

**IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION**

MELISSA BUCK; CHAD BUCK;
and SHAMBER FLORE;
ST. VINCENT CATHOLIC
CHARITIES,

Plaintiffs,

v.

ROBERT GORDON, in his official
capacity as the Director of the
Michigan Department of Health
and Human Services; HERMAN
MCCALL, in his official capacity
as the Executive Director of the
Michigan Children's Services
Agency; DANA NESSEL, in her
official capacity as Michigan
Attorney General; ALEX AZAR, in
his official capacity as Secretary of
Health and Human Services;
UNITED STATES DEPARTMENT
OF HEALTH AND HUMAN
SERVICES,

Defendants.

No. 1:19-CV-00286

HON. ROBERT J. JONKER

Oral Argument Requested

**MEMORANDUM OF LAW IN SUPPORT OF PLAINTIFFS'
MOTION FOR A PRELIMINARY INJUNCTION**

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INTRODUCTION

Michigan needs more foster and adoptive parents in its child welfare system. For years, it has relied on a diverse group of private agencies who recruit and train foster parents, conduct home studies, make written recommendations about potential foster and adoptive families to the state, and then help and support those parents as they continue with the often heart-wrenching foster and adoption process. Some of those agencies are faith-based. That's true of St. Vincent Catholic Charities, which performs works of mercy as a way of living out its Catholic faith. St. Vincent partners with foster parents like Chad and Melissa Buck, and former foster children like Shamber Flore to provide a wide variety of foster and adoptive services.

Michigan has repeatedly recognized the value of these agencies, and has partnered with them successfully for many years. Michigan knew about the agencies' diverse religious beliefs and worked to accommodate them. Three weeks ago, that all changed. The State announced a new policy. Under that policy, child welfare agencies must provide certifications for same-sex couples, even if those certifications violate their religious beliefs. If agencies refuse to engage in speech and

actions that violate their religious beliefs, they will lose the ability to provide foster care or adoption services for any children in the child welfare system. Successful foster care and adoption programs that have served thousands of Michigan children will have no choice but to close.

St. Vincent, as part of living out its Catholic faith, cannot engage in speech endorsing unmarried and same-sex relationships by providing written recommendations to the State regarding their relationships. If such a couple seeks St. Vincent's services, the agency refers them to other nearby agencies who can help them. There is no evidence that any unmarried or same-sex couple has been unable to foster or adopt because of St. Vincent's religious beliefs. To the contrary, gay couples who wish to help children have been able to adopt foster children in St. Vincent's care in the past after receiving their evaluation and written recommendation from a different agency.

But that is not enough for the State, which demands that St. Vincent conform to the State's new orthodoxy or else be labeled a "hatemonger," ineligible to serve children in need. Urgent relief is necessary to safeguard the rights of St. Vincent, the Bucks, and Ms. Flore

and to ensure they can continue to serve children in need—as they have for decades—while this case proceeds.

BACKGROUND

A. Faith-Based Agencies Help Address Michigan’s Shortage of Foster Families

Michigan has a chronic shortage of foster and adoptive homes. Ex.1, ¶9; Ex.2, ¶11; Ex.3, ¶5. There are nearly 12,000 children in foster care in Michigan, all of whom need safe homes.¹ And as of 2017, over 3,300 children in Michigan are waiting for a family to be willing to adopt them.² Because there are not enough families, more than 600 of these children “age out” of foster care every year.³ They exit the foster system at age 18 without any permanent family, and many lack the resources and skills to successfully transition into adulthood.⁴ This number is on the rise,⁵

¹ Michigan Department of Health & Human Services, *Foster Care*, http://www.michigan.gov/mdhhs/0,5885,7-339-73971_7117---,00.html.

² This means that these children have a goal of adoption and have had parental rights terminated. U.S. Department of Health & Human Services, *Children’s Bureau*, <https://cwoutcomes.acf.hhs.gov/cwodatasite/pdf/michigan.html>.

³ Child Trends, *Transition-Age Youth in Foster Care in Michigan*, https://www.childtrends.org/wp-content/uploads/2017/09/Transition-Age-Youth_Michigan.pdf; Kristi Tanner, *More than 900 Michigan foster care youth age out*, Detroit Free Press (Jan. 31, 2015) <https://www.freep.com/story/opinion/contributors/raw-data/2015/01/31/michigan-foster-care-youth/22621127/>.

⁴ Children’s Rights, *Aging Out*, <http://www.childrensrights.org/newsroom/fact-sheets/aging-out/> (last visited April 16, 2019).

⁵ Child Trends, *Transition-Age Youth in Foster Care in Michigan*,

and a recent study shows these children are much less likely to graduate high school, let alone college, and far more likely to end up in poverty.⁶

Because the State cannot meet this acute need on its own, it relies on over 90 private child placing agencies (agencies) to help with foster care, and over 60 for adoption. Ex.4 at 4. Indeed, as the State has recognized, “[h]aving as many possible qualified adoption and foster parent agencies in this state is a substantial benefit to the children of this state.”⁷

These agencies oversee foster homes and adoption placements, services for which they are compensated by the State. Ex.1, ¶10. An agency may only oversee foster care placements and facilitate adoptions for foster children if it is licensed by (and signs a contract with) the Michigan Department of Health and Human Services (MDHHS).⁸ Private agencies evaluate and recruit families they wish to recommend

https://www.childtrends.org/wp-content/uploads/2017/09/Transition-Age-Youth_Michigan.pdf (last visited April 16, 2019).

⁶ Mark E. Courtney, Amy Dworsky, Adam Brown, Colleen Cary, Kara Love & Vanessa Vorhies, *Midwest evaluation of the adult functioning of former foster youth: Outcomes at age 26* (2011) <https://www.chapinhall.org/wp-content/uploads/Midwest-Eval-Outcomes-at-Age-26.pdf>; Erick Eckholm, *Offering Help for Former Foster Care Youths*, The New York Times (Jan. 27, 2007), <https://www.nytimes.com/2007/01/27/us/27foster.html>.

⁷ Mich. Comp. Laws Ann. § 722.124e.

⁸ Mich. Comp. Laws §§ 722.115, 722.117, 722.118; Mich. Admin. Code R. 400.12201.

to MDHHS for licensure as foster or adoptive families.⁹ MDHHS then makes the ultimate determination regarding whether to license a foster family or approve an adoption. *See* Ex.1, ¶7.

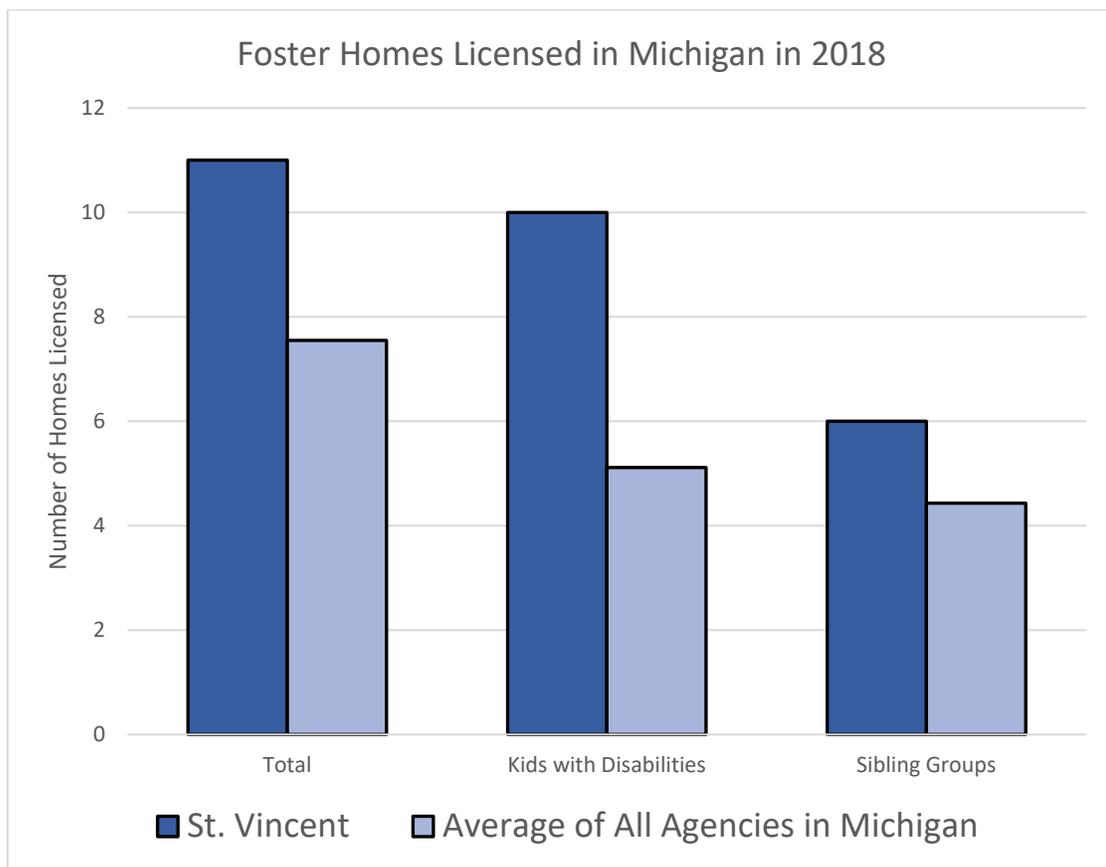
Faith-based agencies are particularly effective at recruiting families that otherwise might not choose to foster or adopt.¹⁰ *See* Ex.2, ¶¶3,6. Michigan recognized that “faith congregations have been extremely valuable partners” and “have helped us recruit loving foster and adoptive families by networking in their local communities and with other faith congregations,” and that faith-based “private agencies . . . and the local faith congregations that recruit and support foster families are *both vitally important to finding loving homes for vulnerable children.*” Ex.5 (emphasis added). The State also determined that “[e]nsuring that faith-based child placing agencies can continue to provide adoption and foster care services will benefit the children and families who receive publicly funded services.” *Id.*

The numbers bear this out. St. Vincent recruits homes for children

⁹ Mich. Admin. Code R. §§ 400.12304, 400.12706.

¹⁰ National One Church One Child, Inc., *About Us*, <http://www.nationalococ.org/about.html> (noting Illinois partnership with African-American churches).

with disabilities at nearly double the average rate across the State. St. Vincent also recruits more homes for sibling groups than the average agency, and recruits more homes overall than the average agency.¹¹



In the last eighteen months, St. Vincent has recruited more new foster families total than all of the other private agencies in its tri-county foster area. Ex.1, ¶13. And in the last four fiscal years, St. Vincent has served an average of 74 children in its foster care program every year,

¹¹ This data comes from Ex.17. Averages are calculated by dividing the totals in these three categories by 157, which is the combined number of private licensed agencies and DHHS offices performing these services.

and through its work over 100 adoptions for foster children were finalized. Ex.1, ¶3.

B. Foster Care and Adoption Licensing Process

Adoption and foster agencies develop a close working relationship with the families they recommend. Agencies must perform a home study on prospective foster or adoptive families, which involves an exhaustive and deeply-personal review of the family's eligibility and characteristics. MDHHS requires agencies to assess the "[s]trengths and weaknesses" of the parents and the "[s]trengths of the relationship" between the couple, including "level of satisfaction" and "stability" of the relationship. Ex.1, ¶6 & Attachment A. Agencies are also required to assess the parents' "roles," "involvement," "styles," "childrearing techniques," and "values." *Id.* Assessments must also include an evaluation of the "[r]ole of religion in the family" and the "[r]elationship history" of the parents. *Id.*

Based on these inquiries, the agency must provide written findings and a recommendation as to whether the home is suitable for placing children. *Id.* ¶7. Michigan (rather than the agency) makes the ultimate determination about whether to issue a license. *Id.*

Michigan recognizes that foster agencies will vary, and that not

every agency is a good fit for every potential foster family. Michigan therefore encourages families to look for a foster or adoption agency that is a good fit for that family. MDHHS's Foster Care Navigator program helps families find the "agency that's right for you."¹² As part of this process, prospective foster parents receive a worksheet advising them to, among other things, "make sure you know all of the agencies located in your area," "[m]eet with the agency's workers to find out what services and support they offer," "interview a couple agencies until you're certain you've found the right one," and then "[c]hoose an agency you are compatible with."¹³

MDHHS directs prospective adoptive parents to its Michigan's Adoption Resource Exchange (MARE) website. MARE advises prospective parents to find an agency "you feel comfortable sharing personal and private information" with, as "you will be working closely with them during the approval process" and "they will be charged with identifying your future son(s) and/or daughter(s)." Ex.6 at 1. The State

¹² Michigan Department of Health and Human Services, *Foster Care*, https://www.michigan.gov/mdhhs/0,5885,7-339-73971_7117---,00.html.

¹³ Department of Human Services, *Finding an Agency That's Right for You*, https://www.michigan.gov/documents/dhs/FosterCareAgencyChecklist_Comm4-12_381389_7.pdf.

thus emphasizes that it is crucial applicants “trust [their] instincts” and “[c]hoose an agency [they] are compatible with.”¹⁴

Along these same lines, the Human Rights Campaign (HRC) has recognized that a social worker may ask “all kinds of questions about [the applicant’s] childhood and upbringing, including questions about puberty, sex and sexuality.”¹⁵ HRC stated that the “homestudy serves as an evaluation tool that allows you to determine if a prospective resource parent has that capability to provide a child with a safe and nurturing home” and should be based on a “thorough evaluation.”¹⁶ A home study also requires an agency to ask very personal questions regarding an LGBT individual’s past and sensitive questions about their relationships, family, and love life.¹⁷

¹⁴ Department of Human Services, *Foster Care Agency Checklist*, https://www.michigan.gov/documents/dhs/FosterCareAgencyChecklist_Comm4-12_381389_7.pdf.

¹⁵ Perry, J.R., *Promising Practices for Serving Transgender & Non-Binary Foster and Adoptive Parents*, Human Rights Campaign Foundation 41-42 (2017), https://assets2.hrc.org/files/assets/resources/HRC_ACAF_Promising_Practices_Serving_Transgender_Non-Binary_Parents.pdf.

¹⁶ *Id.* at 44.

¹⁷ HRC created a list of sample questions for social workers to ask during an LGBT home study, including personal/intimate questions: “In the past, have you ever been “outed” by someone? How did you handle it?”; “What has been the attitude of your extended family to your partner?”; “How have homo/bi/transphobia and/or heterosexism or cissexism affected your life and how have you dealt with this?”; and “Where are you in the process of grieving any feelings of loss you may have around

For both foster care and adoption, MDHHS provides online lists and interactive maps showing all foster care and adoption agencies across the state.¹⁸ Applicants can also contact private agencies directly. When this happens, the agency can either (1) work with the applicants to perform home study assessments and (potentially) endorse them for State licensing or (2) refer them to another agency that might better meet their needs. Ex.1, ¶21. As Steve Yager, executive director of MDHHS' Children's Services Agency, explained: "We do not compel agencies to accept referrals—never have; rather, we create through contracts a vast array of providers to meet the very diverse needs of the children and families we serve." Ex.7.

Private agencies in Michigan have always been able to refer families to other agencies or MDHHS for a variety of reasons, including: (1) the family may live further away than the agency would like to drive for home visits, so they refer them to a closer agency, (2) the agency already has a waiting list, (3) the family has not been satisfied with the

not having biological children?" Human Rights Campaign Foundation, *Sample LGBTQ Affirming Homestudy Questions & Rationale*, https://assets2.hrc.org/files/assets/resources/HRC_ACAF_LGBTQ_Affirming_Homestudy_Questions_And_Rationale.pdf.

¹⁸ Michigan Adoption Resource Exchange, Map, <https://mare.org/Agency-Map> (allowing users to filter by foster or adoptive agencies).

agency's services so far, (4) the agency does not specialize in medical or behavioral health issues, and (5) the family is looking to adopt a child with particular needs or characteristics that the agency does not have the ability to support. Ex.1, ¶21.

Some agencies have specialized missions, meaning they often refer prospective parents elsewhere when they do not fit with the agency's specialty. For example, some agencies specialize in placing children with Native American families,¹⁹ finding homes for African American children,²⁰ or serving children with developmental disabilities.²¹ And faith-based agencies have long referred families elsewhere when they cannot adequately serve a family consistent with their religious beliefs.²²

¹⁹ Sault Ste. Marie Tribe of Chippewa Indians, *Child Placement*, <https://www.saulttribe.com/membership-services/acfs/child-placement> (“The Sault Tribe Binogii Placement Agency is our tribal child placement agency. The agency is licensed by the state of Michigan . . . The agency services children who are enrolled or eligible for enrollment as Sault Ste. Marie Tribe of Chippewa Indians members and Sault Tribe households.”).

²⁰ AdoptUSKids, *Minority Specializing Agency and Resource Directory*, 4 <https://s3.amazonaws.com/becketnewsite/minority-specializing-agency-directory.pdf> (discussing how Homes for Black Children focused on the “adoptive placement of black children”). Homes for Black Children has since closed for reasons unrelated to this case.

²¹ Wayne Center, *Foster Parenting*, <http://www.waynecenter.org/services/foster-care> (the agency is specifically “seeking foster parents with previous experience with persons who have a developmental disability and/or expertise in related areas”).

²² Historically, some state laws allowed religious organizations to make placements consistent with their religious beliefs. Ellen Herman, *Kinship by Design: A History of Adoption in the Modern United States* 60, 125 (2008). Children were routinely placed

HRC and other LGBTQ-advocacy organizations believe that agencies should not place children with families that would not be LGBTQ affirming, including for religious reasons.²³ HRC provides a “Seal of Recognition” to agencies that are leaders in serving LGBTQ foster families and children.²⁴ In Michigan, the following agencies have received the Seal of Recognition: Fostering Futures, Hands Across the Water, and Judson Center - Foster Care & Adoption.²⁵

with families of the same faith whether through self-selection, informal referrals between agencies, or religion-matching laws. Barbara Melosh, *Strangers and Kin: The American Way of Adoption* 77-79 (2002) (describing how religious organizations referred adoptive parents to each other based on the parent’s religious beliefs).

²³ HRC, *All Children All Families and Non-Affirming Potential Foster Families*, (Oct. 3, 2018), <https://register.gotowebinar.com/register/4180979117481006082> (free registration required to view) (describing a foster family’s reaction to a child’s identification as a member of the LGBTQ community as the “all-important discussion” that if not handled correctly can “harm” the child). HRC also describes New York City’s approach as a “best practice.” New York City policies state, “[i]f the parent displays negative attitudes about LGBTQ people, even when deeply rooted in religious beliefs and cultural values, and the alleged abused and/or maltreatment are related to the youth’s perceived or actual sexual orientation, gender identity, or gender expression, the staff must determine whether those attitudes are impacting the youth’s immediate safety as well as whether those attitudes may put the youth at risk for future physical or emotional harm.” New York City Government, *Respectfully Asking Sexual Orientation and Gender Identity (SOGI) Questions*, <https://www1.nyc.gov/assets/acs/pdf/lgbtq/Respectfully Asking SOGI Questions.pdf>; see also Child Welfare League of America & Lambda Legal, *Getting Down to Basics: Tools to Support LGBTQ Youth in Care*, 25-26 (2012), http://www.lambdalegal.org/sites/default/files/gdtb_2013_complete.pdf.

²⁴ HRC, *All Children - All Families: Tiers of Recognition*, <https://www.hrc.org/resources/all-children-all-families-tiers-of-recognition>.

²⁵ HRC, *All Children - All Families Participating Agencies*, https://assets2.hrc.org/files/assets/resources/ACAF_Agency_Database.pdf?ga=2.176489573.1586353695.1554989290-1393757968.1551898236.

C. Placing Children in Loving Homes

For families seeking to provide foster care, or foster to adopt, after they are licensed, they join that agency's pool of homes waiting to serve a child. When a child is removed from his or her home because of abuse or neglect, MDHHS reaches out to foster agencies until an appropriate home is found—either a relative of the child or a certified family. Ex.1, ¶15. Under the State's contracts, MDHHS gives agencies just one hour to contact their pool of foster homes and determine if any are willing to foster the child. *Id.* Agencies thus have to move very quickly down their list of families, and sometimes the family only has a matter of minutes to decide. *Id.* If the agency cannot a family to place the child within that hour, MDHHS moves on to the next agency. *Id.*

Often children who are placed in non-permanent foster homes still need parents to adopt them. Ex.1, ¶15. The MARE website includes information about all children currently seeking adoption in the State. Families certified by any of the over 60 private agencies in Michigan are allowed adopt any child on MARE's website; they are not limited to children supervised by the agency that initially recommended the family for licensing. Ex.1, ¶17. Through this process, and by performing the

certification process with different agencies, gay couples have been able to adopt a child in St. Vincent's care in the past. *Id.*

D. State and Federal Funding

For the services MDHHS funds related to foster care and adoption, it does so through a combination of state funds and federal funds, including Title IV-E and TANF funds through the federal Department of Health and Human Services.²⁶ State payments for foster care only begin after the child is placed with a family. Ex.1, ¶10. At that point, Michigan pays a per diem to the agency overseeing that placement. *Id.* Most of the funds go to the family to defray the costs of providing care, and a portion remains with the agency to compensate the agency for its support services. *Id.* For the majority of adoptions from foster care, the State makes payments to the agency as part of the foster care system in pre-adoptive placements, and makes a lump-sum payment after the adoption is complete. *Id.*

The home study and recruitment process is neither billed to nor compensated by MDHHS. Ex.1, ¶11, Ex.8, Ex.9. Instead, St. Vincent uses

²⁶ House Fiscal Agency, *Budget Briefing: HHS Human Services*, https://www.house.mi.gov/hfa/PDF/Briefings/HHS_HS_BudgetBriefing_fy18-19.pdf; Ex.10.

private funds to cover the costs of home studies and recruiting. Ex.1, ¶13. These funds come from a cost center that is kept separate from the funding provided by the State for other child welfare activities. *Id.*²⁷

Last fiscal year St. Vincent's foster and adoption programs operated at a significant loss based on the state funding alone, and these programs would not have been able to operate without St. Vincent's private subsidies. Ex.1, ¶20.

E. Plaintiffs

1. *St. Vincent Catholic Charities.* St. Vincent is one of the oldest and most effective adoption agencies in Michigan. Ex.1, ¶3. St. Vincent has served children and families for over 70 years, helping those in crisis find hope and safety. *Id.* ¶5. As a nonprofit, faith-based organization, St. Vincent's mission is "to share the love of Christ by performing the corporal and spiritual works of mercy." *Id.* Today, St. Vincent provides a range of charitable services, including foster care

²⁷ In some exceptional cases, the State might use a different payment structure pursuant to a separate, child-specific contract to directly pay for home study services for foster children being placed with relatives. St. Vincent has never been a party to such a contract for the provision of home study services for an LGBTQ couple. Ex.1, ¶12. Outside of this exceptional circumstance for placement with relatives, foster care and adoption home studies are not specifically listed as a "service" under St. Vincent's contracts with the State. Ex.8, 9.

and adoption. *Id.*

Many of the children St. Vincent serves have experienced physical or emotional abuse, neglect, or the illness or death of a parent. Ex.1, ¶18. St. Vincent provides services including individual, family, and group therapy, monthly home visits, visitation with birth parents and other relatives, as well as monitoring and referrals to community resources for additional treatment and support. *Id.* St. Vincent staff are on call 24 hours a day to address foster families' concerns. *Id.*

Adoptive and foster families are not expected to share St. Vincent's faith. *Id.* ¶8. And St. Vincent happily serves both LGBTQ individuals and children. For example, St. Vincent regularly serves LGBTQ foster children in both its foster program and its group home, and St. Vincent welcomes LGBTQ couples to attend a parent support group that St. Vincent facilitates. *Id.* However, as a Catholic organization, St. Vincent cannot provide a written recommendation to the State endorsing an adult relationship that would conflict with St. Vincent's sincere religious beliefs. *Id.*

If unmarried or LGBTQ couples thus seek St. Vincent's endorsement, the agency's staff, consistent with State law, provide

written information from the State’s website and contact information for a list of other local agencies that would be able to work with the family. *Id.* ¶15. The State has long been aware of St. Vincent’s religious beliefs and practices, and in 2015 St. Vincent’s executive director testified before the legislature regarding the need for legal protection for faith-based adoption agencies. *Id.* ¶21.

It is illegal to provide adoption or foster care services to children in Michigan’s child welfare system without a MDHHS contract. *Id.* ¶19. Therefore, if the State refuses to contract with St. Vincent, the agency would be forced to immediately shut down its foster and adoption ministries. *Id.*

2. *Melissa and Chad Buck.* Melissa and Chad Buck envisioned having a small family with one or two children. Ex.2, ¶2. However, after years of heartbreaking infertility, the Bucks decided to adopt. *Id.* When St. Vincent approached them about a sibling group of three children who had suffered severe abuse, they were at first hesitant. *Id.* But Melissa and Chad felt that after these children had lost all of the other connections they had, the only thing they had left was each other. So they agreed to take all three—and they haven’t looked back since. *Id.*

St. Vincent later approached Melissa and Chad about adopting a new infant sibling of their adopted children. The Bucks' first instinct was to say no. *Id.* ¶4. But they couldn't stop thinking about how much it would mean for this child to be raised with her siblings. *Id.* So the Bucks put aside their fears and opened their home again. *Id.* In doing this, St. Vincent was a crucial source of support for the Bucks. *Id.* The Bucks also worked with St. Vincent to adopt a baby girl. *Id.* ¶4.

The Bucks' five children have a range of special needs. *Id.* ¶5. These include autism, a genetic disorder similar to diabetes, severe anxiety, attachment disorder, and other learning disabilities. *Id.* Most of the children also suffered severe trauma and physical abuse before they entered foster care. *Id.*

Most of the Bucks' adoptions involved a heart-wrenching and difficult process that would not have been possible without the services St. Vincent workers lovingly provided. *Id.* ¶6. This included St. Vincent acting as a trusted intermediary with hostile birth parents, being available at all hours to provide emotional support, and accompanying the Bucks to countless medical appointments. *Id.* The Bucks are not aware of any other agency that goes to these lengths to support families.

Id.

It is possible that someday the Bucks will be asked to adopt a new biological sibling of their children. *Id.* ¶7. The Bucks are open to this possibility. *Id.* But the Bucks cannot envision putting their family through such a traumatic process again without St. Vincent's constant care and support. *Id.* What is more, without St. Vincent it is unlikely that the Bucks would be contacted or even made aware of this possibility—placement decisions are made within an hour and only St. Vincent has the institutional knowledge and relationships necessary to ensure that connection is made. *Id.* ¶7, ¶8.

St. Vincent continues to provide support to the Bucks. Ex.2, ¶9, ¶10. For example, the Bucks attend a monthly parent support group that St. Vincent helps facilitate. Ex.2, ¶9. This group provides critical resources that allow the Bucks to care for their special-needs children, including training and helpful literature. *Id.* In addition to receiving support from St. Vincent, the Bucks practice their own faith by assisting other foster and adoptive parents, helping to lead support groups, and recruiting new families. Ex.2, ¶10. If St. Vincent were to close its foster and adoption programs, the Bucks would be hindered in their ability to

minister to others going through the same experience. *Id.* And the Bucks and many other families would be left without support or the ability to continue taking children into their homes. *Id.* at ¶9.

3. *Shamber Flore.* Shamber Flore was removed from her birth home at the age of five after experiencing years of abuse, poverty, and neglect, all while being exposed to drugs, gangs, and prostitution. Ex.3, ¶2. But when St. Vincent placed Shamber and her two siblings with their new adoptive family—the Flores—Shamber was able to begin healing. *Id.*

Today, Shamber is a vibrant young woman who loves her family and mentors others at St. Vincent who have dealt with trauma and abuse. *Id.* ¶¶3-4. Shamber wouldn't have been adopted by the Flore family if it were not for St. Vincent's work. *Id.* ¶3. Shamber's adoptive parents, Tam'al and Jerry Flore, had previously tried to adopt with a state agency and had a very negative experience. *Id.* Because adoption is already so difficult, the Flores would not have been able to continue the adoption process if they had not found a trusted partner and ally in St. Vincent. *Id.* Shamber is one of 16 children the Flores have adopted over the past 14 years. *Id.*

If St. Vincent were forced to close its adoption and foster care ministries, Shamber would lose the opportunity to mentor others as a St. Vincent volunteer. *Id.* ¶5. She also believes that if St. Vincent can no longer recruit families like the Flores, many children who were abused and alone like her will lose the opportunity to find a loving home. *Id.*

F. Michigan Protects Faith-Based Agencies

On June 11, 2015, Michigan passed 2015 Public Act Nos. 53, 54, & 55 (the “Michigan Laws”). These three laws were passed to protect the status quo by “[e]nsuring that faith-based child placing agencies can continue to provide adoption and foster care services” consistent with their religious beliefs.²⁸ Accordingly, Michigan determined that “[p]rivate child placing agencies, including faith-based child placing agencies, have the right to free exercise of religion under both the state and federal constitutions” and that “this right includes the freedom to abstain from conduct that conflicts with an agency’s sincerely held religious beliefs.”²⁹ Michigan also confirmed that “a private child placing agency does not receive public funding with respect to a particular child or particular

²⁸ Mich. Comp. Laws § 722.124e(1)(g).

²⁹ Mich. Comp. Laws § 722.124e(1)(e).

individuals referred by the department unless that agency affirmatively accepts the referral.”³⁰

The law also requires faith-based agencies unable to serve a particular family for a religious reason to provide “information advising the applicant of the department’s website . . . and a list of adoption or foster care service providers with contact information.”³¹ In practice, this law simply reaffirmed the practices already in place at faith-based agencies. If an agency complies with these requirements, as St. Vincent does, “the state or a local unit of government shall not take an adverse action against a child placing agency” based on their decision to decline to provide the requested services.³²

MDHHS was well aware of these agency practices, including St. Vincent’s practices. In order to comply with the state law, MDHHS updated its forms and contract documents to provide additional clarity. Ex.14 at 1. MDHHS staff, some of whom were personally opposed to the law, nevertheless expressed their views that they could not penalize agencies, nor decline to contract with agencies, because those agencies

³⁰ Mich. Comp. Laws § 722.124e(1)(h).

³¹ Mich. Comp. Laws § 722.124e(4).

³² Mich. Comp. Laws § 722.124e(3).

referred same-sex and unmarried couples elsewhere. Ex.15 at 1 (“Certainly, 2015 PA 53 permits a child placing agency to decline to provide foster care case management or adoption services, but only under specific circumstances plainly expressed in the act.”). In court filings, MDHHS expressed its opinion that it needed to continue working with religious adoption agencies like St. Vincent, and that it was bound to comply with the state law by permitting those agencies to follow their religious beliefs. Motion to Dismiss, *Dumont v. Gordon*, No. 2:17-cv-13080-PDB-EAS (E.D. Mich., Dec. 15, 2017), ECF No. 16 at 1.

G. The Legal Challenge and the Change of Policy

In September 2017, the ACLU (representing two same-sex couples) filed a lawsuit against the State, alleging that Michigan, by contracting with faith-based agencies like St. Vincent, violated the Establishment and Equal Protection Clauses of the U.S. Constitution. The ACLU therefore sought to “enjoin[] Defendants, in their official capacities, from contracting with or providing taxpayer funding to private child placing agencies that exclude same-sex couples from consideration as foster or adoptive parents.” Complaint, *Dumont v. Gordon*, 2:17-cv-13080-PDB-EAS (E.D. Mich. Sept. 20, 2017), ECF No. 1 ¶B.

The complaint specifically mentioned St. Vincent and included the allegation that a same-sex couple had approached the agency and was “immediately . . . refer[ed] to another agency.” *Id.* ¶43. St. Vincent, the Bucks, and Shamber Flore intervened to defend the Michigan Laws alongside the State, which (up until January 2019) had taken the consistent position that contracting with faith-based agencies was constitutional.

In November 2018, Michigan elected a new attorney general, Dana Nessel. During her campaign, Nessel took the position that there is “no viable defense” for the Michigan Laws and that their “purpose is to discriminate against people.”³³ She also made clear that if she were elected, she would not to defend the Michigan Laws, and that she would hire outside counsel to do so.³⁴ Instead, shortly after taking office, Attorney General Nessel fired the outside counsel who had been defending the laws and, instead of recusing, entered into settlement discussions with the ACLU.³⁵

³³ Ed White, *Dem AG candidate: Adoption law discriminates against gays*, Associated Press (Sept. 27, 2018), <https://apnews.com/a1fc021e8e2e4b3b829586ba56ad9c07>

³⁴ *Id.*

³⁵ Beth LeBlanc, *Nessel plans settlement talks in lawsuit targeting same-sex adoption*

On March 22, the State and the ACLU jointly moved to dismiss their lawsuit based upon a private settlement agreement. That agreement was attached to a voluntary dismissal motion but not substantively approved by the court. *Dumont v. Gordon*, 2:17-cv-13080-PDB-EAS (E.D. Mich., Mar. 22, 2019), ECF No. 82 (motion), ECF No. 83 (order). The intervenors were not consulted on that agreement and are not party to that agreement. *See id.* In their motion to dismiss, the State and ACLU emphasized that the entire case could be dismissed on the agreement of the two parties. ECF No. 82 at 3–4. The court immediately dismissed the case. ECF No. 83 at 1–2. In that agreement, the State took the position that its contracts prohibited faith-based agencies from referring same-sex couples elsewhere, despite the state law. It claimed that “[e]xamples of prohibited discriminatory conduct include . . . turning away or referring to another contracted CPA an otherwise potentially qualified LGBTQ individual or same-sex couple that may be a suitable foster or adoptive family for any child accepted by the CPA for contracted services.” ECF No. 82 at 4. In other words, when an agency accepts a

refusals, The Detroit News (Jan. 24, 2019, 1:11 PM), <https://www.detroitnews.com/story/news/politics/2019/01/24/nessel-settlement-discussions-same-sex-adoption-refusals/2667906002/>

referral for a single child, the state laws protecting that agency no longer applies to that agency at all.

The Attorney General's office released a statement explaining its about-face. That statement included Nessel's determination that St. Vincent had violated its state contracts: "According to MDHHS, on the dates that [St. Vincent] and Bethany turned away Plaintiffs, each agency was providing foster care case management services or adoption services for one or more children for whom the agency had accepted an MDHHS referral. . . . Consequently, each agency was contractually prohibited from discriminating against Plaintiffs" ³⁶ The statement also claimed that the new policy was required by federal regulations. *See id.* The State Defendants thus announced their intention to enforce the non-discrimination provisions in a manner previously understood to be prohibited by State law. *See id.*

H. The Present Lawsuit

As a result of MDHHS's change in policy, adverse action against St. Vincent is imminent and impending, including both the non-renewal

³⁶ Michigan Government, *Summary Statement of Dumont v. Gordon Settlement Agreement* (Mar. 22, 2019), https://www.michigan.gov/documents/ag/03.22.19_FINAL_Dumont_settlement_summary_650097_7.pdf

of St. Vincent's adoption and foster care contracts, as well as suspension or termination of its current contracts. As a result, Plaintiffs filed this action on April 15, seeking declaratory and injunctive relief against state and federal officials. On this same date, Plaintiffs also asked the defendants to agree to the relief sought in this motion. Neither the state nor the federal defendants have taken a position, and Plaintiffs now ask this Court for relief.

