

Michigan Citizen Review Panel for Children's Protective Services, Foster Care and Adoption

CRP-CPS/FC/Adoption Recommendation 1:

Reduce barriers to the process of relative licensing. Suggestions for doing so include DHS contracting with local companies to provide repairs to relative homes and assisting relatives in the acquisition of funds available through DHS for home repairs.

DHS Response to CRP-CPS/FC/Adoption Recommendation 1:

As required in the settlement agreement of the Dwayne B. v Granholm lawsuit, DHS has made efforts to reduce the barriers to licensing relative caregivers. Currently, the Family Incentive Grant is utilized to assist relative caregivers with home repairs. The foster home licensing/certification worker identifies a needed repair during the assessment process and requests funds on behalf of the relative caregiver through the Family Incentive Grant. DHS has also contracted with the MSU Kinship Care Resource Center to administer funds and the Kinship Assistance Program to assist with repairs and fees associated with foster care licensing.

The legislature allocated funds to contract with private agencies to help facilitate the licensure of relative caregivers. The Relative Licensing Coordinator, a newly created position within the central office of DHS, tracks the progress of relative licensing and addresses identified barriers. Examples of identified barriers include lack of funds available to obtain physical exams for relative caregivers, delays in relative caregivers completing required paperwork, and an overall uncertainty on the part of the relative caregiver about DHS involvement with their family. Foster home licensing/certification workers assist relative caregivers with required paperwork and provide ongoing guidance and support with the goal of alleviating the uncertainty about DHS involvement with their family. DHS continues to collaborate with private agencies and relative caregivers to identify solutions that will reduce additional barriers as they are identified.

CRP-CPS/FC/Adoption Recommendation 2:

Maintain consistency in foster care workers. The panel recognizes that foster care workers are often the only people with whom foster children connect. It can be very disruptive for children when their caseworkers are switched, and can result in interruption of the case service plan as well as a delay in permanency.

DHS Response to CRP-CPS/FC/Adoption Recommendation 2:

DHS agrees that maintaining consistency in foster care workers is extremely important for foster children. Unfortunately, the work of foster care workers is quite demanding and turnover in staff is a constant struggle for both public and private child placing agencies.

As provided in the settlement agreement of the Dwayne B. v Granholm lawsuit, DHS has taken steps to reduce the caseload ratios of all foster care workers. To accomplish these caseload ratios, it was necessary to redistribute cases amongst foster care staff. To minimize the impact of the redistribution on the children, DHS attempted to maintain children with the same foster care worker whenever they had been on the same worker's caseload for an extended period of time. DHS also attempted to ensure sibling groups were assigned to the same foster care worker

whenever possible. Finally, when cases were transferred from a local office DHS to a private child placing agency, DHS attempted to ensure that the DHS foster care worker would continue to act as the monitor worker.

As caseloads reach the required ratios, DHS will continue to work to ensure the maintenance of consistent foster care workers for children.

CRP-CPS/FC/Adoption Recommendation 3:

The panel recommends that the DHS reduce barriers to liquidating funds through the Children's Justice Act grant. The GTF often faces the risk of losing funds because they are not spent in a timely manner.

DHS Response to CRP-CPS/FC/Adoption Recommendation 3:

DHS will work with the assigned staff person from the Governor's Task Force as well as the DHS personnel that administer and approve the Children's Justice Act grant monies to determine the current barriers to the timely use of grant monies. Once barriers have been identified, the manager for the Children's Protective Services program office will convene a meeting with the appropriate personnel to ensure that barriers are reduced.

Michigan Citizen Review Panel for Prevention (The Children's Trust Fund)

CRPP Recommendation 1:

Review and adopt the prevention definition drafted by the CRPP, to help facilitate a common understanding and clear discussions about prevention initiatives. If DHS has concerns or questions about the definition, engage in a discussion with the CRPP.

