioral issues, relationship issues, substance abuse, and sexual adjustment. Educational needs include child development, life skills, cognitive development, or language/communication issues. Other referrals include cultural identity issues.

It should be noted that multiple needs may be identified in each of the areas shown. In fact, the cases shown above averaged a total of four needs; the maximum was 21 needs.

Table 38			
Service Referrals for Identified Child Needs			
		N	%
Independent living referral	None	17	17.9%
	One	30	31.6%
	Two or more	48	50.5%
	Total	95	100.0%
Mental health referral (includes substance abuse)	None	30	10.5%
	One	89	31.2%
	Two or more	166	58.2%
	Total	285	100.0%
Education referral	None	31	16.2%
	One	99	51.8%
	Two or more	61	31.9%
	Total	191	100.0%
Physical health referral	None	22	20.2%
	One	75	68.8%
	Two or more	12	11.0%
	Total	109	100.0%
Other referral	None	3	42.9%
	One	4	57.1%
	Total	7	100.0%

Table 39 presents service participation findings for referrals made in the previous table. For instance, there were 255 children who received at least one mental health – related referral. In 12 (4.7%) of these 255 cases, no service participation was observed because either none occurred or participation was not documented in the case file. The remaining cases participated in one (87, or 34.1%) or more (156, or 61.2%) of the service referrals received. Once referred, a relatively high percentage of the children participated in at least one related service.

Participation rates for major areas (independent living, mental health, and education-related needs) ranged from 85.9% to 96.5%.

Table 39			
Participation in Services Referred for Identified Child Needs			
		N	%
Independent living participated	None	11	14.1%
	One	25	32.1%
	Two or more	42	53.8%
	Total	78	100.0%
Mental health participated	None	12	4.7%
	One	87	34.1%
	Two or more	156	61.2%
	Total	255	100.0%
Education participated	None	11	6.9%
	One	94	58.8%
	Two or more	55	34.4%
	Total	160	100.0%
Physical participated	None	3	3.4%
	One	73	83.9%
	Two or more	11	12.6%
	Total	87	100.0%
Other participated	None	0	0.0%
	One	4	100.0%
	Two or more	0	0.0%
	Total	4	100.0%

C. Child Needs and Services Referrals: Licensed vs. Unlicensed Placements

Tables 40 – 42 below show the rates at which child needs and service referrals were made and service participation occurred for cases in which a child was placed in a licensed or unlicensed home for the entire study period (July 1, 2005 – June 30, 2007), or, if the child entered care after July 1, 2005, for the child’s placement from the time the child was placed through June 30, 2007. There were 72 children in licensed homes for the entire period and 72 children in unlicensed in-state homes for the entire period. One of the children in an unlicensed home did not have any child needs data reported.

As illustrated, a child need was identified for 76.4% of children in licensed and 62.0% of children in unlicensed homes. Approximately 76.4% of children in licensed homes were subsequently referred for service. Fewer (57.7%) children in unlicensed care were referred for services. Service participation was also slightly higher (96.4%) among cases in which the child was in a licensed placement than cases in which the child was in an unlicensed placement (92.7%).

Table 40					
Identified Child Needs, Service Referrals, and Service Participation					
Sample Children in Licensed versus Unlicensed Placements					
July 1, 2005 – June 30, 2007					
		Licensed		Unlicensed	
		N	%	N	%
Child need identified	None	17	23.6%	27	38.0%
	One or more	55	76.4%	44	62.0%
	Total	72	100.0%	71	100.0%
Service referral	None	17	23.6%	30	42.3%
	One or more	55	76.4%	41	57.7%
	Total	72	100.0%	71	100.0%
Service participation	None	2	3.6%	3	7.3%
	One or more	53	96.4%	38	92.7%
	Total	55	100.0%	41	100.0%

Table 41 shows service referral rates for cases in which the sample child was in a licensed or unlicensed home and Table 42 shows service participation among cases in which a referral was made. Due to the small size of the cohorts in these tables, results should be interpreted with caution.