STATEMENT OF LAW

Preliminary injunctive relief is necessary to prevent irreparable harm to the Bucks, Ms. Flore, St. Vincent, and those others St. Vincent serves, as well as to preserve the status quo. When granting a preliminary injunction, a court must balance four factors: ““(1) whether the movant has a strong likelihood of success on the merits; (2) whether the movant would suffer irreparable injury without the injunction; (3) whether issuance of the injunction would cause substantial harm to others; and (4) whether the public interest would be served by issuance of the injunction.”” *City of Pontiac Retired Emps. Ass’n v. Schimmel*, 751 F.3d 427, 430 (6th Cir. 2014) (quoting *PACCAR Inc. v. TeleScan Techs., LLC*, 319 F.3d 243, 249 (6th Cir. 2003)). “[T]he degree of likelihood of

success required [for one factor] may depend on the strength of the other factors.” *In re DeLorean Motor Co.*, 755 F.2d 1223, 1229 (6th Cir. 1985).

ARGUMENT

A. Plaintiffs have a strong likelihood of success on the merits.

Plaintiffs are likely to succeed on their Free Exercise, Free Speech, and Religious Freedom Restoration Act claims.

1. Defendants’ policy violates the Free Exercise Clause.

Plaintiffs are likely to prevail on their Free Exercise Claims (Counts I, II, and III) because the State’s policy is subject to strict scrutiny but cannot satisfy this “highest level of review.” *Susan B. Anthony List v. Driehaus*, 814 F.3d 466, 473 (6th Cir. 2016).

Under the Free Exercise Clause, “public authorities may enforce neutral and generally applicable rules and may do so even if they burden faith-based conduct in the process.” *Ward v. Polite*, 667 F.3d 727, 738 (6th Cir. 2012). But this “rule comes with an exception.” *Id.* When the policy “appears to be neutral and generally applicable on its face, but in practice is riddled with exemptions or worse is a veiled cover for targeting a belief or a faith-based practice,” *id.*, the policy “must run the gauntlet of strict scrutiny.” *Id.* at 740. A policy satisfies strict scrutiny only if it

“advance[s] interests of the highest order and [is] narrowly tailored in pursuit of those interests.” *Church of Lukumi Babalu Aye, Inc. v. City of Hialeah*, 508 U.S. 520, 546 (1993) (internal quotation marks and citations omitted).

- i. Defendants’ policy is not neutral and generally applicable and is thus subject to strict scrutiny.*

The State’s policy is subject to strict scrutiny for three independent reasons: (1) the State’s policy against referrals permits individualized and discretionary exemptions, (2) the State is selectively enforcing its policy by permitting other agencies to refer families for a variety of reasons, and (3) the State is explicitly targeting St. Vincent for adverse government action based on its religious beliefs.

Individualized and discretionary exemptions. Both Supreme Court and Sixth Circuit precedent make clear that when a law gives the government discretion to grant case-by-case exemptions based on “the reasons for the relevant conduct,” strict scrutiny is required. *Lukumi*, 508 U.S. at 537 (quoting *Employment Div., Dept. of Human Resources of Ore. v. Smith*, 494 U.S. 872, 884 (1990)); see also *Sherbert v. Verner*, 374 U.S. 398 (1963). Such discretionary exemptions are, by definition, the opposite of a neutral and generally applicable law.

In *Ward*, a graduate-level counseling student challenged a university policy that on its face prohibited students from referring counseling clients to other students. 667 F.3d at 736. Upon closer inspection, however, it became clear that this rule was actually an “ad hoc” policy applied at the discretion of the school. This Court thus struck down the policy, explaining that “[a]t some point, an exception-ridden policy takes on the appearance and reality of a system of individualized exemptions, the antithesis of a neutral and generally applicable policy[.]” *Id.* at 740; *see also Blackhawk v. Pennsylvania*, 381 F.3d 202, 211 (3d Cir. 2004) (“[T]he waiver mechanism . . . create[d] a regime of individualized, discretionary exemptions that triggers strict scrutiny.”) (Alito, J.); *Axson-Flynn v. Johnson*, 356 F.3d 1277, 1298-99 (10th Cir. 2004) (striking down a university policy that allowed “ad hoc” exemptions from the university’s curricular requirements).

Here too, contracts between St. Vincent and the State include a clear discretionary exception: referrals are allowed “upon the written approval of the County Director, the Children’s Services Agency Director, or the

Deputy Director.”³⁷ By granting MDHHS officials the authority to grant individualized exceptions to their policy, the State has subjected its policy to strict scrutiny. *Ward*, 667 F.3d at 740.

Selective Enforcement. In addition to explicitly permitting discretionary, individualized exceptions, the State’s policy is selectively enforced. Agency referrals are permitted for numerous secular—but not religious—reasons.

If a policy is facially neutral and generally applicable, it may still be subject to strict scrutiny if it is selectively enforced against only some violators. This Court’s decision in *Ward* provides a perfect example of unconstitutional selective enforcement. The University claimed to have a “no-referral policy,” requiring all graduate student counselors to serve any client. 667 F.3d at 740. But in practice, there was “no evidence” of any actual written policy prohibiting referrals, and in fact the University permitted referrals for numerous secular reasons. *Id* at 739. It even permitted referrals for reasons that violated the University’s antidiscrimination policy (the only written policy it could point to), while

³⁷ Ex.12. Almost identical language is in St. Vincent’s current foster care contracts, permitting the agency to return a case to DHHS “upon the written approval of the County Director, the Children’s Services Agency Director, or the Deputy Director.” Ex.9 at 2.

refusing to grant similar exceptions for religious reasons. *See id.* “The policy thus seems to permit referrals for secular—indeed mundane—reasons, but not for faith-based reasons.” *Id.*

Judge Sutton explained why this was so problematic: “What poses a problem is not the adoption of an anti-discrimination policy; it is the implementation of the policy, permitting secular exemptions but not religious ones and failing to apply the policy in an even-handed, much less a faith-neutral, manner to Ward.” *Id.* Such selective enforcement required the policy to be subjected to strict scrutiny. *Id.* *See also Tenafly Eruv Ass’n, Inc. v. Borough of Tenafly*, 309 F.3d 144, 168 (3d Cir. 2002) (applying strict scrutiny because the government’s “selective, discretionary application” primarily against conduct “motivated by Orthodox Jewish beliefs” was “suggestive of discriminatory intent”); *see also Alpha Delta Chi-Delta Chapter v. Reed*, 648 F.3d 790, 804-05 (9th Cir. 2011) (holding that strict scrutiny would apply if a policy had been applied selectively against religious groups).

Here too, Michigan permits agencies to refer families elsewhere for any number of reasons, and even permits them to violate its non-discrimination policy. As a MDHHS official explained, “We do not compel

agencies to accept referrals—never have; rather, we create through contracts a vast array of providers to meet the very diverse needs of the children and families we serve.” Ex.7.

The State’s non-discrimination policy prevents agencies from denying services on the basis of, among other things, sex, sexual orientation, race, ethnicity and disability. Ex.12. But the State has chosen to contract with private organizations that specialize in serving African American children,³⁸ Native American children,³⁹ children with disabilities,⁴⁰ and to partner with organizations that serve only LGBTQ

³⁸ Michigan Adoption Resource Exchange, *Find a Licensed Agency*, <http://mare.org/For-Families/New-to-Adoption/Find-a-Licensed-Agency> (listing Homes for Black Children) (last visited Apr. 16, 2019); AdoptUSKids, *Minority Specializing Agency and Resource Directory*, 4 <https://s3.amazonaws.com/becketnewsite/minority-specializing-agency-directory.pdf> (discussing how Homes for Black Children focused on the “adoptive placement of black children”)

³⁹ Sault Ste. Marie Tribe of Chippewa Indians, *Child Placement*, <https://www.saulttribe.com/membership-services/acfs/child-placement> (last visited Apr. 16, 2019)

⁴⁰ Wayne Center, *Foster Parenting: Wayne Center’s Written Needs Statement*, <http://www.waynecenter.org/services/foster-care> (last visited Apr. 16, 2019). What is more, the agency is specifically “seeking foster parents with previous experience with persons who have a developmental disability and/or expertise in related areas.”

youth,⁴¹ only girls,⁴² and only boys.⁴³ These exceptions undermine the State’s claimed interest and show that the policy itself is not actually neutral and generally applicable—it is instead selectively enforced against religious groups with beliefs disliked by the State. Strict scrutiny must apply.

Religious Targeting. As the Supreme Court explained in *Lukumi*, “[t]he Free Exercise Clause protects against governmental hostility which is masked, as well as overt,” and there are “many ways of demonstrating” that the government has impermissibly targeted a religious exercise. 508 U.S. at 533-34. Accordingly, all courts must “meticulously” assess government policies for “subtle departures from neutrality,” and the “covert suppression of particular religious beliefs” *Id.* at 534 (internal citations omitted). Two such departures from neutrality occurred here.

First, the State’s public statements and the record surrounding its

⁴¹ Ruth Ellis Center, *Ruth’s House*, <http://www.ruthelliscenter.org/what-we-do/ruths-house/> (last visited Apr. 16, 2019). The State has also never indicated that it would investigate an agency for turning away parents based on religious beliefs the agency viewed as non-LGBTQ affirming.

⁴² Guiding Harbor, *Girlstown Residential*, <http://www.guidingharbor.org/programs/girlstown-residential/> (last visited Apr. 16, 2019).

⁴³ Boys to Men Group Home, LLC, *Who We Are*, http://www.boys2mengrouphome.com/about_us.html (last visited Apr. 16, 2019).

decision to penalize Catholic agencies show hostility by MDHHS decisionmakers toward St. Vincent’s religious beliefs. Second, the State has expressly discriminated against St. Vincent by excluding it from participation in a government program based solely on its sincere religious beliefs.

Government Hostility. The Supreme Court has made clear that if “impermissible hostility toward . . . sincere religious beliefs” is the motivation for a government’s “objection” to religious conduct, that government action is unconstitutional. *Masterpiece Cakeshop Ltd. v. Colo. Civil Rights Comm’n*, 138 S. Ct. 1719 (2018). The Court in *Masterpiece* noted that Colorado had “disparage[d] [the baker’s] religion in at least two distinct ways: by describing it as despicable, and also by characterizing it as merely rhetorical—something insubstantial and even insincere.” *Id.* at 1729. In an opinion joined by seven Justices, the Court held that “[t]his sentiment is inappropriate for a Commission charged with the solemn responsibility of fair and neutral enforcement of . . . anti-discrimination law” *Id.* Further, the Court noted that government “cannot act in a manner that passes judgment upon or presupposes the illegitimacy of religious beliefs and practices.” *Id.* at 1721-22.

State officials have acted in a manner that passes judgment upon and presupposes the illegitimacy of St. Vincent's religious beliefs and practices. In September 2017, after the ACLU filed its lawsuit against the state, a high-ranking MDHHS official took it upon herself to file formal complaints against St. Vincent and other religious child welfare agencies based solely upon their religious practices. Ex.16. Defendant Nessel has repeatedly disparaged religious beliefs and practices like St. Vincent's. Prior to her election, she responded to the passage of PA 53 by stating "These types of laws are a victory for the hate mongers."⁴⁴ She also stated, "If you are a proponent of this type of bill, you honestly have to concede that you just dislike gay people more than you care about the needs of foster care kids."⁴⁵ Although she had previously stated that she would not defend the law she disagreed with, she instead decided to remain involved in the case and adopt an absurd interpretation of the law that rendered it meaningless.⁴⁶ These actions show that public

⁴⁴ Fox 2 Detroit, *Opponents say adoption bill discriminates against gays and lesbians* (Mar. 4, 2015, 5:34 PM), <http://www.fox2detroit.com/news/opponents-say-adoption-bill-discriminates-against-gays-and-lesbians>.

⁴⁵ Rick Pluta, *Faith-based adoption bills headed to House floor*, Michigan Radio NPR (Mar. 4, 2015), <https://www.michiganradio.org/post/faith-based-adoption-bills-headed-house-floor>.

⁴⁶ Julie Williams, *AG Nessel to enter lawsuit in same-sex adoption bans*, WILX 10

officials in charge of the decisionmaking on these issues made statements evincing hostility, just as the Colorado commission did in *Masterpiece*, and also backed up those statements with adverse legal action against religious agencies.

Express Discrimination. Any “policy [which] expressly discriminates against otherwise eligible recipients by disqualifying them from a public benefit solely because of their religious character imposes a penalty on the free exercise of religion that triggers the most exacting scrutiny.” *Trinity Lutheran Church of Columbia, Inc. v. Comer*, 137 S. Ct. 2012, 2021 (2017). In *Trinity Lutheran*, a religiously affiliated preschool was denied the “right to participate in a government benefit program” solely because of its “religious character.” *Id.* at 2022. The Court emphasized that “[t]he express discrimination against religious exercise here is not the denial of a grant, but rather the refusal to allow the Church—solely because it is a church—to compete with secular organizations for a grant.” *Id.* The Court also emphasized that the Government is also forbidden from “regulat[ing] or outlaw[ing] conduct

(Jan. 25, 2019), <https://www.wilx.com/content/news/Michigan-AG-to-enter-lawsuit-in-same-sex-adoption-bans-504852332.html>.

because it is religiously motivated,” as well as “discriminat[ing] against ‘some or all religious beliefs.’” *Id.* at 2021 (citation omitted).

St. Vincent has suffered the same express discrimination. The State has adopted a policy specifically designed to end government partnerships with religious groups based upon a disfavored religious belief. Like the church in *Trinity Lutheran*, these groups would be eligible to continue and renew their government contracts but for their religious beliefs.

If anything, this discrimination is more severe than *Trinity Lutheran*, since the state previously recognized that “Ensuring that faith-based child placing agencies can continue to provide adoption and foster care services will benefit the children and families who receive publicly funded services,” and that “[t]o the fullest extent permitted by state and federal law, a child placing agency shall not be required to provide any services if those services conflict with, or provide any services under circumstances that conflict with, the child placing agency's sincerely held religious beliefs. . . .” Mich. Comp. Laws Ann. § 722.124e(1)(g), (2). The State then changed course and adopted a policy designed to exclude those—and only those—with a particular set of

religious practices. The State has specifically outlined a set of actions which are prohibited by the new policy, such as referring “LGBTQ individual or same-sex couple” to another agency or declining to complete a home study for an “LGBTQ individual or same-sex couple.” *Dumont*, ECF No. 82 at 9.

Its actions demonstrate that the exclusion is not based upon any consistent application of state or federal law, but on the desire to penalize and marginalize groups based upon a particular, disfavored religious belief.⁴⁷

ii. Defendants’ policy does not survive strict scrutiny

“Laws subject to strict scrutiny are presumptively unconstitutional and can only survive if they (1) serve a compelling state interest and (2)

⁴⁷ The State may point to *Teen Ranch v. Udow* as a contrary example, but that case is inapposite. First, it was decided before *Trinity Lutheran*, and relies on an expansive reading of *Locke v. Davey* that was expressly disclaimed in *Trinity Lutheran*. 137 S. Ct. at 2025 (“the Court today appropriately construes *Locke* narrowly”) (Thomas, J., concurring in part). Second, the government contractor in *Teen Ranch* used government funding to run a program that was alleged to “coerce[] children into participating in religious activities.” 479 F.3d 403, 406 (6th 2007). No such coercion occurs here. As the District Court explained, the State could exclude Teen Ranch from its government contracting program because the State is permitted to choose “not to fund a distinct category of instruction.” *Teen Ranch v. Udow*, 389 F.Supp.2d 827, 838 (W.D. Mich. 2005) (quoting *Locke v. Davey*, 540 U.S. 712, 720 (2004)). Here, there is no allegation that St. Vincent is using government funds to provide religious instruction, and the challenged activity (referring prospective parents to other agencies) is not funded by the State.

are narrowly tailored to achieve that interest.” *Susan B. Anthony List v. Driehaus*, 814 F.3d 466, 473 (6th Cir. 2016). This is a demanding inquiry, as “[a] law that targets religious conduct . . . will survive strict scrutiny only in rare cases.” *Lukumi*, 508 U.S. at 546.

Compelling Interest. A compelling interest is an interest “of the highest order,” of the type that would justify the most serious government infringements upon constitutional rights. *Lukumi*, 508 U.S. at 546. When considering a claim of compelling interest, courts must “look beyond broadly formulated interests and . . . scrutiniz[e] the asserted harm of granting specific exemptions to particular religious claimants—in other words, to look to the marginal interest in enforcing the [new policy] in these cases.” *Burwell v. Hobby Lobby Stores, Inc.*, 573 U.S. 682, 726–27 (2014) (internal quotations marks, alterations and citation omitted).

Here, the State has no compelling interest in closing down faith-based agencies; quite the opposite. As the State previously acknowledged, “[h]aving as many possible qualified adoption and foster parent agencies in this state is a substantial benefit to the children of this state who are in need of these placement services.”⁴⁸ For that reason, the State worked

⁴⁸ Mich. Comp. Laws Ann. § 722.124e.

to create a system in which all families—regardless of sexual orientation or gender identity—are able to foster or adopt, while still allowing faith-based agencies to serve those in need consistent with their religious obligations. This system is in the best interest of children, families, and “all of the citizens of this state.” *Id.* MDHHS cannot have a compelling interest in actions that undermine this goal.

MDHHS has no reason to enforce its policy specifically against St. Vincent. The State has done nothing to show why St. Vincent must certify and endorse same-sex relationships *even though* there are numerous other nearby agencies that could perform the same service, and gay couples who receive such certification services elsewhere can still adopt children in St. Vincent’s care. What is more, closing down faith-based agencies will not make it any easier for same-sex couples to adopt—there will instead be fewer agencies available for all couples, which will likely cause more couples to seek to work with existing agencies, making it harder for all families to find an agency with resources to help them.

Least Restrictive Means. The least-restrictive-means standard is “exceptionally demanding,” and requires the government to “sho[w] that

it lacks other means of achieving its desired goal without imposing a substantial burden on the exercise of religion by the objecting part[y].” *Hobby Lobby*, 573 U.S. at 728. “[I]f a less restrictive means is available for the Government to achieve its goals, the Government must use it.” *United States v. Playboy Entm’t Grp., Inc.*, 529 U.S. 803, 815 (2000). A policy flunks this prong if “[the proffered] interests could be achieved by narrower ordinances that burde[n] [the right] to a far lesser degree.” *Lukumi*, 508 U.S. at 546.

Here again, the State legislature has identified a less restrictive alternative: requiring faith-based agencies to make referrals to other agencies when they cannot serve a family based on their sincerely held religious beliefs, thus maximizing both the number of foster parents available and the number of foster children receiving homes. *See* Mich. Comp. Laws Ann. § 722.124e(4). This alternative has been the law of the land in Michigan for over three years, and there is no indication that during this period fewer families were certified or children were harmed as a result.

The evidence actually shows numerous positive changes during this period, including (1) an increase in the number of children discharged

from foster care to permanency within 24 months year-over-year from 2015 through 2017, (2) a decrease in number of children who reenter foster care within 12 months of discharge year-over year from 2015 through 2017, and (3) an increase in relative placement year-over-year from 2015 through 2017. Ex.13.

Nor is there any evidence that the State law has prevented same-sex couples from becoming foster parents. A less restrictive alternative exists and has been in place for years. MDHHS cannot argue that enforcing its anti-discrimination provision against every faith-based agency in the State is the only way of achieving its allegedly compelling interests.

2. The State's policy violates the Free Speech Clause.

i. MDHHS' policy unconstitutionally compels speech by private actors.

The First Amendment protects speakers from government attempts to “compel[] them to voice ideas with which they disagree.” *Janus v. Am. Fed'n of State, Cty. & Mun. Emps.*, 138 S. Ct. 2448, 2464 (2018). It is “always demeaning” when speakers are “coerced into betraying their convictions,” and forced “to endorse ideas they find objectionable.” *Id.* Courts apply strict scrutiny to government actions that compel speech and expressive conduct, particularly when sincere religious beliefs are at

stake. *See, e.g., Wooley v. Maynard*, 430 U.S. 705, 716 (1977) (requirement to display state motto on license plates was compelled speech); *Hurley v. Irish-Am. Gay, Lesbian & Bisexual Grp. of Boston*, 515 U.S. 557 (1995) (using public accommodations law to force a parade to include an LGBTQ group was compelled speech).

Strict scrutiny applies here because Michigan is attempting to compel St. Vincent to engage in speech contrary to its religious beliefs. The State has threatened to take adverse action against St. Vincent if St. Vincent is not willing to perform home study assessments, which include written recommendations evaluating and approving LGBTQ and unmarried relationships and the suitability of placing children in those homes. As discussed above, MDHHS requires agencies performing a home study to assess the “[s]trengths and weaknesses” of the parents and the “[s]trengths of the relationship” between the couple, including “level of satisfaction” and “stability” of the relationship. Agencies are also required to assess the parents’ “roles,” “involvement,” “styles,” “childrearing techniques,” and “values.”⁴⁹ Assessment must also include

⁴⁹ Michigan Department of Health & Humans Services, *Initial Foster/Adoption Evaluation Form*, https://www.michigan.gov/documents/mdhhs/CWL-3130_527684_7.docx.

“[r]ole of religion in the family” and the “[r]elationship history” of the parents. *Id.* After making those assessments, agencies must provide written findings and recommendations to the State. *See id.*

St. Vincent cannot make such written recommendations when they contradict the Catholic teachings upon which the agency was founded. Nor does St. Vincent want to send the State written recommendations that all unmarried or LGBTQ couples who come to it are unsuitable for adoption. Rather, on this sensitive and important issue, St. Vincent stands aside and allows other qualified agencies to make recommendations on behalf of unmarried or LGBTQ couples. Ex.1, ¶8. But if St. Vincent will not agree to provide these written evaluations of same-sex couples, then it cannot continue to serve these children *at all*. This is an attempt to “compel[] them to voice ideas with which they disagree” in violation of the First Amendment. *Janus*, 138 S. Ct. at 2464. If St. Vincent refuses to speak the words the State demands, it will be forced to close its longstanding program. Such actions must face strict scrutiny.

ii. MDHHS’ policy places an unconstitutional condition on St. Vincent’s speech.

Michigan’s actions violate the Free Speech Clause for another

reason: governments cannot use a government funding program to silence unfunded, private speech they may find offensive. *Agency for Int'l Dev. v. AOSI*, 570 U.S. 205 (2013). *AOSI* involved a federal funding program requiring every group that received funds to have “a policy explicitly opposing prostitution and sex trafficking.” *Id.* at 210. The Supreme Court held that requirement unconstitutional: “[T]he government may not place a condition on the receipt of a benefit or subsidy that infringes upon the recipient’s constitutionally protected rights, even if the government has no obligation to offer the benefit in the first instance.” *Id.* at 212. The government cannot “seek to leverage funding to regulate speech outside the contours of the program itself.” *Id.* at 214-15.

As another illustration of an unconstitutional condition, the Court pointed to *FCC v. League of Women Voters of California*, 468 U.S. 364 (1984). There, the government provided funding to noncommercial broadcasters, but as a condition on this funding “prohibited all editorializing, including with private funds.” *AOSI*, 570 U.S. at 215-16. Thus, “even a station receiving only one percent of its budget from the Federal Government . . . was barred absolutely from all editorializing.”

Id. at 216 (internal quotation marks and citation omitted). This condition “leveraged the federal funding to regulate the stations’ speech outside the scope of the program,” and was therefore unconstitutional. *Id.* The same is true here.

Michigan is attempting to compel speech that it does not pay for. Specifically, it is requiring agencies to provide certain written evaluations and recommendations regarding licenses for foster and adoptive families. Yet St. Vincent performs these services by using its own private funds accounted for under a separate cost center. The State does not list home studies as a “service” under its normal foster care or adoption contracts with St. Vincent, nor require any specific amount of home studies to be performed. Ex.1, ¶14. To the contrary, the State has demonstrated in other contexts that when it wants to specifically contract for and pay for home study services, it has a mechanism for doing so. St. Vincent has never entered into such a specific home study contract for any LGBTQ couples. Ex.1, ¶12.

Home studies are St. Vincent’s private speech and outside the scope of MDHHS’ foster care and adoption funding programs. Michigan’s attempts to condition St. Vincent’s foster care and adoption contracts on

its willingness to provide this speech constitutes an unconstitutional condition on St. Vincent's private speech under *AOSI* and *League of Women Voters*.

Indeed, this is an even easier case than *AOSI*, where the organizations could forego government funding and "take a different tack with respect to" the policy question at issue. 570 U.S. at 225 (Scalia, J., dissenting). Here, without its contract with the government, St. Vincent cannot perform foster care or public adoption services *at all*. As the Supreme Court has recently recognized, the government may not wield licenses as a tool for "invidious discrimination of disfavored subjects." *NIFLA v. Becerra*, 138 S. Ct. 2361, 2375 (2018). "[I]t is not forward thinking to force individuals to 'be an instrument for fostering public adherence to an ideological point of view [they] fin[d] un-acceptable.'" *Id.* at 2379 (citation omitted) (Kennedy, J. concurring). That is precisely what has happened here.

3. Injunctive relief is warranted against the Federal Defendant.

For all the reasons described above, the Plaintiffs' First Amendment rights have been violated. Injunctive relief is necessary against both the state and federal defendants. Attorney General Nessel has stated that

her unconstitutional actions were necessary in order to comply with federal regulations. Therefore, the Court should also issue injunctive relief against Defendant Azar so that HHS may not engage in unlawful enforcement actions, and so that Michigan cannot use the perceived threat of federal enforcement as an excuse to violate Plaintiffs' rights.

Nessel claims that 45 CFR 75.300(c), which prohibits sexual orientation discrimination in certain federally funded programs, applies here.⁵⁰ But HHS recently took the position that application of the non-discrimination provisions of 75.300(c) to a religious adoption agency would violate the federal Religious Freedom Restoration Act (RFRA), 42 U.S.C. 2000bb.⁵¹ Under RFRA, actions which substantially burden religious exercise must face strict scrutiny. 42 U.S.C. 2000bb-2. According to HHS, "sincere religious exercise would be substantially burdened by application of the religious nondiscrimination requirement

⁵⁰ Michigan Government, *Summary Statement of Dumont v. Gordon Settlement Agreement* (Mar. 22, 2019), https://www.michigan.gov/documents/ag/03.22.19_FINAL_Dumont_settlement_summary_650097_7.pdf.

⁵¹ Letter from Steven Wagner, HHS Principal Deputy Assistant Secretary, Administration for Children and Families to Henry McMaster, Governor, South Carolina (Jan. 23, 2019), <https://governor.sc.gov/sites/default/files/Documents/newsroom/HHS%20Response%20Letter%20to%20McMaster.pdf> ("Wagner Letter").

of 75.300(c).”⁵² Such enforcement would not further a compelling government interest, and “the interest of allowing potential foster parents into the SC Foster Care program appears capable of being served by other providers in the program.”⁵³ Moreover, the “application of the regulatory requirement would also cause a significant programmatic burden for the SC Foster Care Program by impeding the placement of children into foster care.”⁵⁴

The same is true here. For all the reasons listed above, shutting down St. Vincent’s adoption and foster care program would burden Plaintiffs’ religious exercise. Application of 75.300(c) to St. Vincent does not further any compelling interest, particularly given any apparent lack of similar enforcement against private religious adoption agencies. In fact, application of this provision to religious child welfare agencies would impede the State’s interest in ensuring more homes for children. The State also has an interest in complying with federal law, and federal law requires that agencies receiving federal funds not discriminate against

⁵² *Id.* at 3.

⁵³ *Id.*

⁵⁴ *Id.*

religious service providers.⁵⁵ And, as Michigan itself has recognized, other less restrictive alternatives are available, such as referrals to other agencies. *See Mich. Comp. Laws Ann. § 722.124e(4)*. Enforcement of 75.300(c) in the manner threatened here would violate federal law, and therefore the Court should enjoin any attempt to enforce 75.300(c) to burden St. Vincent’s religious exercise.⁵⁶

B. Plaintiffs will be irreparably harmed absent an injunction.

“The Supreme Court has unequivocally admonished that even minimal infringement upon First Amendment values constitutes irreparable injury sufficient to justify injunctive relief.” *Newsom v. Norris*, 888 F.2d 371, 378 (6th Cir. 1989) Thus, “to the extent that [Plaintiff] can establish a substantial likelihood of success on the merits of its First Amendment claim, it also has established the possibility of

⁵⁵ *See* 42 U.S.C. § 604a(c) (“neither the Federal Government nor a State receiving funds under such programs shall discriminate against an organization which is or applies to be a contractor to provide assistance, or which accepts certificates, vouchers, or other forms of disbursement, on the basis that the organization has a religious character.”).

⁵⁶ Such enforcement would also violate the First Amendment for all the reasons given above. Plaintiffs note that the substantial burden test used by RFRA has been used under the Free Exercise Clause in the past, prior to *Employment Division v. Smith*, and there is some indication that the Supreme Court may revisit *Smith*. *See Kennedy v. Bremerton Sch. Dist.*, 139 S. Ct. 634, 637 (2019) (Alito, J., concurring). Plaintiffs reserve their right to argue that *Employment Division v. Smith* should be overturned and that they should prevail under either test.

irreparable harm as a result of the deprivation of the claimed [First Amendment] rights.” *Connection Distrib. Co. v. Reno*, 154 F.3d 281, 288 (6th Cir. 1998). In addition to the loss of their First Amendment rights, St. Vincent will be forced to close its foster care and adoption ministries, and all the families that rely on St. Vincent for crucial support could lose the opportunity to care for children in need. This would harm the Bucks and other families who depend on St. Vincent for support, as well as Shamber Flore, the Bucks, and others who exercise their faith by volunteering at St. Vincent.

C. An injunction is in the public interest.

“[I]t is always in the public interest to prevent the violation of a party’s constitutional rights.” *G & V Lounge, Inc. v. Michigan Liquor Control Comm’n*, 23 F.3d 1071, 1079 (6th Cir. 1994).

Here, even apart from Plaintiffs’ constitutional claims, the public interest is best served by ensuring that at-risk children are placed with loving foster parents and that children seeking adoption can quickly find permanency. Michigan has already conceded this point in law. *See Mich. Comp. Laws Ann. § 722.124e(1)*. Closing one of the best foster care and adoption agencies in the State does not advance that interest.

D. The balance of the equities favors Plaintiffs.

Finally, harm to Plaintiffs “should the preliminary injunction not be issued must be weighed against the harm to others from the granting of the injunction.” *United Food & Commercial Workers Union, Local 1099 v. Sw. Ohio Reg’l Transit Auth.*, 163 F.3d 341, 363 (6th Cir. 1998). This factor also supports granting an injunction. Compared to the irreparable harms suffered by Plaintiffs, Defendants or others will not suffer any harm were this Court to maintain the *status quo* pending final resolution of Plaintiffs’ claims. St. Vincent has worked with the State for decades, and has served those in need through its foster care and adoption ministries for over 75 years. Gay couples interested in adopting and who receive their certification through another agency can still adopt children in St. Vincent’s care at any time. There is no reason that St. Vincent’s continued operation during the course of this litigation will harm the State or children in need.

CONCLUSION

For all the foregoing reasons, the Court should enjoin the Defendants from violating Plaintiffs’ constitutional and statutory rights and enter a preliminary injunction preserving the status quo.

Dated: April 16, 2019

Respectfully submitted,

/s/ Lori Windham

Lori Windham

Mark Rienzi*

Nicholas Reaves*

The Becket Fund for Religious Liberty
1200 New Hampshire Ave. NW, Suite
700

Washington, DC 20036

Telephone: (202) 955-0095

Facsimile: (202) 955-0090

William R. Bloomfield (P68515)

Catholic Diocese of Lansing

Lansing, Michigan 48933-1122

(517) 342-2522

wbloomfield@dioceseoflansing.org

Counsel for Plaintiffs

**Admission pending*

CERTIFICATE OF COMPLIANCE

This memorandum complies with the word limit of LR 7.2(B)(i) because, excluding the parts exempted by LR 7.2(B)(i), it contains 10,748 words. The word count was generated using Microsoft Word 2016.

/s/ Lori Windham

Lori H. Windham

Mark L. Rienzi*

Nicholas R. Reaves*

Counsel for Intervenor-Defendants

The Becket Fund for Religious Liberty

1200 New Hampshire Ave. NW, Suite

700 Washington, DC, 20036

Tel.: (202) 955-0095

Fax: (202) 955-0090

mrienzi@becketlaw.org

Counsel for Plaintiffs

**Admission pending*

EXHIBIT 1

**IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION**

MELISSA BUCK; CHAD BUCK;
and SHAMBER FLORE;
ST. VINCENT CATHOLIC
CHARITIES,

Plaintiffs,

v.

ROBERT GORDON, in his official
capacity as the Director of the
Michigan Department of Health
and Human Services; HERMAN
MCCALL, in his official capacity
as the Executive Director of the
Michigan Children's Services
Agency; DANA NESSEL, in her
official capacity as Michigan
Attorney General; ALEX AZAR, in
his official capacity as Secretary of
Health and Human Services;
UNITED STATES
DEPARTMENT OF HEALTH
AND HUMAN SERVICES,

Defendants,

No. 1:19-cv-00286

Hon. Robert J. Jonker

DECLARATION OF GINA SNOEYINK

1. My name is Gina Snoeyink. I am over the age of 21 years old and capable of making this declaration pursuant to 28 U.S.C. § 1746. I have not been convicted of a felony or been convicted of a crime of

dishonesty. I have personal knowledge of all of the contents of this declaration.

2. I am the Director of Children's Services at St. Vincent Catholic Charities ("St. Vincent") in Lansing, Michigan. I have served in that position for nearly six years. Prior to that, I served as a Children's Services Program Director and Mental Health Therapist at St. Vincent since 2003. I received a master's degree in social work from Michigan State University in 2003, and I received a bachelor of social work from Northern Michigan University in 2002.