The revised definition is as follows:

Child abuse and neglect prevention programs and services are part of a continuum of supports, services, and interventions that promote child and family safety and well-being. The goals of prevention services are to 1) promote social, emotional, physical, and cognitive growth in children and their families; 2) reduce the incidence and severity of risk factors associated with negative outcomes for children and their families; 3) reduce the risk of harm to children and families that have experienced emotional, physical, educational, safety, or health problems; and 4) prevent child abuse and neglect from occurring.

Prevention programs and services operate at two levels¹:

*1. **Primary prevention:** Programs and services directed to the general population (also known as “universal” services) to enhance protective factors, strengthen functioning, raise public awareness, and prevent child abuse and neglect from ever occurring.*

*2. **Secondary prevention:** Programs and services targeted to individuals and families (that exhibit risk factors for child maltreatment) in order to enhance protective factors, strengthen functioning, and prevent abuse and neglect from ever occurring.*

DHS Response to CRPP Recommendation 1:

The DHS Prevention program is currently administered by the Family Independence Program within the Field Operations Administration (FOA). The suggested definition will be provided to FOA by 6/30/09 for review and assessment of inclusion into program policy manuals for Family Independence Specialist use.

CRPP Recommendation 2:

Continue to promote collaborative prevention efforts at both the local and state level.

¹For more information on these definitions, examples of specific prevention services, and an explanation of tertiary prevention services, please visit the Child Welfare Information Gateway at <http://www.childwelfare.gov/preventing/overview/framework.cfm>. The Gateway is a service of the Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services.

DHS Response to CRPP Recommendation 2:

Strong Families/Safe Children (SF/SC) and Child Protection/Community Partners (CP/CP) programs continue to operate with collaborative planning and service delivery at the local level. The Community Collaborative (formerly Multipurpose Collaborative Body) in partnership within each county-based DHS remains the vehicle for local collaborative planning of community-based services, including prevention services to at-risk families with children.

The state is also promoting the use of service models such as Healthy Families for preventive and supportive services at the local level. It should be noted that due to constraints and decreases related to the current budget, these types of programs will likely be required to have significantly more support from the local level.

CRPP Recommendation 3:

Provide the CRPP with any updates on progress made related to developing comprehensive Prevention Services delivery plans with local DHS offices and other partners, including Multipurpose Collaborative Bodies. *Note:* The CRPP recognizes that budget restraints may have inhibited progress in this area; however, the CRPP still requests any updates on this initiative.

DHS Response to CRPP Recommendation 3:

The local DHS offices develop comprehensive local purchase plans for an array of services ranging from prevention and protection to preservation and permanency. The DHS local office purchase plan consolidates several DHS fund sources. The Community Collaborative is involved in making recommendations towards service decisions using SF/SC and CP/CP funds. Many of the services at the local level are prevention based. The local DHS Director, as the fiduciary representative for these funds, has approval authority for purchase plan service decisions.

Current budget restraints inhibit progress in the particular area of comprehensive statewide prevention delivery plans.

CRPP Recommendation 4:

Pursue funding streams that contain dollars that can be allocated to primary and secondary prevention services.

DHS Response to CRPP Recommendation 4:

DHS continues to pursue funding streams that contain dollars that can be allocated to primary and secondary prevention efforts. DHS works collaboratively with partner agencies to apply for grants. DHS has applied for five grants of \$500,000 or more during FY 2008-09. Three of the grants apply to prevention efforts: Family Violence and Prevention Services, Enhanced Services to End Violence Against Older Women, and HUD Transition in Place. All three grants were awarded.

CRPP Recommendation 5:

Identify which services are being evaluated (e.g., what service(s) within which program(s)) in the “prevention services” identified as a DHS initiative (by DHS) in the 2007 CRP response. The response noted that an evaluation was being completed “to determine if 85% of children who received prevention services were able to remain at home for at least one year after involvement with prevention services.” Upon researching this initiative in 2008, it appears to the CRPP that

this evaluation is a stated achievement of the Families First program. (Families First is not a prevention program that seeks to stop abuse before it occurs; rather, it is a preservation program with the goal of preventing foster care placement.) The CRPP’s understanding is that Families First is only applied *after* child maltreatment has occurred and the child is at imminent risk of removal. Confirmation/clarity on this evaluation would be helpful to the CRPP.