Table 41					
Service Referrals for Identified Child Needs					
Sample Children in Licensed versus Unlicensed Placements					
July 1, 2005 – June 30, 2007					
		Licensed		Unlicensed	
		N	%	N	%
Independent living referral	None	1	10.0%	2	28.6%
	One	2	20.0%	2	28.6%
	Two or more	7	70.0%	3	42.9%
	Total	10	100.0%	7	100.0%
Mental health referral	None	3	7.3%	3	8.8%
	One	19	46.3%	19	55.9%
	Two or more	19	46.3%	12	35.3%
	Total	41	100.0%	34	100.0%
Education referral	None	4	10.3%	5	33.3%
	One	27	69.2%	7	46.7%
	Two or more	8	20.5%	3	20.0%
	Total	39	100.0%	15	100.0%
Physical health referral	None	2	8.7%	5	35.7%
	One	20	87.0%	9	64.3%
	Two or more	1	4.3%	0	0.0%
	Total	23	100.0%	14	100.0%

Table 42					
Participation in Services Referred for Identified Child Needs					
Sample Children in Licensed versus Unlicensed Placements					
July 1, 2005 – June 30, 2007					
		Licensed		Unlicensed	
		N	%	N	%
Independent living participated	None	1	11.1%	2	40.0%
	One	2	22.2%	2	40.0%
	Two or more	6	66.7%	1	20.0%
	Total	9	100.0%	5	100.0%
Mental health participated	None	1	2.6%	3	9.7%
	One	18	47.4%	17	54.8%
	Two or more	19	50.0%	11	35.5%
	Total	38	100.0%	31	100.0%
Education participated	None	1	2.9%	1	10.0%
	One	26	74.3%	6	60.0%
	Two or more	8	22.9%	3	30.0%
	Total	35	100.0%	10	100.0%
Physical participated	None	0	0.0%	0	0.0%
	One	20	95.2%	9	100.0%
	Two or more	1	4.8%	0	0.0%
	Total	21	100.0%	9	100.0%

D. Family Needs and Service Referrals

In addition to child-related service needs, case readers recorded the identified needs of the child's caretaker or family during the period between July 1, 2005, and June 30, 2007. Service referrals made to address these needs were also recorded, as was service participation. These service planning and referral activities were typically made to address barriers to the reunification of the child with his or her caretaker(s). In a very small number (three) of cases, the needs of foster care providers were also identified and service referrals were made. This analysis employs the same methodology used for child needs and services referrals.

Table 43 summarizes the findings for 390 sample cases. Two cases in foster care for less than 30 days did not require an initial service plan and were excluded from this analysis. There were 68 children in the sample that did not have a caretaker associated with their case during the 24-month time period because parental rights were terminated. These cases were also excluded. Among the 390 remaining cases, 338 (86.7%) had at least one family service need identified and 326 (83.6%) received at least one service referral. Participation in at least one service related to a referral was observed for 268 (82.2%) of the 326 families referred. Caretakers in 107 (32.8%) of the 326 cases either refused to or did not participate in at least one service referral. In over half (167, or 51.2%) of the 326 cases, participation information was not available in the case file for at least one of the referrals made.

Table 43			
Identified Caretaker Needs, Service Referrals, and Service Participation			
		N	%
Family need identified	No	52	13.3%
	One or more	338	86.7%
	Total	390	100.0%
Service referral	No	64	16.4%
	One or more	326	83.6%
	Total	390	100.0%
Service participation	No	58	17.8%
	One or more	268	82.2%
	Total	326	100.0%
No service participation or refused	No	219	67.2%
	One or more	107	32.8%
	Total	326	100.0%
Service participation unknown	No	159	48.8%
	One or more	167	51.2%
	Total	326	100.0%

As was the case with sample child needs, caretakers in the family may have multiple needs identified and receive multiple service referrals during the 24-month study period. On average, these families had more than five needs identified and received over four separate referrals for services.

Table 44 describes the service referrals made for caretaker needs identified in several areas including mental health, substance abuse, parental skills training, physical health, etc. For instance, in 298 families (76.4% of applicable cases), a caretaker was identified as having a mental health issue. In 150 (50.3%) of these 298 cases, one service referral was made to address this issue, and 130 (43.6%) cases had two or more referrals. Only 18 (6.0%) of 298 cases did not receive a referral for an identified mental health need. The percentage of cases in which a referral was not made for an identified need ranges from a low of 5.7% for substance abuse to 56.0% for literacy and intellectual functioning issues. The vast majority of caretaker(s) did receive at least one service referral for needs identified in case plans and/or case narrative.

