

*Michigan Department
of Community Health*



**Jennifer M. Granholm, Governor
Janet Olszewski, Director**

Family Support Subsidy Program

Annual Report

For

FY06 and FY07

FAMILY SUPPORT SUBSIDY PROGRAM

The Purpose of the Subsidy is to Keep Families Together	1
❖ Seven children with severe disabilities were reunited with their families in FY06 and twelve children with severe disabilities were reunited with their families in FY07	2
❖ The number of children with severe disabilities in institutions decreased from 104 in FY85 to 5 children in FY06 and 4 children in FY07	3
❖ Seven out of 6,722 children in the subsidy program had out-of-home placements during FY06	4
❖ Twelve out of 6,831 children in the subsidy program had out-of-home placements during FY07	4
The Program	5
❖ 6,722 children with severe disabilities received the subsidy in FY06	5
❖ 6,831 children with severe disabilities received the subsidy in FY07	5
❖ Families are satisfied with their experience	6
❖ Only children with the most severe impairments are eligible	8
❖ Payments are the same for all families	9
❖ Families in every part of the state receive the subsidy	11
What Families Say About the Program	13
❖ Families have flexibility in how they use the subsidy	13
❖ The subsidy has positive effects on families	15
❖ A total of 1121 children left the subsidy program in FY06	25
❖ A total of 1099 children left the subsidy program in FY07	26
❖ Subsidy program evaluation	27
❖ Subsidy families represent a wide range of income levels and ethnic backgrounds	28

FAMILY SUPPORT SUBSIDY PROGRAM

ANNUAL REPORT FOR FY06 and FY07

The Purpose of the Subsidy is to Keep Families Together

Supporting families is a priority of Michigan's public mental health system, as evidenced by the Family Support Subsidy Program (FSSP). Michigan's philosophy is that children with developmental disabilities, like all children, need loving and enduring family relationships. For over two decades, the Michigan Department of Community Health's policy has been that children should be supported to live with their families. If out-of-home placement becomes necessary, it should be temporary and time-limited with a goal of family reunification or, for some children, adoption. Permanency planning practices within Michigan's public mental health system have supported this guiding principle by enabling families to keep their children out of institutional settings and other out-of-home placements.