DHS Response to CRPP Recommendation 5:

CRPP is correct in that Families First of Michigan is the program that was referenced in the evaluation with a success rate of 85% after one year of services. Families First is a Family Preservation program as opposed to a child abuse and neglect prevention program. Families First is designed to address the needs of children in families where abuse or neglect has been confirmed and can also be used with post adoptive families to avoid disruption.

CRPP Recommendation 6:

Provide the CRPP with information, as available, on demographics related to caregivers and children referred to prevention services, and if possible enrollment/participation in prevention services. Specifically:

- Data, by county and case, for Category III and IV (for the three most recent months available) for: 1) Parent/caregiver: race, gender, age, income, allegation and/or preponderance of evidence (the latter for Category III), what prevention referral was made and whether the service was utilized; 2) Child: race, gender, age, allegation and/or preponderance of evidence.
- If this information is not available from current DHS data systems, or if it is only available for certain counties, please inform the CRPP.

DHS Response to CRPP Recommendation 6:

There is not a current mechanism in place to provide “Data, by county and case, for Category III and IV (for the three most recent months available) for: 1) Parent/caregiver: race, gender, age, income, allegation and/or preponderance of evidence (the latter for Category III), what prevention referral was made and whether the service was utilized; 2) Child: race, gender, age, allegation and/or preponderance of evidence.” Data related to demographics of the parent/caretaker or child, but not specifically related to which “prevention” referral was made and whether the services were utilized, has been requested of the Data Management Unit and will be provided to the CRPP when available. See below for available DHS data related to the number of Category III cases that were elevated to Category II or I for FY 2008.

Category III Escalations	
Category III cases that escalated to Category II in FY 2008	147
Category III cases that escalated to Category I in FY 2008	49

CRPP Recommendation 7:

If available, provide the CRPP with any compiled data on the most requested Direct Support Services as well as barriers related to prevention planning. The 2007 DHS response to the CRPP report notes that Family Independence Programs use Family Assessment screening tools to identify and track strengths and barriers. Therefore, are the “requested services and barriers . . . for prevention services planning” compiled in any statewide (or countywide) format?

DHS Response to CRPP Recommendation 7:

There is not a current mechanism in place to provide data regarding “*the ‘requested services and barriers . . . for prevention services planning’ compiled in any statewide (or countywide) format*”.

CRPP Recommendation 8:

Provide the CRPP with information on what type of data, if any, is available that relates to prevention programs and services. For example, do DHS data systems track and amalgamate information related to prevention services. If so, what is the frequency/availability of these data reports?

DHS Response to CRPP Recommendation 8:

Prevention policy for Children's Services has not been created and therefore SWSS (Service Worker Support System) Prevention, the DHS system for child welfare data, has not been enhanced to include reports that would track the requested data. The new Data Management Unit (DMU) is currently forming a Prevention Business User Group. The purpose of the group is to develop and review policy, formulate a consensus regarding what to incorporate into SWSS, and develop appropriate management reports. Additionally, the goal of the SWSS Prevention Project is to develop a seamless integration of relevant prevention case information so that comprehensive data related to referrals, assessments, services, and management reports is available within a single system.

Michigan Citizen Review Panel for Child Fatalities (Child Death State Advisory Team)

Many recommendations were made as a result of the Fatality CRP reviews. The most important recommendations are highlighted below. These recommendations address the most significant findings that the panel felt should be prioritized by DHS. A rationale is included to better explain why the panel chose these specific recommendations for DHS to focus on.

Fatality CRP Recommendation 1:

Improve supervisory oversight for CPS and Foster Care (FC) workers by requiring face-to-face supervision every thirty days to discuss the progress of cases and prior to disposition of a CPS investigation. CPS and FC supervisors should receive continuing education on their roles and responsibilities.