3. St. Vincent is one of the oldest and most effective adoption agencies in Michigan. In the last eighteen months, St. Vincent has recruited more new foster families total than all of the other private agencies in its tri-county foster area, which includes the Michigan counties of Ingham, Eaton, and Clinton. And in the last four fiscal years, St. Vincent has served an average of 74 children in its foster care program every year, and through its work over 100 adoptions for foster children were finalized.

4. Many of the children in St. Vincent's care are minority children (African American, Hispanic, or Native American), and St. Vincent excels in providing extra support for families with special needs children. St. Vincent is also very effective at finding homes for sibling groups and older children.

5. St. Vincent has served children and families for over 70 years, helping those in crisis find hope and safety both in their own homes and with new families. As a nonprofit, faith-based organization, St. Vincent's mission is "to share the love of Christ by performing the corporal and spiritual works of mercy." Although its focus has always remained on serving children and families, St. Vincent provides a range of services in fulfillment of this mission. Current programs include professional mental health and substance abuse counseling, marital and family counseling, and refugee resettlement.

6. St. Vincent is also dedicated to ensuring that children find the best possible homes. Consistent with State requirements, St. Vincent performs in-depth home studies assessing the characteristics of each family that make them suitable to adopt and foster children. The home

evaluation involves an exhaustive review of the family's eligibility, considering factors such as family history, strengths and weaknesses of family members, parenting ability, education and employment history, acceptance of family towards children, the family's capacity and disposition to give an adopted child love and guidance, and other relevant characteristics. In order to make a home study recommendation, St. Vincent is also required to assess the relationships between all the adults living in the home to determine whether the home is suitable for the placement of a child. For example, DHHS's "Initial Foster/Adoption Home Evaluation" form (included with this declaration as Attachment A) specifically requires agencies to assess the "[s]trengths and weaknesses" of the parents and the "[s]trengths of the relationship" between the couple, including "level of satisfaction" and "stability" of the relationship. Agencies are also required to assess the parents' "roles," "involvement," "styles," "childrearing techniques," and "values." Assessment must also include "[r]ole of religion in the family" and the "[r]elationship history" of the parents.

7. St. Vincent is responsible for providing its written evaluations and recommendations to the State regarding foster licensing and approval of adoption for families. DHHS makes the ultimate determination about placement of children and licensing of families for foster and adoptive purposes.

8. Adoptive and foster families are not expected to share St. Vincent's religious beliefs. And St. Vincent happily serves both LGBTQ individuals and children. For example, St. Vincent regularly serves LGBTQ foster children in both its foster program and its group home, and St. Vincent welcomes LGBTQ couples to attend a parent support group that St. Vincent facilitates. However, as a Catholic organization, St. Vincent cannot provide a written recommendation to the State evaluating and endorsing a family situation that would conflict with St. Vincent's religious beliefs. Thus, St. Vincent cannot provide written recommendations and endorsements of unmarried or LGBTQ couples consistent with its Catholic mission. Nor does St. Vincent want to send the State written recommendations that all unmarried or LGBTQ couples who come to it are unsuitable for adoption. Rather, on this

sensitive and important issue, St. Vincent stands aside and allows other qualified agencies to make recommendations on behalf of unmarried or LGBTQ couples.

9. In my years of experience in the child welfare system, I have observed that Michigan has a chronic shortage of foster and adoptive homes. The State therefore contracts with over 90 private agencies to provide foster and adoptive support to children in need. These private agencies may retain their religious beliefs and mission pursuant to the contracts they enter into with the State.

10. Michigan pays these private agencies using a mix of state and federal funds, including funds from Title IV-E and Temporary Assistance for Needy Families block grants. For foster children, Michigan generally pays a per diem to the agency overseeing that placement only after a child is placed with a licensed family. Most of the funds go to the family to defray the costs of providing care, and a portion remains with the agency to compensate the agency for its support services. For the majority of adoptions from foster care, the State makes payments to the agency as

part of the foster care system in pre-adoptive placements, and makes a lump-sum payment to the agency after the adoption is complete.

11. Private agencies generally do not bill the State, nor are they compensated, for performing home studies for prospective foster or adoptive parents.

12. In exceptional circumstances, the state has unique contracts it provides where it does pay agencies specifically for licensing a relative for a kincare placement. The State's funding tables, information regarding this separate agreement, and a coversheet used by agencies to request reimbursement for this service, are included as Attachment B. However, that is not the typical circumstance, and St. Vincent has never been a party to such a contract for the provision of home study services for an LGBTQ couple.

13. Absent that exceptional situation with a contract paying for home studies, St. Vincent pays for home studies, assessments, and its general recruitment with private funds in a cost center that is kept separate from the funding provided by the State for other child welfare

activities. St. Vincent offers a significant subsidy to Michigan by recruiting new foster parents using its own private funds and supplementing State funds with private donations and volunteer hours to cover costs that state funding cannot. For example, last fiscal year both St. Vincent's foster program and adoption programs operated at a significant loss based on the state funding alone, and these programs would not have been able to operate without St. Vincent's private subsidies.

14. The State does not list home studies as a "service" under its normal foster care or adoption contracts with St. Vincent, nor require any specific amount of home studies to be performed.

15. For families seeking to provide foster care, or to foster and then adopt, after they are licensed, they join that agency's pool of homes waiting to serve a child in need. Under the State's contractual agreement with private agencies, MDHHS gives agencies just one hour to contact their pool of foster homes and determine if any are willing to foster the child. Agencies thus have to move very quickly down their list of families, and sometimes the family only has a matter of minutes to decide. If the

agency does not have a family to place the child within that hour, MDHHS moves on to the next agency. Often children who are placed in non-permanent foster homes still need parents who are willing to adopt them.

16. If unmarried or LGBTQ couples want to obtain their license through St. Vincent, consistent with State law staff provide written information on the State's website and contact information for a list of other local adoption or foster care service providers that would be willing to work with the family. There are seven other foster or adoption agencies in the tri-county area that are willing to work with unmarried or same-sex couples. And there are many agencies throughout the State of Michigan, which can be found on the State's website: Michigan Adoption Resource Exchange. An interactive map is available at the following two links: <http://mare.org/Agency-Map>, or <http://bit.ly/2oot6id>.

17. St. Vincent doesn't prevent any couples from fostering or adopting. Families working with any other adoption agencies are not restricted to children in the care of their chosen licensing agency, and any family could be matched with children in St. Vincent's care through the

Michigan Adoption Resource Exchange (MARE). The MARE website includes information about all children currently seeking adoption in the State. What is more, families certified by any of the numerous private child placing agencies in Michigan are allowed to adopt every child on MARE's website—no family is disqualified from adopting a child based solely on the agency with which they work. And in fact, gay couples certified through different agencies have been able to adopt children in St. Vincent's care in the past using this process.

18. Many of the children St. Vincent serves have undergone the trauma of physical or emotional abuse, neglect, or the illness or death of a parent. To address these needs, St. Vincent provides services including individual, family and group therapy, monthly visits to the foster home, visitation with birth parents and other relatives, monitoring and referrals to community resources for additional treatment and support. Unlike many agencies, staff at St. Vincent are on-call 24 hours a day to respond to foster families' concerns. St. Vincent also facilitates support groups and other resources for parents to meet the needs of their children with special needs.

19. St. Vincent also operates a Children's Home that complements its other program, providing residential care and treatment for up to 40 children in the foster care system at a time. Teenage girls, boys, and younger children live in four living units and have programming specific to their treatment needs. Over 90% of the youth served by the Children's Home are wards of the court due to abuse or neglect. Many need intensive support and cannot be cared for in a family setting due to safety issues. St. Vincent provides services and cares for children regardless of their faith, nationality, race, or sexual orientation. Children in St. Vincent's care include LGBTQ youth.

20. St. Vincent would not be able to continue its adoption and foster programs if it could not partner with the State, either legally or financially. St. Vincent is not allowed to offer these services to children in Michigan's child welfare system unless it is contracting with the State. St. Vincent does not make a profit providing adoption and foster services (it actually loses money). But the loss of the contract with the State for foster care and adoption services would result in the immediate closure of these programs.

21. Private agencies in Michigan have always been able to refer families to other agencies (or return a referral to DHHS) for a variety of other reasons, including the following: (1) the family may live further away than the agency would like to drive for home visits, so they refer them to a closer agency, (2) the agency already has a waiting list, (3) the family has not been satisfied with the agency's services, and (4) the family is looking for a specific type of child not currently in that agency's care.

22. The State has long been aware of St. Vincent's religious beliefs and practices, and St. Vincent's executive director testified before the legislature in 2015 regarding the need for legal protection for faith-based adoption agencies.

I declare under penalty of perjury that the foregoing is true and correct.

Hi Sweyuti 4/16/19

Attachment A

INITIAL FOSTER/ADOPTION HOME EVALUATION

Michigan Department of Health and Human Services
Division of Child Welfare Licensing

Applicant(s) interested in:

Relative Assessment.

If yes, please describe legal relationship:

Foster Care

Adoption

AGENCY NAME: St. Vincent Catholic Charities-Child Welfare

AGENCY LICENSE NUMBER: CB330201019

Date of Report:

1. FOSTER/RELATIVE/ADOPTIVE HOME INFORMATION:

Home name: [REDACTED]

Foster home license number, (CF # or CG#):

Address: [REDACTED]

Home telephone number: [REDACTED]

Other telephone number(s):

Email address: [REDACTED]

Driver's license number/State ID number for all adult members of the household; verification of valid driver's license:

MEMBERS OF HOUSEHOLD:

Name	DOB	Relationship to Caregiver	Date of Placement (if applicable)
[REDACTED]	[REDACTED]	[REDACTED]	
[REDACTED]	[REDACTED]	[REDACTED]	
[REDACTED]	[REDACTED]		

DIRECTIONS TO THE HOME:

SOCIAL WORK CONTACTS:

Date	Persons	Type of Contact/Place

2. CENTRAL REGISTRY:

Michigan Date of Central Registry Check:

Has applicant lived in any other states in the last 5 years? Yes No

If yes, identify what states the person lived in. There must be a central registry clearance from that state.

The confidentiality of information in this section of this document is protected by the Michigan Child Protection Law. Anyone who violates this protection is guilty of a misdemeanor and is civilly liable for damages (1975 PA 238, as amended, MCL 722.621 et seq.).

Central Registry Results:

N/A: Not found

Yes, there is a history of child abuse or neglect.

a. Describe the length of time since the substantiation and any services that have been provided to rectify the concern.

b. Address any risk factors that might impact the safety of the child and describe what protective interventions are in place currently.

***If there is any household member who is on Central Registry, THE HOME CANNOT BE LICENSED.**

Are there any rules that are in non-compliance? Yes No

If Yes, list all rules and headings:

Willful Substantial

Supporting documentation:

ART: Yes No

3. COMMUNITY:

Type of community (rural, urban, etc.):

Socio-economic makeup:

Racial/cultural makeup:

Availability of recreational facilities:

School system, including special education:

Hospitals and medical care, noting facility utilized by family:

Availability of churches, noting family's choice of church:

4. DESCRIPTION OF HOME: (R.400.9206, R.400.9301, R.400.9302, R.400.9303, R.400.9304, R.400.9305, R.400.9306, R.400.9307, R.400.9308, R.400.9309, R.400.9401, R.400.9410, R.400.9411, R.400.9414, R.400.9418, R.400.9419)
Description of home and all rooms, noting condition, layout, appearance: (Does the home meet the minimum level of cleanliness necessary to meet the needs of the child to be placed? If not, is the applicant taking action to address the home's deficiencies?)

Description of play space:

Safety considerations, including weapons or pets:

- Are there pets in the home? Yes No
- Does the pet have current vaccinations? Yes No
- Is the pet friendly or is the pet a safety concern? (Explain what makes the pet friendly or a safety concern. Describe how does the pet interacts with others.)
- Is the pet well cared for? Yes No
- Are there any water hazards on or near the premises? Yes No
- If yes, describe how the caregiver plans to safeguard children around them. Any exterior door that leads directly to the area where there is a water hazard needs an alarm. Any pool, spa, hot tub or pond needs rescue equipment available.
- Are there working smoke detectors on each floor and between each sleeping area and the rest of the home?
 Yes No
- Is there a working carbon monoxide detector installed as recommended by the manufacturer? Yes No
- If there are weapons in the home, specify what they are, where they are stored and how they are secured. Document all weapons (rifles, handguns, bow and arrows, air/paint guns, etc.), registrations, trigger locks/inoperable and storage. Weapons must be inoperable and locked in a place separate from ammunition or stored in a locked gun safe.
- Where are medications stored?

Explain the proposed sleeping arrangements for family members and foster/adoptive children.

Is there a CPSC compliant crib if there are children under the age of 2 or the home is to be licensed for children 0-2?

Do all bedrooms have a window and a door that can be used to get out of the house in an emergency?
 Yes No

If "NO", please explain:

Are there people sleeping in other rooms in the home? Please describe.

Water, sewer, refuse arrangements, health inspection results if applicable:

Water temperature tested 120° Fahrenheit or less? Yes No

Emergency procedures information completed and posted in view of the home telephone:

Means of transportation; i.e. ages and makes of automobiles, reliability, proof of insurance on each vehicle, availability of required safety seats for young children, accessibility of public transportation if needed:

DESCRIBE PLANS FOR DAY CARE AND/OR SUBSTITUTE CARE. (R.400.9403(d)(ix), R.400.9412)

Routine Day Care:

After hours and emergency substitute care:

Are there any rules that are in non-compliance? Yes No

If Yes, list all rules and headings:

Willful Substantial

Supporting documentation:

Variance requested? Yes No

5. FINANCIAL: (R.400.9201, R.400.9206)

Date family provided with information of Ineligible Grantee Funds, Medicaid, Food Stamps, WIC in MDHHS-Pub-114 for children in relative care:

Source of income, how this was verified, stability of income, how expenses were verified. Does the family have a plan for any known financial changes that may occur in the future i.e., unemployment payments ending, cash assistance ending?

If income is based on disability, i.e. SSI, Social Security Disability, long term disability payments from a job, workmen's compensation, etc., describe the verification of the physical or mental disability and an assessment of how that impacts the ability to provide foster/adoptive care or be a member of the household.

If child support payments are ordered, are the payments being made and are they current? If there are arrears, how much and what is the plan to bring the payments current? How was this verified?

Detail a financial statement that specifies the amount of net income for the household and identifies all ongoing and routine bills and expenses including, but not limited to, housing (mortgage or rent, insurance, property taxes), utilities, food, clothing, transportation (car payments, insurance, fuel), credit cards, student loans, contributions to religious organizations, savings contributions, etc.

Assess the family's money management skills and ability to meet their needs with their current income. Is the family current on their bills? Can the family meet the financial expenses of having a relative/foster child placed in their home prior to payment starting?

Are there any rules that are in non-compliance? Yes No
If Yes, list all rules and headings:

Willful Substantial

Supporting documentation:

Variance? Yes No

6. **SOCIAL HISTORY:** (for each adult member of the household, including adult children who live in the home) (R.400.9201, R.400.9202, R.400.9206)

Descriptive information: Age, height, weight, hair color, nationality, race or ethnicity, place of birth. American Indian heritage must be consistent with information on the BCAL-3889 and the BCAL-0120-A. Family of origin description. Include:

- Number of siblings, parents' roles, personalities, expectations, parenting involvement, styles, values.
- Relationship with each parent and siblings (if any) growing up and now.
- Parents'/primary caretakers' childrearing techniques, including discipline.
- How family dealt with losses. Describe family celebrations.
- Parents' substance use and how it affected the family, lasting impact on individual.
- How family dealt with any abuse or victimization issues, continuing impact on individual.
- Role of religion in the family.
- Other significant influences when a child, e.g. grandparents, step parents, aunts, uncles.

Any history of out of home care? This should include any history in non-court-ordered out of home care.

Educational history and any special skills and interests:

Employment history - If the person does not have an employment history or there are large gaps in the employment history, explain how they were supported during that period of time:

Relationship history - Significant relationships prior to current one; how they ended; if previously married, whether divorce has been obtained or considered and whether there is verification.

Any children from previous relationships. Yes No

Note any history of involvement in domestic violence, including as a victim, or absence of history:

Description of personality, personal goals, hobbies, interests:

Strengths and weaknesses, worker's assessment in addition to what the applicant tells you:

Are there any rules that are in non-compliance? Yes No

If Yes, list all rules and headings:

Willful Substantial

Supporting documentation:

7. **FAMILY LIFE:** (R.400.9201, R.400.9202, R.400.9206, R.400.9404, R.400.9418)
Marital and family status and history, including current and past level of family functioning and relationships and any incidents of domestic violence:

- Current relationship. Include:
 - Brief history, including date and place of marriage, if applicable.
 - Any history of infertility and how that has been dealt with.
 - Any history of separations or domestic violence.
 - Strengths of relationship, areas of work or attention.
 - Common/shared interests or lack thereof.
 - Roles, division of labor, decision-making process, handling stress or disagreements.
 - Assess level of satisfaction, stability.
 - Describe relationship w/parent of children if separated.

Family: Activities, goals, values, role of religion, church involvement:

Challenges, stressors, any history of help-seeking:

Losses and how dealt with:

Expected impact of fostering/adopting on all members of the household:

Any individuals other than children of applicants currently living with the family, impact of those individuals on family functioning.

8. **CHILDREN:** (R.400.9201, R.400.9202, R.400.9206, R.400.9404, R.400.9407)
All children must be interviewed/observed apart from the parents, even adult children no longer living in the home, or the agency must note all attempts to contact them. If unsuccessful, the applicant's explanations as to why you were unable to contact them.

- For each child living in the home including relatives/foster children:
 - Identifiers: name, birth date, race (if different from parents') school and grade, and/or employment. Date of placement for children already placed in the home (relatives).
 - Parents' description of child's personality, interests, activities.
 - General adjustment, note if any involvement with law enforcement or the criminal justice system.
 - Worker's assessment of child's adjustment, development, special needs, relationships with parents and their significant others, and other strengths and weaknesses.
 - Child's ideas and attitudes about fostering/adopting based on interview with the child.
 - Child's description of the discipline techniques used in the family.

- For children who are grown and/or out of the home:
 - Identifiers: name, age, where living, marital status.
 - School and/or employment.
 - General adjustment: note if any problems with law enforcement or the criminal justice system.
 - Their opinion of their parents' parenting skills and of their desire to foster/adopt children.
 - Description of the discipline techniques used when they were a child.
 - The willingness of the adult child to provide substitute care, if appropriate, or be involved with the foster/adopted children who may be placed into the home.
 - Any ongoing reliance by the adult child on the applicant for child care, monetary assistance, etc.

Are there any rules that are in non-compliance? Yes No

If Yes, list all rules and headings:

Willful Substantial

Supporting documentation:

Variance? Yes No

9. **HEALTH:** (For each member of the household, both adult and children): (R.400.9201, R.400.9202, R.400.9206)
Assessment of physical, mental and emotional health and substance use history.

Indicate current health status. (Is anyone in the household prescribed medication? If so, list the medications. How long has he/she been taking these medications/what are the medications prescribed to treat?)

Does anyone in the household have a physical or mental health diagnosis or condition that would make care of the child difficult? If so, describe how it may affect the care of a child.

Describe current substance use patterns, history if indicated. If there is a past substance use problem (including alcohol use) indicate how diagnosed, resolved, and when. What is the current treatment?

Does any member of the household smoke? Yes No

If yes, do they smoke in the house? Yes No

Reference a medical statement, completed within the 12 month period before conclusion of the evaluation, for each member of the household that indicated that the member has no known condition which would affect the care of a foster/adoptive child or any other determination if different. Does anyone require special care? Please describe:

Are there any rules that are in non-compliance? Yes No

If Yes, list all rules and headings:

Willful Substantial

Supporting documentation:

Variance requested? Yes No

10. **PARENTING:** (R.400.9201, R.400.9206, R.400.9306, R.400.9401, R.400.9403, R.400.9404, R.400.9417)
Parenting skills and attitudes toward children:

Parenting values:
Most important things for parents to do, what they will do similarly to their parents, what they hope to improve upon.

Knowledge of child development, appropriateness of expectations of children.

Safe Sleeping requirements have been trained and reviewed

Understanding of infant care:

Capacity and disposition to give a foster child guidance, love and affection and to deal with difficult children with unacceptable behavior, children who are rejecting and/or oppositional, or children with medical needs.

1. What kinds of behaviors require intervention?

2. How will caregiver intervene/handle that type of behavior? How will they be supportive and nurture children?

Methods of discipline. Flexibility and age appropriateness of approaches, willingness to follow the case plan for the child if it differs from their normal approach to discipline.

Awareness of variety of techniques, use of positive and negative methods.

Understanding of agency's discipline policy and willingness to abide by it. If the family has used spanking or other corporal punishment, or was raised with it, document their current attitudes.

Are there any rules that are in non-compliance? Yes No

If Yes, list all rules and headings:

Willful Substantial

Supporting documentation:

11. MOTIVATION FOR FOSTER CARE/ADOPTION: (R.400.9201, R.400.9202, R.400.9206, R.400.9403, R.400.9404, R.400.9405, R.400.9411)

Reasons for wanting to provide care for relative/foster/adoptive children, including infertility, if indicated.

Each member's attitude towards accepting a relative/foster/adoptive child.

Previous experience in providing child foster care, child day care, or adult foster care.

Previous adoptive evaluations or placements.

Previous licenses, including applications that did not result in a license. Reference communication with previous agency.

Level of understanding of foster/adoptive care and the potential impact on their family. For example, does the caregiver understand that a social worker will visit the child and relative at least monthly until reunification with parents occurs or permanent custody is achieved?

Evaluation of motivators, (if adoption/relative placement in particular).

Applicant(s) agree to encourage visits and follow health care, religious and discipline policies of this agency.

Are there any rules that are in non-compliance? Yes No

If Yes, list all rules and headings:

Willful Substantial

Supporting documentation:

12. FAMILY'S ATTITUDES TOWARD THE CHILDREN'S PARENTS AND WORKING WITH THE AGENCY:

(R.400.9201, R.400.9202, R.400.9206, R.400.9403)

Understanding of permanency and concurrent planning.

Family's level of understanding of foster/adoption care.

Family's willingness to comply with the child's case plan. If child is in the home, assess current situation.

- The family is willing to cooperate with the supervising agency.
- The family is willing to cooperate with the school system.
- The family is willing to cooperate with the child's therapist.
- The family is willing to cooperate with the parenting time plan outlined in the treatment plan.
- The caregiver is willing and able to protect the child(ren) from further harm.

Attitudes toward the legal parents. How will foster parents discuss legal parents with and around foster/adoptive children?

How will foster parents discuss reasons children entered foster care and/or became available for adoption?

Family understands the goal of the agency in providing foster care and they are willing to support the agency in working toward reuniting a foster child with his or her family.

For Relative Placements:

- Does the family agree to not release the child to anyone, including birth parents, without the supervising agency's approval? Yes No
- Does the family agree they will not allow the foster child(ren)'s parents to live in their home without the supervising agency's approval? Yes No
- Does the family understand they cannot be licensed to care for foster children whose parents live in the home? Yes No

Ability to empathize and work with the parents and children.

Openness to providing permanency to the relative/foster child if needed.

Ability to comply with agency policies and procedures.

Summarize experience of caseworkers for children who have been placed in the home. Assess current compliance.

Are there any rules that are in non-compliance? Yes No

If Yes, list all rules and headings:

Willful Substantial

Supporting documentation:

- 13. **TRAINING NEEDS:** A statement of the number of hours the person/couple need to comply with the training rules is not sufficient. (R.400.9415)
Orientation and training hours credited; include topics covered.

Types of training the family believes they could benefit from.

Worker's assessment of additional training needs and the agency's plan to provide the identified training.

Openness to learning.

Are there any rules that are in non-compliance? Yes No

If Yes, list all rules and headings:

Willful Substantial

Supporting documentation:

Variance requested? Yes No

- 14. **TYPE OF CHILDREN DESIRED - INTEREST IN PERMANENCY/ADOPTION PLANNING:** (R.400.9201, R.400.9202)
Gender, race, ethnic background and special characteristics of children preferred by applicants.
Types of children the family is willing to consider.

Ability and willingness to care for special needs children, and the problems of the children.

Interest in adoption.

15. CROSS CULTURAL PLACEMENT:

Willingness to parent cross-racially or cross culturally and to create an atmosphere that fosters racial identity and culture of a foster child.

Races or cultures requested or that the family does not believe they can effectively parent.

16. REFERENCES: (R.400.9206)

At least three references must be obtained from persons not related to the applicant(s).

Summarize the information received from each reference. If negative information was received, explain how the negative information was resolved.

An agency may choose to obtain additional references from related or unrelated persons, including adult children.

If this is an adoption assessment and there are circumstances that require additional review, include the information provided by the professional reference.

17. RECOMMENDATIONS: (Must be consistent with the information contained in the report.)

Placement with relative is recommended: Yes No

If the recommendation is that placement should not be made, the reason for this must be explained in detail.

Licensure is recommended:
(Licensing workers only) Yes No N/A

Licensure and preliminary approval for
adoption:
(Licensing workers only) Yes No

Approved for adoption:
(Adoption workers only) Yes No

- Summary of strengths and areas of growth, attention.
- Issues to be considered in making placements.
- Recommended placement specifications to include characteristics, age, sex, and number of children best served by home and types of children who may not be placed in the home.

Recommendation for License Denial:

- List all rules found to be in non-compliance.
- Summarize facts to support rule non-compliance.

- Reference all supporting documentation.

Recommendation for Adoption Denial:

- Basis for recommendation:
- Supporting documentation.

18. CLOSING:

Licensing/Adoption Assessment Submitted by:

Name: [REDACTED]

Signature:

Agency: St. Vincent Catholic Charities-Child Welfare

Title: Adoption - Private Specialist

Date:

I certify that I have been trained and am qualified to make this recommendation:

Foster Care

Adoption

19. SUPERVISOR'S REVIEW:

Application:

Clearances:

Medical Reports:

References:

Other documentation:

Is the report accurate, factually consistent, unbiased, supported by adequate data/information? Yes No

Further Explanation:

Supervisor Name:

Signature:

Agency:

Title:

Date:

I certify that I have been trained and am qualified to make this recommendation:

Foster Care

Adoption

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.

Attachment B

 <p>Children's Services Agency</p> <p>Communication Issuance</p> <p>17-132</p>	Subject/Title	Relative Licensing Incentive
	Type	<input checked="" type="checkbox"/> Informational Memorandum <input type="checkbox"/> Program Instruction <input type="checkbox"/> Policy Guide
	Issuance Date	10/2/17
	Obsolete Date	n/a
	Contact Name	Sarah Goad, Manager, Foster Care Program Office
	Email	Goads@michigan.gov
Phone	517-599-8408	
Due Date	n/a	
Due to	n/a	
Distribution	<input checked="" type="checkbox"/> CSA Central Office Managers/Staff <input checked="" type="checkbox"/> MDHHS BSC and County Directors <input type="checkbox"/> MDHHS Juvenile Justice Managers/Staff <input checked="" type="checkbox"/> MDHHS Child Welfare Managers/Staff <input checked="" type="checkbox"/> Native American Tribes <input type="checkbox"/> Office of Workforce Development and Training <input checked="" type="checkbox"/> Private Agency Child Welfare Managers/Staff <input type="checkbox"/> Private Residential Abuse/Neglect Managers/Staff <input type="checkbox"/> Private Residential Juvenile Justice Managers/Staff <input type="checkbox"/> Other:	

This Communication Issuance is effective for cases accepted for licensure on or after October 1, 2017. For cases accepted on or before September 30, 2017 instructions in CI 15-156 should continue to be followed.

Efforts must be made to license relative caregivers, unless an exceptional circumstance exists; see Relative Licensing Waivers (FOM 722-03B). Licensing allows a relative to receive financial support and access to training that will help them more effectively meet the needs of children placed in their care.

Effective October 1, 2017, agencies will receive \$4,500.00 for each facilitated licensure if completed within 180 days after **case acceptance**. Case acceptance is the point at which the child placing agency acknowledges acceptance of a case referred for licensure, in writing, to the referring agency. If licensure occurs 181 days or later from case acceptance, the licensing agency will receive a lesser payment amount (see Payment Amounts for Completed Licensure chart below). If the agency facilitating the licensure has also been providing case management services they will retain the placement and continue providing case management services.

Relative Licensing Case Referral and Acceptance

When the supervising agency refers the relative caregiver to a private licensing agency for licensure the licensing agency must accept or refuse the referral, in writing, within three calendar days.

The licensing agency may accept the licensing referral prior to the DHS-3130A, Relative Placement Home Study, approval date. If the licensing agency chooses to accept the case prior to the completion of the DHS-3130A, the supervising agency must notify the licensing agency when the

DHS-3130A is approved. Approval and notification must occur no later than 45 days from the date of placement.

If the supervising agency has not referred the relative to a licensing agency for licensure within 50 calendar days from the date of placement, the supervising agency will be responsible for completing licensure for that relative; unless there was a previously approved waiver.

Payment Amounts for Completed Licensure

Within 180 days of case acceptance	\$4500
181-365 days of case acceptance	\$2000
366+ days of case acceptance	\$500

The related child **must be** placed in the relative home on the licensing application date to receive payment. Interstate compact and tribal cases are **exempt** from this requirement. Please include a copy of the DHS-4332/ICPC-100A Interstate Compact Placement Request for ICPC cases.

Once an agency agrees to accept a relative licensing referral, the agency is expected to continue to work with the relative family until licensure occurs or an application is withdrawn, licensure is waived by a MDHHS child welfare County Director, or denial of issuance by the MDHHS Division of Child Welfare Licensing (DCWL) occurs.

Documentation Requirements for Completed Licensure

To receive payment for completed licensure submit the following:

- Payment Voucher (DHS-5602; most recent edition)
- Licensing referral and acceptance documentation
- Invoice on agency letterhead. Include the following:
 - Unique invoice number (maximum of 10 characters; no special characters)
 - Relative family name
 - MiSACWIS Case ID
 - Child's name
 - Child's date of birth
 - Child's MiSACWIS Child ID
 - Agency contract number
 - Child's date of placement with the relative
 - Service date (the date of licensure)
 - Billing amount
- Copy of the application
- Copy of the foster home license
- Copy of approved waiver, if applicable

Payment for Withdrawn Licensure

Payment may be requested if the family is in the licensing process and has been enrolled, and during the process the child moves to another placement.

Payment Amount for Withdrawn Licensure

Withdrawn Licensure	\$1000
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Documentation Requirements for Withdrawn Licensure

To receive payment for withdrawn licensure, submit the following documents:

- Payment Voucher (DHS-5602)
- Invoice on agency letterhead. Include the following:
 - Unique invoice number (maximum of 10 characters, no special characters)
 - Relative family name
 - MiSACWIS case ID
 - Child's name
 - Child's date of birth
 - Child's MiSACWIS Child ID
 - Agency contract number
 - Child's date of placement with the relative
 - Service date (the date the child moves to another placement)
 - Copy of the application and CWL- 3706
 - Billing amount
 - A letter on agency letterhead indicating the reason the child no longer resides in the home and date the child was moved.

Payment for Denial of Issuance

Payment may be requested for a period of 60 days following the denial of relative licensure by the Division of Child Welfare Licensing (DCWL) if the family has begun the licensing process, and the agency is recommending a denial of issuance.

Payment for Denial of Issuance

0-180 days from being sent to DCWL for case acceptance	\$2000
181-365 days of case acceptance	\$1000

Note: Payment amounts for denial of issuance are determined by the date of the denial request (the Supervisor's signature on the BCAL-3130 Home Assessment).

Documentation Requirements for Denial of Issuance

To receive payment for denial of issuance, submit the following:

- Payment Voucher (DHS-5602; most recent edition)
- Invoice on agency letterhead. Include the following:
 - Unique invoice number (maximum of 10 characters, no special characters)

- Relative family name
- MiSACWIS case ID
- Child's name
- Child's date of birth
- Child's MiSACWIS Child ID
- Agency contract number
- Child's date of placement with the relative
- Service date (the date of the Supervisor's signature on the BCAL-3130 Home Assessment)
- Billing amount
- Division of Child Welfare Licensing (DCWL) Denial- BCAL-3130 Home Assessment as well as the safety plan
- Copy of the Division of Child Welfare Licensing (DCWL) denial of relative licensure letter.

Permanent Wards with a Goal of Adoption

A permanent ward with a goal of adoption is not an approved reason for waiver of licensure; see Relative Licensing Waivers (FOM 722-03B). If a private agency is completing the adoption and the relative has not been referred for licensure, the local MDHHS county office is responsible for completion of licensure within the required timeframes.

Completion of the Initial Foster/Adoption Home Evaluation (BCAL-3130) for adoption purposes is a service unit included in the adoption contract and covered under the unit definition and payments. When an unlicensed relative home is being evaluated by a PAFC for adoption using only the BCAL-3130, the agency is not required to send the completed evaluation to Division of Child Welfare Licensing (DCWL). A payment for licensing a foster home will not be made in this case.

If one child placed in the relative's home is not a permanent ward, but the other relative child/ren in the home have been referred for adoption services, refer the licensing matter to the same agency, as long as the adoption agency has a foster care contract. County offices must coordinate the referral process for adoption and licensing to ensure that there is not a duplication of services.

If the child's permanency goal changes to adoption after the BCAL-3130 for licensure has been completed, the evaluation should be sent to DCWL for foster home licensure, and the private agency shall receive payment for completing the licensing process.

Send Relative Licensing Incentive Payments to:

Documentation for the above service must be emailed to: MDHHS-Relative-Licensing-Incentive-Payment@michigan.gov. Include one relative licensing voucher per email. In the subject line include, **Family's last name/agency name/Relative Licensing**.

Relative Licensing Reimbursement Request Cover Page

Relative withdrew or waived licensure

- _____ Payment Voucher (DHS-1582, completed by accounting)
- _____ Agency Invoice
- _____ Copy of the approved waiver if applicable
- _____ Letter on agency letterhead indicating the reason for and date of the child’s move if applicable
- _____ Copy of home assessment (BCAL-3130A)

Total Amount Requested:

_____ **\$1,000:** Withdrawn or waived licensure

Relative was denied licensure

- _____ Payment Voucher (DHS-1582, completed by accounting)
- _____ Agency Invoice
- _____ Copy of home assessment (BCAL-3130)
- _____ Copy of safety plan with explanation for maintaining placement in the home

Total Amount Requested:

_____ **\$2,000:** 0- 6 months from being sent to DCWL for case acceptance

_____ **\$1,000:** 6-12 months from case acceptance

(timeframe is determined by the date the recommendation for denial is made)

Relative became licensed

- _____ Payment Voucher (DHS-1582, completed by accounting)
- _____ Agency Invoice
- _____ Copy of the application
- _____ Copy of the license
- _____ Copy of approved reimbursement exception, if applicable
- _____ Copy of approved waiver, if applicable

Total Amount Requested:

_____ **\$4,500:** Within 180 days of case acceptance **or** application date if waiver was previously approved

_____ **\$2,000:** 6- 12 months since case acceptance **or** application date if waiver was previously approved

_____ **\$500** 12+ months since case acceptance **or** application date if waiver was previously approved

Relative Name: _____

Assigned Licensing Specialist Name

Extension

Date Submitted

EXHIBIT 2

**IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION**

MELISSA BUCK; CHAD BUCK;
and SHAMBER FLORE;
ST. VINCENT CATHOLIC
CHARITIES,

Plaintiffs,

v.