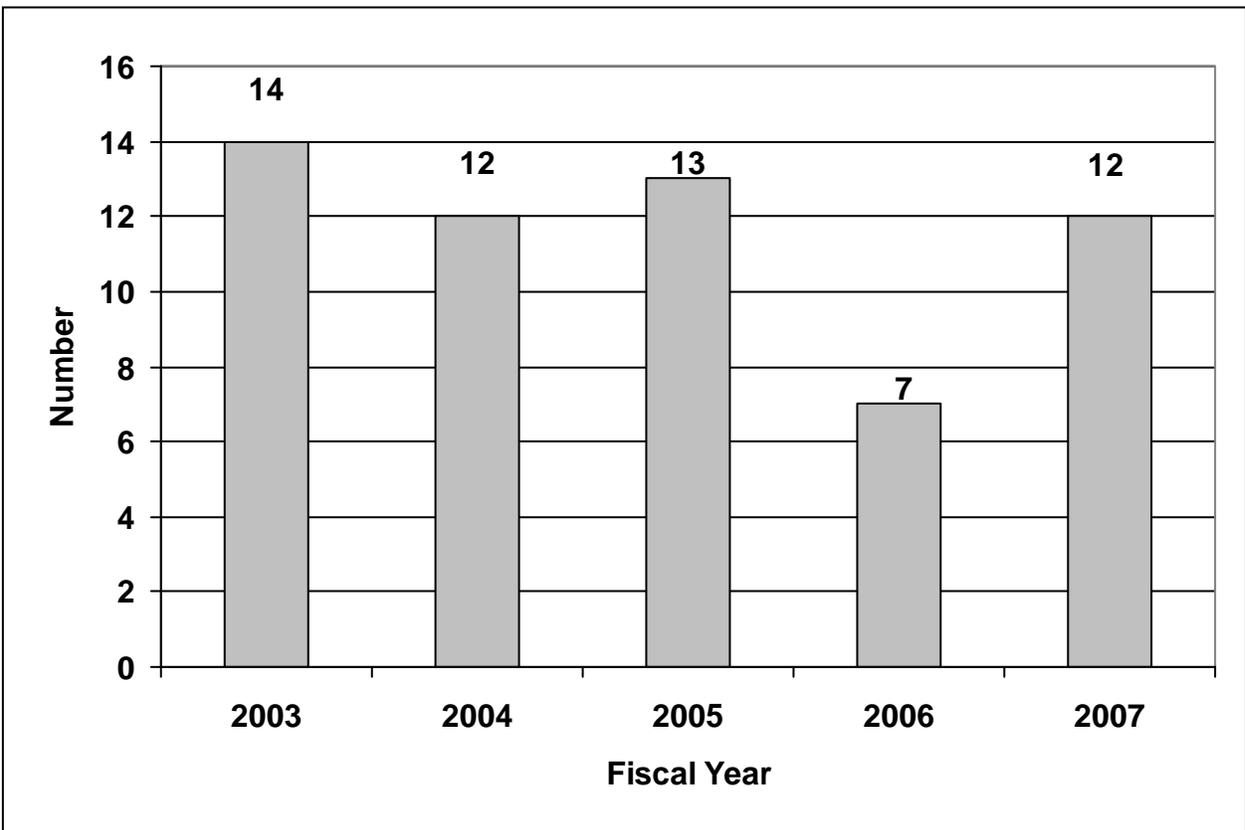
The Family Support Subsidy Act, Public Act 249 of 1983, was the beginning of a major shift of Michigan's mental health resources and services toward supporting, maintaining, and establishing permanent family relationships for children with severe developmental disabilities. The FSSP provides an essential support for families of children with developmental disabilities to assist with the extraordinary expenses associated with raising them. Unlike typically developing children, children with severe developmental disabilities often need lifetime support for daily activities such as walking, feeding, or dressing. Often, they have both mental and physical impairments and require 24-hour care. As a result, the families of children with severe developmental disabilities have many expenses that other families do not. This program recognizes that these families have unique needs; it empowers families to decide what is needed to support the care of their children.

The subsidy enables families to stay together and allows them the flexibility to purchase goods and services locally that best meet the needs of their children and families. Children who live with their families thrive within their home environment. Parents want their children at home and can fulfill their parenting roles. Finally, it is less expensive for taxpayers than residential care.

- ❖ **Seven children with severe disabilities were reunited with their families in FY06 and twelve children with severe disabilities were reunited with their families in FY07.**

No children returned home for the first time in FY06 or FY07. There were no one-time double subsidy payments in either year. Seven children in FY06 and twelve children in FY07 went home to their families, after an absence, and were returned to the subsidy program. Three children in FY06 and five children in FY07 who had been enrolled in the subsidy program and then placed out-of-home were adopted. Figure 1 presents the number of children reunited with their families over the last five years.

