



House Human Service Appropriations Subcommittee – March 3, 2026 Testimony

Good afternoon and thank you for inviting Samaritas and our fellow private agency colleagues to testify before this subcommittee today.

I am Rachel Sykes, Vice President of Family Services at Samaritas.

It is an understatement to say how incredibly thankful we are for the work you are doing and recognize the hard choices that you are faced with as you approach a critical decision-making time for the FY27 budget.

*Many of you joined this subcommittee because of your personal experiences and **deep commitment to helping all Michigan children, youth and families thrive.***

Samaritas is also deeply passionate about our state’s children and families. We believe in "**Compassion in Action**". As one of the largest health and human services non-profit agencies in the state, with a 92-year history of care, child welfare and family wellbeing Services are a priority service line at our agency with a broad continuum of care that spans Family Preservation, Foster Care, Independent Living youth services and Adoption.

As Janet noted – building thriving families is a community effort - all communities - all districts need to care for our children. At Samaritas we value our partnership with you and with MDHHS as we strive to simultaneously uplift current programs critical to family needs and engage forward actions to promote innovation and systems change desperately needed in this time to ensure safety and wellbeing.

*I'd like to take a few minutes to walk through several stations of our family wellbeing system and will be noting areas that **need your attention and strong support.***

Family Preservation

Whole family - funding statewide is limited to just 4,400 families.

Family Preservation Services statewide are 100% privatized.

<p><u>Samaritas Family Preservation</u> 734 Families 2120 kids 1266 Adults >3,350 Individuals served in 2025</p>

Success rates in Family Preservation are high!

90-95% of families served did not require out-of-home placement for the children during active services and 80-80% are reported to be stabilized with children remaining home and free of abuse/neglect even 12 months after services are closed.



These programs also boast **high parent satisfaction rates** and are innovatively structured to include 2Gen family strengthening approaches mentioned by Janet as well as trauma informed, evidence-based practice modalities eligible for federal FFPSA funding compensation and specific protective factors to build parental resilience, parental skills, concrete needs, social supports, and social-emotional support for children.

A recent thank you letter from a parent put it this way, *“This program has given me extreme confidence in my life. They have taught me to see the best in everything in my life. I have since their involvement gained self-acceptance, and successful life skills. I have learned to have healthy boundaries with myself and my relationships in my life I have more self-respect than I did before. I also know how to successfully tackle tasks and prioritize goals for my day-to-day family life and to follow through with them.*

With a cost comparison of \$7,272 per family (average 3 kids) vs. >\$30,000 for 1 foster child annually, service expansion ultimately results in significantly lower costs to the State when we can mitigate out of home placements and stabilize families.

System work must include advancing Family Preservation services which stabilize crisis, situations, strengthen protective factors, and support children in remaining safely at home, avoiding unnecessary entry into the foster care system.

Our Michigan funding models must prioritize prevention and early childhood intervention strategies that promote permanency. It is our first and best line of defense in building, healthy, thriving families, and preventing child removals.

On behalf of Samaritas and these agencies – we ask you to release \$8M appropriation to serve 1100 more eligible families currently unable to access services due to funding limitations.

Foster Care

**Approximately 10,000 children placed in Foster Care
55% of Foster Care services statewide are delivered by
over 50 private agencies.**

Every month, approximately **14,000** abuse and neglect referrals come into Michigan’s centralized intake line.

Roughly **6,500** cases are assigned for investigation and each month, around **2,000** children are confirmed victims of abuse and neglect.

In the event risk of child safety and wellbeing is too high or abuse or neglect has been substantiated. Our system must include fully funded, robust foster care services.

Samaritas Foster Care
539 Foster children
137 Independent Living Youth
37 IL Plus youth
800+ Parents
200+ Relatives
250+ Licensed Foster Families
>1,700 Individuals served in 2025



Foster care must be considered temporary and we are all committed to work diligently to move children through this service – returning children safely home - or providing a child another safe family alternative.

Our best outcome is again - strengthening the entire family unit and reunifying children with their parents to keep families strong and intact.

Service plans are uniquely designed for each parent, as the needs and services for the children are concurrently provided.

Our Goal is reunification in 12 months.

Foster Care programs need substantial funding and contract reconsiderations. The program and policies designed decades ago are insufficient to meet the goal.

We must advance this line with great care and intention.

Risks are high - Stakes are high and each year - the acuity of the children is rising.

A removal means abuse or neglect has been substantiated and the safety of the child is at imminent risk.