ROBERT GORDON, in his official
capacity as the Director of the
Michigan Department of Health
and Human Services; HERMAN
MCCALL, in his official capacity as
the Executive Director of the
Michigan Children's Services
Agency; DANA NESSEL, in her
official capacity as Michigan
Attorney General; ALEX AZAR, in
his official capacity as Secretary of
Health and Human Services;
UNITED STATES DEPARTMENT
OF HEALTH AND HUMAN
SERVICES,

Defendants.

No. 1:19-cv-00286

Hon. Robert J. Jonker

DECLARATION OF MELISSA BUCK

1. My name is Melissa Buck. I am over the age of 21 years old and capable of making this declaration pursuant to 28 U.S.C. § 1746. I have not been convicted of a felony or been convicted of a crime of

dishonesty. I live in Lansing, Michigan. I have personal knowledge of all of the contents of this declaration.

2. After Chad and I got married in 2005, we envisioned having a small family with one or two children. After years of heartbreaking infertility and unsuccessful treatments, we decided to adopt. We still planned to adopt only one or two children. But when St. Vincent approached us about a sibling group of three children who had suffered severe abuse, we couldn't say no. We felt that after these children had lost their parents, their home, and all their other connections, all that they had left was each other and we wanted to keep them together.

3. Although adoption from the child welfare system was not our first plan, it was the right one. We see fostering and adopting not just as a choice we made, but as a ministry and as a calling. We are Christians, and we decided to work with St. Vincent because of its great reputation and because we were comfortable working with an agency with a religious mission to serve children.

4. When St. Vincent later approached us about adopting a new sibling of our children, our first instinct was to say no, that our home

was full. But we couldn't stop thinking about how much it would mean to this child to be raised with his siblings, and we realized we had the resources to provide for another child. So we put aside our fears and opened our home again. We also worked with St. Vincent to adopt a baby girl.

5. All of the children we adopted have a range of special needs. These include autism, a genetic disorder similar to diabetes, severe anxiety, attachment disorder, and learning disabilities. Most of the children also suffered severe trauma, including being physically thrown across rooms, slammed into walls, and frequently hit before they entered foster care.

6. Most of the adoptions involved a heart-wrenching and difficult process that would not have been possible without the exceptional services St. Vincent workers lovingly provided. This included acting as an intermediary for us with very hostile birth parents, being available at all hours on the phone to provide emotional support, and accompanying us to endless medical appointments to help address the special needs of the children. I am not aware of any other

agencies who go to these lengths to support families they are working with.

7. It is likely that someday we could be asked to adopt a new biological sibling of our fifth child, our youngest adopted son whom we adopted through St. Vincent. In order to keep siblings together, we would welcome this possibility. But if St. Vincent closed its public adoption and foster program, we would not be able to work with our trusted social workers anymore. These St. Vincent staff members already understand the history of our special needs children and the hostile dynamics with the birth parents, and we would need to heavily rely on them to once more act as our intermediary. We cannot envision putting our family through such a traumatic process again without St. Vincent's deep institutional knowledge and culture of support.

8. Furthermore, agencies have a very short period of time—often only an hour—to determine which family they will place a child with. It is highly unlikely that a different agency would know of our connection or try to place that biological sibling with us. In contrast, if St. Vincent were still able to provide foster and public adoption services,

it would know to call us immediately about the possibility of fostering and adopting this sibling of our children because of its relationship with us and its institutional knowledge about our family.

9. St. Vincent also provides ongoing services to our family. For example, we attend a monthly parent support group that is facilitated by St. Vincent. This group provides critical resources that allow us to meet the needs of their special needs children, including training and helpful literature. This is the only parent support group for foster parents anywhere in the tri-county area. This group is open to any parents, and same-sex couples have attended from time to time. If St. Vincent closed its foster and adoptive programs and these ancillary services were impacted, it would leave a gaping hole where a pillar of support used to exist for our family and many others in the community.

10. Not only do we receive ongoing support from St. Vincent, we help provide that support for other families. We help to sometimes lead the parent support group and guide other foster parents. We work with St. Vincent to recruit foster and adoptive families by reaching out at

churches and sharing our story. This is one way that we live out our faith: we use our experience to help other families serve more kids.

11. I have observed that there is an acute shortage of foster parents in Michigan, and I believe that this shortage is getting worse. For example, just this last week a sibling group went into foster care, and the youngest child was a six-month old baby. In the past, it is generally quite easy to find a placement quickly for a baby. But I learned of lots of people making lots of phone calls to try to find a placement for this baby, along with the other siblings. To my knowledge, this baby still has not found a long-term placement and has had to be put in a temporary placement while calls continue to be made to find a family for the child. Incidents like this highlight the growing need for more homes to provide a safe and loving home for foster kids.

12. I interact with many other parents who are adoptive and foster parents through my social networks. I am aware of many families who would not be willing or able to transfer their license to another agency and continue adopting or fostering children if St. Vincent were

forced to close its foster and adoption programs. This would further aggravate an already troubling shortage of families.

13. Adopting children through private adoption is a very different process than providing children a family through public foster and public adoption programs. When my husband, Chad, and I first began considering adoption, we researched and explored all of these alternatives.

14. Private adoption generally occurs when a mother is voluntarily giving a child up for adoption or has abandoned the child. But Public foster and adoption programs are set up to serve children who have been removed from their homes by the State because of maltreatment. Families who want to serve as a foster family or adopt foster children can only do so by working with an agency that provides public foster and public adoption services.

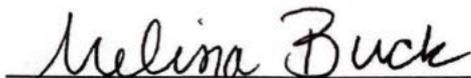
15. Private adoption is very expensive. Chad and I estimated that it would cost our family over \$10,000 per child to adopt privately. But adopting foster children does not require foster families to pay any fees. Chad and I are not wealthy people, and we realized that private

adoption would be financially impossible for us. If we were limited to private adoption, we would also not be able to care for children who are in some of the most precarious and difficult situations.

16. All five of our children came to us through St. Vincent's public foster and adoption programs. To my knowledge, St. Vincent does not even provide private adoption services, as this is a very different type of program and mission.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on April 14, 2019.



Melissa Buck

EXHIBIT 3

**IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION**

MELISSA BUCK; CHAD BUCK;
and SHAMBER FLORE;
ST. VINCENT CATHOLIC
CHARITIES,

Plaintiffs,

v.

ROBERT GORDON, in his official
capacity as the Director of the
Michigan Department of Health
and Human Services; HERMAN
MCCALL, in his official capacity as
the Executive Director of the
Michigan Children's Services
Agency; DANA NESSEL, in her
official capacity as Michigan
Attorney General; ALEX AZAR, in
his official capacity as Secretary of
Health and Human Services;
UNITED STATES DEPARTMENT
OF HEALTH AND HUMAN
SERVICES,

Defendants.

No. 1:19-cv-00286

Hon. Robert J. Jonker

DECLARATION OF SHAMBER RAINE FLORE

1. My name is Shamber Raine Flore. I am over the age of 21 and capable of making this declaration pursuant to 28 U.S.C. § 1746. I have not been convicted of a felony or been convicted of a crime of

dishonesty. I have personal knowledge of all of the contents of this declaration.

2. I was removed from my birth home at the age of five after experiencing years of abuse, poverty, and neglect, as well as exposure to drugs, gangs, and prostitution. Many of my young memories are scarred by feelings of terror and agitation. I didn't know what love meant, and I felt worthless and broken inside. But when St. Vincent placed me and my two siblings with our new adoptive family—the Flores—I was finally able to begin a path of healing.

3. Today, I love my family and I am so grateful for my life with them. I would not have found the Flore family if it were not for the work of St. Vincent. My adoptive parents, Tam'al and Jerry Flore, had previously tried to adopt with a state adoptive agency and had a very negative experience. Because adoption is already such a difficult process, the Flores would not have been able to continue with the adoption process if they had not found in St. Vincent a trusted partner and ally. I am one of 16 children the Flores have adopted over the past 14 years.

4. I mentor other foster kids and youth at St. Vincent who have dealt with trauma and abuse. I work on sharing my story and encouraging them that they, too, can overcome great hardship and find happiness.

5. If St. Vincent were forced to close its adoption and foster services, I would lose the opportunity to mentor many of these youth as a volunteer at St. Vincent. I also believe that if St. Vincent can no longer recruit families like the Flores to provide homes for children, many children who were abused and alone like I was will lose the opportunity to find a loving and permanent home. I have observed that there is a shortage of willing foster families in Michigan, and forcing an agency like St. Vincent to close will do nothing to help.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on April 14, 2019.

 4.16.2019

Shamber Raine Flore

EXHIBIT 4

FOSTER AND ADOPTIVE PARENT DILIGENT RECRUITMENT PLAN

The MDHHS Office of Child Welfare Policy and Programs provided materials and data to counties to assist them in completing their Adoptive and Foster Parent Recruitment and Retention plans for 2018. Each county received data regarding:

- Demographics of children in care by county.
- Children entering and exiting care by county.
- Total number of foster homes licensed by county.
- Foster home closures by relative and non-related foster homes.
- Data to complete the foster home calculator, a foster home needs assessment tool.

Counties and agencies reviewed the data and Foster Home Estimator results to identify targeted populations. The counties and agencies collaborated to identify non-relative licensing goals and strategies to recruit homes for the targeted populations. Collaboration and planning between the MDHHS county office, private agencies, federally recognized tribes, faith communities and key foster/adoptive/kinship parents is necessary to determine the county's overall recruitment needs and goals and the actions steps required to achieve those goals.

In 2017, each county's licensing goal was analyzed and monthly targets were established to assist counties in monitoring their progress toward meeting their unrelated licensing goal.

In 2017, MDHHS collected and analyzed trends on new licenses, closed homes and the number of relative homes compared to non-relative homes, achieving the following:

- The Division of Child Welfare Licensing issued 1,831 new foster home licenses, an increase of 106 from 2016.
- Of new licenses, 1,299 accept unrelated placements, an increase of 228 from 2016.
- On Oct. 1, 2016, there were 6,242 licensed foster homes. One year later, 4,382 of those licensed foster parents remained licensed, which is a 70 percent retention rate and a 2 percent increase from 2016.
- The number of homes that closed was 1,896, a decrease of 280 from 2016.
- Each month approximately 100 to 200 surveys are sent to foster parents whose foster home closed during the previous month.

The results of the closed home surveys show the majority of homes close voluntarily, with adoption as one of the top reasons for not continuing as foster parents. The top reasons foster parents closed their license were:

- Adopted the child(ren) placed with them.
- Demands/stress of being a foster parent.

The chart below details the trend of licensure and closed homes in urban counties:

County	Original Licenses			Closed Homes		
	Fiscal Year 2015	Fiscal Year 2016	Fiscal Year 2017	Fiscal Year 2015	Fiscal Year 2016	Fiscal Year 2017
Genesee	72	70	77	106	120	78
Kent	134	115	118	176	178	117
Macomb	101	71	105	129	135	97
Oakland	122	160	149	161	141	124
Wayne	185	216	219	257	246	220
Total	614	632	668	829	820	636

The chart below describes the type of homes (relative and non-relative) opened in urban counties in 2017:

County	Relative	Non-relative	Total
Genesee	26	51	77
Kent	40	78	118
Macomb	30	75	105
Oakland	38	111	149
Wayne	92	127	219
Total	226	442	668

Statewide and Regional Recruitment Progress in 2017

- MDHHS worked with several media venues to execute effective marketing strategies and advertising for recruitment of foster and adoptive parents statewide.
- The 2017 Heart Gallery Opening was held on April 29, 2017. The opening featured 136 young people who were photographed by 54 photographers from around the state.
- MDHHS held its fourth annual Foster, Adoptive and Kinship Parent Conference in collaboration with the Foster, Adoptive and Kinship Parent Collaborative Council. The conference was held on May 5 and 6, 2017, and was attended by foster, adoptive and kinship parents from throughout the state.
- MDHHS hosted the annual Community and Faith Leader Summit on April 18, 2017 in Kalamazoo and on April 27, 2018 in Dearborn. Over 160 faith and community leaders and partners attended the events.
- The Community and Faith-Based Initiative on Foster Care and Adoption collaborated with faith communities throughout the state. This initiative worked with Faith Communities Coalitions on Foster Care located in 11 different regions across the state.
- The MDHHS Community and Faith-Based Initiative on Foster Care and Adoption Advisory Council continued to promote foster care and adoption and identified ways in

which communities can assist in enhancing services to children and families served by MDHHS. The council is comprised of faith and community members and meets at least quarterly.

- The Michigan Adoption Resource Exchange (MARE) held “meet and greet” recruitment events that provided an environment for families to meet children available for adoption without an identified forever family.
- MARE hosted Heart Gallery events statewide.
- The template for the Adoptive and Foster Parent Recruitment and Retention Plans was revised for 2018 based on feedback from the field.

Using Foster and Adoptive Parents for Recruitment Progress in 2017 and 2018

- The Foster Care Navigator Program assisted families who inquired about becoming a licensed foster parent. The Foster Care Navigators helped families navigate the licensing process, locate resources and understand the licensing rules and needs of children in foster care. From Oct. 1, 2014, when the program was awarded to a new contractor, to March 31, 2018, the Foster Navigator Program has assisted 597 families in completing the licensure process.
- Since October 2014, 10,014 new family inquiries have been received through the Foster Care Navigator Program, of which over 150 families are actively engaged in Foster Care Navigator services and working toward foster parent licensure.
- Navigators through the Foster Care Navigator Program are a resource for mentoring and supporting relatives seeking to undergo the licensing process. Each month a navigator reaches out to all relatives with a new child placement to offer mentoring and guidance through the licensing process.
- MDHHS collaborated with the Foster Care Navigator Program to celebrate exceptional foster parents by fulfilling wishes of 31 Michigan foster families in May 2017.
- MDHHS continued to co-lead the Foster, Adoptive and Kinship Parent Collaborative Council. This council is a collaboration of MDHHS, tribes and parent-led organizations whose focus is to connect foster, adoptive and kinship parents to resources, education and training.

Addressing Barriers to Adoption – Progress in 2017 and 2018

- MDHHS collaborated with the Adoption Resource Consultants and the Michigan MARE to look at 49 youth who were photo listed with MARE without an identified family for over four years.
 - The group reviewed information regarding the 49 young people including length of time since termination, placement history, type of placement, MARE hold history, assigned adoption agency and worker to identify trends.
 - The group met bi-monthly to review barriers to achieving permanency.
 - To achieve permanency for young people involved in Project 49, the group enlisted the help of Permanency Resource Monitors and community mental health liaisons.

- MDHHS continued to provide post-adoption services statewide through eight regional contracts. Post-adoption services include case management, family support and support groups, coordination of community services, information and referral. Beginning in 2016, post-adoption services host annual conferences in their regions to support and educate adoptive parents.
- The MARE contract was amended to include the Match Support Program. The Match Support Program is a statewide service for families who have been matched with a child from the MARE website and are moving forward with an adoption. The Match Support Program has specialists who provide up to 90 days of services to families including referral to support groups, training opportunities and other community resources.
- Adoption Navigators are experienced adoptive parents who offer guidance and personal knowledge to potential adoptive families. Adoption Navigator services continued to be provided through MARE.

Recruitment of Foster and Adoptive Parents for Diverse Youth

At any given time, Michigan has approximately 13,000 children in foster care and relies on private child placing agencies to help find temporary and permanent homes for these children. Michigan has over 90 contracts with child placing agencies for foster care case management and over 60 contracts for adoption services.

Progress in 2017 and 2018

- MDHHS Office of Child Welfare Policy and Programs held a two-day summit for licensing and foster care staff from agencies throughout the state. The summit included training on engaging relative and non-relative caregivers, developing thorough assessments, common licensing rule issues, marketing for social workers, customer service, licensing, recruitment and retention planning, life books, MiTEAM, vicarious trauma, permanency, Autism, making trauma informed placements and forensic interviewing.
- The Office of Child Welfare Policy and Programs held a two-day conference for adoption workers, supervisors, Adoption Resource Consultants, Post Adoption Resource Center staff and others involved in the adoption process. The conference included training on trauma, mental health, Michigan's adoption assistance programs, cross racial adoptions, Central Adoption Registry, successful transitions, family development and preparation, cross-sector support for LGBTQ children, making adoptions last and recruitment strategies.

EXHIBIT 5

From: Yager, Steve (DHHS)
Sent: Thursday, January 7, 2016 3:28 PM
To: Wheaton, Bob (DHHS)
Subject: RE: Faith-based adoptions (P.S. -- one more request)

Nice Job!

From: Wheaton, Bob (DHHS)
Sent: Thursday, January 7, 2016 3:23 PM
To: Yager, Steve (DHHS) <Confidential Information>
Subject: FW: Faith-based adoptions (P.S. -- one more request)

FYI: This is what I provided to the reporter from Citizen magazine.

From: Wheaton, Bob (DHHS)
Sent: Thursday, January 7, 2016 3:21 PM
To: Confidential Information
Subject: RE: Faith-based adoptions (P.S. -- one more request)

Hi Confidential Information

Regarding the Faith-Based Initiative:

Our department's Faith-Based Initiative started in 2011. (At that time we were the Michigan Department of Human Services, which is now part of the new Michigan Department of Health and Human Services that resulted from Gov. Snyder's merger of the former Departments of Community Health and Human Services effective April 2015).

The idea behind the Faith-Based Initiative was to reach out to faith congregations who share our commitment to finding loving foster homes and adoptive homes for vulnerable children in the state's foster care system. These faith congregations have been extremely valuable partners. Some members of the congregations have stepped up to serve as foster or adoptive parents. Some have helped us recruit loving foster and adoptive families by networking in their local communities and with other faith congregations. Many members of the congregations have provided support to our foster families by providing assistance with meals, transportation, clothing etc. that greatly benefit these vulnerable children and the families that are providing them with a place to call home. We have more than 350 congregations that support our foster care and adoption efforts through the Faith-Based Initiative.

I know you are at least somewhat familiar with the Faith-Based Summit. This annual event has been held from 2012-2015. It's a way to engage with our partners from the faith community and to show how much we appreciate what they do for vulnerable children.

You also asked about the "history of the state's involvement with faith-based adoption":

Michigan has a long history of contracting with private agencies to handle the case management of adoption services for children in the state's foster care system – although it's not just faith-based agencies; some of these agencies are faith-based and some are not. Just recently Michigan moved to having private agencies handle virtually all adoption cases. I'm trying to track down the exact year on that. It was in about 2010 and was the result of legislative action. But private agencies have handled at least some of our adoptions for decades.

On the photos:

Since you have AP photos, it might be best for you to just go with those. It would take some time for me to get the necessary sign-offs for providing any photos that we have.

On your requests for stats on adoption/foster care youths:

I will get back to you on that. I wanted to provide you with what I have now rather than waiting to send all of it.

Thanks for your interest.

Bob Wheaton
Manager of Communications, Public Information Officer
Michigan Department of Health and Human Services

Confidential Information

From: Confidential Information
Sent: Thursday, January 7, 2016 2:00 PM
To: Wheaton, Bob (DHHS)
Subject: Re: Faith-based adoptions (P.S. -- one more request)

Hi Bob,

Thanks for the clarification: I think I misworded my original note, but I was up on the distinction, and I do want to spend a few paragraphs on the positive results of a state proactively engaging faith-based adoption. So please, pass along what you've got!

Also, since I wrote you, I did find some AP photos of courthouse ceremonies. So if you have more photos (either ceremonies or from the Summits), I'd welcome them, but we do have some to work with now.

Looking forward to your info,

Confidential

On 1/7/2016 12:51 PM, Wheaton, Bob (DHHS) wrote:

Hi **Confidential**

I just wanted to clarify that our Faith-Based Initiative that you're asking about isn't really related to the new adoption law.

The new law has to do with faith-based private agencies that handle adoptions from the state's foster care system. The Faith-Based Initiative involves local faith congregations that help our department

recruit and retain loving foster and adoptive homes. So the law impacts agencies that provide valuable adoption services and the Faith-Based Initiative impacts congregations that support our department in finding and maintaining loving homes for children.

Of course the private agencies that provide case management services -- many of them faith-based -- and the local faith congregations that recruit and support foster families are both vitally important to finding loving homes for vulnerable children. But they have very different roles.

I just wanted to point this out because it sounds like your article is focusing on the new law and how it affects faith-based agencies rather than on the role that congregations play. That being said, let me know if you would still like more information regarding our Faith-Based Initiative.

Thanks,

Bob Wheaton
Manager of Communications, Public Information Officer
Michigan Department of Health and Human Services

Confidential Information

From: Confidential Information
Sent: Wednesday, January 6, 2016 5:55 PM
To: Wheaton, Bob (DHHS)
Subject: Re: Faith-based adoptions (P.S. -- one more request)

Hi again Bob,

One additional request: In a **Confidential Information**, I found a reference to annual adoption ceremonies at courthouses around the state during Michigan Adoption Month. I know my editor is looking for art for this story: Do you have any photos either from those ceremonies or from the annual Faith-Based Summit on Foster Care and Adoption? If so, we'd love to see them. I suspect that the courthouse ceremonies, in particular, would have some nice images (hopefully not just posed shots of people standing there, although those would be options, but also shots that are a bit more loose and informal).

Any help in this area would be appreciated!

Confidential

On 1/6/2016 4:07 PM, **Confidential Information**
That would be great, Bob. Thank you!

On 1/6/2016 4:03 PM, Wheaton, Bob (DHHS) wrote:

Hi 

I was forwarded the email you sent to  As I believe Stephanie indicated in her reply to you, I handle media inquiries for the Michigan Department of Health and Human Services.

Can I get back to you tomorrow with some information?

Thanks,

Bob Wheaton
Manager of Communications, Public Information Officer
Michigan Department of Health and Human Services



Ally Bank, Member FDIC

<https://ad.doubleclick.net/ddm/clk/299707993;126233653;v>

EXHIBIT 6

START YOUR JOURNEY HERE

Every adoption is unique, but all adoptions share a common process. The following, is our 7 Step Quick Start Guide.

Step One: Determine Your Family's Adoption Goals

An adoption is a process that permanently moves a child from one family to another. The adoptive parents assume all parental rights and responsibilities, the same as parents whose children were born to them. Similarly, children who have been adopted have all of the emotional, social, legal and familial benefits of biological children.

There are 4 different types of adoption

- Public adoption of children in the foster care system
- Private infant adoptions when birth parents volunteer to make an adoption plan for their child
- International adoptions
- Step Parent adoption

This guide is written for families who are pursuing a public adoption of a child in the foster care system. Most children waiting in foster care are over the age of 8; however, children in foster care vary in age, from infants to young adults. These children may, or may not, be part of a sibling group, have medical or emotional conditions or display behaviors that require specific parenting training or experience. Regardless, each of them deserves to be fully integrated into a family that can provide them with nurturing and guidance to reach their fullest potential.

Step Two: Identify An Agency To Work With

The State of Michigan Department of Health and Human Services (MDHHS) works with private agencies to place children from foster care into adoptive homes and to approve families for adoption. The next several pages list these agencies, by county. Try to choose an agency within a 50 - 60 minute drive of your home (It is not necessary to work with an agency located in the same county as your home). If you have trouble identifying an agency to work with, please call the Adoption Navigators (800-859-MARE) for assistance.

We recommend that you call at least 2 agencies before deciding which agency to work with. You will be working closely with them during the approval process. It is important that you feel comfortable sharing personal and private information. Additionally, after all the paperwork is completed and you are approved, they will be charged with identifying your future son(s) and/or daughter(s).

EXHIBIT 7

From: Wheaton, Bob (DHS)
Sent: Wednesday, September 9, 2015 7:01 AM
To: Yager, Steve (DHS);Bladen, Stacie (DHS);Hoover, Catherine (DHS)
Cc: Rostoni, Nancy (DHS)
Subject: RE: religious freedom bill - the atlantic

Thanks, Steve.

I think I'm going to use the following description of the process that was developed back in June. It focuses primarily on the child and not on the agency and then perhaps refer the reporter to the policy cited in Cathe's email:

Deliberative Process

From: Yager, Steve (DHS)
Sent: Wednesday, September 09, 2015 6:58 AM
To: Bladen, Stacie (DHS); Wheaton, Bob (DHS); Hoover, Catherine (DHS)
Cc: Rostoni, Nancy (DHS)
Subject: RE: religious freedom bill - the atlantic

Deliberative Process

Deliberative Process

Not sure this helps Bob, but wanted you to be aware. Correct me if I am wrong
Cathe. I agree with Cathe and Stacie's comments. Lastly, I would emphasize that we work with agencies based on a contract, not on their belief system, stated or otherwise. We do not compel agencies to accept referrals—never have; rather, we create through contracts a vast array of providers to meet the very diverse needs of the children and families we serve.

From: Bladen, Stacie (DHS)
Sent: Tuesday, September 8, 2015 7:23 PM
To: Wheaton, Bob (DHS) <WheatonB@michigan.gov>; Hoover, Catherine (DHS) <HooverC3@michigan.gov>
Cc: Yager, Steve (DHS) <YagerS@michigan.gov>; Rostoni, Nancy (DHS) <RostoniN@michigan.gov>
Subject: Re: religious freedom bill - the atlantic

Deliberative Process

Stacie Bladen
Deputy Director, Children's Services Agency
Michigan Department of Health and Human Services
517 373-6264 desk
517 303-4674 cell
bladens@michigan.gov

From: Wheaton, Bob (DHS)
Sent: Tuesday, September 8, 2015 5:52 PM
To: Hoover, Catherine (DHS)
Cc: Yager, Steve (DHS); Bladen, Stacie (DHS); Rostoni, Nancy (DHS)
Subject: RE: religious freedom bill - the atlantic

Thanks, Cathe.

You make reference to: **Deliberative Process**

Deliberative Process

So I can say that: **Deliberative Process**

Deliberative Process

In other words, is it accurate to say: **Deliberative Process**

Deliberative Process

Thanks,

Bob

From: Hoover, Catherine (DHS)
Sent: Tuesday, September 08, 2015 5:06 PM
To: Wheaton, Bob (DHS)
Cc: Yager, Steve (DHS); Bladen, Stacie (DHS); Rostoni, Nancy (DHS)
Subject: RE: religious freedom bill - the atlantic

Responses in red. I made them real short so, please let me know if I need to elaborate.

From: Wheaton, Bob (DHS)
Sent: Tuesday, September 08, 2015 1:57 PM
To: Hoover, Catherine (DHS)
Cc: Yager, Steve (DHS); Bladen, Stacie (DHS)
Subject: FW: religious freedom bill - the atlantic

Hi Cathe,

Can you see the email string below regarding questions that a national publication (The Atlantic) has regarding the faith-based adoption legislation and how Michigan's public/private system works? I'm wondering if you can assist me in answering the questions by providing me with some information.

The reporter is asking us to meet a tight deadline (noon Wednesday). However, since the initial request went to the Governor's Office and this is a high-profile national publication, I think the expectation is that we accommodate that deadline.

Below, highlighted in yellow, are the specific questions the report is asking, followed by my notes in blue text:

... explain how the state and faith-based (or other) adoption agencies work together to provide services to children who are wards of the state. How do you determine which adoption or foster agency is responsible for certain children and what percentage of state services are provided by faith-based agencies? **Deliberative Process**

Deliberative Process

I'm most curious about how adoption/fostering works in the state in regard to faith-based agencies, and how children are processed/make their way through the system to forever homes. **Deliberative Process**

Deliberative Process

Thanks,

Bob Wheaton
Manager of Communications/Public Information Officer
Michigan Department of Health & Human Services
235 S. Grand Ave. Suite 1510
P.O. Box 30037
Lansing, MI 48909
Phone: 517-373-4287
Cell: 517-281-1701
WheatonB@michigan.gov

www.michigan.gov

Confidential Client Information

Sent: Tuesday, September 08, 2015 1:44 PM
To: Wheaton, Bob (DHS)
Cc: **Confidential Information**
Subject: Re: religious freedom bill - the atlantic

Sure, thanks **Confidential Info** Deadline is tomorrow noon. I'm most curious about how adoption/fostering works in the state in regard to faith-based agencies, and how children are processed/make their way through the system to forever homes. If it's easiest to go over on phone, let me know. Thanks!

Confidential Client Information
[Redacted]

On Sep 8, 2015, at 1:27 PM, Wheaton, Bob (DHS) <WheatonB@michigan.gov> wrote:

Confidential Client Info

As **Confidential Information** said in her email, I'll be happy to assist you with information on how adoption services are provided by state and private agencies in Michigan.

Can you tell me your deadline?

Thanks,

Bob Wheaton
Manager of Communications/Public Information Officer
Michigan Department of Health & Human Services
235 S. Grand Ave. Suite 1510
P.O. Box 30037
Lansing, MI 48909
Phone: 517-373-4287
Cell: 517-281-1701
WheatonB@michigan.gov
www.michigan.gov

Confidential Client Information
[Redacted]

Confidential Client Information Wheaton, Bob (DHS)
Subject: RE: religious freedom bill - the atlantic

Hi there **Confidential** –

Happy to help you out. Looping in Bob Wheaton here from our Dept of Health & Human Services (DHHS) who can help address some of your technical and specific process-related Qs noted below.

And just to be clear and follow-up, the bills that were signed into law earlier this year do **not** stop anyone from adopting children needing families in Michigan. Both faith and non-faith based providers play a critical role in the adoption system in Michigan. We have made great progress over the last few years increasing the rates (now at 85%) and timeliness of adoptions in Michigan for our foster youth who need and deserve forever families. This legislations simply codified current practices that faith-based agencies have already been operating under, which haven't resulted in adoption delays or complaints.

Beyond that, it's important to note that the legislation requires any agency that declines to provide service to promptly refer families to providers that can and will serve them.

Gov. Snyder and our administration's overarching goal and priority remains to get as many kids adopted in Michigan as possible with their forever family – regardless of the family's makeup, whether heterosexual or LGBT.

We believe this adoption issue is an entirely separate one from traditional religious freedom type legislation. Hopefully you know or may have heard/seen that the governor has been crystal clear on that front and issue. Which is that he would plain out veto any RFRA legislation that comes to him as standalone bill ... he believes any such legislation needs to be paired with expansion of our state's civil rights act (what's known here as Elliott Larsen). It's about ensuring freedom of religion but also equality – both basic founding principles of our country.

Please just let me know if there's anything further we can help out on. And I know Bob will be in touch too.

Thanks and best,

Confidential Client Information

[Redacted signature block]

Confidential Client Information

Confidential Client Information

Sent: Tuesday, September 08, 2015 11:42 AM

Confidential Client Information

Subject: religious freedom bill - the atlantic

I'm a reporter with The Atlantic working on a story about the state's religious freedom bill allowing faith-based agencies to decline to provide referral services to same-sex couples who want to adopt. Wanted to see if you could put me in touch with someone at the state who can explain how the state and faith-based (or other) adoption agencies work together to provide services to children who are wards of the state. How do you determine which adoption or foster agency is responsible for certain children and what percentage of state services are provided by faith-based agencies?

Thanks much,

Confidential client information

[Redacted signature block]

■

EXHIBIT 8



St. Vincent Catholic Charities
PROVIDING HELP. CREATING HOPE.

2800 W. Willow • Lansing, MI 48917 • Office: (517) 323-4734 • www.stvcc.org

**STVCC/DHHS
ADOPTION
10-1-16/9-30-19
Contract
+ 1 Amendment**



STV-000371

SEP 14 2017

Agreement Number: A17-33001
Amendment Number: 1

<u>Agreement Period</u>	<u>Amount</u>
October 1, 2016 through September 30, 2019	\$1,150,000.00
Total Amount:	\$1,150,000.00

Check all agreement years affected by this amendment:

Year 1 Year 2 Year 3
 Year 4 Year 5 Year 6

**STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

WHEREAS, the Michigan Department of Health and Human Services (hereinafter referred to as "MDHHS") entered into a contractual Agreement effective October 1, 2016, with St Vincent Catholic Charities (hereinafter referred to as "Contractor"), having a mailing address of 2800 West Willow, Lansing, MI 48917-1833, for the provision of certain services as set forth therein; and,

WHEREAS, it is mutually desirable to MDHHS and to the Contractor to amend the aforesaid Agreement.

THEREFORE, in consideration of the promises and mutual covenants hereinabove and hereinafter contained, the parties hereto agree to the following amendment of said Agreement. This amendment shall be attached to the Agreement, said Agreement being hereby reaffirmed and made a part hereof.

Article I

This amendment shall be effective on the date of MDHHS signature.

Article II

In Section 2., CONTRACTOR RESPONSIBILITIES, Item 2.9., Compliance Requirements, c., Item 2.10., Services to be Provided, c., MARE Related Responsibilities, e., Staff Training, Item 2.11., Expected Performance Outcomes, Item 2.17., Billing shall be deleted and replaced with:

2.9 Compliance Requirements

- c. The Contractor shall comply with the MDHHS non-discrimination statement:

Agreement Number: A17-33001
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Michigan Department of Health and Human Services (MDHHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, gender identity or expression, sexual orientation, political beliefs or disability.

The above statement applies to all MDHHS supervised children, and to all applications filed for adoption of MDHHS supervised children, including MDHHS supervised children assigned to a contracted agency.

2.10 Services to be Provided

c. MARE Related Responsibilities

The Contractor shall cooperate with MARE related activities and responsibilities, as detailed in this document including but not limited to:

- 1) The Contractor shall register children with MARE per policy timeframes and requirements.
- 2) The Contractor shall appropriately inform and prepare children concerning the process of photo listing. Children shall be adequately attired and well groomed. Adequately attired is defined as that which a parent would provide for their child in a school photo. The Contractor is responsible for securing photography services and may request coupons or assistance from the MARE office. The Contractor is responsible for facilitating transportation to key photo sites and supervision of the child (ren) during the process.
- 3) The Contractor shall, as appropriate to the child's ability, involve youth over age nine (9) in developing individual recruitment materials and narratives for MARE photo listing.
- 4) The Contractor must submit a copy of the Order Placing Child after Consent and the Order of Adoption to the MARE office within ten (10) working days of issuance by the court.
- 5) Upon determination by the Contractor that the MARE potential family 'match' is appropriate, the child and family agencies shall begin the process towards adoption within ten (10) working days.
- 6) The Contractor shall provide a written brochure (developed by MARE) to adoptive families regarding their right to be included in the MARE prospective family registry and provide an explanation of this process during orientation. This brochure and information shall again be provided to the prospective family during the formal training process.