Table 44

Service Referrals for Identified Caretaker Needs

		N	%
Mental health referral	None	18	6.0%
	One	150	50.3%
	Two or more	130	43.6%
	Total	298	100.0%
Substance abuse referral	None	13	5.7%
	One	145	63.3%
	Two or more	71	31.0%
	Total	229	100.0%
Parenting skills referral	None	18	5.9%
	One	183	59.8%
	Two or more	105	34.3%
	Total	306	100.0%
Physical health referral	None	15	42.9%
	One	17	48.6%
	Two or more	3	8.6%
	Total	35	100.0%
Domestic relationships referral	None	15	13.5%
	One	72	64.9%
	Two or more	24	21.6%
	Total	111	100.0%
Social support referral	None	28	40.6%
	One	39	56.5%
	Two or more	2	2.9%
	Total	69	100.0%
Communication skills referral	None	18	39.1%
	One	25	54.3%
	Two or more	3	6.5%
	Total	46	100.0%
Literacy/intellectual functioning referral	None	28	56.0%
	One	16	32.0%
	Two or more	6	12.0%
	Total	50	100.0%
Employment referral	None	39	27.1%
	One	94	65.3%
	Two or more	11	7.6%
	Total	144	100.0%

Table 44			
Service Referrals for Identified Caretaker Needs			
		N	%
Housing referral	None	45	27.4%
	One	110	67.1%
	Two or more	9	5.5%
	Total	164	100.0%
Resource availability referral	None	35	31.3%
	One	71	63.4%
	Two or more	6	5.4%
	Total	112	100.0%
Child needs issues referral	None	16	30.8%
	One	30	57.7%
	Two or more	6	11.5%
	Total	52	100.0%
Sexual abuse issues referral	None	11	32.4%
	One	21	61.8%
	Two or more	2	5.9%
	Total	34	100.0%

Table 45 presents service participation findings for referrals made in the previous table. For example, there were 280 cases in which a caretaker was referred to mental health – related services. In 71 (25.4%) of these 280 cases, no service participation was observed for one of three reasons: 1) the client failed to participate; 2) the client refused to participate; or 3) participation was not documented in the case file. Participation was noted in one mental health – related service in 112 (40%) of these 280 cases, and 97 (34.6%) participated in two or more services. Participation rates range from a low of 57.1% (resource availability referrals) to a high of 83.3% (child needs issues).

Table 45			
Participation in Services Referred for Identified Caretaker Needs			
		N	%
Mental health participation	None	71	25.4%
	One	112	40.0%
	Two or more	97	34.6%
	Total	280	100.0%
Substance abuse participation	None	59	27.3%
	One	109	50.5%
	Two or more	48	22.2%
	Total	216	100.0%
Parenting skills participation	None	75	26.0%
	One	139	48.3%
	Two or more	74	25.7%
	Total	288	100.0%
Physical health participation	None	8	40.0%
	One	9	45.0%
	Two or more	3	15.0%
	Total	20	100.0%
Domestic relationships participation	None	21	21.9%
	One	60	62.5%
	Two or more	15	15.6%
	Total	96	100.0%
Social support participation	None	12	29.3%
	One	28	68.3%
	Two or more	1	2.4%
	Total	41	100.0%
Communication skill participation	None	9	32.1%
	One	16	57.1%
	Two or more	3	10.7%
	Total	28	100.0%
Literacy/intellectual functioning participation	None	9	40.9%
	One	10	45.5%
	Two or more	3	13.6%
	Total	22	100.0%

Table 45			
Participation in Services Referred for Identified Caretaker Needs			
		N	%
Employment participation	None	41	39.0%
	One	59	56.2%
	Two or more	5	4.8%
	Total	105	100.0%
Housing participation	None	45	37.8%
	One	69	58.0%
	Two or more	5	4.2%
	Total	119	100.0%
Resource availability participation	None	33	42.9%
	One	43	55.8%
	Two or more	1	1.3%
	Total	77	100.0%
Child needs issue participation	None	6	16.7%
	One	25	69.4%
	Two or more	5	13.9%
	Total	36	100.0%
Sexual abuse issues participation	None	4	17.4%
	One	17	73.9%
	Two or more	2	8.7%
	Total	23	100.0%

In total, needs identification, service referrals, and service participation are relative areas of strength for the Michigan foster care system. Needs are systematically identified and multiple service referrals are made on behalf of both children and families served by DHS. The system could be further strengthened by initiating better methods for tracking participation and monitoring program outcomes. At present, it is difficult to determine the appropriateness of services provided or their relationship to outcomes.