Rationale: Throughout the case review process, it was noted that supervisory oversight was not being met in the majority of cases. In 20 out of the 32 cases the full panel reviewed, there was no supervisory oversight or no documentation of such in the reports. Additionally, other significant findings like lack of collateral contacts being made by CPS workers, occurring in 53% of cases, improper case closures, occurring in 31% of the cases, and improper category assignments being made in 25% of the cases were all related to a lack of supervisory oversight in CPS and FC cases.

DHS Response to Fatality CRP Recommendation 1:

Supervisory oversight is critical to ensuring thorough and effective investigations and appropriate case management by workers. Much of that review occurs through day-to-day contact between the supervisor and the assigned worker. An appropriate DHS correspondence is currently being drafted that will require supervisors to complete individual case conferences with their workers and second-line management or county directors to provide oversight related to the mandate.

In addition, as required in the settlement agreement of the Dwayne B. v Granholm lawsuit, all CPS supervisors must receive the appropriate education and training in order to maintain their employment as a supervisor. (See Attachment A) Steps are being taken through the Child Welfare Training Institute (CWTI) training to improve supervisory oversight and ensure it is being recorded accurately within the case file.

CWTI provides supervisor training to Foster Care, Adoption and Children's Protective Services supervisors. Training includes multiple tools and methods to ensure case management oversight. Child welfare supervisors learn that individual face-to-face supervision, including review of cases based on policy, must occur at least monthly with their workers. It is also strongly emphasized that providing daily supervision ensures quality service delivery. Supervisors are taught methods in providing structured supervision based on the Michigan State University School of Social Work "Staff Retention in Child and Family Services" workbook series in areas such as "Effective Use of Questions in Supervision". These supervision techniques ensure that cases are reviewed thoroughly for compliance with policy and law. Supervisors are also trained regarding the importance of regular and consistent staff meetings.

DHS L-Letters L-08-117 and L-08-151 regarding Services Case Readings are reviewed and during the training the supervisors complete the supervisory reading of a "training" case where trainers then evaluate knowledge. Supervisors are taught that documentation of their supervisor monitoring activities occurs through case management reports. During the worker level training, workers are instructed to keep an accurate report of all the interactions with their supervisor. All case conferences and supervision should be documented in the case file. Supervisors are taught that they must thoroughly review every case file, whether paper or electronic, prior to case closure. The current system for case management requires the supervisor to read and review each case at critical case decision points, including but not limited to, case opening, case closure, request for court involvement and rejection of a multiple CPS complaint case.

Fatality CRP Recommendation 2:

CPS and FC workers should receive more extensive training on assessing the entire needs continuum of the family and how to accurately identify underlying issues during an investigation.

Rationale: In 10 out of the 32 cases that underwent a full review, family patterns and trends were not recognized and addressed during the CPS investigation. Examples of such patterns and trends not identified included but were not limited to: substance use, chronic neglect, and continued mental health needs. Additionally, risk assessments were not used to correctly assess the needs of the family in 6 out of the 32 cases. The panel is aware that training is available to new CPS and FC workers, however it may not be adequate to prepare workers to apply these skills in the field.

DHS Response to Fatality CRP Recommendation 2:

DHS recognizes that accurate consideration of family history is critical to assess the risk and safety factors in a child's home. Extensive training is provided to CPS workers regarding recognition and assessment of a family's needs and strengths, even before initial contact is made with family members. This may include the review and assessment of previous CPS history and/or collateral contacts that can provide additional information regarding the family and immediate child safety. The child welfare Service Worker Support System (SWSS) used by all DHS CPS workers requires that family trends be entered into the system. Training for identification and accurate recording of these patterns is addressed within the CWTI training. A CPS worker is not able to move forward in writing the Investigation Summary unless these trends are entered. Steps will continue to be taken through training of new staff and supervisors as well as supervisory oversight. CWTI will continue to stress the importance of engaging a family in an appropriate manner to gather the information needed to ensure child safety by addressing the needs and any underlying factors.