Figure 1: Number of Subsidy Program Families Reunited



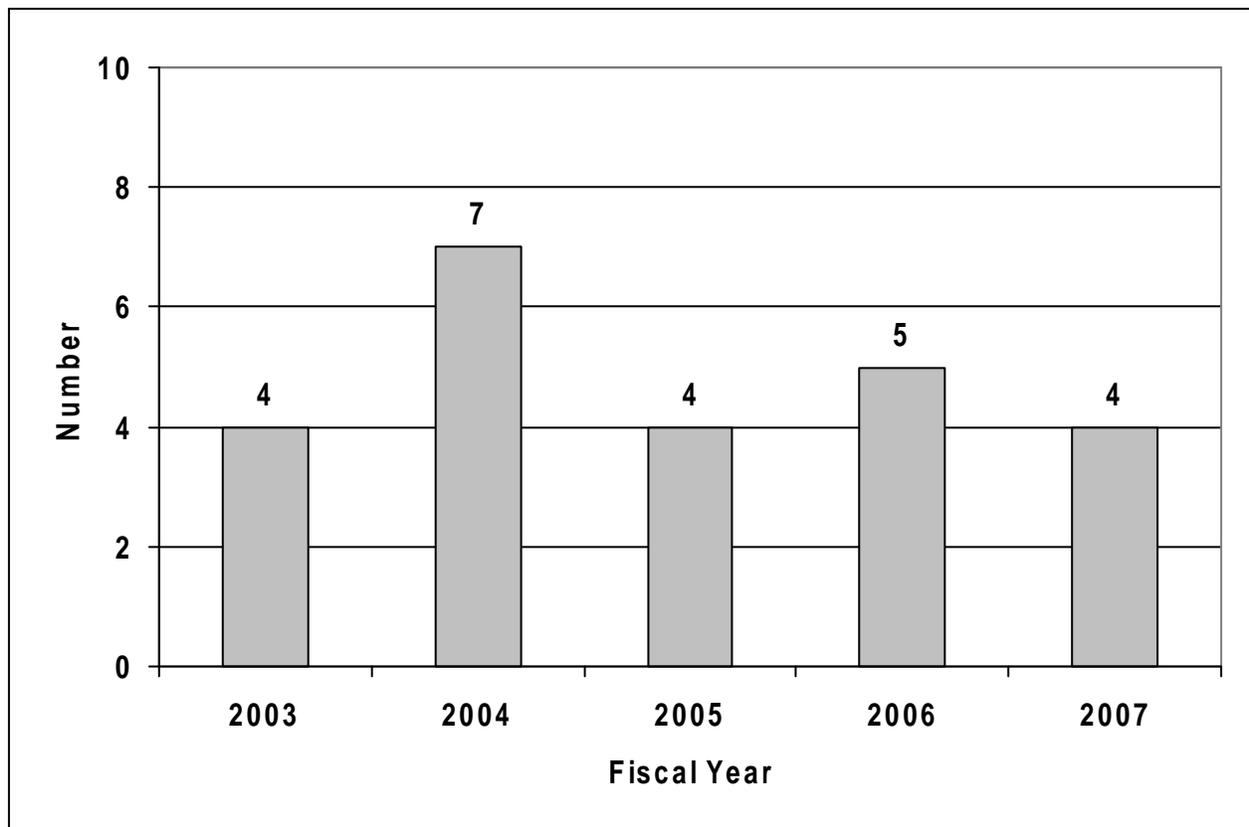
- This is a very helpful program and I am confident that with a lot of positive support and effort that my son will be capable of growing into a confident and self-reliant adult.

A Family Served by Lifeways in FY06

- ❖ **The number of children with severe disabilities in institutions decreased from 104 in FY85 to 5 children in FY06 and 4 children in FY07.**

The subsidy continues to be instrumental in preventing children from being placed in institutions. When the subsidy program began in 1984, 104 children younger than age 18 were living in centers for developmental disabilities. The number of children living in these centers has declined steadily over the 23 years that the subsidy program has been in place. Only five youths in FY06 and four youths in FY07 resided in a center for developmental disabilities. Only two children in FY06 and three children in FY07 were admitted to nursing homes. Figure 2 presents the number of children living in centers for developmental disabilities during the last five years.