Parents need more support and services that are readily available to resolve deeper, more complex and challenging issues that led to these circumstances:

- Substance use and drug addiction
- Domestic violence
- Significant mental health needs
- Incarceration

...all of which usually come with secondary, but equally complex challenges related to social determinants of health such as:

- Lack of stable employment
- Affordable housing
- Access to physical, medical and mental health care,
- Education
- Parenting Skills
- Access to healthy food

While these issues are addressed. **Foster Care depends on caregivers to safely house and nurture children who are removed. A strong network of trained and licensed foster families and relative caregivers are necessary.**

Right now, **50% of children removed are placed with relatives.** Relatives often have little time to prepare and adjust to this enormous responsibility. Private agencies are quickly adjusting practices and protocols to support these relatives. We fully support teaming with



MDHHS to elevate kinship care! We need support to continue to shift policies to widen this path.

We continue to rely heavily on licensed foster homes when relatives cannot assist.

Our fostering community is valiant and caring ---- and we are currently burning through them. On the front lines with staff, foster families are seeing the shifts and trends of high acuity firsthand in their homes.

Foster families hold the pieces when services are delayed and children are breaking down. These children often lose everything. Children need their families and communities - their culture. Moving children out of their homes and neighborhoods adds other losses. Loss of friends, a familiar school, teachers and all the ways they learned to be safe and "get by". The stress parental separation and removal, transfers and transitions exacerbate the trauma children carry. Comfort items, clothes, familiar foods, smells and the ways children learned to find safety in a known environment are all gone. New environments have to be tested to be trusted.

Told not to talk to strangers - all the adults around them are strangers.

Despite great effort – often siblings are separated into different foster homes as well. Older siblings whose job it was to take care of the little ones may only see them once a month - more if they are lucky. They worry about each other.

We try desperately to keep them in one solid, stable placement. But with acuity on the rise the burden weighs heavy on caregivers for that commitment.

Low to moderate risk situations resolve and may high risk family dynamics can often be addressed in Family Preservation services. Familiarity and losses can be mitigated in familial, kinship placements. But when options run low and losses compile, the emotional toll on these children is great.

Our foster families offer safe places to heal from the serious abuse, neglect and loss incurred. But this takes time and often more skill than foster families alone can provide. Many long-term foster families have begun to close their licenses. As we work to bring in new families we are also faced with a new trend of 30-50% of new foster families quitting within the first year.

The shortage of foster parents is increasing every day. Reducing turnover and helping these families bravely walk forward is critical to stable placements. Foster families need



opportunities to be strengthened, and provisions for tangible supports and resources as well.

Michelle Calloway is one brave long-term Samaritas foster mother and a beautiful soul. She has dedicated decades to fostering. Michelle knows. - "(Kids) need people who show up, who keep showing up, and who believe they're worth the effort. She added, "The work has changed, but the need for stability has not. "Kids need consistency," she said. "And foster parents need support just as much as the children do."

She stays in touch with roughly 20 foster families across Wayne County and metro-Detroit, offering practical guidance and encouragement as they navigate schools, mental health services, and day-to-day challenges. She remains optimistic that the steady influence of loving adults on foster kids, especially those affected by generational cycles of poverty, can be a lifesaver.

The burden is heavy, so we attempt to bring some relief through augmentative programs to uplift caregivers and stabilize placement: foster care supportive visitation, respite programs, enhanced foster care with clinical staffing, case aides, in-home care aides, capacity building training for caregivers. These "work arounds" draw from already tight budget lines.

Sadly, recent trends in Foster Care Case Manager turnover add further complications for children and caregivers. Case Manager turnover in Michigan ranges from **23% to 60%**. In Foster Care, despite more concentrated training and support, many are leaving within their first 90 days. This churn delays permanency, disrupts services, and takes a real toll on children and families. My colleague, Dan, will touch more on this.

On behalf of private foster care agencies statewide, I urge you to band together to fully fund foster care services. These children are wards of the state. They are *our* responsibility. ***The estimated gap to support placement stability and consistent service delivery is the difference between \$60.20 and \$70.00 for the daily foster care administrative rate, an estimated \$19.6M.***

Adoption

1784 of our 10,000 foster youth are eligible for adoption. Adoption services are 100% privatized and provide by over 38 agencies statewide.

MARE - Michigan Adoption Resource Exchange (MARE) assists private agencies to find "forever homes" for 180 youth who do not have an identified adult interested in adopting them.

