

**SUBSTITUTE FOR
SENATE BILL NO. 468**

A bill to amend 1973 PA 116, entitled
"An act to provide for the protection of children through the
licensing and regulation of child care organizations; to provide
for the establishment of standards of care for child care
organizations; to prescribe powers and duties of certain
departments of this state and adoption facilitators; to provide
penalties; and to repeal acts and parts of acts,"
(MCL 722.111 to 722.128) by adding section 13a.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

- 1 Sec. 13a. (1) In the case of a child in foster care who is
2 placed in a qualified residential treatment program, the following
3 requirements apply:
4 (a) Within 30 days after the start of each placement in a
5 qualified residential treatment program, a qualified individual



1 shall do all of the following:

2 (i) Assess the strengths and needs of the child using an age-
3 appropriate, evidence-based, validated, functional assessment tool
4 approved by the secretary.

5 (ii) Determine whether the needs of the child can be met with
6 family members or through placement in a foster family home or, if
7 not, which setting would provide the most effective and appropriate
8 level of care for the child in the least restrictive environment
9 and be consistent with the short-term and long-term goals for the
10 child, as specified in the child's permanency plan.

11 (iii) Develop a list of child-specific short-term and long-term
12 mental and behavioral health goals.

13 (b) The child placing agency responsible for care and
14 supervision of the child shall assemble a team for the child in
15 accordance with the requirements of subdivision (a) (i) and (ii). The
16 qualified individual conducting the assessment required under
17 subdivision (a) shall work in conjunction with the child's team
18 while conducting and making the assessment.

19 (c) The child's team, as described in subdivision (b), shall
20 consist of all appropriate biological family members, relatives,
21 and other supportive adults of the child, as well as professionals
22 who are a resource to the family of the child, such as teachers,
23 medical or mental health providers who have treated the child, or
24 clergy. In the case of a child who has attained age 14, the team
25 shall include members of the permanency planning team for the child
26 that are selected by the child.

27 (d) The child placing agency responsible for the child's care
28 and supervision shall document in the child's case plan all the
29 following:



1 (i) The reasonable and good-faith effort to identify and
2 include all the individuals described in subdivision (c) on the
3 child's team.

4 (ii) All contact information for members of the team, as well
5 as contact information for other relatives and supportive adults
6 who are not part of the child's team.

7 (iii) Evidence that meetings of the team, including meetings
8 relating to the assessment required under subdivision (a), are held
9 at a time and place convenient for family.

10 (iv) If reunification is the goal, evidence demonstrating that
11 the parent from whom the child was removed provided input to the
12 members of the child's team.

13 (v) Evidence that the assessment required under subdivision
14 (a) is determined in conjunction with the child's team.

15 (vi) The placement preference of the child's team relative to
16 the assessment that recognizes a child should be placed with his or
17 her sibling unless there is a finding by the court that such
18 placement is contrary to the child's best interests.

19 (vii) If the placement preferences of the child's team and the
20 child are not the placement setting recommended by the qualified
21 individual conducting the assessment under subdivision (a), the
22 reason why the preferences of the child's team and of the child
23 were not recommended.

24 (2) If the qualified individual conducting the assessment
25 determines the child should not be placed in a foster family home,
26 the qualified individual shall specify in writing the reason why
27 the needs of the child cannot be met by the family of the child or
28 in a foster family home. A shortage or lack of foster family homes
29 is not an acceptable reason for determining that the needs of the



1 child cannot be met in a foster family home. The qualified
2 individual shall specify in writing why the recommended placement
3 in a qualified residential treatment program is the setting that
4 will provide the child with the most effective and appropriate
5 level of care in the least restrictive environment and how that
6 placement is consistent with the short-term and long-term goals for
7 the child, as specified in the permanency plan for the child.

8 (3) Within 60 days after the start of each placement in a
9 qualified residential treatment program, the court, or an
10 administrative body appointed or approved by the court,
11 independently, shall do the following:

12 (a) Consider the assessment, determination, and documentation
13 made by the qualified individual.

14 (b) Determine whether the needs of the child can be met
15 through placement in a foster family home or, if not, whether
16 placement of the child in a qualified residential treatment program
17 provides the most effective and appropriate level of care for the
18 child in the least restrictive environment and whether that
19 placement is consistent with the goals for the child, as specified
20 in the permanency plan for the child.

21 (c) Approve or disapprove the qualified residential treatment
22 program placement.

23 (4) The written documentation of the determination and
24 approval or disapproval of the placement in a qualified residential
25 treatment program by a court or administrative body under
26 subsection (3) shall be included in and made part of the case plan
27 for the child.

28 (5) As long as a child remains placed in a qualified
29 residential treatment program, the department shall submit evidence



1 at each dispositional review hearing and each permanency planning
2 hearing held with respect to the child that does the following:

3 (a) Demonstrates that ongoing assessment of the strengths and
4 needs of the child continues to support the determination that the
5 needs of the child cannot be met through placement in a foster
6 family home, that the placement in a qualified residential
7 treatment program provides the most effective and appropriate level
8 of care for the child in the least restrictive environment, and
9 that the placement is consistent with the short-term and long-term
10 goals for the child, as specified in the permanency plan for the
11 child.

12 (b) Documenting the specific treatment or service needs that
13 will be met for the child in the placement and the length of time
14 the child is expected to need the treatment or services.

15 (c) Documents the reasonable efforts made by the department to
16 prepare the child to return home or to be placed with a fit and
17 willing relative, a legal guardian, or an adoptive parent, or in a
18 foster family home.

19 (6) At each dispositional review hearing and permanency
20 planning hearing held with respect to the child, the court shall
21 approve or disapprove the qualified residential treatment program
22 placement.

23 (7) In the case of a child who is placed in a qualified
24 residential treatment program for more than 12 consecutive months
25 or 18 nonconsecutive months, or, in the case of a child who has not
26 attained age 13, for more than 6 consecutive or nonconsecutive
27 months, the department shall obtain the signed approval of the
28 director of the department for the continued placement of the child
29 in that setting.



(8) In response to the restrictions on title IV-E foster care payments for child caring institutions in section 472(k) of the family first prevention services act, 42 USC 672(k), the department shall not enact or advance policies or practices that would result in a significant increase in the population of youth in the juvenile justice system.

(9) As used in this section:

(a) "Qualified individual" means a trained professional or licensed clinician who is not an employee of the department and who is not connected to, or affiliated with, any placement setting in which children are placed by the department. The department may seek a waiver from the secretary to approve a qualified individual who does not meet the criteria in this subdivision to conduct the assessment. The individual must maintain objectivity with respect to determining the most effective and appropriate placement for the child.

(b) "Secretary" means the United States Secretary of the Department of Health and Human Services.

Enacting section 1. This amendatory act does not take effect unless all of the following bills of the 100th Legislature are enacted into law:

(a) Senate Bill No. 466.

(b) Senate Bill No. 467.

(c) Senate Bill No. 469.