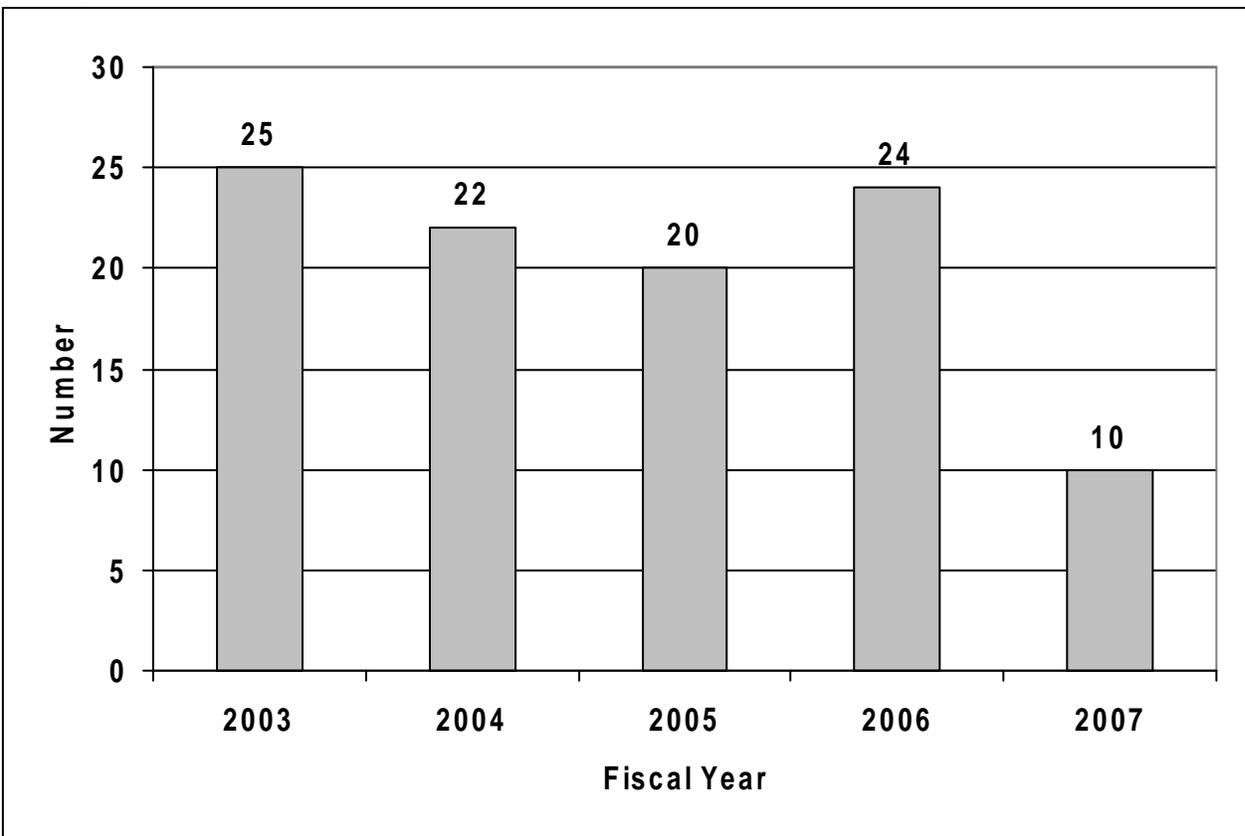
Figure 2: Number of Children in Centers for Developmental Disabilities



- ❖ **Seven out of 6,722 children in the subsidy program had out-of-home placements during FY06.**
- ❖ **Twelve out of 6,831 children in the subsidy program had out-of-home placements during FY07.**

Follow-up at the end of the fiscal year indicated that seven children placed during FY06 had returned home and twelve children placed during FY07 had returned home. The number of children enrolled in the subsidy program who have been placed out-of-home has dropped from a high of 45 (in FY86) to 10 in FY07. Figure 3 presents the number of children enrolled in the subsidy program who were placed out-of-home during the last five years.

Figure 3: Number of Children Enrolled in the Subsidy Placed Out-of-Home



➤ As a single mother your services have enabled me to keep my child at home rather than placement into foster care.

A Family Served by Community Mental Health Services of Muskegon County in FY06

The Program

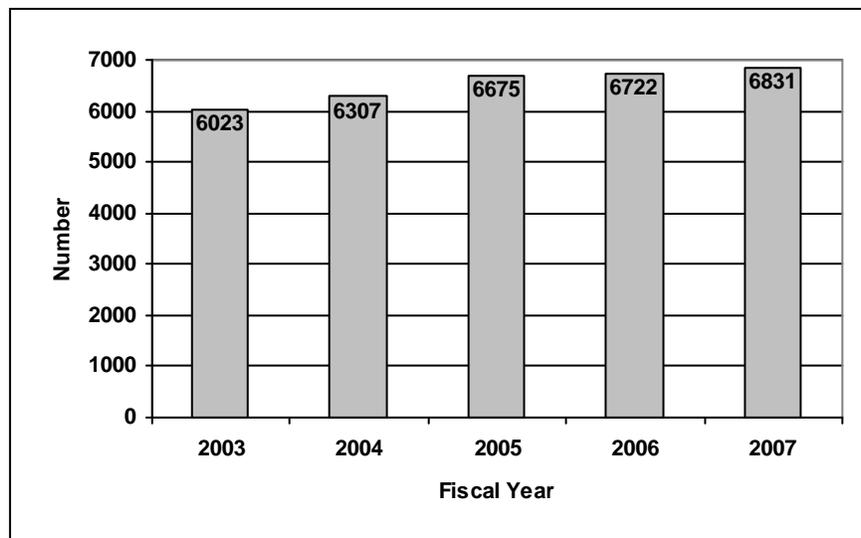
- ❖ **6,722 children with severe disabilities received the subsidy in FY06.**
- ❖ **6,831 children with severe disabilities received the subsidy in FY07.**