Legacy Adoption Services (LAS)

20,000 adoptions 49 years
Currently holds 42 of the 180
unmatched MARE youth
Averaging more than 3 years awaiting a
family.



When all efforts to reunify children to their parents have been exhausted, the next best course to ensure children can grow and thrive with family is permanency through adoption

Children awaiting adoption are representative of gaps in our continuum. These children have been through the trauma of abuse or neglect, separation from family, termination of parental connection; trauma of multiple placement moves, multiple school changes, multiple diagnoses, loss of siblings and sibling connections as they often watch their siblings get adopted while they themselves wait, and often stretches of out-of-family settings while placed in higher level of care, clinical care and residential programs.

Our system has left them with visible and invisible scars and a variety of physical, emotional, cognitive and learning function delays. **Yet these children hold out hope that a family will come soon and adopt them.**

Two examples from LAS are:

Tyler (age 17) – Waiting 9 years for a family, Tyler has been in care since 2017 when he was just 8 years old. He is joyful child who loves to joke around. He loves science, movies, holidays and one-on-one attention. He is one of the first to volunteer for media opportunities when “adoption month” comes along. He has moderate physical, cognitive, and learning delays and severe emotional delays. He has spent the majority of his days in care in residential.

Anthony (age 16) - Waiting 8 years for a family, Anthony has only mild delays other than a moderate learning delay. Anthony loves technology, music and sports. He dreams of traveling and one day earning a Master’s degree. Anthony represents many children in care between the ages of 13-18 years old who desperately want to find a family before “aging out”.

As a black youth, Anthony also falls into the category of children of color. When you examine the other children of color at the end of the continuum, you can see Anthony is not alone.

Of 180 unmatched MARE children - 73% (130) are age 13-18 years old.

....of those 49% (64) are children of color.

Compared to the State of Michigan demographics, which indicate <24% of our Michigan kids are black and brown children, you can readily see --- these youth are over-represented by nearly double in our current system.

Furthermore, 61% (39) of the 13-18 year old children of color are male. This is the demographic most likely to age out without a family.



Truly we need to act, much earlier in the system to intervene for our children! No child should be left lingering for this long. No child should spend the majority of their childhood as a child of the state or without family and in a residential setting.

Adoption providers and MDHHS recently shifted to value-based service funding model to better address system change needs and support the necessary timing to get children to a forever home. However, despite strong urging of adoption agencies and spotlighting financial detriment, the new funding model was only applied to children who we referred to adoption services the year the model was adapted. This left the majority of the unmatched children subject to the former funding model, leaving agencies little to no funds to support specialized recruitment for unmatched youth. These are the children that need us to double our efforts.

We ask that you support an appropriation of an estimated \$4.9M to support the new adoption funding system, inclusive of adequate funding for all unmatched youth.

To summarize, in viewing the aspects of these three areas of the child welfare continuum it is easy to see **Michigan's child welfare system is under immense strain.**

As we work to close out nearly two decades of lawsuit requirements and finalize MiSEP compliance, we are also confronting severe workforce instability and foster family turnover.

At the same time, administrative burden continues to rise, family needs are becoming more complex, and the cost of providing essential services has increased sharply. Without funding that reflects real costs, critical programs are at risk.

Private agencies deliver 100% of Adoption services, 100% of Family Preservation services and 55% of Foster Care services in our state. We bring strong community networks, philanthropic partners, and the flexibility to meet local needs. But to truly innovate and expand, we need stronger public-private collaboration and policies that support sustainable growth.

We fully support the shift toward prevention, family well-being, and keeping children safely with their families. To succeed, we must remove outdated barriers and act intentionally to address persistent inequities, especially for minority children who are disproportionately affected.



In each of these areas we are asking for specific funding for FY27. As we work forward to better our system and address trends for the long-term, strengthening the funding process and teaming with MDHHS and legislators is critical.

To succeed we also need:

- **Transparent, independent rate-setting process**
- **Cost-of-living adjustments** built into multi-year contracts
- **Fair, sustainable funding** that reflects the true cost of services
- And **legislative action** to protect funding for family preservation, foster care and adoption

We show up every day for Michigan's families—and we're ready for transformation. With your partnership, we can build a system that truly supports families, strengthens Michigan communities, and gives every Michigan child the chance they deserve.

...Now I'd like to pass the mic over to my colleague to take more about older youth.

Sincerely,

A handwritten signature in cursive that reads "Rachel Sykes, MA LPC".

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