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- 7) The Contractor shall ensure all age appropriate youth available for adoption have knowledge of and access to the MARE newsletter for youth.
- 8) The Contractor shall notify MARE no less than quarterly of planned adoption related events, scheduled or tentatively scheduled for the next quarter. These activities shall include but are not limited to orientation, training dates, workshops, adoption fairs, recruitment activities, post adoption support activities and guest speakers. The Contractor will indicate if the events are open to the public or limited to a specific audience and any costs for family participation.
- 9) If the local court is participating, the Contractor shall cooperate with MARE during planning and implementation of National Adoption Day activities and regionally based adoption events.
- 10) The Contractor shall ensure MARE staff has access to case records, the child, child's worker, and other material or persons necessary for the development and updating of the child's MARE file and recruitment material.
- 11) The Contractor shall submit the completed Disruption/Dissolution survey to MARE within thirty (30) days of receipt of the survey from MARE.
- 12) The Contractor shall provide to MARE by October 30th of each year the following:
 - a. The address of all offices.
 - b. Names, telephone numbers and email addresses of all adoption workers and supervisors.
 - c. Types of services provided by the Contractor.
- 13) The Contractor shall ensure that a supervisor attends the regionally based MARE sessions on changes to MARE processes and services. This individual shall then be responsible to disseminate MARE information and material to appropriate agency staff.

e. Staff Training

1) Pre-Service Institute: Requirements

The Contractor shall ensure that staff transferring to an adoption social service position from another children's services position that has successfully completed the Office of Workforce Development and Training

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(OWDT) Pre-Service Institute (PSI) training in that program, shall attend and complete Adoption Program Specific Transfer Training (PSTT) within six months of assuming the adoption position.

2) OWDT Registration Process

- a) The Contractor shall register all staff required to attend training by each individual staff member through the Learning Management System.
- b) The Contractor supervisor and/or the Contractor training facility coordinator can register Contractor staff online for any training. To cancel or change training registration, the Contractor will need to directly contact OWDT by telephone or email.
- c) Confirmations, with specific details on times and locations, will be emailed to the Contractor/trainee by MDHHS at least seven days before the training commences.

3) Training Documentation

The Contractor shall maintain training documentation which verifies registration and successful completion of training. Additionally, the Contractor shall maintain documentation of the completion of required in-service training for both social service staff and social service supervisory staff.

4) Completion of Security Awareness Training (SAT)

The Contractor shall require each employee, subcontractor, subcontractor employee or volunteer who works directly with clients or who is authorized to have access to client fingerprint-based criminal history record information (CHRI) under this Agreement to successfully complete security awareness training (SAT) within six months of appointment to a position with (CHRI) access and every two years thereafter. Documentation of successful SAT completion is to be located in the personnel record.

Security awareness training is located through the Learning Management System or on the following link: http://www.michigan.gov/mdhhs/0,5885,7-339-71551_11120_74572--00.html

5) Minimum in-service training

The Contractor shall ensure that each social services staff receives a minimum of 32 hours of qualifying in-service training on an annual basis. The Contractor shall ensure that each social service supervisor receives a minimum of 16 hours of qualifying in-service training on an annual basis. All qualified training shall be training that improves child welfare practice.

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2.11 Expected Performance Outcomes

During the Agreement, the Contractor shall demonstrate measurable progress toward the achievement of the outcomes listed below:

- a. Fewer than 5% of placements for adoption will end in disruption.
- b. Fewer than 5% of finalized adoptions will end in dissolution.
- c. By September 30th of the fiscal year, not less than 80% of the number of children with a goal of adoption who were legally free for adoption on September 30th of the previous fiscal year, shall have adoptions finalized.
- d. By September 30th of the fiscal year, not less than 80% of the number of children with a goal of adoption who were legally free for adoption on September 30th of the previous fiscal year will have the adoption petition filed with the court.

2.17. Billing

The Contractor shall maintain a record system that documents the total number of units of service as defined in this Agreement and delivered during the term of this Agreement. These records shall also document the specific units billed to MDHHS under this Agreement.

The Contractor shall submit a DHS-1582A to:

Michigan Department of Health and Human Services
Office of Child Welfare Policy and Programs
Suite 514 PO Box 30037
Lansing, MI 48909

The DHS-1582A shall indicate the title of the service provided and the pre adoptive and adoptive name, case ID and date of birth of the child served. The DHS-1582A and any subsequent corrections must be completed and received in the Office of Child Welfare Policy and Programs within 120 days of the date of the placement or finalization, whichever is applicable, as those terms are defined in Section I(M)(2-3) of this Agreement.

- a. Billing for all designated services including: per diem, placement, finalization, permanency, and disruptions, require a copy of the Order Terminating Parental Rights (Permanent Court Ward/Commitment), the signed DHS3600 for cases referred on or after May 2016, or earlier if

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- applicable, and with the exception of per diems, the signed and dated documentation by the court (DHS 5308 or petition date stamped from the court) verifying the date that the court has accepted the adoption petition and support documentation .
- b. The MARE rates require a copy of the MARE photo listing and the subsequent MARE "Hold" document.
 - c. The Residential rate requires a copy of the discharge summary from the residential facility and a copy of the placement record including placement with the prospective adoptive parent prior to filing the petition.
 - d. Billing for finalizations requires a copy of the Order of Adoption.
 - e. Billing for placement requires a copy of the referral/acceptance form (signed DHS 3600 for cases referred on or after May 2016, or earlier if applicable), Order Terminating Parental Rights and the Order Placing Child.
 - f. Disruptions require an Ex Parte Order, or order dismissing, a copy of the initial placement order, initial commitment order, documentation verifying the medical condition of the family member if appropriate, a copy of the placement check and agency disruption report.
 - g. Legal Risk—Order Placing Child Filed: In cases where a birth parent, individually or through an attorney, has filed a petition to appeal the termination of parental rights, the Contractor shall include a copy of the Claim filed in conformity with MCR7.203 when requesting payment at placement and a copy of the appeal decision order when requesting payment at finalization.
 - h. When billing for the per diem, each payment voucher shall be child specific. Attached to the initial payment voucher the following documents must be included: the DHS-3600 (for Adoption Services) with the date of acceptance indicated, the signed agreement of intent to adopt by a relative or identified family (for matched cases only) and verification from MARE that a complete photo listing or a complete "hold" registration was submitted on the case. The Contractor shall identify in Box 13 of the payment voucher the number of days covered, date range, and the number of per diem billings submitted on behalf of the child.
 - i. When requesting an exception to the payment rate, it is the responsibility of the Contractor to demonstrate that requests for adoption assistance eligibility determination or MCI consent delayed the adoption placement.

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If the delay was caused by submission of incomplete paperwork or a lack of response to requests for information, the consideration for exception will be denied. There is a thirty (30) day standard of promptness for adoption assistance eligibility determinations and MCI regular and expedited consent requests and a ninety (90) day standard of promptness for MCI consent requests on competing parties. If information is missing, incomplete, or unclear and needing follow-up, the standard of promptness timeframe will not begin until all needed information is available for review, including legal documents and information needed to fulfill policy requirements. The Adoption Payment Exception Request, DHS 832 form must be submitted with the completed DHS-1582A.

- j. The ICPC rate(s) require copies of the ICPC referral, DHS-3600 (for Adoption Services), adoptive family home study, adoption supervision reports (if applicable), Order Terminating Parental Rights (Permanent Court Ward/Commitment), Adoption Petition documentation and Order of Adoption, if applicable.
- k. Billings for competing parties, in which the case would be eligible for a rate less than the Baseline rate and the Contractor is requesting the Baseline rate, requires the Contractor to submit a Competing Party Rate Exception Request (DHHS-5445) and copies of the case acceptance documentation, dates of the initial inquiry, adoption application and DHS-4809 from each competing party and copies of the assessment for each competing party.

Article III

In Section 3., MDHHS RESPONSIBILITIES, Item 3.1., Payment and Item 3.2., Performance Evaluation and Monitoring shall be deleted and replaced with:

3. MDHHS RESPONSIBILITIES

3.1. Payment

MDHHS shall make payments to the Contractor pursuant to MCL 17.51-17.57 and State of Michigan Financial Management Guide, Part II-Accounting and Financial Reporting, Chapter 25, Section 100, "Prompt Payment for Goods and Services."

- a. MDHHS shall make the following payments to the Contractor:

Rate Category	Placement	Finalization	Permanency
Early Adoption Level 2	\$6,900	\$3,450	\$1,150

the local MDHHS county office that the Contractor has a studied and approved available family, MDHHS shall send a copy of the case file to the Contractor within ten (10) working days of receipt of notification.

2. CONTRACTOR RESPONSIBILITIES

2.1. Email Address

The Contractor authorizes MDHHS to use the contact information below to send Agreement related notifications/information. The Contractor shall provide MDHHS with updated contact information if it changes.

Contact email address: seykaa@stvcc.org

2.2 Requests for Information

The Contractor may be required to meet and communicate with MDHHS representatives and from time to time MDHHS may require that the Contractor create reports or fulfill requests for information as necessary to fulfill the MDHHS' obligations under statute and/or Dwayne B. v. Snyder, et al., 2:06-cv-13548, herein referred to as the Implementation, Sustainability, and Exit Plan (ISEP).

The Contractor shall make available to MDHHS copies of any outside reviews, non-redacted FOIA requests, or audits relating to the contracted program.

2.3 Geographic Area

The Contractor shall provide services described herein in the following geographic area: Statewide

2.4 Licensing Requirements

The MDHHS Division of Child Welfare Licensing (DCWL) is the licensing agency for Child Placing Agencies (CPA). A license is issued to a certain person or organization at a specific location, is non-transferable, and remains the property of the Department. Therefore, a child placing agency must be established at a specific location.

The Contractor shall ensure that, for the duration of this agreement, it shall maintain a license for those program areas and services that are provided for in this Agreement. If the Contractor fails to comply with this section, MDHHS may terminate this Agreement for default.

The Contractor is licensed to provide service under this agreement under the following license number: CB330201019

2.5. Location of Facilities

The Contractor shall provide services described herein at the following location(s):

2800 West Willow, Lansing, MI 48917

2.6. Program Focus and Statement

The Contractor shall perform activities for Michigan permanent wards that are Title IV-E funded and Michigan Children's Institute (MCI) wards for which adoption is the plan or for children from a participating Inter-State Compact (ICPC) state's child welfare system that has been referred for adoption services to Michigan through ICPC.

Reimburse licensed child placing agencies through a current MDHHS adoption contract at specific rates for the legal placement and finalization of an adoption for an eligible child. Per diem payments for cases referred to the contractor by MDHHS for adoption services can be charged a maximum of \$3000.00 per child. The total amount paid for the per diem rate is deducted from the applicable placement rate when the child is placed by the court in an adoptive home. Reimbursement for contract agency staff's successful completion of applicable training provided by the Office of Workforce Development and Training is included.

The Contractor shall provide MDHHS with copies of their Adoption Program Statement. The program statement shall comply with the requirements of MDHHS Division of Child Welfare Licensing standards and MDHHS policy. The Contractor shall inform MDHHS of any changes made to the program statement at any point during the term of this Agreement and provide copies of the new statement to MDHHS within 60 days.

2.7. Reserved

2.8. Credentials

The Contractor shall assure that appropriately credentialed or trained staff under its control, including Contractor employees and/or subcontractors, shall perform functions under this Agreement.

2.9. Compliance Requirements

Except as stated in e. below, the Contractor shall comply with the following requirements:

- a. The Contractor shall comply with all applicable MDHHS policy and MDHHS policy amendments including fingerprint-based criminal history policy. MDHHS policies and MDHHS policy amendments/bulletins are published on the following internet link: <http://www.michigan.gov/mdhhs-manuals>.
- b. Throughout the terms of this Agreement, the Contractor shall ensure that it provides all applicable MDHHS policy and MDHHS policy amendments to social service staff. The Contractor shall ensure that social service staff complies with all applicable requirements.
- c. The Contractor shall comply with the MDHHS non-discrimination statement:

Michigan Department of Health and Human Services (MDHHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, gender identity or expression, sexual orientation, political beliefs or disability.

The above statement applies to all applications filed for adoption of MDHHS supervised children, including MDHHS supervised children assigned to a contracted agency.

- d. The Contractor accepts a referral from MDHHS under this Agreement by doing either of the following:
 - 1) Submitting to MDHHS a written agreement to perform the services related to the particular child or particular individuals that the Department referred to the Contractor, or
 - 2) Engaging in any other activity that results in MDHHS being obligated to pay the Contractor for the services related to the particular child or particular individuals that the Department referred to the Contractor.
- e. Under 1973 PA 116, as amended by 2015 PA 53, the Contractor has the sole discretion to decide whether to accept or not accept a referral from MDHHS. Nothing in this Agreement limits or expands the application of the Public Act.

Adoption referrals are initiated by MDHHS. Contractors may not transfer adoption cases to another child placing agency. After acceptance of an adoption referral, the Contractor may not transfer the case back to the Department, except upon the written approval of the County Director, the Children's Services Agency Director, or the Deputy Director.

If MDHHS makes a referral to a child placing agency for adoption services pursuant to a contract with the child placing agency, the child

placing agency must accept or decline the referral within seven working days of receipt of the referral from foster care. Any reasons given for declining a referral may be documented in MiSACWIS.

- f. The contractor shall ensure all directives and services ordered by the court are completed to the satisfaction of the court within the timeframes ordered.
- g. The Contractor shall participate in random moment time studies (RMTS). An RMTS is a process where participants are emailed short surveys and asked to indicate what they were doing at an assigned time. The time study is required to determine the amount of time spent on various activities. Based on these results, MDHHS determines the amount that can be charged to various funding sources.
- h. Compliance with MDHHS Implementation, Sustainability, and Exit Plan

The Contractor shall ensure compliance with all applicable provisions and requirements of *Dwayne B. v. Snyder, et al.*, 2:06-cv-13548, Implementation Sustainability and Exit Plan.

- i. Additional Compliance Provisions
 - 1) 1984 Public Act, 114, as amended, being M.C.L. 3.711 *et seq.*, Interstate Compact on the Placement of Children.
 - 2) 1939 Public Act 288, Chapter X, being M.C.L. 710.1 *et seq.*, Michigan Adoption Code.
 - 3) 1984 Public Act 203, as amended, being M.C.L. 722.951 *et seq.*, Michigan Foster Care and Adoption Services Act.
 - 4) The Social Security Act as amended by the Multiethnic Placement Act of 1994 (MEPA); Public Law 103-382, and as amended by Section 1808 of the Small Business Job Protection, the Interethnic Adoption Provision (IEAP).
 - 5) The Indian Child Welfare Act (ICWA); Public Law 95-608 being 25 U.S.C. 1901 *et seq.*
 - 6) P.L. 110-351, known as the Fostering Connections to Success and Increasing Adoptions Act of 2008.
 - 7) Social Security Act, 42 USC 671(a)(20)
 - 8) Federal Bureau of Investigation (FBI), Criminal Justice Information Services (CJIS) Security Policy located on the following link: <https://www.fbi.gov/about-us/cjis/cjis-security-policy-resource-center>

2.10 Services to be Provided

a. General Adoption Responsibilities

- 1) Place the child for adoption under the provisions of this Agreement or

assist in the child's placement by another private agency or MDHHS local office.

- 2) The Contractor that has the identified adoptive family shall be the agency to perform adoptive activities including: placement, case management, supervision and court related requirements.
- 3) When the Contractor has an identified adoptive family for a child under supervision of another agency the Contractor shall work cooperatively with the child's agency in coordinating and sharing responsibility for pre-placement activities and associated costs for transportation and other case services.
- 4) When a placement for adoption disrupts or a finalized adoption dissolves within eighteen (18) months of the date of the order for placement or finalization the Contractor shall be, unless ordered or directed otherwise by the Court or MDHHS, responsible to provide full adoption services for the child/youth as detailed in this contract. The responsible contractor is defined as the Contractor that had adoption planning responsibilities for the child when the initial adoption placement occurred. The exception shall be in a contested case where a child is placed in an adoptive home against the recommendation of the contractor.
- 5) Provide guidance to the child's foster parent in preparation of the child for adoption or in facilitating a transfer of the child's attachment to the adoptive parents.
- 6) In instances where the child's agency has performed pre-placement activities for the adoptive family's agency, the adoptive family's agency shall provide the child's agency with a copy of the court order placing the child in the adoptive home within thirty (30) working days, after receipt of said order.
- 7) The Contractor shall develop plans for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children. This shall include photo listing on the MARE website, networking with other private agencies in determining availability of resource families and other recruitment activities that are statewide and national in nature. The Contractor shall respond to and actively work with, prospective adoptive parents outside of the State of Michigan.
- 8) The Contractor shall maintain documentation of completion of the above listed requirements in the child's adoption case file for review by MDHHS.

b. Adoption, Recruitment, Orientation and Training

- 1) The Contractor shall develop and implement a plan for adoptive home recruitment, retention, and support consistent with the MDHHS DCWL Licensing Standards specific to the Contractor's license specified in Section 2.4.
- 2) The Contractor shall provide adoption recruitment activities in collaboration with other private agencies and MDHHS local offices to focus on children registered on Michigan Adoption Resource Exchange (MARE).
- 3) The Contractor shall work cooperatively with other contracted adoption agencies, MDHHS and trained adoptive parents to provide orientation and training. It is recommended that adoptive parent peer mentors be matched to prospective and new adoptive parents. The Contractor shall retain in the case record verification of training provided to the adoptive family including but not limited to:
 - a. Type of training provided
 - b. Date training provided
 - c. Subject material covered during training
- 4) The Contractor shall involve youth in the planning and organizing of adoption recruitment events.
- 5) The Contractor shall develop supports for children and youth moving to permanency through adoption. Best practice research indicates that support groups, peer mentors, informational sessions and individual counseling are effective tools. Developing appropriate rituals and recognition for the transitions experienced shall be part of the adoption process.
- 6) The Contractor shall be responsible for providing information to the prospective adoptive parent(s) regarding the adoption assistance programs on behalf of all children available for adoption. If the Contractor fails to provide information, fails to apply for adoption assistance or finalizes an adoption prior to the execution of an adoption assistance agreement, and it is later determined that the child was eligible for adoption assistance, the Contractor shall be responsible for providing financial support to the family equal to the adoption assistance amount and eligible Medicaid coverage, from the time the family makes the request for the re-determination of eligibility and the date MDHHS determines that an error occurred based on the Contractor's failure to inform or apply for adoption assistance.

c. MARE Related Responsibilities

The Contractor shall cooperate with MARE related activities and responsibilities, as detailed in this document including but not limited to:

- 1) The Contractor shall appropriately inform and prepare children concerning the process of photo listing. Children shall be adequately attired and well groomed. Adequately attired is defined as that which a parent would provide for their child in a school photo. The Contractor is responsible for securing photography services and may request coupons or assistance from the MARE office. The Contractor is responsible for facilitating transportation to key photo sites and supervision of the child (ren) during the process.
- 2) The Contractor shall, as appropriate to the child's ability, involve youth over age nine (9) in developing individual recruitment materials and narratives for MARE photo listing.
- 3) The Contractor must submit a copy of the Order Placing Child after Consent and the Order of Adoption to the MARE office within ten (10) working days of issuance by the court.
- 4) Upon determination by the Contractor that the MARE potential family 'match' is appropriate, the child and family agencies shall begin the process towards adoption within ten (10) working days.
- 5) The Contractor shall provide a written brochure (developed by MARE) to adoptive families regarding their right to be included in the MARE prospective family registry and provide an explanation of this process during orientation. This brochure and information shall again be provided to the prospective family during the formal training process.
- 6) The Contractor shall ensure all age appropriate youth available for adoption have knowledge of and access to the MARE newsletter for youth.
- 7) The Contractor shall notify MARE no less than quarterly of planned adoption related events, scheduled or tentatively scheduled for the next quarter. These activities shall include but are not limited to orientation, training dates, workshops, adoption fairs, recruitment activities, post adoption support activities and guest speakers. The Contractor will indicate if the events are open to the public or limited to a specific audience and any costs for family participation.
- 8) If the local court is participating, the Contractor shall cooperate with MARE during planning and implementation of National Adoption Day activities and regionally based adoption events.

- 9) The Contractor shall ensure MARE staff has access to case records, the child, child's worker, and other material or persons necessary for the development and updating of the child's MARE file and recruitment material.
- 10) The Contractor shall submit the completed Disruption/Dissolution survey to MARE within thirty (30) days of receipt of the survey from MARE.
- 11) The Contractor shall provide to MARE by October 30th of each year the following:
 - a. The address of all offices.
 - b. Names, telephone numbers and email addresses of all adoption workers and supervisors.
 - c. Types of services provided by the Contractor.
- 12) The Contractor shall ensure that a supervisor attends the regionally based MARE sessions on changes to MARE processes and services. This individual shall then be responsible to disseminate MARE information and material to appropriate agency staff.

d. Caseload Tracking and Reporting

The Contractor shall report to MDHHS caseload ratios for social services supervisors, social service staff and licensing staff in a format and within timeframes as determined by MDHHS.

e. Staff Training

1) Pre-Service Institute: Requirements

The Contractor shall ensure that staff transferring to an adoption social service position from another children's services position that has successfully completed the Office of Workforce Development and Training (OWDT) Pre-Service Institute (PSI) training in that program, shall attend and complete Adoption Program Specific Transfer Training (PSTT) within six months of assuming the adoption position.

2) OWDT Registration Process

- a) The Contractor shall register all staff required to attend training by each individual staff member through the Learning Management System.
- b) The Contractor supervisor and/or the Contractor training facility coordinator can register Contractor staff online for any training. To

cancel or change training registration, the Contractor will need to directly contact OWDT by telephone or email.

- c) Confirmations, with specific details on times and locations, will be emailed to the Contractor/trainee by MDHHS at least seven days before the training commences.

3) Training Documentation

The Contractor shall maintain training documentation which verifies registration and successful completion of training. Additionally, the Contractor shall maintain documentation of the completion of required in-service training for both social service staff and social service supervisory staff.

4) Completion of Security Awareness Training (SAT)

The Contractor shall require each employee, subcontractor, subcontractor employee or volunteer who works directly with clients or who is authorized to have access to client fingerprint-based criminal history record information (CHRI) under this Agreement to successfully complete security awareness training (SAT) within six months of appointment to a position with (CHRI) access and every two years thereafter. Documentation of successful SAT completion is to be located in the personnel record.

Security awareness training is located through the Learning Management System or on the following link:
http://www.michigan.gov/mdhhs/0,5885,7-339-71551_11120_74572---.00.html

2.11 Expected Performance Outcomes

During the Agreement, the Contractor shall demonstrate measurable progress toward the achievement of the outcomes listed below:

- a. Fewer than 5% of placements for adoption will end in disruption.
- b. Fewer than 5% of finalized adoptions will end in dissolution.
- c. By September 30, 2017, not less than 80% of the number of children with a goal of adoption that are legally free for adoption on September 30, 2016 shall have adoptions finalized.
- d. By September 30, 2017, not less than 80% of the number of children with a goal of adoption that are legally free for adoption on September 30, 2016 will have the adoption petition filed with the court.

2.12 Audit Requirements

Contractor/Vendor Relationship

This Agreement constitutes a contractor/vendor relationship with MDHHS..

The Contractor must immediately report to the MDHHS Bureau of Audit, Reimbursement and Quality Assurance accounting irregularities including noncompliance with provisions of this Agreement.

2.13. Financial Audit Requirements

a. Required Audit or Notification Letter

Contractors must submit to the Department either a Single Audit, Financial Statement Audit, or Audit Status Notification Letter as described below. If submitting a Single Audit or Financial Statement Audit, Contractors must also submit a Corrective Action Plan for any audit findings that impact MDHHS-funded programs, and management letter (if issued) with a response.

1) Single Audit

Contractors that are a non-profit organization and that expend \$750,000 or more in federal awards during the Contractor's fiscal year, must submit a Single Audit to the Department, regardless of the amount of funding received from the Department. The Single Audit must comply with the requirements of Title 2 Code of Federal Regulations, Subpart F.

2) Financial Statement Audit

Contractors exempt from the Single Audit requirements with fiscal years that receive \$500,000 or more in **total funding** from the Department in State and Federal grant funding must submit to the Department a Financial Statement Audit prepared in accordance with generally accepted auditing standards (GAAS).

3) Audit Status Notification Letter

Contractors exempt from the Single Audit and Financial Statement Audit requirements (1 and 2 above) must submit an Audit Status Notification Letter that certifies these exemptions. The template Audit Status Notification Letter and further instructions are available at <http://www.michigan.gov/mdhhs> by selecting Inside MDHHS menu, then MDHHS Audit, then Audit Reporting.

b. Due Date and Where to Send

The required audit and any other required submissions (i.e. Corrective Action Plan and management letter with a response), or Audit Status Notification Letter must be submitted to the Department within **nine months** after the end of the Contractor's fiscal year by e-mail to the Department at MDHHS-

AuditReports@michigan.gov. The required submissions must be in PDF files and compatible with Adobe Acrobat (read only). The subject line must state the agency name and fiscal year end. The Department reserves the right to request a hard copy of the audit materials if for any reason the electronic submission process is not successful.

c. Penalty

Failure to meet reporting responsibilities as identified in this agreement may result in delay or withholding of future payments.

d. Other Audits

The Department or federal agencies may also conduct or arrange for "agreed upon procedures" or additional audits to meet their needs.

2.14. Cost Reporting

The Contractor shall submit annual financial cost reports based on the state's fiscal year which begins October 1 and ends September 30 in the following calendar year. The reports shall contain the actual costs incurred by providers in delivering services required in this agreement to MDHHS clients for the reporting period. Costs for non-MDHHS children are not to be included. Reports will be submitted using a template provided by MDHHS. The financial reports shall be submitted annually, and will be due November 30 of each fiscal year. The Contractor must comply with all other program and fiscal reporting procedures as are or may hereinafter be established by MDHHS. Reports shall be submitted electronically to MDHHS-Foster-Care-Audits@michigan.gov with the subject line: Adoption Actual Cost Report. Failure to meet reporting responsibilities as identified in this agreement may result in delay or withholding of future payments.

2.15. Service Documentation

The Contractor agrees to maintain program records required by MDHHS, program statistical records required by MDHHS, and to produce program narrative and statistical data at times prescribed by, and on forms furnished by, MDHHS.

2.16. Private Agency MiSACWIS

The Contractor shall ensure that private agency staff has access to the Michigan Statewide Automated Child Welfare Information System (MiSACWIS) through a web-based interface, henceforth referred to as the "MiSACWIS application." The contractor shall ensure that staff follow the MiSACWIS requirements for CPA contracts which are found at http://www.michigan.gov/documents/dhs/Private_Agency_MiSACWIS_for_CPA_Contracts_464663_7.pdf

For all agency assigned cases in MiSACWIS, the Contractor shall enter all case management activities, including payments and all required documentation per policy in MiSACWIS.

2.17. Billing

The Contractor shall maintain a record system that documents the total number of units of service as defined in this Agreement and delivered during the term of this Agreement. These records shall also document the specific units billed to MDHHS under this Agreement.

The Contractor shall submit a DHS-1582A to:

Michigan Department of Health and Human Services
Office of Child Welfare Policy and Programs
Suite 514 PO Box 30037
Lansing, MI 48909

The DHS-1582A shall indicate the title of the service provided and the pre adoptive and adoptive name, case number and date of birth of the child served. The DHS-1582A and any subsequent corrections must be completed and received in the Office of Child Welfare Policy and Programs within 120 days of the date of the placement or finalization, whichever is applicable, as those terms are defined in Section I(M)(2-3) of this Agreement.

- a. Billing for all designated services including: per diem, placement, finalization, permanency, and disruptions require a copy of the Order Terminating Parental Rights (Permanent Court Ward/Commitment), the signed DHS3600 for cases referred on or after May 2016, or earlier if applicable, and with the exception of per diems, the signed and dated documentation by the court (DHS 5308 or petition date stamped from the court) verifying the date that the court has accepted the adoption petition and support documentation.
- b. The MARE rates require a copy of the MARE photo listing and the subsequent MARE "Hold" document.
- c. The Residential rate requires a copy of the discharge summary from the residential facility and a copy of the placement record including placement with the prospective adoptive parent prior to filling the petition.
- d. Billing for finalizations requires a copy of the Order of Adoption.
- e. Billing for delayed referrals must include a copy of the Contractors acceptance form with the referral date and statement by MDHHS that includes the child's commitment date. The referral form must be signed

by a MDHHS representative and must have "Delayed Referral" designated on the payment voucher.

- f. Billing for placement requires a copy of the referral/acceptance form (signed DHS 3600 for cases referred on or after May 2016, or earlier if applicable), Order Terminating Parental Rights and the Order Placing Child.
- g. Disruptions require an Ex Parte Order, or order dismissing, a copy of the initial placement order, initial commitment order, documentation verifying the medical condition of the family member if appropriate, a copy of the placement check and agency disruption report.
- h. Legal Risk–Order Placing Child Filed: In cases where a birth parent, individually or through an attorney, has filed a petition to appeal the termination of parental rights, the Contractor shall submit a DHS-1582A requesting payment (placement and finalization). The Contractor must also submit a photocopy of the Claim, filed in conformity with MCR 7.203.
- i. When billing for the per diem, each payment voucher shall be child specific. Attached to the initial payment voucher the following documents must be included: the DHS-3600 (for Adoption Services) with the date of acceptance indicated, the signed agreement of intent to adopt by a relative or identified family (for matched cases only) and verification from MARE that a complete photo listing or a complete "hold" registration was submitted on the case. The Contractor shall identify in Box 13 of the payment voucher the number of days covered, date range, and the number of per diem billings submitted on behalf of the child.
- j. When requesting an exception to the payment rate, it is the responsibility of the Contractor to demonstrate that requests for adoption assistance eligibility determination or MCI consent delayed the adoption placement. If the delay was caused by submission of incomplete paperwork or a lack of response to requests for information, the consideration for exception will be denied. There is a thirty (30) day standard of promptness for adoption assistance eligibility determinations and MCI regular and expedited consent requests and a ninety (90) day standard of promptness for MCI consent requests on competing parties. If information is missing, incomplete, or unclear and needing follow-up, the standard of promptness timeframe will not begin until all needed information is available for review, including legal documents and information needed to fulfill policy requirements. The Adoption Payment Exception Request, DHS 832 form must be submitted with the completed DHS-1582A.
- k. The ICPC rate(s) require copies of the ICPC referral, DHS-3600 (for Adoption Services), adoptive family home study, adoption supervision

reports (if applicable), Order Terminating Parental Rights (Permanent Court Ward/Commitment), Adoption Petition documentation and Order of Adoption, if applicable.

- I. Billings for competing parties, in which the case would be eligible for a rate less than the Baseline rate and the Contractor is requesting the Baseline rate, requires the Contractor to submit a Competing Party Rate Exception Request (DHHS-5445) and copies of the case acceptance documentation, dates of the initial inquiry, adoption application and DHS-4809 from each competing party and copies of the assessment for each competing party.

2.18. Fees and Other Sources of Funding

The Contractor guarantees that any claims made to MDHHS under this Agreement shall not be financed by any source other than MDHHS under the terms of this Agreement. If funding is received through any other source, the Contractor agrees to deduct from the amount billed to MDHHS the greater of either the fee amounts, or the actual costs of the services provided.

The Contractor may not accept reimbursement from a client unless the Agreement specifically authorizes such reimbursement in the "Contractor Responsibility" Section. In such case, a detailed fee scale and criteria for charging the fee must be included. If the Contractor accepts reimbursement from a client in accordance with the terms of the Agreement, the Contractor shall deduct these fees from billings to MDHHS.

Other third party funding sources, e.g., insurance companies, may be billed for contracted client services. Third party reimbursement shall be considered payment in full unless the third party fund source requires a co-pay, in which case MDHHS may be billed for the amount of the co-pay. No supplemental billing is allowed.

2.19. Recoupment of Funding and Repayment of Debts

a. Recoupment of Funding

If the Contractor fails to comply with requirements as set forth in this Agreement, or fails to submit a revised DHS-3469 payment request within allotted time frames established by MDHHS in consultation with the Contractor, MDHHS may, at its discretion, recoup or require the Contractor to reimburse payments made under this Agreement which MDHHS has determined that the Contractor has been overpaid. The Contractor is liable for any cost incurred by MDHHS in the recoupment of any funding.

Upon notification by MDHHS that repayment is required, the Contractor shall make payment directly to MDHHS within 30 days or MDHHS may withhold

current or future payments made under this or any other agreements, current or future, between MDHHS and the Contractor.

If the Contractor fails to: (1) correct noncompliance activities identified by MDHHS, (2) submit revised billings as requested as part of a corrective action plan when required; or (3) remit overpayments or make arrangements to have the overpayments deducted from future payments within 30 days, such failure shall constitute grounds to terminate immediately any or all of MDHHS' agreements with the Contractor. MDHHS shall also report noncompliance of the Contractor to Michigan's Department of Technology, Management and Budget. Such report may result in the Contractor's debarment from further contracts with the state of Michigan.

b. Repayment of Debts and Other Amounts due MDHHS

By entering into this Agreement, the Contractor agrees to honor all prior repayment agreements established by MDHHS with the Contractor or Contractor's predecessors. If the Contractor has an outstanding debt due to MDHHS but does not have a repayment agreement, the Contractor agrees to make monthly payments to MDHHS at an amount not less than 5% of any outstanding balance and to begin on the date this Agreement is executed.

If the Contractor fails to honor prior repayment agreements, or the Contractor fails to begin repayment on an obligation due MDHHS that is not subject to a repayment agreement, MDHHS will initiate the administrative process to reduce payments to the Contractor under this Agreement to recoup the debt. The payment reduction will be made at the amount originally established in the repayment agreement or at an amount not less than 5% of any outstanding balance effective on the date this Agreement is executed.

2.20. Child Protection Law Reporting Requirements

- a. The Contractor shall ensure that all employees who have reasonable cause to suspect child abuse or neglect shall report any suspected abuse or neglect of a child in care to MDHHS for investigation as required by Public Acts of 1975, Act Number 238.
- b. Failure of the Contractor or its employees to report suspected abuse or neglect of a child to MDHHS shall result in an immediate investigation to determine the appropriate corrective action up to and including termination of the contract.
- c. Failure of the Contractor or its employees to report suspected child abuse or neglect two or more times within a one-year period shall result in a review of the contract agency's violations by a designated

Administrative Review Team, which shall include the Director of CSA and the Director of DCWL or its successor agency, that shall consider mitigating and aggravating circumstances to determine the appropriate corrective action up to and included license revocation and contract termination.