During FY06, 6,722 children were enrolled in the subsidy program, and during FY07, 6,831 children were enrolled. In FY85, the first year of the program, 2,530 children were enrolled. On average, the number of children enrolled in the program has increased every year by five percent. Between FY85 and FY07, the program has increased its enrollment by 170.0 percent. In FY06, 1,147 children were enrolled in the subsidy program for the first time. In FY07, 1,165 children were enrolled in the subsidy program for the first time. Of the new applicants in FY06, 261 (22.8 percent) were under age four and 886 (77.2 percent) were ages 4 to 17; among new applicants in FY07, 227 (19.5 percent) were under age four and 938 (80.5 percent) were ages 4 to 17.

The number of newly enrolled children in each educational eligibility category in FY06 was: 70 in the severe cognitive impairment category (6.1 percent); 304 in the severe multiple impairments category (26.5 percent); and 773 in the autism spectrum disorder category (67.4 percent). In FY07 the number of newly enrolled children was: 107 in the severe cognitive impairment category (9.2 percent); 294 in the severe multiple impairments category (25.2 percent); and 764 in the autism spectrum disorder category (65.6 percent). Figure 4 presents the number of children enrolled in the subsidy program during the last five years.

To be eligible for the subsidy program, the child must live in Michigan with a birth parent, adoptive parent, or legal guardian. By law, the Michigan taxable income for the family cannot exceed \$60,000. In addition, when applying for the subsidy, the family cannot have an open medical subsidy case with the Adoption Subsidy Program (administered by the Michigan Department of Human Services).

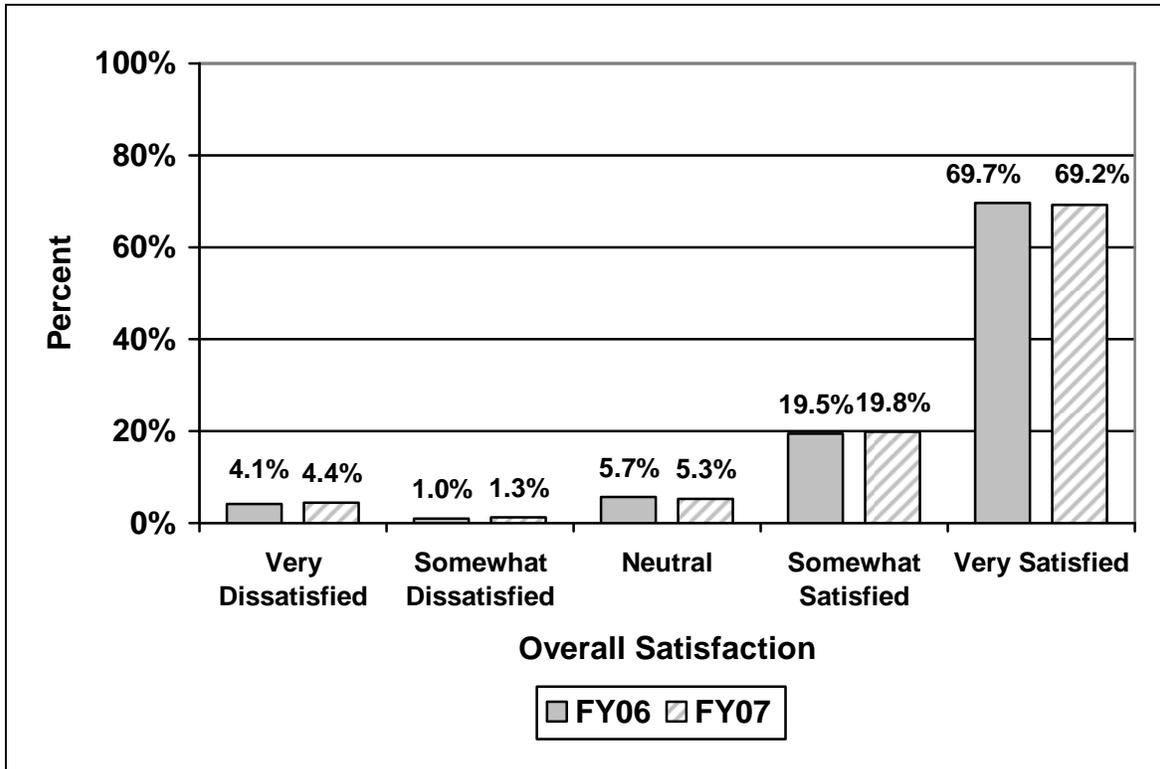
Figure 4: Number of Children Enrolled by Year



