Dear

Thank you for your recent letter. I commend you for your interest in these child welfare issues, particularly as they relate to the students you will be working with as you begin your career in early childhood education.

First, I would like to clarify that the consent decree that resulted from the class action suit referenced in your letter was renegotiated in 2011 to ensure that our efforts were centered on outcomes for children, rather than on increased bureaucracy. I’m pleased to report that we have made tremendous progress in meeting the rigorous demands of the Modified Settlement Agreement. Perhaps more importantly, we have defined our vision for child welfare in Michigan and continue to move toward those goals aggressively.

DHS has undertaken numerous strategies to positively impact the child welfare system since the Modified Settlement Agreement took effect, as was evidenced in a very positive first report to the court in June 2012. Michigan has placed priority on several areas, understanding that these strategic goals have a cascade impact on other aspects of the child welfare system. For example, considerable attention has been placed on the following:

- **Caseloads.** Achieving substantial compliance in our caseload numbers will allow staff to spend more time on the casework needed for each of the families they serve.

- **Available foster homes.** By increasing the number of available and appropriately screened foster homes for both licensed and unlicensed relatives, DHS ensures less need for child placements outside of the child’s family. Increasing the number of finalized adoptions through recruitment and retention of foster homes — with an interest in adoption — is another key to reducing the length of stay of children in foster care. DHS established a goal of adoptions for 2,153 of the children in our system for fiscal year 2012 — and exceeded that goal by 385 adoptions as of Sept. 30, 2012.
• **Health care.** Applying focus on the macro- and micro-level aspects of health care is critical to foster children's well-being. DHS is working with the Department of Community Health primary care providers and other stakeholders to ensure Medicaid coverage and services are available and accessible to children and their foster care parents. We are also ensuring that key documentation protocols are established and followed so that a child’s health record is complete and needed treatment and care are provided.

• **Maltreatment in foster care (commonly referred to as MIC).** This important issue was an early focus for DHS and resulted in a modified model for the investigation of abuse/neglect complaints for children who are already in out-of-home placement. While all states monitor this issue and are measured by the federal government, Michigan made substantial modifications to ensure appropriate definitions and protocols were applied to more clearly identify and react to these types of investigations.

• **Extending services to older youth.** DHS implemented the Young Adult Voluntary Foster Care Program (YAVFC), which extends services to former foster youth up to age 21 to assist them in transitioning to adulthood. Our state is the first in the Midwest to implement this program with funding and approval from the federal government. Since implementing the program in April 2012, we have already enrolled 269 former foster care youth in this transition program. In addition, we have distributed $800,000 in grants to seven universities statewide to fund support programs for former foster care youth interested in pursuing higher education. Western Michigan University has had a program in place since 2008 and reports exceptional results for the former foster youth in the program.

I encourage you to follow our progress on Michigan.gov/childwelfareagreement, where we will post the federal monitors' reports on our progress as well as other pertinent information regarding advances in child welfare.

Sincerely,

Maureen O'Corrigan

Maura D. Corrigan