2.21 The Division of Child Welfare Licensing (DCWL)

DCWL shall be responsible for review of the Contractor's compliance with the Agreement and any court orders, via an Annual Compliance Review (ACR) and Special Investigations. DCWL may review, analyze and comment on all activities covered within the terms of the Agreement or court order. If the ACR or Special Investigation reveals that the Contractor has not complied with the requirements of this Agreement or court order, the following procedures shall be implemented:

- a. DCWL shall notify the Contractor of the Agreement or court noncompliance. This notification shall occur verbally during an exit conference, and be followed with a written report of the findings. The Contractor may request a meeting to discuss and examine the identified Agreement or court noncompliance.
- b. Following the identification of the Agreement or court noncompliance, DCWL will request the Contractor submit a Corrective Action Plans (CAP) to DCWL within 15 days of receiving the written report of findings.
- c. After the Contractor's CAP has been reviewed and approved by DCWL, the Contractor's compliance with the CAP shall be reviewed in accordance with time frames established by DCWL in the written notification of acceptance of the CAP.
- d. Based on the severity or repeated nature of cited violations, a recommendation may be made by DCWL at any time to place a moratorium on new placements with the contractor or to cancel the contract. If either recommendation is made, a meeting will be convened with the director of the contracted agency, the division director of DCWL and the CSA director or designee to provide the contractor with the opportunity to provide documented information on why the moratorium or cancellation of the contract should not occur.
- e. If a moratorium on new placements is put into place, it shall be for a minimum of 90 days to allow the contractor to remedy cited violations and comply with any agreed on CAP. If the cited violations are not corrected during the period of the moratorium or additional serious violations are cited, consideration shall be given to cancellation of the agency's contract.

Final decisions regarding the cancellation of a contract shall be made by the CSA director.

2.22 Corrective Action Requirements

If a program review by MDHHS reveals a lack of compliance with the requirements of this Agreement, the Contractor shall:

- a. Meet with MDHHS to discuss the noncompliance.
- b. Prepare a corrective action plan within 30 days of receiving MDHHS' written findings.
- c. Achieve compliance within 60 days of receipt of MDHHS' approval of the corrective action plan (unless other time frames are agreed to in writing by MDHHS) or MDHHS may terminate this Agreement, subject to the standard contract terms.

2.23. Criminal Background Check

As a condition of this Agreement, the Contractor certifies that the Contractor shall, prior to any individual performing work under this Agreement, conduct or cause to be conducted for each new employee, employee, subcontractor, subcontractor employee or volunteer who works directly with:

- a. Clients under this Agreement, or who has access to client information, an Internet Criminal History Access Tool (ICHAT) check and a National and State Sex Offender Registry check.

Information about ICHAT can be found at <http://apps.michigan.gov/ichat>.

The Michigan Public Sex Offender Registry web address is <http://www.mipsor.state.mi.us>.

The National Sex Offender Public Website address is <http://www.nsopw.gov>.

- b. Children under this Agreement, a Central Registry (CR) check.

Information about CR can be found at http://www.mi.gov/MDHHS/0,1607,7-124-5452_7119_48330-180331-.00.html.

The Contractor shall require each employee, subcontractor, subcontractor employee or volunteer who works directly with clients or who has access to client information, under this Agreement to timely notify

the Contractor in writing of criminal convictions (felony or misdemeanor) and/or pending felony charges or placement on the Central Registry as a perpetrator.

Additionally, the Contractor shall require each new employee, employee, subcontractor, subcontractor employee or volunteer who works directly with clients under this Agreement or who has access to client information and who has not resided or lived in Michigan for each of the previous ten (10) years to sign a waiver attesting to the fact that they have never been convicted of a felony or identified as a perpetrator, or if they have, the nature and recency of the felony.

The Contractor further certifies that the Contractor shall not submit claims for or assign to duties under this Agreement, any employee, subcontractor, subcontractor employee, or volunteer based on a determination by the Contractor that the results of a positive ICHAT and/or a CR response or reported criminal felony conviction or perpetrator identification make the individual ineligible to provide the services.

The Contractor must have a written policy describing the criteria on which its determinations shall be made and must document the basis for each determination. The Contractor may consider the recency and type of crime when making a determination. Failure to comply with this provision may be cause for immediate cancellation of this Agreement. In addition, the Contractor must further have a written policy regarding acceptable screening practices of new staff members and volunteers who have direct access to clients and/or client's personal information, which serve to protect the organization and its clients that is clearly defined. The Contractor must also assure that any subcontractors have both of these written policies.

If MDHHS determines that an individual provided services under this Agreement for any period prior to completion of the required checks as described above, MDHHS may require repayment of that individual's salary, fringe benefits, and all related costs of employment for the period that the required checks had not been completed.

3. MDHHS RESPONSIBILITIES

3.1. Payment

MDHHS shall make payments to the Contractor pursuant to MCL 17.51-17.57 and State of Michigan Financial Management Guide, Part II-Accounting and

EXHIBIT 9



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after reaching 18 years old, but less than 21 years old and resides in Kent county.

b. Determination of Eligibility

If MDHHS makes a referral to a child placing agency for foster care case management services pursuant to a contract with the child placing agency, the child placing agency must accept or decline the referral within one hour of receipt of the referral. If a need for placement is imminent, MDHHS may make referrals for placement concurrently to other contracted providers. Contractor may not transfer a foster care case to another child placing agency. After acceptance of a foster care referral, the Contractor may not refer the case back to the Department except for the reasons outlined in the Children's Foster Care Manual (FOM) or upon the written approval of the County Director, the Children's Services Agency Director, or the Deputy Director.

1.2. Referrals

a. The Contractor accepts a referral from MDHHS by doing either of the following:

- 1) Submitting to MDHHS a written Contract to perform the services related to the particular child or particular individuals that the Department referred to the Contractor; or
- 2) Engaging in any other activity that results in MDHHS being obligated to pay the Contractor for the services related to the particular child or particular individuals that the Department referred to the Contractor.

b. Upon placement, MDHHS shall provide the Contractor at minimum, with a court order, a Medical Authorization Card (DHS-3762), the Case Referral and Acceptance - Individual Service Contract (DHS-3600) and all known information about the child and family.

1.3. Legal or Court Related

MDHHS shall involve the Contractor, to the extent allowed by law, in matters relating to any legal or court activities concerning the child while in the Contractor's care. If the Contractor is to be involved in the court proceedings, MDHHS shall provide the Contractor with written reports for court use upon request, subject to confidentiality requirements imposed by statute.

2. CONTRACTOR RESPONSIBILITIES

2.1. Email Address

The Contractor authorizes MDHHS to use the contact information below to send Contract related notifications/information. The Contractor shall provide MDHHS with updated contact information if it changes.

Contact email address: SeykaA@stvcc.org

2.2. Requests for Information

The Contractor may be required to meet and communicate with MDHHS representatives and from time to time MDHHS may require that the Contractor create reports or fulfill requests for information as necessary to fulfill the MDHHS' obligations under statute and/or Dwayne B. v. Snyder, et al., 2:06-cv-13548, herein referred to as the Implementation, Sustainability, and Exit Plan (ISEP).

The Contractor shall make available to MDHHS copies of any outside reviews, non-redacted FOIA requests, or audits relating to the contracted program.

2.3. Geographic Area

The Contractor shall provide services described herein in the following geographic area: Statewide

2.4. Licensing Requirements

The MDHHS Division of Child Welfare Licensing (DCWL) is the licensing agency for Child Placing Agencies (CPA). A license is issued to a certain person or organization at a specific location, is non-transferable, and remains the property of the Department. Therefore, a child placing agency must be established at a specific location.

The Contractor shall ensure that, for the duration of this Contract, it shall maintain a license for those program areas and services that are provided for in this Contract. If the Contractor fails to comply with this section, MDHHS may terminate this Contract for default.

The Contractor is licensed to provide service under this Contract under the following license number: CB330201019

2.5. Location of Facilities

The Contractor shall provide services described herein at the following location(s):

2800 West Willow, Lansing, MI, 48917-1833

Direct foster care services shall be provided in client, relative caregiver, and foster parent homes.

2.6. Program Focus and Name

Placement Agency Foster Care (PAFC) is a program that provides a comprehensive and coordinated set of activities designed to place and supervise children in out of home placement.

Foster care supervision includes the provision of services as throughout this Contract and when necessary the referral for additional services that will enhance the child's and the family's functioning and ameliorate the conditions that caused the child's removal from parental custody.

Foster care supervision includes developing and implementing a treatment plan and service Contract to comply with the Foster Care Manual which facilitates permanency planning according to the following guidelines:

- . Reunification
- . Adoption
- . Guardianship
- . Permanent Placement with a Fit and Willing Relative.
- . Another Planned Permanent Living Arrangement (AAPLA)

2.7. Provider Numbers

MiSACWIS Provider Number: 10400303

Bridges Provider Number: 6356725

2.8. Credentials

The Contractor shall assure that all staff performing functions under this Contract, including contractor employees, volunteers and/or subcontractors, are appropriately screened, credentialed, and trained in accordance with licensing rule. Additional staff requirements are identified in Section 2.10 d. of this Contract.

2.9. Compliance Requirements

Except in subsection (h), the Contractor shall comply with the following requirements:

- a. The Contractor shall comply with all applicable MDHHS policy in the Children's Foster Care (FOM), Guardianship (GDM), Service Requirements Manual (SRM), Interstate Compact (ICM), Native

American Affairs (NAA) and Adoption (ADM) Manuals and MDHHS policy amendments (including interim policy bulletins).

- b. Throughout the term of this Contract, the Contractor shall ensure that it provides all applicable MDHHS policy and MDHHS policy amendments (including interim policy bulletins) and applicable Administrative Codes to social service staff. The Contractor shall ensure that social service staff complies with all applicable requirements.

MDHHS policies, amendments and policy bulletins, are published on the following internet link: <http://www.michigan.gov/mdhhs>. Administrative Codes are published at on the following internet link: http://michigan.gov/lara/0,4601,7-154-35738_5698-118524-,00.html

- c. The Contractor shall comply with the MDHHS non-discrimination statement:

Michigan Department of Health and Human Services (MDHHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, gender identity or expression, sexual orientation, political beliefs, or disability.

The above statement applies to all MDHHS supervised children, and to all licensed and unlicensed caregivers and families and/or relatives that could potentially provide care or are currently providing care for MDHHS supervised children, including MDHHS supervised children assigned to a contracted agency.

- d. The Contractor shall provide services within the framework of Michigan's Child Welfare Practice Model, MiTEAM. The Contractor shall utilize the skills of engagement, assessment, teaming and mentoring in partnering and building relationships with families and children by exhibiting empathy, professionalism, genuineness and respect. Treatment planning shall be from the perspective of family/child centered practice.
- e. The contractor shall ensure all directives and services ordered by the court are completed to the satisfaction of the court within the timeframes ordered.
- f. The Contractor shall ensure worker participation in the department's federally-required Random Moment Time Study (RMTS) in order to determine the amount of time spent on various activities. Based on these results, MDHHS determines the amount of worker time that can be charged to various funding sources. Failure to ensure workers meet RMTS training requirements and provide timely and accurate RMTS survey responses may result in recoupment of funding or other corrective actions, as set forth in this Contract.

- g. The Contractor shall assure the coordination of all services based on an assessment of the parent's needs. The Contractor shall utilize Care Connect 360 (CC360) to assure the coordination and provision of all treatment services required based on an assessment of each child's needs and shall execute and comply with the terms of the CC360 Data Use Contract. Treatment services include, but are not limited to the provision of counseling/therapy for each child. The Contractor shall ensure the provision of all medical, dental and behavioral health services required based on an assessment of each child's needs. The Contractor may utilize Medicaid (or private insurance) reimbursable services to comply with this requirement. If a counseling or therapy service is not available or accessible for each child, the Contractor is responsible for the direct provision of the service.

The Contractor shall designate an individual to act as a point of contact for the Health Liaison Officer (HLO) and forward the individual's name to the Health Analyst within the central office MDHHS Child Welfare Medical Unit. The point of contact shall be familiar with current case assignments and have authority to ensure follow-up by the Contractor's staff.

- h. Under 1973, PA 116, as amended by 2015 PA 53, the Contractor has the sole discretion to decide whether to accept or not accept a referral from MDHHS. Nothing in this Contract limits or expands the application of this Public Act.
- i. Compliance with MDHHS Implementation, Sustainability, and Exit Plan

The Contractor shall ensure compliance with all applicable provisions and requirements of Dwayne B. v. Snyder, et al., 2:06-cv-13548, Implementation Sustainability and Exit Plan.

- j. Prudent Parent Expectations

The Contractor shall ensure prudent parent expectations are followed as outlined in FOM 722-11, Prudent Parent Standard & Delegation of Parental Consent.

- k. Caseload Ratios

The Contractor shall maintain the following caseload ratios:

- 1) Foster care workers will have a caseload assigned to them of no more than thirteen (13) children, as their regular, ongoing caseload. A regular, ongoing caseload will be defined as the cases assigned to a specific worker for ongoing casework responsibility, not cases being temporarily covered for the purposes of worker leave or

departure. Even in cases of temporary coverage, an assigned caseload shall not exceed fifteen (15) children at any time. A mixed caseload comprised of more than one program type shall not exceed the prorated total equal to one full caseload.

- 2) Foster care/social services supervisors shall supervise no more than five (5) foster care/social services staff at any time.

In addition, PAFC's will work collaboratively with DHHS in the following ways:

- 1) DHHS and PAFC partners will work with Public Consulting Group (PCG) in completing the establishment of fair rates.
- 2) DHHS and PAFC's will work collaboratively to establish a joint protocol for an annual rate review process and will engage in said process.

Additional Compliance Provisions

The Contractor shall comply with the provisions of:

- a. 1984 Public Act, 114, as amended being M.C.L. 3.711 *et seq.*, Interstate Compact on the Placement of Children.
- b. 1975 Public Act 238, as amended, being M.C.L. 722.621 *et seq.*, Child Protection Law.
- c. 1982 Public Act 162, as amended, being M.C.L. 450.2101 *et seq.*, Michigan Nonprofit Corporation Act.
- d. 1994 Public Act 204, as amended, being M.C.L. 722.921 *et seq.*, Michigan Children's Ombudsman Act.
- e. 1973 Public Act 116, as amended, being M.C.L. 722.111 *et seq.*, Michigan Child Care Organization Act.
- f. 1939 Public Act 288, Chapter X, being M.C.L. 710.1 *et seq.*, Michigan Adoption Code.
- g. 1984 Public Act 203, as amended, being M.C.L. 722.951 *et seq.*, Michigan Foster Care and Adoption Services Act.
- h. The Social Security Act as amended by the Multiethnic Placement Act of 1994 (MEPA); Public Law 103-382, and as amended by Section 1808 of the Small Business Job Protection, the Interethnic Adoption Provision (IEAP).
- i. The Indian Child Welfare Act (ICWA); Public Law 95-608 being 25 U.S.C. 1901 *et seq.*
- j. 1976 Public Act 453, as amended, being M.C.L. 37.2101 *et seq.*, Elliott-Larsen Civil Rights Act.
- k. Fostering Connections to Success Act of 2008
- l. Preventing Sex Trafficking and Strengthening Families Act, Federal PL 113-183
- m. Social Security Act, 42 USC-671(a)(20)

- n. Federal Bureau of Investigation (FBI), Criminal Justice Information Services (CJIS) Security Policy located on the following link: <https://www.fbi.gov/services/cjis/cjis-security-policy-resource-center>
- o. 2017 Public Acts 246 through 255, Michigan Opioid Laws

Compliance with ICWA Requirements

The Contractor shall provide case management services in accordance with the "Active-Efforts" requirements established in the ICWA; Public Law 95-608 being 25 U.S.C 1901 *et seq.* These requirements include but are not limited to the following:

- a. Establish an American Indian child as a member of a Tribe in accordance with ICWA and as defined in the MDHHS Native American Affairs (NAA) manual.
- b. Provide "Active Efforts" case management services in with in accordance with ICWA and as defined in the NAA manual.
- c. Provide placement of American Indian children in accordance with "Placement Priorities" as established in ICWA and defined in the NAA manual.
- d. Provide "Expert Witness" testimony in accordance with ICWA and as defined in the NAA manual.
- e. Provide services to American Indian families within the context of their culture and ethnicity. Maintaining knowledge in the following:
 - 1) How culture and rituals influence parenting decisions.
 - 2) Determine what services and supports will be most effective.
 - 3) Knowledge and respect of tribal practices.

2.10. Services to be Provided

- a. Foster Home Licensing Data Entry

The Contractor shall document all recruitment and licensing activities into the tracking system identified by MDHHS.

- b. Service Standards for Trial Reunification

Trial Reunification is a court-ordered placement where the child is returned from an out-of-home placement to the care of the parent or guardian from whom he or she was removed. The child remains under court supervision during the Trial Reunification period with the MDHHS retaining placement care and custody

- 1) The Contractor shall provide the following services to children in trial reunification:

- a) Assist in preparing the parent, child, and caregiver for the transition to trial reunification. See FOM 722-7B.
- b) A Family Team Meeting prior to placement of a child in the parental home to develop a transition plan with the parent, caregiver and child, if age appropriate. The Contractor shall have Family Team Meetings quarterly until case closure. See FOM 722-06B.
- c) Complete a new Family Assessment of Needs and Strengths, Child Assessment of Needs and Strengths, and Safety Assessment and Safety Plan. See FOM 722-8A, 722-8B and 722-9B.
- d) Continue case worker visit expectations as required in FOM 722-6H.
- e) Maintain support services until case closure. The Contractor shall document services needed to continue to meet the child's needs and identified providers for such services to provide continuity of services. See FOM 722-7B.
- f) Continue assessing and monitoring of the case plan and safety plan.

c. Staff Training

1) Child Welfare Training: Requirements

- a) The Contractor shall ensure that staff hired or promoted to a foster care social services position complete the Office of Workforce Development and Training (OWDT) foster care Pre-Service Institute (PSI) training within 112 days.
- b) Staff transferring to a foster care social service position from another children's services position that has successfully completed the PSI training in that program, shall attend and complete OWDT-foster care private agency Program Specific Transfer Training (PSTT) within six months of assuming the foster care position.
- c) The Contractor shall ensure that first line supervisors hired or promoted to a foster care supervisor position complete OWDT foster care New Supervisor Institute (NSI) within 112 days of hire/promotion.
- d) Supervisors transferring to a foster care supervisor position that has successfully completed the NSI, shall attend and complete the OWDT foster care NSI PSTT within six months of assuming the foster care supervisor position.
- e) Staff who conduct any functions related to the certification of foster homes must attend and pass the five-day class on certifying foster homes, investigating and handling complaints against foster homes.
- f) Supervisors who have not attended certification training as a certification staff person are to attend the five-day certification and

complaint investigation training prior to supervising the certification of foster homes.

- g) All social service and certification workers must complete a minimum of 32 in-service training hours per calendar year. All first line social service and certification supervisors must complete a minimum of 16 in-service training hours per calendar year.
- h) The Contractor shall follow the requirements in MDHHS policy Services Requirements Manual 103 "Staff Qualifications and Training."

2) OWDT: Registration Process

- a) The Contractor shall register staff for training through the Learning Management System (LMS). In some cases, OWDT will provide a form to be completed and provided to OWDT, who will then perform the registration function within LMS.
- b) The Contractor supervisor and/or the Contractor training facility coordinator can register Contractor staff directly for in-service training. To cancel or change training registration, the Contractor will need to make the changes in the LMS directly, unless the trainee was registered by OWDT. The Contractor will need to contact the help desk at MDHHSTraining@michigan.gov for changes to registrations completed by OWDT.
- c) All training completed externally shall be added to the LMS so that it may be included in in-service training hour calculations. The name of the training, a short description, the total number of hours spent in training, and the completion date must be documented in LMS. All qualified training shall be training that improves child welfare practice.
- d) Confirmations, with specific details on times and locations, will be emailed to the Contractor/trainee by OWDT at least seven days before the training commences.

3) Training Documentation

The Contractor shall maintain training documentation which verifies registration and successful completion of training. Additionally, the Contractor shall maintain documentation of the completion of required in-service training for both social service staff and social service supervisory staff.

4) Completion of Security Awareness Training (SAT)

The Contractor shall require each employee, subcontractor, subcontractor employee or volunteer who works directly with clients or who is authorized to have access to client fingerprint-based criminal history record information (CHRI) under this Contract to successfully

complete security awareness training (SAT) within six months of appointment to a position with (CHRI) access and every two years thereafter. Documentation of successful SAT completion is to be located in the personnel record.

Security awareness training is located through the Learning Management System or on the following link: https://dhhs.michigan.gov/course212/Fingerprint_Security_Awareness_Training/story.html

5) In-Service Training

- a) The Contractor shall ensure that each individual social services staff receives a minimum of 32 hours of qualifying in-service training on an annual basis.
- b) The Contractor shall ensure that each individual social service supervisor receives a minimum of 16 hours of qualifying in-service training on an annual basis.
- c) The Contractor shall ensure that each individual certification worker receives a minimum of 32 hours of qualifying in-service training on an annual basis (SRM103).
- d) The Contractor shall ensure that each individual certification supervisor receives a minimum of 16 hours of qualifying in-service training on an annual basis (SRM 103).

All qualified training shall be training that improves child welfare practice.

d. Relative Licensing

The Contractor may elect to facilitate the licensure of relative caregivers providing care to children in out-of-home placements that are under the direct care and supervision of MDHHS. Facilitation of licensure includes but is not limited to the following activities:

- 1) Accept referrals of unlicensed relative caregivers from MDHHS, for possible licensure as a foster family home, based on the Contractor's capacity to complete the licensing process as outlined in foster care policy.
- 2) On forms provided by MDHHS, and when requested by MDHHS, the Contractor shall report to MDHHS a minimum of monthly on the number and characteristics of unlicensed relative homes and the children in those homes, and on progress in licensing the homes.

e. Adoption and Foster Care Analysis Reporting System Requirements

The Contractor shall enter all child and family information into the Michigan Statewide Automated Child Welfare System (MISACWIS) to enable MDHHS to comply with Federal Adoption and Foster Care Analysis and Reporting System (AFCARS) reporting requirements. Failure to comply with this reporting requirement shall result in a penalty for the Contractor as specified in Section 3.1 f. of this Contract.

f. MITEAM Requirements

- 1) The Contractor shall designate a Program Manager, Supervisor or child welfare staff person in each office location to act as a MITEAM Liaison with MDHHS to:
 - a) Participate in Practice Support Trainings and Practice Support Networking Meetings.
 - b) Convey the MITEAM Specialist information and activities to agency administration.
 - c) Be responsible for contributing to policy and program development and sustainment.
 - d) Maintain knowledge and expertise of all policies and programs impacting the local office.
 - e) Gather and analyze information to identify local trends where case practice may be negatively impacted by policies, procedures or programs.
 - f) Recommend modifications to policies and procedures that would better assist caseworkers in achieving identified outcomes.
 - g) Consult with their assigned MITEAM Analyst in MDHHS Central Office.
 - h) Respond to questions and share updates related to MITEAM.
 - i) Advocate for MITEAM and the importance of continued growth around caseworker's knowledge and skills to improve safety, permanency and well-being.
 - j) Compile reports completed by supervision, complete MITEAM Liaison Report and send the report to the assigned MITEAM Analyst, on the schedule determined by MDHHS.

- 2) The Contractor shall ensure that all child welfare caseworkers:
 - a) Complete each training module on the MITEAM Virtual Learning Site, located at <https://michigan.csod.com/client/Michigan/default.aspx>
 - i. In the order recommended,
 - ii. Including participation in the Individual Field Application Exercises discussed with their supervisor,
 - iii. Complete the caseworker self-assessment exercise as conducted by their supervisor, and
 - iv. Join in the Enhanced MITEAM Training Cycle activities according to the schedule set by MDHHS.

- v. Staff hired during the Enhanced MITEAM Training Cycles shall join in the training as scheduled and develop a plan with their supervisor, to complete missed modules and activities as stated above.
 - vi. For each staff person hired after the Enhanced MITEAM Cycles have ended, develop a plan to complete modules and activities as stated above.
- b) Apply the MITEAM competencies and Key Caseworker Activities during everyday contact with team members, including families and professionals.
 - c) Have their competencies reviewed by their supervisor using the MITEAM Fidelity Tool.
- 3) The Contractor shall ensure that all child welfare supervisors and/or program managers:
- a) Complete each training module on the MITEAM Virtual Learning Site, located at <https://michigan.csod.com/client/Michigan/default.aspx>
 - i. In the order recommended, and
 - ii. Join the Enhanced MITEAM Training Cycle activities according to the schedule set by MDHHS.
 - b) Apply the MITEAM competencies during every day contact with staff and team members, including families and professionals.
 - c) Conduct the caseworker self-assessment exercise with each caseworker on their staff.
 - d) Ensure each staff person hired during the Enhanced MITEAM Training Cycles joins the training as scheduled and develop a plan, to complete missed modules and activities as stated above.
 - e) Ensure each staff person hired after the Enhanced MITEAM Training Cycles have ended, develops a plan to complete modules and activities as stated above.
 - f) Review competencies as demonstrated by their staff using the MITEAM Fidelity Tool.
- 4) The Contractor shall ensure that the child welfare director:
- a) Review each training module on the MITEAM Virtual Learning Site, located at <https://michigan.csod.com/client/michigan/default.aspx>
 - i. In the order recommended, and
 - ii. Encourage supervision and staff participation in the Enhanced MITEAM Training Cycle activities according to the schedule set by MDHHS.
 - b) Support the practice of applying MITEAM competencies during everyday contact with staff and team members, including families and professionals.

2.11. Key Performance Indicator Outcomes

During the period of this Contract, the Contractor shall work toward the achievement of the Key Performance Indicators (KPI) listed below. For purposes of the annual contract compliance reviews, compliance with KPIs shall be assessed based on the prior twelve months indicator of the most recent Children's Services Agency – Monthly Management Report in which the Contractor's review occurs.

If a Contractor is not meeting the KPIs listed below, the Contractor shall include in its annual assessment and written plan (as required by R 400.12207, Staff Responsibilities) specific activities the Contractor shall complete to demonstrate improvement in the KPI measures. The Contractor shall submit the written plan to the Contractor's Child Welfare Services and Support Analyst by October 1st of each year.

Official KPI data shall come from MDHHS via MiSACWIS. The Contractor shall conduct validation activities on an ongoing basis to assure the KPI measures have been entered in MiSACWIS accurately. The Contractor shall be responsible for ensuring accurate and timely data entry into MiSACWIS.

a. Medical – Initial

No fewer than 85% of children supervised by the Contractor will have an initial medical examination within 30 days of removal (ISEP Item 6.43).

b. Medical – Periodic (Well Child)

Following an initial medical examination, at least 95% of children supervised by the Contractor shall receive periodic medical examinations and screenings according to the guidelines set forth by the American Academy of Pediatrics (ISEP Item 6.47).

c. Medical – Yearly (14 Months)

Following an initial medical examination, at least 95% of children supervised by the Contractor shall receive yearly (up to 14 months from the previous exam) medical examinations and screenings (FOM 801 Policy).

d. Dental - Initial

No fewer than 90% of children supervised by the Contractor shall have an initial dental examination within 90 days of removal unless the child has had an exam within six months prior to placement or the child is less than four years of age (ISEP Item 6.44).

e. Dental – Yearly

No fewer than 95% of children supervised by the Contractor shall have a dental examination at least every 12 months (FOM 801 Policy).

f. Worker-Child Visits

No fewer than 95% of children supervised by the Contractor will be visited by their assigned worker in accordance with guidelines in the ISEP (ISEP Item 6.39).

g. Worker-Parent Visits

No fewer than 85% of the children supervised by the Contractor with a permanency goal of reunification, the child's caseworker shall have face-to-face contacts with the child's parent(s) in accordance with the guidelines in the ISEP (ISEP Item 6.40).

h. Parent-Child Visits

No fewer than 85% of children supervised by the Contractor with a goal of reunification shall have at least twice-monthly visitation with their parent(s) in accordance with the guidelines in FOM 722-061 Policy.

i. Children's Foster Care Service Plans – Timely Case Plans

No fewer than 95% of children supervised by the Contractor shall have an initial service plan completed within 30 days of entry into foster care and quarterly thereafter in accordance with the guidelines in the ISEP (ISEP Items 6.31 and 6.32).

j. Children's Foster Care Timely Case Service Plan Approvals

No fewer than 95% of children supervised by the Contractor shall have a case service plan approved within 14 days of case worker submission to the supervisor for review (FOM 722-09 Policy).

k. Supervisor Oversight

No fewer than 95% of children supervised by the Contractor shall meet at least monthly with each assigned case worker to review the status and progress of each case on the workers caseload (ISEP Item 6.30)

2.12. Audit Requirements**Contractor/Vendor Relationship**

This Contract constitutes a contractor/vendor relationship with MDHHS. The Contractor must immediately report to the MDHHS Bureau of Audit any audit findings of fraud, an Going Concern, financial statement misstatements, or accounting irregularities, including noncompliance with provisions of this Contract.

2.13. Financial Audit Requirements

a. Required Audit or Audit Exemption Notice

Contractors must submit to the Department either a Single Audit, Financial Statement Audit, or Audit Exemption Notice as described below. If submitting a Single Audit or Financial Statement Audit, Contractors must also submit a Corrective Action Plan for any audit findings that impact MDHHS-funded programs, and management letter (if issued) with a response.

1) Single Audit

Contractors that are a non-profit organization and that expend \$750,000 or more in federal awards during the Contractor's fiscal year, must submit a Single Audit to the Department, regardless of the amount of funding received from the Department. The Single Audit must comply with the requirements of Title 2 Code of Federal Regulations, Subpart F.

2) Financial Statement Audit

Contractors exempt from the Single Audit requirements with fiscal years that receive \$750,000.00 or more in **total funding** from the Department in State and Federal grant funding must submit to the Department a Financial Statement Audit prepared in accordance with generally accepted auditing standards (GAAS).

3) Audit Exemption Notice

Contractors exempt from the Single Audit and Financial Statement Audit requirements (1 and 2 above) must submit an Audit Exemption Notice that certifies these exemptions. The template and further instructions are available at <http://www.michigan.gov/mdhhs> by selecting Inside MDHHS menu, then MDHHS Audit, then Audit Reporting.

b. Due Date and Where to Send

The required audit and any other required submissions (i.e. Corrective Action Plan and management letter with a response), or Audit Exemption Notice must be submitted to the Department within nine months after the end of the Contractor's fiscal year by e-mail to the Department at MDHHS-AuditReports@michigan.gov. The required submissions must be in PDF files and compatible with Adobe Acrobat (read only). The subject line must state the agency name and fiscal year end. The Department reserves the right to request a hard copy of the audit materials if for any reason the electronic submission process is not successful.

c. Penalty

- 1) If the Contractor does not submit the required Single Audit or Financial Statement Audit, including any management letter and applicable corrective action plans within nine months after the end of the Contractor's fiscal year, the Department may withhold from the current funding an amount equal to five percent of the audit year's contract funding (not to exceed \$200,000) until the required filing is received by the Department. The Department may retain the amount withheld as a penalty if delinquency reached 120 days past due. The Department may terminate the contract if the Contractor is 180 days delinquent in meeting the audit requirements.
- 2) Failure to submit the Audit Exemption Notice, when required, may result in withholding from the current funding an amount equal to one percent of the audit year's funding until the Audit Exemption Notice is received.

d. Other Audits

The Department or federal agencies may also conduct or arrange for "agreed upon procedures" or additional audits to meet their needs.

2.14. Cost Reporting

The Contractor shall submit annual financial cost reports based on the state's fiscal year which begins October 1 and ends September 30 in the following calendar year. The reports shall contain the actual costs incurred by providers in delivering services required in this Contract to MDHHS clients for the reporting period. Costs for non-MDHHS children are not to be included. Reports will be submitted using a template provided by MDHHS. The financial reports shall be submitted annually, and will be due November 30 of each fiscal year. The Contractor must comply with all other program and fiscal reporting procedures as are or may hereinafter be established by MDHHS. Reports shall be submitted electronically to MDHHS-Foster-Care-Audits@michigan.gov with the subject line: PAFC Cost Report.

Failure to meet reporting responsibilities as identified in this Contract may result in MDHHS withholding payments until receipt of annual financial cost report. MDHHS may withhold from current payments an amount equal to five percent of the Contractor's reporting year MDHHS revenue (not to exceed \$60,000) until the required filing is received by the Department. MDHHS may retain withheld funds as a penalty if delinquency reaches sixty (60) days past due. MDHHS may terminate the contract if the Contractor is ninety (90) days delinquent in submitting the required annual financial cost report.

2.15. Service Documentation

The Contractor agrees to maintain program records required by MDHHS, program statistical records required by MDHHS, and to produce program narrative and statistical data at times prescribed by, and on forms furnished by, MDHHS.

2.16. Private Agency MISACWIS

The Contractor shall ensure that private agency staff has access to the Michigan Statewide Automated Child Welfare Information System (MISACWIS) through a web-based interface, henceforth referred to as the "MISACWIS application." The Contractor shall ensure that staff follow the MISACWIS requirements for CPA contracts which are found at [http://www.michigan.gov/documents/dhs/Private_Agency MISACWIS for CPA Contracts 464663_7.pdf](http://www.michigan.gov/documents/dhs/Private_Agency_MISACWIS_for_CPA_Contracts_464663_7.pdf)

For all agency assigned cases in MISACWIS, the Contractor shall enter all case management activities, including payments and all required documentation per policy in MISACWIS.

2.17. Billing

The Contractor shall submit through the MISACWIS system the bi-weekly roster for any child in the Contractor's care per the instructions within the MISACWIS system. The billing shall only indicate the units of service provided by the Contractor and shall be submitted to MDHHS within 30 days from the end of the billing period.

No original request for payment submitted by the Contractor more than one year after the close of the two week billing period during which services were provided shall be honored for payment.

When the Contractor's financial records reveal that payment for a child has not been provided by MDHHS within 30 days of receiving all necessary documentation, the Contractor will seek payment resolution by contacting the direct supervisor of the assigned MDHHS worker in writing. Any concerns over a payment authorization or issuance that cannot be resolved within 30 days of the written notice must be reported to the MDHHS County Director for immediate resolution. The Contractor will apprise MDHHS Office of Child Welfare Services and Support of any ongoing, unresolved payment concerns.