CWTI will review the lesson plans for CPS training in conjunction with the SWSS experts from the Data Management Unit (DMU) and CPS program office to determine how CPS workers are currently being trained with regard to the appropriate assessment of family history and trends of child abuse and neglect. Barriers to accurate completion will be determined and an action plan will be developed to improve the consideration and documentation of family history during CPS investigations and open CPS cases.

Fatality CRP Recommendation 3:

New CPS and FC workers should shadow several different experienced workers in the field prior to attending the Child Welfare Training Institute (CWTI) in order to provide a frame of reference from which to apply the skills learned at the Institute.

Rationale: As stated above, the panel is aware of the existing training provided to new workers. However, based on the numerous findings, it appears that it may not be adequate to prepare workers for the field. Family patterns and trends are not being recognized in 31% of the cases. CPS workers designated a wrong category assignment to a disposition in 25% of the cases reviewed. The Structured Decision Making tools are not being correctly completed in many cases as well. All of these findings indicate that the training provided to workers may not be applied as intended and perhaps additional field work is necessary to assist in appropriately applying the concepts learned in the classroom.

DHS Response to Fatality CRP Recommendation 3:

All newly hired CPS workers are required to complete several assignments in a local county office as part of “On-the-Job Training” during field weeks. The first, fourth and eighth weeks of CWTI are field weeks. The CWTI curriculum includes the requirement that new staff familiarize themselves with a wide range of skills, including but not limited to:

- Recognizing and recording family trends.
- Use of Risk and Safety Assessment.
- Understanding of CPS category determination.
- Structured Decision Making (SDM) skills.
- Understanding CPS intake and investigation.
- Understanding court procedures.
- Importance of sibling relationships.
- Ensuring safe and appropriate placements for children.
- Timely permanency for children.

Local office managers are also encouraged to have new workers shadow and be mentored by a variety of senior staff in order to develop a well-rounded understanding of the work. CWTI requires documentation of the shadowing and mentoring as part of homework requirements while in training. New workers will continue to utilize shadowing of senior staff as a critical part of CWTI training.

Fatality CRP Recommendation 4:

Fatality CRP members should be included in the assessment of the CWTI and any updates in the training, in order to provide feedback from our review process.

Rationale: In many of the findings made by the panel, the training of CPS and FC workers appeared to be inadequate. In addition to the above rationales, many more findings were made that indicated that workers require more extensive training. For example, no medical evaluations were requested when indicated in 8 of the 32 cases, CPS/FC treatment plans and referrals were inadequate to address the entire needs of the family in 8 of the 32 cases, and treatment plans were made without the input from the

parent in 5 of those cases. Mental health and substance abuse assessments were not completed when indicated and incomplete CPS history was noted in 10 of the 32 cases. Input from the panel into the training curriculum will help to ensure that these topics are adequately covered in CWTI.

DHS Response to Fatality CRP Recommendation 4:

As required in the settlement agreement of the Dwayne B. v Granholm lawsuit, DHS has “*establish[ed] and implement[ed] a quality assurance process to ensure that reports of abuse and neglect are competently investigated and that, in cases in which abuse and/or neglect is indicated, actions are taken and services are provided appropriate to the circumstances.*” In addition the settlement agreement required DHS to “*develop and implement a statewide QA program.*” (See Attachment B) DHS has created the Child Welfare Improvement Bureau, which includes the Quality Assurance Unit, to ensure thorough and appropriate casework for all child welfare cases.

In addition, CWTI trainers for CPS have access to regular communication with the CPS program office and work continuously to update lesson plans to accurately reflect current policy. CWTI provides a trainer to attend the CPS Advisory Committee which allows the curriculum to show sensitivity to the concerns and needs of the field staff. CWTI also has a new Curriculum Development Unit that specifically updates lesson plans to address new policy requirements. CWTI has approved the attendance of CRP members at CWTI training as seats are available and look forward to collaboration related to the provision of effective training for child welfare personnel.

