
Senate Fiscal Agency
P. O. Box 30036
Lansing, Michigan 48909-7536

SFA**BILL ANALYSIS**

Telephone: (517) 373-5383
Fax: (517) 373-1986
TDD: (517) 373-0543

Senate Bill 544 (as introduced 5-28-97)

Sponsor: Senator Bill Schuette

Committee: Families, Mental Health and Human Services

Date Completed: 5-28-97

CONTENT

The bill would amend the Foster Care and Adoption Services Act to establish requirements for a “supervising agency”, i.e., the department or agency in whose care a child was placed for foster care by the probate court under the juvenile code. Among other things, a supervising agency would have to make a decision regarding kinship care placement; strive to achieve permanent placement within 12 months after a child’s removal from his or her home; require its workers to make in-home visits; develop a medical passport for each child under its care; and obtain a psychological assessment for certain children. The bill is tie-barred to Senate Bill 516, which would make amendments to the juvenile code regarding child abuse proceedings.

Specifically, under Senate Bill 544, a supervising agency or its protective services worker, or both, would have to refer a case to a kinship care specialist within two days after the child’s removal from his or her home. The specialist immediately would have to identify, locate, assess, and plan with relatives of the child to determine whether placement with an extended family member was a feasible alternative to foster care. Within 30 days after the child’s removal from his or her home, the supervising agency would have to do all of the following:

- Make a decision regarding kinship care placement.
- Provide written notice of the decision and the reasons for it to the child’s attorney, guardian, guardian ad litem, mother, and father; attorneys for the mother and father; all relatives or extended family members who had expressed an interest in caring for the child; the prosecutor; all agency workers involved with the child’s welfare; and the child, if he or she were old enough to express an opinion regarding placement.
- Schedule a review hearing in court to commence within 14 days after the date of the report, or within 45 days after the child’s removal from his or her home, whichever occurred first.
- Give all persons described above written notice of the hearing and the opportunity for them to appear at it and present information or evidence to the court regarding the placement decision.

The supervising agency would be required to strive to achieve a permanent placement for the child, including either a safe return to his or her home or an adoptive placement, within 12 months after the child was removed from his or her home. This 12-month goal could not be extended or delayed for reasons such as a change or transfer of staff or worker at the supervising agency.

If an adoptive family for a child had not been identified within 30 days after an order terminating parental rights was entered, the supervising agency would have to submit the necessary information for including the child in the directory of children described in Section 8 of the Act. (Section 8 requires the Family Independence Agency (FIA) to produce or contract with another person to produce a directory of children under the jurisdiction of the FIA who are available for adoption.)

The supervising agency would have to require that its worker make monthly visits to the home or facility in which the child was placed, as well as monitor and assess in-home visitation between the child and his or her parents. To ensure the occurrence of in-home visits, the agency would have to

require its workers to work a number of hours outside of the traditional workday to accommodate the schedules of the individuals involved.

The supervising agency would have to obtain from the parent, guardian, or custodian of each child who was placed in foster care the name and address of the child's medical provider and a signed document for the release of the child's medical records. If the parent, guardian, or custodian refused to provide the information, the agency would have to petition the probate court for an order for the production of the records. The supervising agency also would have to require that a child's medical provider remain constant while the child was in foster care, unless doing so would create an unreasonable burden for the relative, foster parent, or other custodian.

The supervising agency would have to develop a medical passport for each child who came under its care. The medical passport would have to contain all information required by policy or law to be provided to foster parents; a basic medical history; a record of all immunizations; and any other information concerning the child's physical and mental health. Each foster care worker who transferred a child's medical passport to another foster care worker would have to sign and date the passport, verifying that he or she had sought and obtained this information and any additional information required under FIA policy. The supervising agency would have to provide a copy of each medical passport to the FIA for maintenance in a central location, and send updates to the FIA each time information was added to the passport.

If a child under the care of a supervising agency were diagnosed as having suffered physical or sexual abuse or emotional harm, the agency would have to have an experienced and licensed practitioner perform a psychological assessment of the child and, if appropriate for the child, refer him or her for treatment.

The FIA would be required to publish an annual report card for each supervising agency, court, and county FIA, evaluating its achievements in obtaining permanency for children and making recommendations for the removal of barriers to permanency.

MCL 722.952 et al.

Legislative Analyst: S. Margules

FISCAL IMPACT

The bill could have an indeterminate impact on State government. The development of a medical passport for children in foster care placement is included in the FY 1997-98 proposal for the Family Independence Agency appropriation. It is anticipated that a managed care provider will maintain the child's complete medical history and provide this information to the FIA. Approximately \$500,000 is anticipated to be used for the medical passport program implementation. In addition, the implementation details will be developed in conjunction with the Medical Assistance Program in the Department of Community Health.

Fiscal Analyst: C. Cole

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This analysis was prepared by nonpartisan Senate staff for use by the Senate in its deliberations and does not constitute an official statement of legislative intent.