2.18. Fees and Other Sources of Funding

The Contractor guarantees that any claims made to MDHHS under this Contract shall not be financed by any source other than MDHHS under the terms of this Contract. If funding is received through any other source, the Contractor agrees

to deduct from the amount billed to MDHHS the greater of either the fee amounts, or the actual costs of the services provided.

The Contractor may not accept reimbursement from a client unless the Contract specifically authorizes such reimbursement in the "Contractor Responsibility" Section. In such case, a detailed fee scale and criteria for charging the fee must be included. If the Contractor accepts reimbursement from a client in accordance with the terms of the Contract, the Contractor shall deduct these fees from billings to MDHHS.

Other third party funding sources, e.g., insurance companies, may be billed for contracted client services. Third party reimbursement shall be considered payment in full unless the third party fund source requires a co-pay, in which case MDHHS may be billed for the amount of the co-pay. No supplemental billing is allowed.

2.19. Recovery of Funding and Repayment of Debts

a. Recovery of Funding

If the Contractor fails to comply with requirements as set forth in this Contract, or fails to submit a revised payment request within allotted time frames established by MDHHS in consultation with the Contractor, MDHHS may require the Contractor to reimburse payments made under this Contract to which MDHHS has determined that the Contractor was not entitled. If the Contractor becomes aware of any situation involving payments received under this Contract to which the Contractor was not entitled, the overpayment amount must be repaid to MDHHS within 30 days of the Contractor becoming aware. The Contractor is liable for any cost incurred by MDHHS in the recovery of any funding.

Upon notification by MDHHS that repayment is required, or upon any other awareness of an overpayment to the Contractor, the Contractor shall make payment directly to MDHHS within 30 days or MDHHS may withhold future payments made under this or any other Contract(s), between MDHHS and the Contractor.

If the Contractor fails to: (1) correct noncompliance activities identified by MDHHS, (2) submit revised billings as requested as part of a Corrective Action Plan when required; or (3) remit overpayments or make arrangements to have the overpayments deducted from future payments within 30 days, such failure shall constitute grounds to terminate immediately any or all of MDHHS' Contracts with the Contractor. MDHHS shall also report noncompliance of the Contractor to Michigan's Department of Technology, Management and Budget. Such report may result in the Contractor's debarment from further contracts with the state of Michigan.

b. Repayment of Other Amounts due MDHHS

By entering into this Contract, the Contractor agrees to honor all prior repayment Contracts established by MDHHS with the Contractor or Contractor's predecessors. In the absence of a repayment Contract for amounts due MDHHS, the Contractor agrees to make monthly payments to MDHHS at an amount not less than 5% of any outstanding balance and to begin on the date this Contract is executed. If any of these required payments are made more than 30 days past the due date, MDHHS may reduce or withhold future payments made under this or any other Contract(s) between MDHHS and the Contractor.

The payment reduction will be made either at the amount originally established in the repayment Contract or at an amount not less than 5% of any outstanding balance effective on the date this Contract is executed.

2.20 Child Protection Law Reporting Requirements

- a. The Contractor shall ensure that all employees who have reasonable cause to suspect child abuse or neglect shall report any suspected abuse or neglect of a child in care to MDHHS for investigation as required by Public Acts of 1975, Act Number 238.
- b. Failure of the Contractor or its employees to report suspected abuse or neglect of a child to MDHHS shall result in an immediate investigation to determine the appropriate corrective action up to and including termination of the contract.
- c. Failure of the Contractor or its employees to report suspected child abuse or neglect two or more times within a one-year period shall result in a review of the contract agency's violations by a designated Administrative Review Team, which shall include the Director of CSA and the Director of DCWL or its successor agency, that shall consider mitigating and aggravating circumstances to determine the appropriate corrective action up to and included license revocation and contract termination.

2.21 The Division of Child Welfare Licensing (DCWL)

DCWL shall be responsible for review of the Contractor's compliance with the Contract and any court orders, via an Annual Compliance Review (ACR) and Special Investigations. DCWL may review, analyze and comment on all activities covered within the terms of the Contract or court order. If the ACR or Special Investigation reveals that the Contractor has not complied with the requirements of this Contract or court order, the following procedures shall be implemented:

- a. DCWL shall notify the Contractor of the Contract or court noncompliance. This notification shall occur verbally during an exit conference, and be followed with a written report of the findings. The Contractor may request a meeting to discuss and examine the identified Contract or court noncompliance.
- b. Following the identification of the Contract or court noncompliance, DCWL will request the Contractor submit a Corrective Action Plans (CAP) to DCWL within 15 days of receiving the written report of findings.
- c. After the Contractor's CAP has been reviewed and approved by DCWL, the Contractor's compliance with the CAP shall be reviewed in accordance with time frames established by DCWL in the written notification of acceptance of the CAP.
- d. Based on the severity or repeated nature of cited violations, a recommendation may be made by DCWL at any time to place a moratorium on new placements with the contractor or to cancel the contract. If either recommendation is made, a meeting will be convened with the director of the contracted agency, the division director of DCWL and the CSA director or designee to provide the contractor with the opportunity to provide documented information on why the moratorium or cancellation of the contract should not occur.
- e. If a moratorium on new placements is put into place, it shall be for a minimum of 90 days to allow the contractor to remedy cited violations and comply with any agreed on CAP. If the cited violations are not corrected during the period of the moratorium or additional serious violations are cited, consideration shall be given to cancellation of the agency's contract. Final decisions regarding the cancellation of a contract shall be made by the CSA director.

2.22 Corrective Action Requirements

If a program review by MDHHS reveals a lack of compliance with the requirements of this Contract, the Contractor shall:

- a. Meet with MDHHS to discuss the noncompliance.
- b. Prepare a corrective action plan within 30 days of receiving MDHHS' written findings.
- c. Achieve compliance within 60 days of receipt of MDHHS' approval of the corrective action plan (unless other time frames are agreed to in writing by MDHHS) or MDHHS' may terminate this Contract, subject to the standard contract terms.

2.23 Criminal Background Check

As a condition of this Contract, the Contractor certifies that the Contractor shall, prior to any individual performing work under this Contract, conduct or cause to be conducted for each new employee, employee, subcontractor, subcontractor employee or volunteer who works directly with:

- a. Clients under this Contract, or who has access to client information, an Internet Criminal History Access Tool (ICHAT) check and a National and State Sex Offender Registry check.

Information about ICHAT can be found at <http://apps.michigan.gov/ichat>.

The Michigan Public Sex Offender Registry web address is <http://www.mipsor.state.mi.us>.

The National Sex Offender Public Website address is <http://www.nsopw.gov>.

- b. Children under this Contract, a Central Registry (CR) check.

Information about CR can be found at http://www.michigan.gov/mdhhs/0,5885,7-339-73971-7119_50648_48330-180331--,00.html

The Contractor shall require each employee, subcontractor, subcontractor employee or volunteer who works directly with clients or who has access to client information, under this Contract to timely notify the Contractor in writing of criminal convictions (felony or misdemeanor) and/or pending felony charges or placement on the Central Registry as a perpetrator.

Additionally, the Contractor shall require each new employee, employee, subcontractor, subcontractor employee or volunteer who works directly with clients under this Contract or who has access to client information and who has not resided or lived in Michigan for each of the previous ten (10) years to sign a waiver attesting to the fact that they have never been convicted of a felony or identified as a perpetrator, or if they have, the nature and recency of the felony.

The Contractor further certifies that the Contractor shall not submit claims for or assign to duties under this Contract, any employee, subcontractor, subcontractor employee, or volunteer based on a determination by the Contractor that the results of a positive ICHAT and/or a CR response or reported criminal felony conviction or perpetrator identification make the individual ineligible to provide the services.

The Contractor must have a written policy describing the criteria on which its determinations shall be made and must document the basis for

each determination. As indicated in CPA Licensing Rule R400.12212 the Contractor may consider the recency and type of crime when making a determination. Failure to comply with this provision may be cause for immediate cancellation of this Contract.

If MDHHS determines that an individual provided services under this Contract for any period prior to completion of the required checks as described above, MDHHS may require repayment of that individual's salary, fringe benefits, and all related costs of employment for the period that the required checks had not been completed.

3. MDHHS RESPONSIBILITIES

3.1. Payments

MDHHS shall open and process payment within 30 days of placement, with payment authorization effective the date of the child's placement with the Contractor.

- a. The entire rate paid to the Contractor for board and care, clothing and allowance shall be paid by the Contractor to the foster families providing the family foster care.
- b. The Contractor's administrative rate(s) for services provided under this Contract shall be:

Bridges Provider Number 6356725
 MiSACWIS Provider Number 10400303

<u>Service Code</u>	<u>Per Diem Rate</u>	<u>Effective Date</u>
780	\$ 46.20	10-1-17
782 (IL)	\$ 46.20	10-1-17
TR	\$ 46.20	10-1-17
0838	*\$2.50	10-1-17

Boiler Plate 515
 (BP 515) Admin Rate \$46.20 10-1-18

*The above rate is only to be used for American Indian Children

The contractor will receive reimbursement subject to appropriations for relative licensure as outlined in that years State fiscal appropriation.

If a Contractor does not submit the financial cost reports as described in Section 2., **CONTRACTOR RESPONSIBILITIES**, the per diem

EXHIBIT 10

From: Yager, Steve (DHS)
Sent: Tuesday, August 4, 2015 8:34 AM
To: Bladen, Stacie (DHS); Meyer, Mark (DHS)
Subject: RE: Separate 5300 on PA 53

I don't have the act with me so let me ask—services are defined as case management vs. any social work service, correct?

From: Bladen, Stacie (DHS)
Sent: Monday, August 3, 2015 4:51 PM
To: Meyer, Mark (DHS)
Cc: Yager, Steve (DHS)
Subject: Separate 5300 on PA 53

Hi Mark: **Deliberative Process**

Sec. 14e(2) says, “a child placing agency shall not be required to provide any services if those services conflict with, or provide any services under circumstances that conflict with, the child placing agency’s sincerely held religious beliefs contained in a written policy, statement of faith or other document adhered to by the child placing agency.”

DHHS has contacts with child placing agencies to provide family preservation services, post adoptive resource services, adoptive support services, independent living services, parent partner, mentor, supportive visitation, and myriad other in-home services to children and families in child welfare. These are all services paid with at least 50% federal funds (TANF, IVB2, IV-E, SSBG). **Deliberative Process**

Deliberative Process

Deliberative Process

Thx!
Stacie

Stacie Bladen, LMSW
Deputy Director, Children’s Services Agency
Michigan Department of Health and Human Services
Lansing, MI 48933
bladens@michigan.gov
(517) 373-6264 (desk)
(517) 303-4674 (cell)

EXHIBIT 11

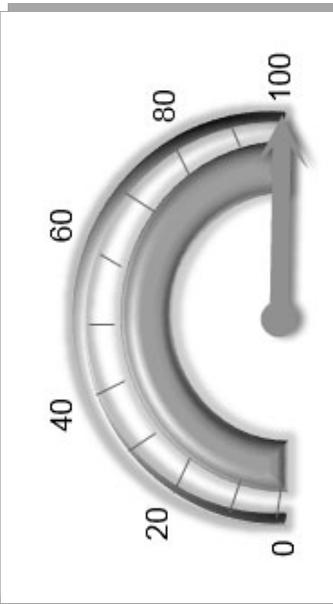
STV-001169



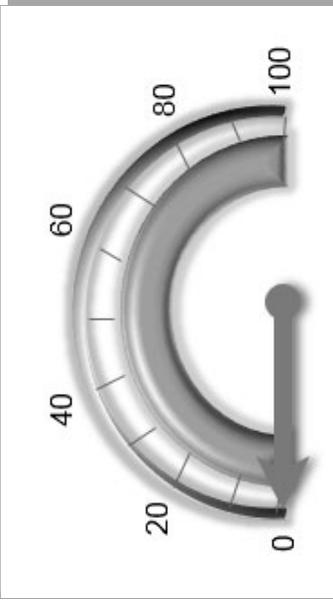
Non-Related Foster Home Dashboard

St Vincent Catholic Charities-Child Welfare

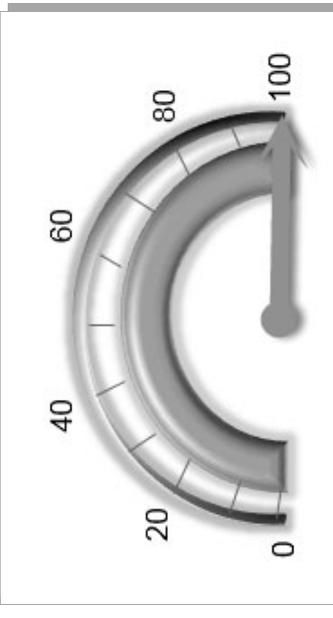
Percentage Achieved Towards Non-Relative Licensing Goal



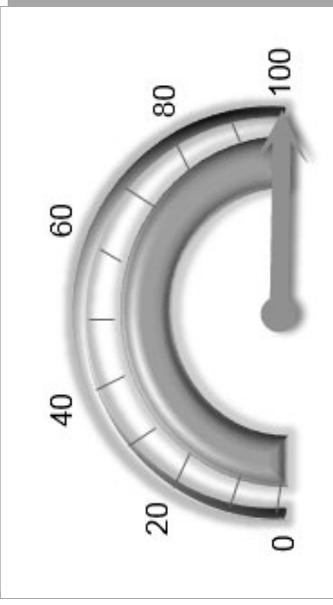
Percentage Achieved Towards Teen Foster Home Goal



Percentage Achieved Towards Disability Foster Home Goal



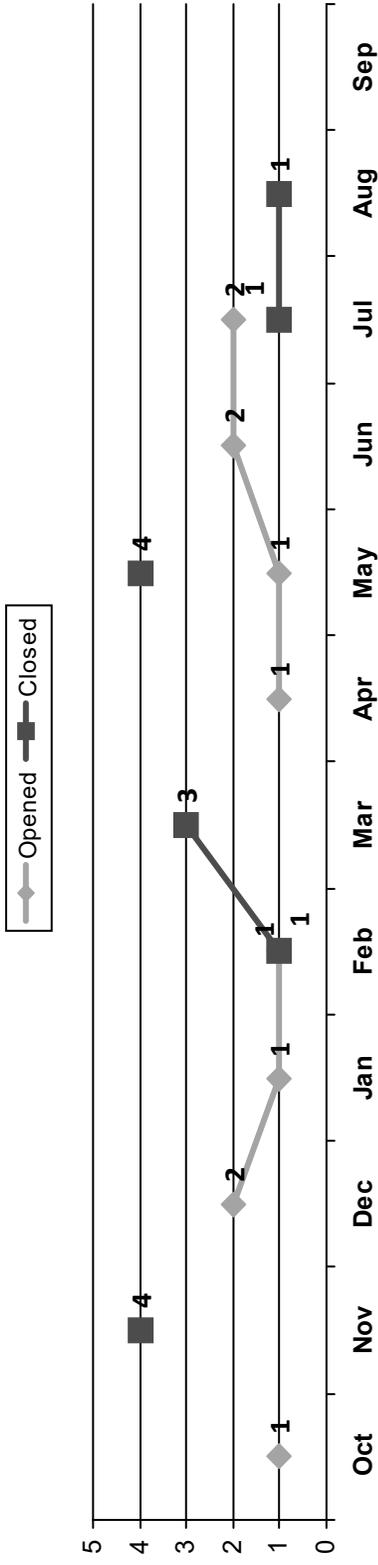
Percentage Achieved Towards Sibling Foster Home Goal



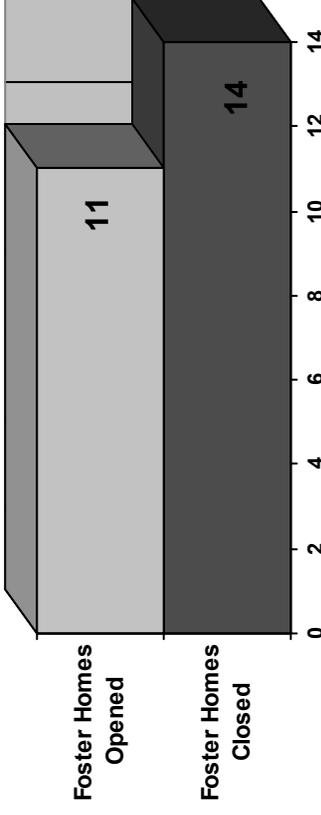
Percent of FY Completed	
100	

STV-001170

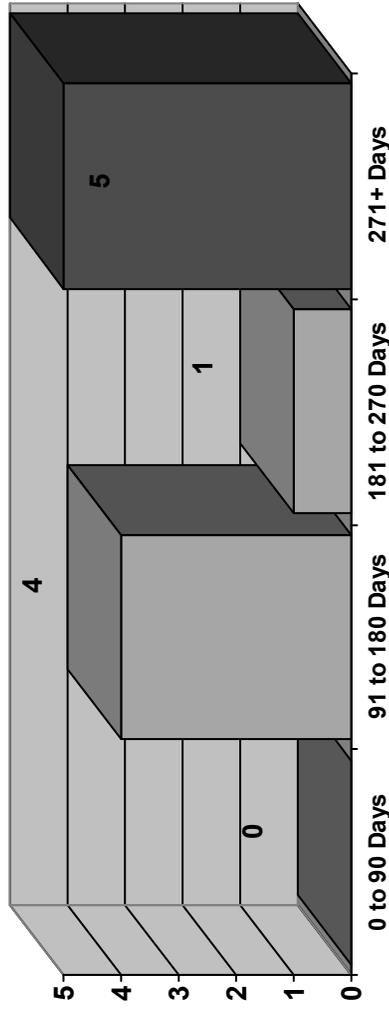
Foster Homes Opened vs. Foster Homes Closed



Foster Homes Opened vs. Foster Homes Closed

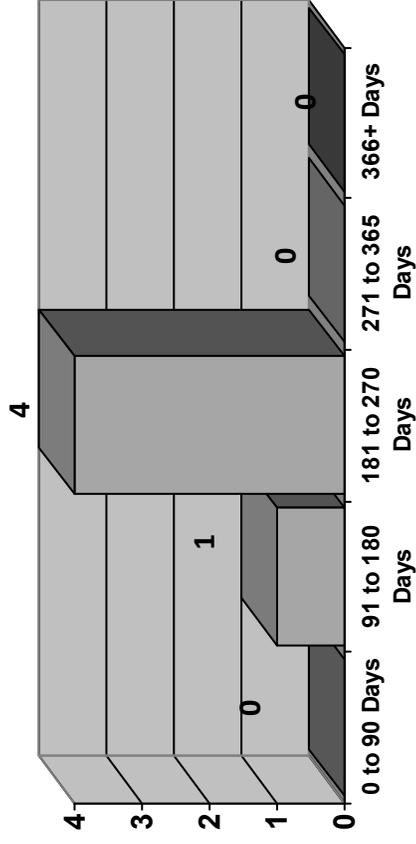


Days to Licensure



Average Days to Licensure 246

Aging Enrollments



Total Number of Enrollments 5

EXHIBIT 12



St. Vincent Catholic Charities
PROVIDING HELP. CREATING HOPE.

2800 W. Willow • Lansing, MI 48917 • Office: (517) 323-4734 • www.stvcc.org

**STVCC/DHHS
ADOPTION
10-1-16/9-30-19
Contract
+ 1 Amendment**



- a. The Contractor shall comply with all applicable MDHHS policy and MDHHS policy amendments including fingerprint-based criminal history policy. MDHHS policies and MDHHS policy amendments/bulletins are published on the following internet link: <http://www.michigan.gov/mdhhs-manuals>.
- b. Throughout the terms of this Agreement, the Contractor shall ensure that it provides all applicable MDHHS policy and MDHHS policy amendments to social service staff. The Contractor shall ensure that social service staff complies with all applicable requirements.
- c. The Contractor shall comply with the MDHHS non-discrimination statement:

Michigan Department of Health and Human Services (MDHHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, gender identity or expression, sexual orientation, political beliefs or disability.

The above statement applies to all applications filed for adoption of MDHHS supervised children, including MDHHS supervised children assigned to a contracted agency.

- d. The Contractor accepts a referral from MDHHS under this Agreement by doing either of the following:
 - 1) Submitting to MDHHS a written agreement to perform the services related to the particular child or particular individuals that the Department referred to the Contractor, or
 - 2) Engaging in any other activity that results in MDHHS being obligated to pay the Contractor for the services related to the particular child or particular individuals that the Department referred to the Contractor.
- e. Under 1973 PA 116, as amended by 2015 PA 53, the Contractor has the sole discretion to decide whether to accept or not accept a referral from MDHHS. Nothing in this Agreement limits or expands the application of the Public Act.

Adoption referrals are initiated by MDHHS. Contractors may not transfer adoption cases to another child placing agency. After acceptance of an adoption referral, the Contractor may not transfer the case back to the Department, except upon the written approval of the County Director, the Children's Services Agency Director, or the Deputy Director.

If MDHHS makes a referral to a child placing agency for adoption services pursuant to a contract with the child placing agency, the child

EXHIBIT 13

Michigan 2019 Annual Progress and Services Report
Goals and Objectives Matrix

2019 APSR Attachment A

A	B	C	D	E	F
1	Safety				
2	Outcome:	Children are, first and foremost, protected from abuse and neglect.			
3	Goal:	MDHHS will reduce maltreatment of children in foster care.	Year	Data Measure/Time Period	APSR 2019 Reference
4	Objective 1.1:	MDHHS will decrease maltreatment of children in foster care.	2015-2019	NCANDS Data Profile	p. 23
5	Benchmarks:		Baseline	13.56/FY 2013	
6	2015	Demonstrate improvement each year.	2015	20.42/FY 2013	
7	2016-2019	Demonstrate improvement each year.	2016	16.64/FY 2014	
8			2017	14.68/FY 2015	
9	Objective 1.2:	MDHHS will reduce the number of victims having recurrence of maltreatment.	2015-2019	NCANDS Data Profile	p. 23
10	Benchmarks:		Baseline	16%/FY 12b	
11	2015	Demonstrate improvement each year.	2015	14.9%/FY 13b	
12	2016-2019	Demonstrate improvement each year.	2016	13.3%/FY 14b	
13			2017	13.6%/FY 15b	
14	Permanency				
15	Outcome:	Children will have permanency and stability in their living situations.			
16	Goal:	MDHHS will increase permanency and stability for children in foster care.	Year	Data Measure/Time Period	APSR Reference Section
17	Objective 1.1:	MDHHS will increase the percentage of children discharged to permanency within 12 months of entering care.	2015-2019	Adoption and Foster Care Analysis Reporting System (AFCARS) Data Profile	p. 34
18	Benchmarks:		Baseline	34.6% FY 2012	
19	2015	Increase by .5%	2015	34.5%/FY 2013	
20	2016-2019	Increase by .5%	2016	31.1%/FY 2014	
21			2017	32.3%/FY 2015	
22					
23	Objective 1.2:	MDHHS will increase the percentage of children in care for 12 to 23 months discharged from foster care to permanency within 12 months.	2015-2019	AFCARS Data Profile/U-M Data Lab (2015)	p. 35
24	Benchmarks:		Baseline	49.3% FY 2014	
25	2015	43.7% or more	2015	50.3%/FY 2015	
26	2016-2019	43.7% or more	2016	48.1% FY 2016	
27					
28			2017	47.4%/FY 2017	

2019 Michigan Annual Progress and Services Report
Goals and Objectives Matrix

2019 APSR Attachment A

A	B	C	D	E	F
29	Objective 1.3: MDHHS will increase the percentage of children in care for 24 months or more discharged to permanency within 12 months.		2015-2019	AFCARS	p. 35
30			Baseline	32.8% FY 2014	
31	2015	Establish a baseline.	2015	35.8% FY 2015	
32	2016 - 2019	Demonstrate improvement each year.	2016	41.3% FY 2016	
33			2017	36.6% FY 2017	
34	Objective 1.4: MDHHS will decrease the percentage of children who re-enter foster care within 12 months of discharge to relative care or guardianship.		2015-2019	AFCARS Data Profile	p. 35
35	Benchmarks:		Baseline	3.7% FY 2012	
36	2015	Achieve the National Standard of 43.6% or more.	2015	4.3% FY 2013	
37	2016-2019	Achieve the National Standard of 43.6% or more.	2016	3.9% FY 2014	
38			2017	7% FY 2015	
39	Objective 1.5: MDHHS will decrease the rate of placement moves per day of foster care.		2015-2019	AFCARS Data Profile	p. 35
40	Benchmarks:		Baseline	3.45 FY 2014	
41	2015	Achieve the National Standard of 4.12 moves or less.	2015	3.58 moves FY 2015	
42	2016-2019	Achieve the National Standard of 4.12 moves or less.	2016	3.51 moves FY 2016	
43	2016-2019	Achieve the rate of 4.12 or less.	2017	3.64 moves FY 2017	
44	Outcome P.2:	The continuity of family relationships and connections will be preserved for children.			
	Goal:	MDHHS will maintain and preserve family relationships and the child's connections.	Year	Data Measure/Time Period	APSR Reference
45					
46	Objective 2.1: Children will have visits of sufficient frequency with their mother and father to promote parent-child relationships.		2015-2019	Quality Assurance (QA)	p. 38
47	Benchmarks:		Baseline	Compliance Review	
48	2015	Establish a baseline.	2015	77.00%	
49	2016-2019	Demonstrate improvement each year.	2016 YTD	65.50%	
50			2017	76.00%	
				97.00%	
51	Objective 2.2: MDHHS will track the number of children in foster care who are placed with relatives.		2015-2019	MDHHS Monthly Fact Sheet	p. 39
52	Benchmarks:		Baseline		
53	2015	Establish a baseline.	2015	34.00%	
54	2016-2019	Demonstrate improvement each year.	2016 YTD	36.00%	
55			2017	56.00%	
56	Objective 2.3: Children will have visits of sufficient frequency with siblings to maintain and promote		2015-2019	QA Compliance Review	

2019 Michigan Annual Progress and Services Report
Goals and Objectives Matrix

2019 APSR Attachment A

A	B	C	D	E	F
	sibling relationships.				
57	Benchmarks:		Baseline	88%/2014	
58	2015	Establish a baseline.	2015	57.00%	
59	2016-2019	Demonstrate improvement each year.	2016	63.00%	
60			2017	83.00%	
61	Well-being				
62	Outcome:	Families have enhanced capacity to provide for their children's needs.			
63	Goal:	Families will have enhanced capacity to provide for their children's needs.	Year	Data Measure/Time Period	APSR Reference
	Objective 1.1: Caseworkers will visit with parents at a frequency sufficient to address issues pertaining to the safety, permanency and well-being of the child and promote achievement of case goals.		2015-2019	QA Compliance Review	p. 46
64	Benchmarks:				
65			Baseline	69%/2014	
66	2015	Establish a baseline.	2015	56.50%	
67	2016-2019	Demonstrate improvement each year.	2016	89% - Mothers, 69% - Fathers	
68			2017	96.4% - Mothers, 89% - Fathers	
69	Objective 1.2: Caseworkers will assess the needs of parents initially and on an ongoing basis to identify the services necessary to achieve case goals.		2015-2019	QA Compliance Review	p. 47
70	Benchmarks:		Baseline	80% -parents, 89% -childrens, 74% -caregivers	
71	2015	Establish a baseline.	2015	85% - parents	
72	2016-2019	Demonstrate improvement each year.	2016	86% Parents, 95% children's, 89% caregivers	
73			2017	96% Mothers, 95% Fathers, 100% Children's, 98% Caregivers	
74	Objective 1.3: Caseworkers will involve the child and family in case planning.		2015-2019	QA Compliance Review and Quality Services Review	p. 47
75	Benchmarks:				
76	2015	Establish a baseline.	2015	Parents: 26%, Youth: 35%; QSR Voice & Choice: 44.2%	
77	2016-2019	Demonstrate improvement each year.	2016	Fathers, 91% Children, QSR Voice & Choice. M,F,C avg: 56.9%	

2019 Michigan Annual Progress and Services Report
Goals and Objectives Matrix

A	B	C	D	E	F
78			2017	QACR: 100% Mothers, 90% Fathers, 95% Children QSR Voice & Choice: M.F.C avg: 51.6%	Page 46
79		Objective 1.4: Caseworkers will visit with children in foster care a minimum of once each calendar month.	2015-2019	MISACWIS FY Federal Reporting	
80		Benchmarks:	Baseline	96.3%/FY 2014	
81	2015	Achieve 90 percent or more.	2015	96.00%	
82	2016-2019	Achieve 95 percent or more.	2016	97.00%	
83			2017	96.40%	
84		Outcome: Children will receive appropriate services to meet their educational needs.			
85		Goal: Children will receive appropriate services to meet their educational needs.	Year	Data Measure/Time Period	APSR Reference
86		Objective 2.1: School-aged children will be registered and attending school within five days of initial placement or any placement change.	2015-2019	QA Compliance Review	p. 51
87		Benchmarks:	Baseline	89%/2014	
88	2015	Establish a baseline.	2015	Initial: 88% Change: 79% Change	
89	2016-2019	Demonstrate improvement each year.	2016	Initial: 86%, Change: 83%	
90			2017	Initial: 83% Change: 83%	
91		Objective 2.2: Children entering foster care or experiencing a placement change will remain in their school of origin whenever possible and if it is in the child's best interest.	2015-2019	QA Compliance Review	p. 52
92		Benchmarks:	Baseline	77.3%/2014	
93	2015	Establish a baseline.	2015	Initial: 79% Change: 72%	
94	2016-2019	Demonstrate improvement each year.	2016	Initial: 72%, Change: 63%	
95			2017	93% documentation showed caseworkers made efforts	
96		Objective 2.3: MDHHS will ensure a children's educational needs are assessed and appropriate services are provided.	2015-2019	QA Compliance Review	p. 52
97		Benchmarks:	Baseline	93.94%/2014	
98	2015	Establish a baseline.	2015	89.00%	
99	2016-2019	Demonstrate improvement each year.	2016	88.00%	
100			2017	97% needs assessed; 40% need identified; of these 100% needs were met	

2019 Michigan Annual Progress and Services Report
Goals and Objectives Matrix

2019 APSR Attachment A

A	B	C	D	E	F	
101	Outcome:	Children will receive adequate services to meet their physical and mental health needs.				
102	Goal:	Children will receive timely physical and mental health services that are documented in the case record.				
103	Objective 3.1:	Children entering foster care will receive an initial physical examination within 30 days of entry.				
104	Benchmarks:					
105	2015	95%	2015-2019	QA Compliance Review	p. 56	
106	2016-2019	95% or higher	Baseline	75.40%		
107			2015	69.71%		
108			2016	75.00%		
			2017	83.00%		
			2018 YTD	Medical: 85%, Dental: 83%		
109	Objective 3.2:	Children entering foster care will receive a mental health screening within 30 days of entry.				p. 56
110	Benchmarks:					
111	2015	95%	2015-2019	QA Compliance Review		
112	2016-2019	95% or higher	Baseline	53.80%		
113			2015	50.70%		
114			2016	73.00%		
			2017	83.00%		
			2018 YTD	85.00%		
115	Objective 3.3:	Parents, caseworkers and children will engage in an informed consent process with physicians prescribing psychotropic medication.				p. 57
116	Benchmarks:					
117	2015	Increase by 5%	2015-2019	Access Database		
118	2016-2019	Increase by 5%	Baseline	55.00%		
			2015	18.00%		
			2016	84.00%		

2019 Annual Progress and Services Report
Goals and Objectives Matrix

A	B	C	D	E	F
A. Information System					
1			MISACWIS Sub-Team		
2	Goal: MISACWIS will be compliant with federal requirements for statewide automated child welfare information systems.		Year	Data Measure/Time Period	APSR Reference
3	Objective 1.1: MDHHS will submit the Adoption and Foster Care Analysis Reporting System (AFCARS) file to the Children's Bureau semi-annually and ensure the file contains less than 10 percent errors for each data element.		2015-2019	File Error Rate <10%	p. 65
4	Benchmarks:		Baseline		
5	2015	Submit file with less than 10% error rate.	2015	File was submitted timely; one timeliness area.	
6	2016-2019	Submit file with less than 10% error rate.	2016	Submitted timely; one timeliness error in	
7			2017	Submitted timely; one timeliness error in	
8	Objective 1.2: MDHHS will submit the National Child Abuse and Neglect Data System (NCANDS) file to the Children's Bureau annually and ensure the file contains less than 10 percent errors for each data element.		2015-2019	MISACWIS	p. 65
9	Benchmarks:		Baseline		
10	2015	Submit file.	2015	File was submitted timely.	
11	2016-2019	Submit file.	2016	File was submitted timely.	
12			2017	File was submitted timely.	
B. Case Review System					
MITEAM and CQI Sub-Team					
13	Goal: MDHHS' child welfare case review system will ensure each child has a case plan that promotes permanency.		Year	Data Measure/Time Period	APSR Reference
14	Objective 1.1: A written case plan will be developed jointly with the child's parents for each child in care.		2015-2019	QA Compliance Review	Well-Being 1.3, p. 43
15					

2019 Annual Progress and Services Report
Goals and Objectives Matrix

APSR 2019, Attachment A

	A	B	C	D	E	F
16	Benchmarks:			Baseline	Mother: 27.2% Father: 22.3%/2014	
17	2015	Establish a baseline.		2015	Mother: 79%, Father: 62%, Child: 67%	
18	2016 - 2019	Demonstrate improvement each year.		2016	Mother: 84%, Father: 66%, Child: 70%	
19	Reported in Well-Being 1, objective 3			2017	Mother: 100%, Father 90%, Child 95%	
20	Objective 1.2: For children in foster care, periodic court review hearings will occur in a timely manner.			2015-2019	QA Compliance Review	p. 76
21	Benchmarks:			Baseline	91.70%	
22	2015	Establish a baseline.		2015	95%	
23	2016 - 2019	Demonstrate improvement each year.		2016	82%	
24				2017	86%	
25	Objective 1.3: For children in foster care, a permanency hearing will occur no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.			2015-2019	QA Compliance Review (QACR)	p. 77
26	Benchmarks:			Baseline	QACR: 49.5%, PIR: 97%	
27	2015	Establish a baseline.		2015	QACR: 92%, PIR 98%	
28	2016 - 2019	Demonstrate improvement each year.		2016	97%	
29				2017	97%	
30	Objective 1.4: For each child that has been in foster care 15 of the last 22 months, termination of parental rights petitions will be filed or compelling reasons will be documented.			2015-2019	QA Compliance Review	p. 79
31	Benchmarks:			Baseline	38.2%/2014	
32	2015	Establish a baseline.		2015	67%	
33	2016 - 2019	Demonstrate improvement each year.		2016		
34				2017	100%	
35	Objective 1.5: Caregivers will be notified of court hearings and the notification will include how they may exercise their right to be heard.			2015-2019	QA Compliance Review	p. 80
36	Benchmarks:			Baseline	42.7%/2014	
37	2015	Establish a baseline.		2015	18%	