❖ **Families are satisfied with their experience.**

The subsidy is paid to the parent or legal guardian on behalf of the child. Checks are mailed to families monthly. The subsidy income is not taxable and families may use the subsidy for any purpose that helps them care for their child. Families were overwhelmingly satisfied with their overall experience with the subsidy program. Figure 5 illustrates families' satisfaction with the subsidy program in FY06 and FY07.

Figure 5: Families' Overall Satisfaction in FY06 and FY07



➤ Our family is very thankful for the subsidy program. It has helped us to focus on our son's needs without the stress of worry about how to pay for them.

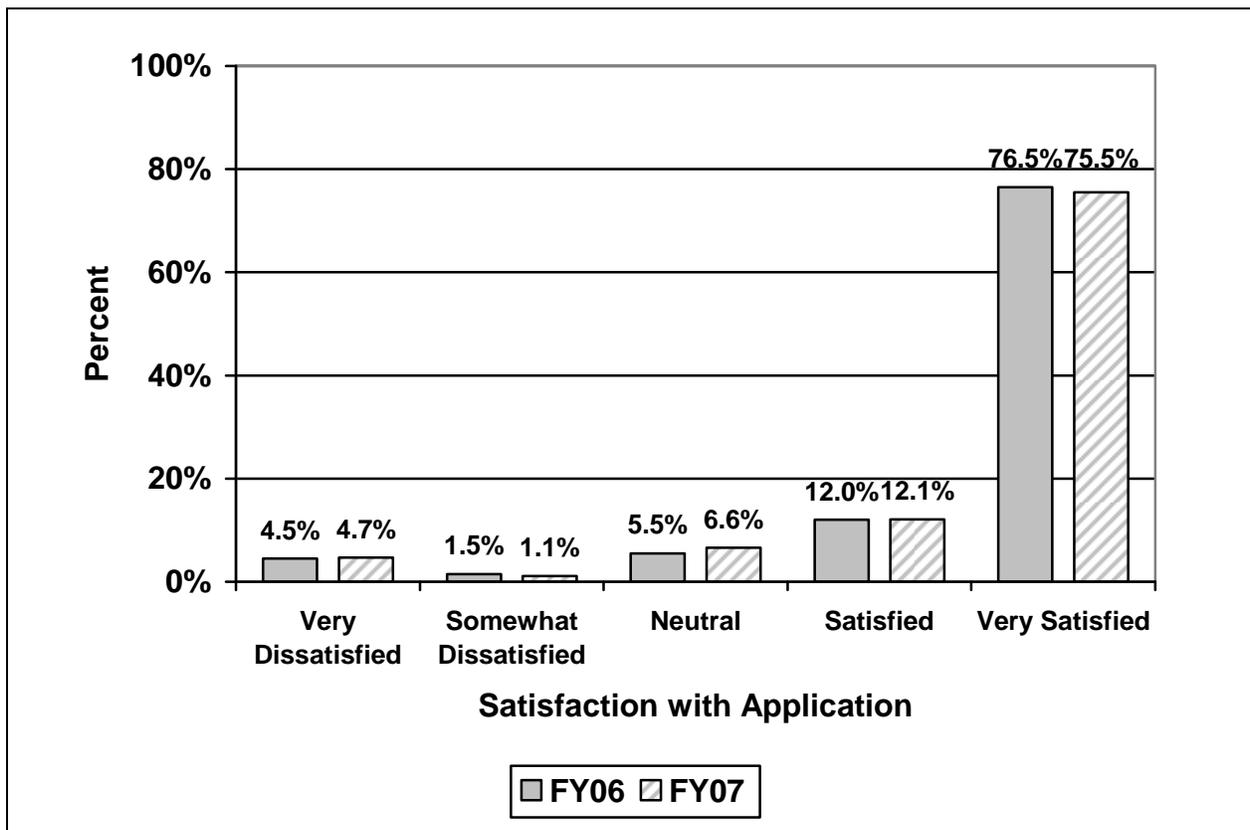
A Family Served by Summit Pointe in FY07