Fatality CRP Recommendation 5:

The panel supports the creation of a statewide CPS intake system with central staff and a standardized criteria for assignment. Local office overrides should be minimized and highly scrutinized.

Rationale: In 10 of the 32 cases reviewed by the full panel there was an improper denial of a CPS referral. A statewide intake system with central staff would ensure that there is consistency in which referrals are assigned for investigation. It would remove any referrals that are improperly rejected in local offices because of the community standards that may exist.

DHS Response to Fatality CRP Recommendation 5:

As required in the settlement agreement of the Dwayne B. v Granholm lawsuit, DHS must “*establish a statewide hotline, to be operated 24 hours per day.*” DHS is in the planning stages of this change and appreciates the support of the Fatality CRP in the process.

Fatality CRP Recommendation 6:

CPS investigations on a child fatality should not be closed without results of the autopsy.

Rationale: In many cases, CPS investigations of child fatalities are closed without knowing the final autopsy results. The panel believes that a full assessment of abuse or neglect cannot be made without taking into account the full results of the autopsy.

DHS Response to Fatality CRP Recommendation 6:

CPS program office will review policy and determine whether an amendment to the policy is needed to ensure that CPS investigations are not closed prior to receipt of all necessary information related to a child's death, such as an autopsy report.

Attachment A
Supervisory Requirements of the Settlement Agreement

B. Supervisor Qualifications and Training:

1. By April 2009, DHS shall develop and implement a competency-based Supervisory Training Program for all DHS, CPS, foster care, adoption, and POS supervisors (“Supervisors” or “Supervisory Positions”) that is both consistent with the Principles set forth in Section II of this Agreement and designed to serve the overall goals and purposes of this Agreement. This competency-based training shall address the work management skills, conceptual skills, interpersonal skills, self-management skills, and technical knowledge recognized among child welfare professionals as fundamental requirements for an effective public agency supervisor. The Supervisory Training Program shall consist of at least 40 class hours.
2. Beginning in April 2009 and continuing thereafter, all staff either promoted from within DHS or hired from outside DHS to a Supervisory Position shall complete the supervisory training program and pass a competency-based performance evaluation based on that training within three months of assuming the Supervisory Position. The competency-based performance evaluation shall include a written examination. Failure to achieve a passing grade on the competency-based performance examination as a whole, including a passing grade on its written portion, within two sittings shall require the subject individual to complete an additional training before becoming eligible to sit for the performance evaluation again, said training to occur within an additional 45 days. The failure to pass the performance evaluation in the third sitting shall render the subject individual ineligible for further service as a DHS supervisor with responsibility for supervision of CPS, foster care, and adoption cases.
3. All DHS Supervisors who were promoted or hired to Supervisory Positions before April 2009, and who have not previously received supervisory training, shall receive the competency-based supervisory training, as described above for new promotions and hires, and pass the associated competency-based performance evaluation, which shall include a written examination, by July 2010. Failure to achieve a passing grade on the performance evaluation as a whole, including a passing grade on its written portion, within two sittings shall require the subject individual to complete additional training before becoming eligible to sit for the evaluation again, said training to occur within an additional 45 days. The failure to pass the performance evaluation in the third sitting shall render the subject individual ineligible for further service as a Supervisor with responsibility for supervision of CPS, foster care, and adoption cases.
4. *Supervisor Qualifications:* Except as set forth below, all staff hired from outside DHS or promoted from within DHS after January 2009 to fill positions including responsibility to supervise child welfare casework shall have earned a master’s in social work from an accredited school of social work or a master’s or higher degree in a comparable/equivalent field as a condition for such hiring or promotion. All current DHS Supervisors with either (1) less than 18 months of experience as a DHS Supervisor or (2) less than 18 months of combined experience as a DHS Supervisor and as a similarly situated supervisor in another public child welfare system, or duly licensed CPA or CCI, shall be required to earn a master’s in social work from an accredited school of social work or a master’s degree in a