2019 Annual Progress and Services Report
Goals and Objectives Matrix

A	B	C	D	E	F
38	2016 - 2019	Demonstrate improvement each year.	2016	58%	
39			2017	61%	
40	C. Quality Assurance System				
41	Goal:	MDHHS will operate an identifiable quality assurance system.	Year	Data Measure/Time Period	APSR Reference
42	Objective 1.1:	The quality assurance system will operate in jurisdictions where services in the Child and Family Services Plan are provided.	2015-2019	Quality Service Review (QSR)	p. 97
43	Benchmarks:		Baseline	Child and Family	
44	2015	Implement 8 Quality Service Reviews.	2015	8 Quality Service Reviews held	
45	2016	Implement 6 Quality Service Reviews and two CFRS test sites.	2016	6 QSRs, 2 CFRS practice	
46	2017	Complete the CFRS statewide assessment.	2017	7 QSRs, Statewide	
47	2018	Complete the CFRS on-site review.	2018		
48	2019	Implement the CFRS program improvement plan.			
49	Objective 1.2:	The quality assurance system will include standards to evaluate the quality of services, including standards to ensure children in foster care are provided services that protect their health and safety.	2015-2019	QSR and CFRS Protocols	p. 97
50	Benchmarks:		Baseline	Piloted QSR protocol	
51	2015	Completed revisions of the Quality Service Review (QSR) protocol.	2015	Revision completed	
52	2016-2019	Review QSR protocol and revise as necessary.	2016	Established PIP process for counties.	
53			2017	Changed process for identifying counties for review.	
54	Objective 1.3	The quality assurance system will identify strengths and needs of the service delivery system.	2015-2019	QSR and CFRS	p. 98
55	Benchmarks:		Baseline		
56	2015	Roll-up of county reports and annual report of the QSR.	2015	County rollup reports and annual QSR reports completed	
57	2016	Roll-up of county reports and annual report of the QSR.	2016	County rollup reports and annual QSR reports completed	

2019 Annual Progress and Services Report
Goals and Objectives Matrix

A	B	C	D	E	F
58	2017	Complete the CFRS statewide assessment.	2017	County rollup reports and annual QSR reports	
59	2018	Compile the CFRS results.			
60	2019	Develop the CFRS program improvement plan.			
61	Objective 1.4: The quality assurance system will provide relevant reports.		2015 - 2019	QSR and CFRS	p. 98
62	Benchmarks:		Baseline		
63	2015	Roll-up of county reports and annual report of the QSR.	2015	County rollup reports and annual QSR reports completed	
64	2016	Roll-up of county reports and annual report of the QSR.	2016	County rollup reports and annual QSR reports completed	
65	2017	Complete the CFRS statewide assessment.	2017	County rollup reports and annual QSR reports	
66	2018	Compile CFRS results.	2018		
67	2019	Provide CFRS program improvement plan progress reports.	2019		
68	Objective 1.5: The quality assurance system will evaluate implemented program improvement measures.		2015-2019	Development of a feedback process.	p. 98
69	Benchmarks:		Baseline		
70	2015	Development and utilization of a comprehensive feedback process.	2015	Feedback process implemented	
71	2016-2019	Demonstrate improvement each year.	2016	Developed PIP process	
72			2017	Changed process for identifying counties for review.	
73	D. Staff and Provider Training				
74	Goal:	MDHHS will ensure training is provided to all staff who deliver services.	Year	Data Measure/Time Period	APSR Reference

2019 Annual Progress and Services Report
Goals and Objectives Matrix

A	B	C	D	E	F
75	Objective 1.1: MDHHS will ensure initial training is provided to all new staff who deliver services that includes the basic skills and knowledge required for their positions.		2015-2019	Learning Management System (LMS)	p. 104
76	Benchmarks:		Baseline	Caseworkers: 97.5% Supervisors: 98.5%	
77	2015	Establish baseline.	2015	Caseworkers: 98% Supervisors: 98%	
78	2016-2019		2016	Caseworkers 98% Supervisors: 85%	
79			2017	Caseworkers 98% Supervisors: 96%	
80		A. 98% of new caseworkers will complete initial training within 16 weeks of hire. B. 98% of new supervisors will complete initial training within 12 weeks of hire.	FY 2016-2018		
81	Objective 1.2: MDHHS will ensure ongoing training is provided to all staff who deliver services that includes the basic skills and knowledge required for their position.		2015-2019	LMS	p. 109
82	Benchmarks:		Baseline	Caseworkers: 99.4% Supervisors: no FY 2014 requirement	
83	2015	Establish baseline.	2015	Caseworkers: 99% Supervisors: 99%	
84	2016	Caseworkers: 99% will complete 32 hours of in-service training per year. Supervisors: 90% will complete 16 hours of in-service training per year.	2016	Caseworkers: 98%, Supervisors: 99%	
85	2017-2019	Caseworkers: 99% will complete 32 hours of in-service training per year. Supervisors: 95% will complete 16 hours of in-service training per year.	2017	Caseworkers: 98% Supervisors: 99%	
86	Goal:	MDHHS will expand training for foster and adoptive parents.	Year		APSR Reference
87	Objective 2.1: MDHHS will explore centralizing training for foster and adoptive parents.		2015-2019	LMS	p. 110
88	Benchmarks:		Baseline		
89	2015	Submit a proposal to SOFAC for consideration of centralizing foster and adoptive parent training options.	2015	Proposal submitted to the SOFAC.	
90	2016	Determine funding sources for implementing centralized foster and adoptive parent	2016	Budget proposal not	

2019 Annual Progress and Services Report
Goals and Objectives Matrix

A	B	C	D	E	F
2017	Assess progress and determine benchmarks.		2017	Exploring alternative approaches for expanding training	
91					
92	Demonstrate improvement each year.		2018		
E. Service Array and Resource Development					
93			Resource Development Sub-Team		
		MDHHS' service array and resource development system will function to ensure an array of services is accessible and individualized to meet the needs of children and families served by the agency.	Year	Data Measure/Time Period	APSR Reference
94			2015-2019	Demonstrate improvement each year.	p. 124
95		<p>Objective 1.1: MDHHS will provide a service array and resource development system to ensure that accessible services are provided to:</p> <ul style="list-style-type: none"> Assess the strengths and needs of children and families and determine other service needs. Address the needs of families in addition to children in order to create a safe home environment. Enable children to remain safely with their parents when reasonable. Help children in foster and adoptive placements achieve permanency. <p>Benchmarks:</p>	Baseline		
96					
97		Identify available services and gaps in services statewide.	2015	Service gaps identified	
98		Establish a plan to expand effective services and supports.	2016	Expanded FRP and	
99		Develop or expand supports.	2017	Tech. assistance in Teaming for the field.	
100					
101		Objective 1.2: MDHHS' service array and resource development system will ensure services can be individualized to meet the unique needs of children and families served.	2015-2019	To be determined.	p. 124
102		Benchmarks:	Baseline		
103		Identify available services and gaps in services statewide.	2015	Service gaps identified	
104		Establish a plan to expand effective services and supports.	2016	Trauma-informed services	
105		Develop or expand supports.	2017	Trauma-informed assessment training for the field	
F. Agency Responsiveness to the Community					
106			Communications Sub-Team		

2019 Annual Progress and Services Report
Goals and Objectives Matrix

A	B	C	D	E	F
Goal:	MDHHS will be responsive to the community statewide through engagement with stakeholders.		Year	Data Measure/Time Period	APSR Reference
107			2015-2019	Annual SOFAC Report	p. 136
108	<p>Objective 1.1: MDHHS will engage in ongoing consultation with tribal representatives, consumers, services providers, the juvenile court and other public and private service agencies to ensure collaboration addresses the major concerns in implementing the CFSP and annual updates.</p> <p>Benchmarks:</p>		Baseline		
109			2015	Ongoing internal and external collaboration	
110		Utilize the council and sub-teams for ongoing collaboration.	2016	Ongoing internal and external collaboration occurred	
111		Utilize the council and sub-teams for ongoing collaboration.	2017	Ongoing internal and external collaboration occurred	
112					
113	<p>Objective 1.2: MDHHS will utilize the Strengthening Our Focus Advisory Council (SOFAC) and sub-team structure to operationalize a continuous quality improvement plan that includes engaging internal and external stakeholders in assessment and development of effective strategies.</p> <p>Benchmarks:</p>		2015-2019	Annual SOFAC Report	p. 136
114			Baseline		
115		Utilize the council and sub-teams for ongoing collaboration.	2015	Ongoing internal and external collaboration occurred	
116		Utilize the council and sub-teams for ongoing collaboration.	2016	Ongoing internal and external collaboration occurred	
117			2017	Ongoing internal and external collaboration occurred	
118	<p>Objective 1.3: MDHHS will ensure that the state's services are coordinated with services or benefits of other federal or federally assisted programs serving the same population.</p> <p>Benchmarks:</p>		2015-2019	Annual SOFAC Report	
119			Baseline		
120		Utilize the council and sub-teams for ongoing service coordination.	2015	Ongoing service coordination occurred	

2019 Annual Progress and Services Report
Goals and Objectives Matrix

A	B	C	D	E	F
121	2016-2019	Utilize the council and sub-teams for ongoing service coordination.	2016	Ongoing service coordination occurred	
122			2017	Ongoing service coordination occurred	
123	G. Foster and Adoptive Parent Licensing, Recruitment, and Retention				
124	Goal:	MDHHS will implement an annual adoptive/foster parent retention and recruitment plan that ensures there are foster and adoptive homes that meet the diverse needs of the children and youth that require out-of-home placement.	Year	Data Measure/Time Period	APSR Reference
125	Objective 1.1:	MDHHS will ensure that state standards are applied to all licensed or approved foster family homes or child care institutions receiving Title IV-B or IV-E funds.	2015-2019	Child Welfare Licensing data and other sources.	p. 151
126	Benchmarks:		Baseline		
127	2015		2015	State standards were applied equally	
128	2016-2019		2016	Collaboration occurred between local licensing agencies and the DCWL to ensure standards	
129			2017	Collaboration occurred between local licensing agencies and the DCWL to ensure standards were applied equally	
130	Objective 1.2:	MDHHS will ensure the state complies with federal requirements for criminal background clearances related to licensing or approving foster care and adoptive placements and has a case planning process that includes provisions for addressing the safety of placements for children.	2015-2019	Criminal and central registry screening of all applicants.	p. 152
131	Benchmarks:		Baseline		

2019 Annual Progress and Services Report
Goals and Objectives Matrix

A	B	C	D	E	F
132	2015		2015	Criminal and central registry screening of all applicants occurred prior to licensure.	
	2016-2019		2016	Collaboration occurred between local licensing agencies and the DCWL to ensure each foster and adoptive home is screened and approved before children are placed.	
133			2017	100% of licensed foster care placements had criminal history and central registry screening prior to licensure.	
134			2015-2019	Percentage of annual plans that meet 90% of their goals or better.	p. 152
135	Objective 1.3: MDHHS will recruit and license an adequate and sufficient array of foster and adoptive homes that reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed.		Baseline		
136	Benchmarks:		2015	65%	
137	September: approved plans returned to counties for implementation.		2016		
138	September: approved plans returned to counties for implementation.		2017		
139			2015-2019	Interstate Compact Office	p. 152
140	Objective 1.4: MDHHS will ensure the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placement for children is occurring statewide.		Baseline	62%	
141	Benchmarks: Incoming home study requests will be completed within 45 days.		2015	66%	
142			2016	71%	
143	2016-2019	Demonstrate improvement each year.			

2019 Annual Progress and Services Report
Goals and Objectives Matrix

144	A	B	C	D	E	F
145				2017	55%	
146			<p>Goal: The Office of Child Welfare Policy and Programs and the placement sub-team will ensure best practices for recruitment and retention are used and barriers addressed as needed.</p>	Year	Data Measure/Time Period	APSR Reference
147			<p>Objective 2.1: MDHHS will ensure procedures for timely search for prospective parents for a child needing an adoptive placement, including the use of exchanges and other interagency efforts, if such procedures ensure that placement of a child in an appropriate household is not delayed by the search for a same race or ethnic placement.</p> <p>Benchmarks:</p>	2015-2019	MI Adoption Resource Exchange and Adoption Resource Consultant referrals.	p. 153
148				Baseline	80% of youths available for adoption were registered with the MARE within required timeframes.	
149				2015	80% of youth available for adoption were registered with the MARE within required timeframes.	
150				2016	80% of youth available for adoption were registered with the MARE within required timeframes.	

2016 Annual Progress and Services Report
Goals and Objectives Matrix

2016 APSR Attachment C

Indian Child Welfare Act Compliance		Native American Affairs			
Goal 1:	MDHHS will ensure compliance with the Indian Child Welfare Act statewide.	Year	Data Measure	APSR Reference	
Objective 1.1:	MDHHS will increase the number of cases statewide where children are identified as American Indian/Alaska Native at the onset.	2015-2019	MISACWIS QACR	p. 157	
Benchmarks:					
2015	Establish a baseline.	2015			
2016 - 2019	Demonstrate improvement each year.	2016 - 2019			
		2016	88%		
		2017	Not available		
Objective 1.2:	MDHHS will ensure the notification of Indian parents and tribes of state proceedings involving Indian children and inform them of their right to intervene or transfer proceedings to the jurisdiction of the tribe.	2015-2019	MISACWIS QACR	p. 158	
Benchmarks:					
2015	Establish a baseline.	Baseline			
2015	Establish a baseline.	2015	Data not available.		
2016 - 2019	Demonstrate improvement each year.	2016 - 2019			
		2016	100%		
		2017	76%		
Objective 1.3:	MDHHS will ensure that placement preferences for Indian children in foster care, pre-adoptive and adoptive homes are followed.	2015-2019	MISACWIS QACR	p. 158	
Benchmarks:					
2015	Establish a baseline.	Baseline			
2015	Establish a baseline.	2015	Data not available.		
2016 - 2019	Demonstrate improvement each year.	2016 - 2019			
		2016	100%		
		2017	97%		
Objective 1.4:	MDHHS will ensure that active efforts are made to prevent the breakup of the Indian family when parties seek to place a child in foster care or for adoption.	2015-2019	MISACWIS QACR	p. 159	
Benchmarks:					
2015	Establish a baseline.	Baseline			
2015	Establish a baseline.	2015	Data not available.		
2016 - 2019	Demonstrate improvement each year.	2016 - 2019			
		2016	100%		
		2017	97%		
2015	Establish a baseline.	Baseline			
2015	Establish a baseline.	2015	Data not available.		
2016 - 2019	Demonstrate improvement each year.	2016 - 2019			
		2016	100%		
		2017	100%		

2016 Annual Progress and Services Report
Goals and Objectives Matrix

Objective 1.5: MDHHS will provide timely notification to the child's tribe of its right to intervene in any state court proceedings seeking involuntary placement or termination of parental rights of Indian children.		Baseline	MISACWIS	p. 159
Benchmarks:				
2015	Establish a baseline.	2015	Data not available.	
2016 - 2019	Demonstrate improvement each year.	2016	100%	
		2017	76%	
2016 - 2019	Demonstrate improvement each year.	2016 - 2019		
Goal 2	MDHHS will increase cultural connections of Indian children in care statewide.	Year	Data Measure	APSR Reference
Objective 2.1: Children will be placed in the least restrictive culturally appropriate setting to meet their safety, permanency and well-being needs.		2015-2019		Goal discontinued
Benchmarks:		Baseline		
2015	Establish a baseline.	2015		
2016 - 2019	Demonstrate improvement each year.	2016		
		2017		
Objective 2.2: American Indian/native foster and adoptive homes will be prepared, supported and available for the placement of Native American children statewide.		2015-2019		Goal discontinued
Benchmarks:		Baseline		
2015	Establish a baseline.	2015		
2016 - 2019	Demonstrate improvement each year.	2016		
		2017		

EXHIBIT 14

From: Bladen, Stacie (DHHS)
Sent: Monday, March 21, 2016 4:20 PM
To: Yager, Steve (DHHS)
Subject: RE: Draft Memo from you to Nick

Here's the body of the MEMO:

Following provides updates concerning: 1) Talking Points - Adoption Services Contract, 2) Rationale to not renew the Adoptive Family Support Network (AFSN) Contract, and 3) Status of Kent County Performance Based Funding initiative.

Adoption Services Contracts

- Adoption Services master contracts were amended in late 2015 in collaboration with numerous private adoption agencies to reflect changes to state law that permit a private agency to decline to serve an individual based on the agency's religious beliefs.
- Under 1973 PA 116, as amended by 2015 PA 53, the private agency Contractor has the sole discretion to decide whether to accept or not accept a referral from MDHHS.
- Nothing in the amended contract limits or expands the application of the Public Act.
- Upon receipt of a referral, the Contractor must accept or decline the referral within seven working days.
- Once a Contractor accepts the referral, the Contractor is obligated to perform the services outlined in the contract and MDHHS policy and may not refer the case back to the department without Executive Director written approval.
- Contractors may not refer adoption cases to either internal or external contracted adoption agencies.
- The general indemnification section of the contract was modified to mirror language found in other contracts.
- As of 3/18/16, majority of the approximately 64 Adoption Contractors have signed the new amended contract. There are 20 Contractors who have yet to sign: 7 for Catholic Charities; 2 Catholic Social Services; 1 Catholic Family Service; 7 Bethany Christian Services; D.A. Blodgett, Adoption Option and Pathways.
- MDHHS will sign the new contracts on or after 4/11/16, which is 30 days from the date the Michigan Legislature was notified of the new master contract.

Adoptive Family Support Network (AFSN)

Children's Services Agency does not plan to renew the AFSN contract when it expires on 9/30/16 for the following two reasons:

- 1) The same or similar services are already provided statewide to adoptive parents through eight Post Adoption Resource Centers (PARC) contracts**

and a contract with AFSN is redundant. Services provided through the PARCs are exhaustive and sufficiently meet the needs of children and families throughout Michigan. AFSN service range is either duplicative or inferior to PARC service range. In fact, PARC contracts were expanded to include children who were either adopted internationally or were adopted through a direct consent/direct placement adoption in Michigan and their families.

2) AFSN was not awarded a contract after competitive bid process in 2012.

AFSN submitted an unsuccessful bid for a PARC contract. After AFSN's unsuccessful bid, the legislature appropriated \$200,000 to AFSN on a one-time basis and required MDHHS to initiate a contract with AFSN, which covered the period of 5/1/14 – 4/30/15. The legislature then allocated \$700,000 to AFSN to operate and expand its program. MDHHS executed another contract with AFSN effective 10/1/14 – 9/30/15. The legislature later reduced the amount to \$350,000 and the contract with AFSN was extended to cover 10/1/15 – 9/30/16.

Kent County Performance Based Funding (PBF) Initiative

Following provides an update on the status of PBF in Kent County:

- The case rate is nearly final and ready for review with MDHHS executive team and State Budget Office; final numbers and case rate methodology document should be ready for review by 3/23/16
- MDHHS has resolved barriers to allow the West Michigan Partnership for Children (WMPC) to use Mindshare as requested (through an interface with MiSACWIS)
- MDHHS is working on documentation necessary to submit a Title IV-E State Plan Amendment for approval from the federal government.
- MDHHS and WMPC have drafted a contract for final MDHHS legal/federal compliance review by 4/15/16.
- MDHHS has signed and executed a contract with a third-party to conduct a project evaluation.

Contingent upon the following dependences, the target implementation date is July 1, 2016 with a fall back date of October 1, 2016.

- Approval from Federal Liaison regarding case rate model, claiming and monitoring
- Budget approval for MiSACWIS changes and resources to support the data sharing between MDHHS and Mindshare
- MiSACWIS changes implemented
- Mindshare in place (Per WMPC Board)
- WMPC issues a CPA license
- WMPC to hire staff
- WMPC to establish sub contracts

From: Yager, Steve (DHHS)

Sent: Monday, March 21, 2016 4:13 PM

To: Bladen, Stacie (DHHS) <BladenS@michigan.gov>

Subject: Re: Draft Memo from you to Nick

I got email back for phone but surface pro is done until I get back. Ugh!

Sent from my iPhone

On Mar 21, 2016, at 3:28 PM, Bladen, Stacie (DHHS) <BladenS@michigan.gov> wrote:

Stacie Bladen, LMSW
Deputy Director, Children's Services Agency
Michigan Department of Health and Human Services
Lansing, MI 48933
bladens@michigan.gov
(517) 373-6264 (desk)
(517) 303-4674 (cell)
<image001.png>

<MEMO.March 2016.docx>

EXHIBIT 15



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

RICK SNYDER
GOVERNOR

NICK LYON
DIRECTOR

September 23, 2016

Confidential Information

Catholic Charities West Michigan
360 Division Avenue South, Suite 3A
Grand Rapids, MI 49503-4501

RE: Adoption Case Transfer

Dear **Confidential**,

I am responding to your September 16, 2016 letter directed to my attention, relating to the transfer of adoption cases involving three children back to the Michigan Department of Health and Human Services (MDHHS or the Department).

MDHHS considers Catholic Charities West Michigan's (CCWM's) interpretation and application of 2015 PA 53 to be in error. In its September 16, 2016 letter, CCWM asserts that its request for transfer of the adoption case in issue is based on the "exercise [of] its religious freedom rights to request transfer of a case in conflict with our agency's sincerely held religious beliefs[.]" Certainly, 2015 PA 53 permits a child placing agency to decline to provide foster care case management or adoption services, but only under specific circumstances plainly expressed in the act:

If the department *makes a referral* to a child placing agency for foster care case management *or* adoption services under a contract with the child placing agency, the child placing *agency may decide not to accept the referral* if the services would conflict with the child placing agency's sincerely held religious beliefs contained in a written policy, statement of faith, or other document adhered to by the child placing agency. *Before accepting a referral* for services under a contract with the department, the child placing agency has the sole discretion to decide whether to engage in activities and perform services related to that referral. The department shall not control the child placing agency's decision whether to engage in those activities or perform those services. For purposes of this subsection, a child placing agency *accepts a referral* by doing *either* of the following:

- (a) Submitting to the department a written agreement to perform the services related to the particular child or particular individuals that the department referred to the child placing agency.

September 23, 2016
Page Two

- (b) Engaging in any other activity that results in the department being obligated to pay the child placing agency for the services related to the particular child or particular individuals that the department referred to the child placing agency. [MCL 722.124f(1). (Emphasis added.)]

If the child placing agency declines to *accept* a referral, whether for foster care case management or adoption services, based on sincerely held religious beliefs, the Department cannot take "adverse action" (as defined in the act) against the agency. MCL 722.124f(2), (5). However, contrary to what you stated or implied in your September 16, 2016 letter, once a child placing agency *accepts* a referral from MDHHS for the above services, the agency may not assert a religious objection and decline to provide services under its contract with the Department; in accordance with 2015 PA 53, adverse action would not be precluded.

A child placing agency cannot invoke its faith-based protection at *any* time – rather, the agency can only avail itself to such protection *prior to* acceptance of a referral from MDHHS. See subsection 124f(1). Moreover, the contractual language permitting transfer of a case back to the Department – "upon the written approval of the County Director, the Children's Service Agency [CSA] Director, or the Deputy Director" – is not intended to be an avenue for use by a child placing agency to circumvent the unambiguous provisions of 2015 PA 53.

In the very near future, MDHHS will be requesting a meeting with CCWM to further address this matter.

Respectfully,



Stacie Bladen, Deputy Director
Children's Services Agency

cc: Steve Yager, Executive Director, Children's Services Agency
Mary Rossman, Superintendent, Michigan Children's Institute
Mark Meyer, Director, Children's Services Legal Division

EXHIBIT 16

From: Rehagen, Christine (DHHS)
Sent: Sunday, October 1, 2017 3:54 PM
To: Neitman, Patricia (DHHS);Tansil, Linda (DHHS);Triestram, Claudia (DHHS);Maltby, Kelly (DHHS)
Cc: Manion, Kristine (DHHS)
Subject: FW: Contract Compliance Complaints filed 9/29/17
Attachments: Dumont et al v Lyon (ACLU Lawsuit (002).pdf

Importance: High

Hi all! Attached is the complaint information which we will discuss during the conference call scheduled for 9:00 a.m. As you can see by Stacie's email, this complaint involves Bethany – Lansing and Bethany – Madison Heights; I made an error in my previous email. Kristine: Please update the 9:00 appointment with a conference line...Patty will host and I will call in. We will discuss any questions you may have during the call.

Thanks,
Chris

From: Bladen, Stacie (DHHS)
Sent: Friday, September 29, 2017 11:16 AM
To: Rehagen, Christine (DHHS) <RehagenC@michigan.gov>; Neitman, Patricia (DHHS) <NeitmanP@michigan.gov>
Cc: Goad, Sarah (DHHS) <GoadS@michigan.gov>; Hoover, Catherine (DHHS) <HooverC3@michigan.gov>
Subject: Contract Compliance Complaints filed 9/29/17

Hello: This morning I filed 3 electronic complaints of alleged contract noncompliance using the electronic complaint system. Please inform me if you have not received these or have questions. My complaints were about:

St. Vincent Catholic Charities Lansing
Bethany Christian Services Lansing
Bethany Christian Services Madison Heights

Attached is the document that led to these complaints and provides greater detail. At the appropriate time, will you please keep me informed of the findings?

Thank you for your prompt attention,
Sincerely,
Stacie

Stacie Bladen, Deputy Director
Children's Services Agency
Michigan Department of Health and Human Services
(517) 373-6264
(517) 303-4674
bladens@michigan.gov

EXHIBIT 17



St Vincent Catholic Charities-Child Welfare

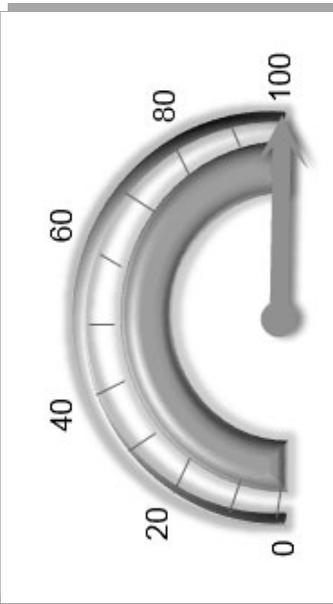
Goal Details

Agency Name	Total Goal	Total Homes Licensed	Teen Homes Licensed	Home Accepting Disabilities Goal	Home Accepting Disabilities Licensed	Sibling Goal	Sibling Homes Licensed
St Vincent Catholic Charities-Child Welfare	6	11	0	6	10	6	6



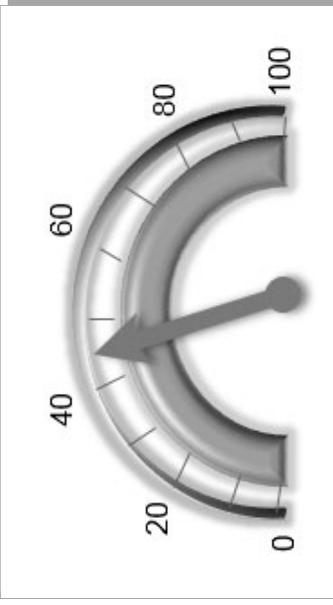
Non-Related Foster Home Dashboard Statewide

Percentage Achieved
Towards Non-Relative
Licensing Goal



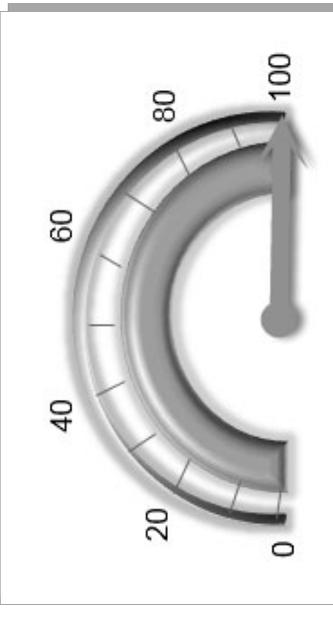
Goal: 1129
Total Number of Foster Homes Licensed: 1186

Percentage Achieved
Towards Teen Foster Home
Goal



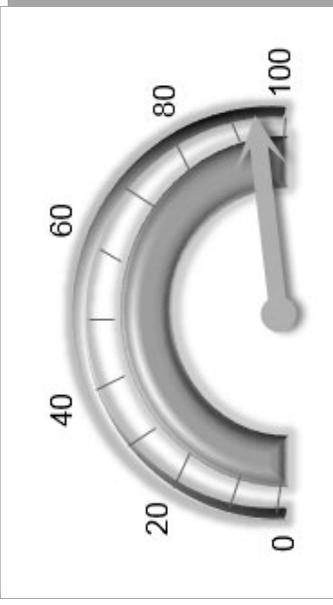
Goal: 702
Total Number of Teen Foster Homes Licensed: 303

Percentage Achieved
Towards Disability Foster
Home Goal



Goal: 300
Total Number of Disability Foster Homes Licensed: 804

Percentage Achieved
Towards Sibling Foster
Home Goal



Goal: 737
Total Number of Sibling Homes Licensed: 697

Percent of FY Completed	
100	

EXHIBIT 18

**IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF MICHIGAN**

MELISSA BUCK; CHAD BUCK;
and SHAMBER FLORE;
ST. VINCENT CATHOLIC
CHARITIES,

Plaintiffs,

v.

ROBERT GORDON, in his official
capacity as the Director of the
Michigan Department of Health
and Human Services; HERMAN
MCCALL, in his official capacity
as the Executive Director of the
Michigan Children's Services
Agency; DANA NESSEL, in her
official capacity as Michigan
Attorney General; ALEX AZAR, in
his official capacity as Secretary of
Health and Human Services;
UNITED STATES DEPARTMENT
OF HEALTH AND HUMAN
SERVICES,

Defendants.

No. 1:19-cv-00286

HON. ROBERT J. JONKER

**DECLARATION OF
LORI WINDHAM**

I, Lori Windham, declare as follows:

1. I am Senior Counsel at the Becket Fund for Religious Liberty. I represent the plaintiffs in the above-captioned matter.

2. Attached as Exhibit 4 is a true and correct copy of SOM-0034239, the foster and adoptive parent diligent recruitment plan, produced in discovery by the State of Michigan in *Dumont v. Gordon*, 2:17-cv-13080-PDB-EAS (E.D. Mich., Mar. 22, 2019).

3. Attached as Exhibit 5 is a true and correct copy of SOM-0030375, an email from Bob Wheaton regarding a faith-based initiative at the Michigan Department of Health and Human Services on January 7th, 2016, produced in discovery by the State of Michigan in *Dumont v. Gordon*, 2:17-cv-13080-PDB-EAS (E.D. Mich., Mar. 22, 2019).

4. Attached as Exhibit 6 is a true and correct copy of DUMONT00001110, produced in discovery by the Plaintiffs in *Dumont v. Gordon*, 2:17-cv-13080-PDB-EAS (E.D. Mich., Mar. 22, 2019).

5. Attached as Exhibit 7 is a true and correct copy of SOM-0060591, an email exchange between Steve Yager, Stacie Bladen, Bob Wheaton, and Catherine Hoover, produced in discovery by the State of Michigan in *Dumont v. Gordon*, 2:17-cv-13080-PDB-EAS (E.D. Mich., Mar. 22, 2019).

6. Attached as Exhibit 8 is a true and correct copy of excerpts of St. Vincent's adoption contract with the State of Michigan, produced in

discovery by St. Vincent in *Dumont v. Gordon*, 2:17-cv-13080-PDB-EAS (E.D. Mich., Mar. 22, 2019).

7. Attached as Exhibit 9 is a true and correct copy of excerpts of St. Vincent's foster care contract with the State of Michigan, produced in discovery by St. Vincent in *Dumont v. Gordon*, 2:17-cv-13080-PDB-EAS (E.D. Mich., Mar. 22, 2019).

8. Attached as Exhibit 10 is a true and correct copy of SOM-0060435, an email exchange between Steve Yager and Stacie Bladen, produced in discovery by the State of Michigan in *Dumont v. Gordon*, 2:17-cv-13080-PDB-EAS (E.D. Mich., Mar. 22, 2019).

9. Attached as Exhibit 11 is a true and correct copy of STV-001169, a foster home dashboard, produced in discovery by St. Vincent in *Dumont v. Gordon*, 2:17-cv-13080-PDB-EAS (E.D. Mich., Mar. 22, 2019).

10. Attached as Exhibit 12 is a true and correct copy of STV-000397, an excerpt of St. Vincent's adoption contract with the State of Michigan, produced in discovery by St. Vincent in *Dumont v. Gordon*, 2:17-cv-13080-PDB-EAS (E.D. Mich., Mar. 22, 2019).

11. Attached as Exhibit 13 is a true and correct copy of SOM-0034083, the Michigan 2019 Annual Progress and Services Report Goals and

Objectives Matrix, produced in discovery by the State of Michigan in *Dumont v. Gordon*, 2:17-cv-13080-PDB-EAS (E.D. Mich., Mar. 22, 2019).

12. Attached as Exhibit 14 is a true and correct copy of SOM-0031910, an email exchange between Stacie Bladen and Steve Yager on March 21st, 2016, produced in discovery by the State of Michigan in *Dumont v. Gordon*, 2:17-cv-13080-PDB-EAS (E.D. Mich., Mar. 22, 2019).

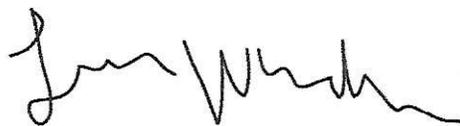
13. Attached as Exhibit 15 is a true and correct copy of SOM-0036374, a September 23, 2016 letter from Stacie Bladen on behalf of the Michigan Department of Health and Human Services, produced in discovery by the State of Michigan in *Dumont v. Gordon*, 2:17-cv-13080-PDB-EAS (E.D. Mich., Mar. 22, 2019).

14. Attached as Exhibit 16 is a true and correct copy of SOM-0042072, an October 1, 2017 email exchange between Stacie Bladen and Christine Rehagen, produced in discovery by the State of Michigan in *Dumont v. Gordon*, 2:17-cv-13080-PDB-EAS (E.D. Mich., Mar. 22, 2019).

15. Attached as Exhibit 17 is a true and correct copy of two PDF prints outs from MDHHS' licensing dashboard for fiscal year 2018.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

Executed on this 16th day of April 2019.

A handwritten signature in black ink, appearing to read "Lori Windham". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

Lori Windham