IX. CHILDREN WITH GOAL OF ADOPTION

Interpreting data produced by case reading studies presents challenges when analyzing issues such as time to adoption. Because permanency planning goals change over time, and because not all children with adoption goals are ultimately adopted, all data collection strategies have some drawbacks. Adoption cohorts reflect only the experiences of those actually adopted, while entry cohorts require longitudinal studies that delay findings for years. The federal government, in its attempts to establish standards for measuring agency performance, has struggled with this issue for over a decade without a clearly satisfactory solution.

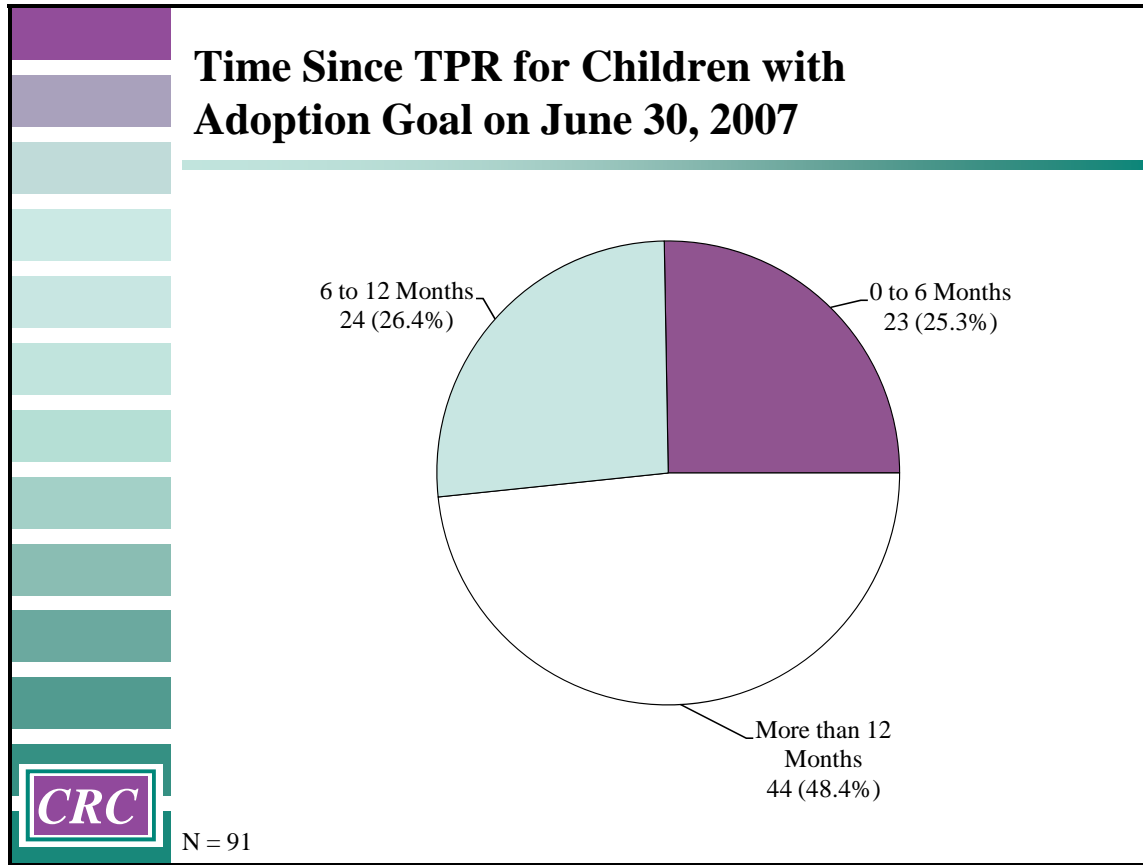
The sampling strategy used for this study selected cases still open to foster care services as of June 30, 2007. It therefore automatically eliminated children who could have entered foster care and were successfully adopted within the study period. Consequently, the results presented below should not be viewed as representative of all cases with adoption goals. It does, however, reflect the experience of children in care as of June 30, 2007, who had adoption as their permanency goal. This limitation is especially important when considering the amount of time that transpires between events: the statistics presented in this section of the report are *not* averages for all cases going through the adoptive process, but, again, do reflect the circumstances of children in foster care whose goal was adoption at the time of the TPR.