❖ **The application process is friendly and efficient.**

The application process was designed to be simple, logical, and include documents already available to families. The application form must be supported by a copy of the child’s birth certificate to verify age, a copy of the family’s Michigan income tax return to verify taxable income, and verification from the local school district of an eligible educational category. In addition, the child should have a social security number. Upon receipt of the completed application, the Community Mental Health Services Program (CMHSP) verifies the family’s eligibility. Each year, in the birth month of their child, the family is required to re-verify eligibility for the program. Coverage in the program begins the month following the CMHSP’s receipt of the completed application and supporting documentation.

Figure 6 shows families’ responses about their satisfaction with the subsidy program application process in FY06 and FY07. The majority of families were satisfied or very satisfied with the application process and how their application was handled by the CMHSP.

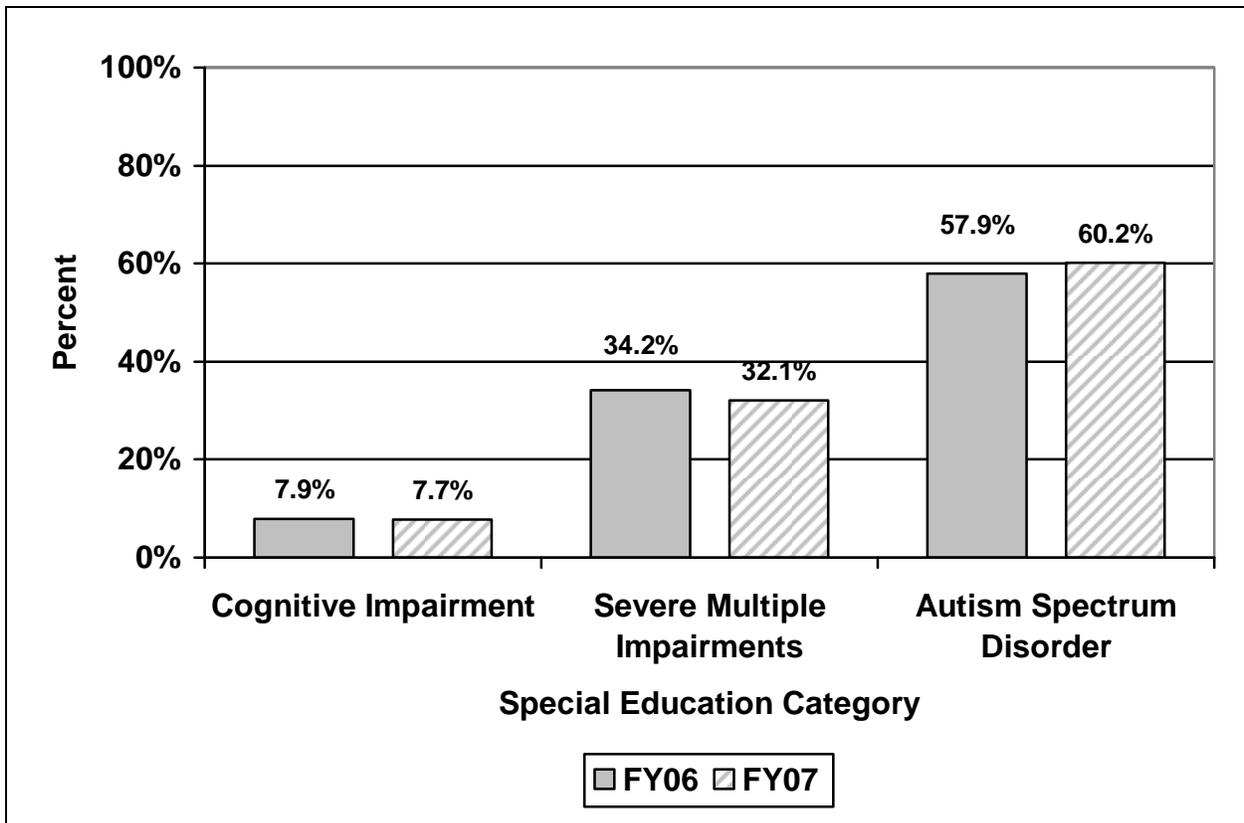
Figure 6: Families’ Satisfaction with the Application Process in FY06 and FY07