comparable/equivalent field within four years following the date of entry of this Agreement as a condition of continued employment as a supervisor of CPS, foster care, or adoption cases. Exceptions to the requirement of a master's degree can be made for persons who have demonstrated the knowledge, skills, and abilities necessary to be an effective supervisor; however, such exceptions can only be made with the approval of the DHS Director and the Director must set forth in the approval the factual basis for the Director's conclusion that the person has demonstrated the competencies necessary to provide high quality supervision. The Monitor shall report on the percentage of supervisors who are granted such exceptions. In the event that such exceptions are granted to more than 10% of DHS supervisors, the Monitor shall conduct a review and report on whether (a) DHS has followed appropriate practices in proposing and granting exceptions, and (b) the individuals granted such exceptions are in fact qualified to perform supervisory duties.

5. *Development of University-Based Training Opportunities:* DHS shall encourage its child welfare staff, and the staff of private CPAs, to pursue master's-level work under a tuition reimbursement program (Title IV-E funded or other appropriate funding source as available) with accredited schools of social work. DHS shall develop relationships, joint programs, and such other programs as are deemed worthwhile with the accredited schools of social work to enhance and improve existing opportunities for the training and education of DHS and private CPA and CCI caseworker and supervisory staff.
6. Private CPA or CCI supervisors whose activities and responsibilities are comparable to those of DHS Supervisors shall be required to meet the same training and performance evaluation requirements as DHS Supervisors within the timeframes set forth in Sections VI.B.2 and VI.B.3 above. Private CPA supervisors whose activities and responsibilities are comparable to those of DHS supervisors shall be required to meet the qualifications set forth in Sections VI.B.3 and VI.B.4 above by April 2011.

Attachment B
Quality Assurance Requirements of the Settlement Agreement

XIV. QUALITY ASSURANCE

- A. DHS shall, in consultation with and subject to the approval of the Monitor, develop and implement a statewide QA program that will be directed by a QA unit established within the DHS central office. In administering the QA program, the QA unit shall develop an internal DHS capacity to undertake data collection, data verification, data assessment, case record or qualitative service review and other such oversight and reporting functions that, in coordination with the Monitor and any external data review processes undertaken by the Monitor, will facilitate ongoing assessment of DHS child welfare performance in relation to the performance requirements and goals contained in this Agreement. The QA unit will support the DHS Director and DHS management in identifying areas of systemic strengths and weaknesses and in formulating strategies to improve in areas of substandard performance. The QA unit shall provide ongoing critical evaluation and oversight of the strategies designed and undertaken to improve substandard services and outcomes.
- B. The QA unit shall become a permanent unit of the Child Welfare Improvement Bureau within the DHS central office. It shall continue to perform the functions described in this section after full implementation of this Agreement and DHS exit from Court jurisdiction.
- C. The DHS Director shall appoint a director to administer the QA unit who possesses the necessary qualifications and experience to conduct competent data collection, evaluation, as well as the management skills necessary to manage a staff tasked to perform QA functions encompassing DHS state, regional, and county offices. The director of the QA unit shall report directly to a member of the Children's Services Cabinet. The QA unit shall be adequately staffed, and its staff shall receive specialized training to fulfill all unit responsibilities.
- D. All reports provided by the QA unit shall become public record so long as any individually identifying information in relation to the temporary or permanent wards in DHS foster care custody is redacted from such report consistent with applicable state and federal confidentiality laws.
- E. Reporting on DHS Performance: The QA unit shall, within 60 days following the end of each Reporting Period as defined in Section XVII.H of this Agreement, compile and provide, in consultation with the Monitor, all pertinent data regarding statewide performance in relation to the requirements and outcome measures contained in this Agreement. This data shall be furnished to the Monitor and Plaintiffs.