A. Time to Adoption

There were 131 children in the sample who had TPRs granted (for both parents) and adoption as the initial permanency plan. Of these, two children had been adopted (but were still receiving services from foster care) as of June 30, 2007. There were 91 children who still had adoption as their permanency plan goal on June 30, 2007. On average, it had been 482 days (1.32 years) since TPRs were granted for these 91 children. Figure 11 presents time from TPR to

June 30, 2007, for the 91 children, divided into six-month increments. Forty-four (48.4%) children had been in care for over a year since the TPR was granted.

Figure 11



The goal for 38 of the 131 children was no longer adoption by June 30, 2007. Thirteen of these 38 children were to maintain their placement, eight had an independent living goal, and eight had goals of permanent placement with relatives (five cases) or a foster family (three cases). One child had a goal of custodial care. For the remaining cases, the goal was missing or unclear as of June 30, 2007.⁵⁹

The length of time between TPR and adoption seems excessive given the fact that for 103 (78.6%) of the 131 children with an initial goal of adoption, an adoptive family had been

⁵⁹ In one instance, the TPR was overturned and the child was removed from the adoptive home.

identified at the time of the TPR. In 71 (68.9%) of the 103 cases, a relative was named as the adoptive family. The delay in adoptions seems to start with a failure to quickly notify adoption services of the TPR. Michigan policy requires that adoption services be notified within 14 days. Readers found notification dates for only 75 cases. The average time to notification was 72 days.⁶⁰

Other procedural problems that could delay adoptions were also evident. For instance, any child who has been a permanent ward for six months or more and not placed with an adoptive family can be listed on the Michigan Adoption Resource Exchange (MARE). Non-custodial agencies are paid by the state to find permanent homes for children listed on MARE. Evidence of a MARE listing was found for only ten of 23 sample children for whom an adoptive family had not been identified.

For those children where immediate adoption was not the plan at TPR, workers are required to document barriers to adoption and include a plan to resolve those barriers. Barriers were identified for two thirds (66.7%) of 45 applicable cases (i.e., children with long-term adoption plans), and plans to resolve barriers were discussed in just over half (53.3%) of these children's case files.⁶¹

Documentation of child-specific recruitment was found for 26 (19.8%) of 131 children for whom a TPR had been granted and the child's goal was adoption.

Over one fourth (38 of 131, or 29.0%) of all children with adoption goals at the time of TPR had revised goals by June 30, 2007. With 91 additional children still not legally adopted on that date, this figure could grow substantially over time. However, increased monitoring of the

⁶⁰ To compute this average, all notifications that occurred prior to a TPR were given a negative value. There were also two cases where notification was not documented until several years had elapsed since a TPR was granted. These "outliers" may not reflect contemporary practice. When all notifications that occurred on or prior to the TPR grant date are calculated as zero days and two "outliers" are omitted from the analysis, the average number of days between TPR and notification is 56.5 days. While this provides what could be considered a better review of actual practice, it is still well beyond the standard of 14 days established by Michigan policy.

⁶¹ There were an additional three children with long-term adoption plans for whom there were no barriers to adoption. These three cases were not included.

adoption process to ensure compliance with agency policy could lead to more and faster adoptions in Michigan.

B. Other Adoption Procedures/Requirements

As noted earlier in the placement section of this report, standards require that siblings be placed together whenever possible. In 43 applicable instances (32.8% of 131 cases with adoption goals), the adoption plan did not include keeping sibling groups together. Workers provided explanations, as required, for 40 (93.0%) of these 43 cases. Reasons most often cited were existing behavioral problems with either the sample child or his/her siblings (10 cases) or the fact that siblings were already in separate placements (16 cases). In three cases, the sample child was to be adopted by a relative who could not accept additional children. In 20 of the 43 instances where sibling groups would be split, workers had identified a plan to maintain sibling contact.

Michigan encourages workers to provide a “lifebook” for every child with an adoption goal. A lifebook is a history of the child and contains information such as the child’s health, schools, friends, and placements. Evidence that a lifebook had been prepared was found in only eight (6.1%) of the 131 applicable files.

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