❖ **Only children with the most severe impairments are eligible.**

Families may be eligible for this program if they have a child under age 18 who has been recommended by a public school district’s Multidisciplinary Evaluation Team (MET) as meeting the requirements for the special education categories of cognitive impairment, severe multiple impairments, or autism spectrum disorder. Children with an eligibility category of cognitive impairment may be eligible if their development is in the severe range of functioning as determined by the local or intermediate school district. Children with autism spectrum disorder must be receiving special education services in a program designed for students with autism spectrum disorder or in a program designed for students with severe cognitive impairment or severe multiple impairments. Figure 7 shows the distributions of children by educational eligibility category in FY06 and FY07.

Figure 7: Distributions of Children in the Subsidy Program by Special Education Category in FY06 and FY07



➤ It helps out a lot. Day care for Autistic children is expensive and very hard to find. The money our son receives helps so I can be there for him when he gets out of school every day as well as on the weekends.

A Family Served by Community Mental Health Services for Central Michigan in FY07

❖ **Payments are the same for all families.**

Payments are uniform for all families. Payments were \$222.11 per month in FY06 and FY07. The original payment in FY85 was \$225.54. The Michigan Department of Community Health may decrease the amount after notifying the Governor and the House and Senate Appropriations Committees that available revenues are insufficient to cover the program's obligations. The department is not permitted to reduce the amount of the monthly payment by more than an aggregate of 25 percent in one fiscal year without written approval of the House and Senate Appropriations Committees.

In FY91, as a result of state budget reductions, payments were decreased to \$215.66 and then increased slightly to \$222.11 per month, where it remained throughout 2007. In addition to the decrease in the dollar amount of the subsidy, the purchasing power of these dollars has also declined. In 2006, \$432.55 was needed to have the same buying power as \$225.54 in 1985. In 2007, \$444.69 was needed to have the same buying power as \$225.54 in 1985. The rate may be increased annually by legislative appropriation to match the Supplemental Security Income (SSI) rate for an adult living in the household of another. The 2006 SSI rate in Michigan was \$402 and in FY07 the SSI rate was \$415.34. FSSP is now funded entirely with federal dollars through the Temporary Assistance for Needy Families (TANF) program.

More than half the families were satisfied with the amount of the subsidy in both years (Figure 8, page 10). Families were also asked about the adequacy of the amount of the subsidy in helping them care for their child with disabilities. Almost two-thirds of families in both years said the amount of the subsidy was usually or always adequate to help them meet the needs of their children (Figure 9, page 10).

- Even though the amount of subsidy could be higher we are grateful for the amount we do get as it does help some with added expenses that come from having a handicapped child.

A Family Served by network 180 in FY06

- I would like to let the FSSP know it is very appreciated that this program is here for our family and many others that need it. This program helps me and my family by providing extra clothes, shoes, food, etc. for my child. It is nice to know that it is there for him. I would also like you to know that the staff has been very helpful to us. Most of all they are always respectful to me on the phone. I would like you to know - keep up the good job.

A Family Served by Detroit-Wayne County Community Mental Health in FY07

Figure 8: Families' Satisfaction with the Amount of the Subsidy in FY06 and FY07

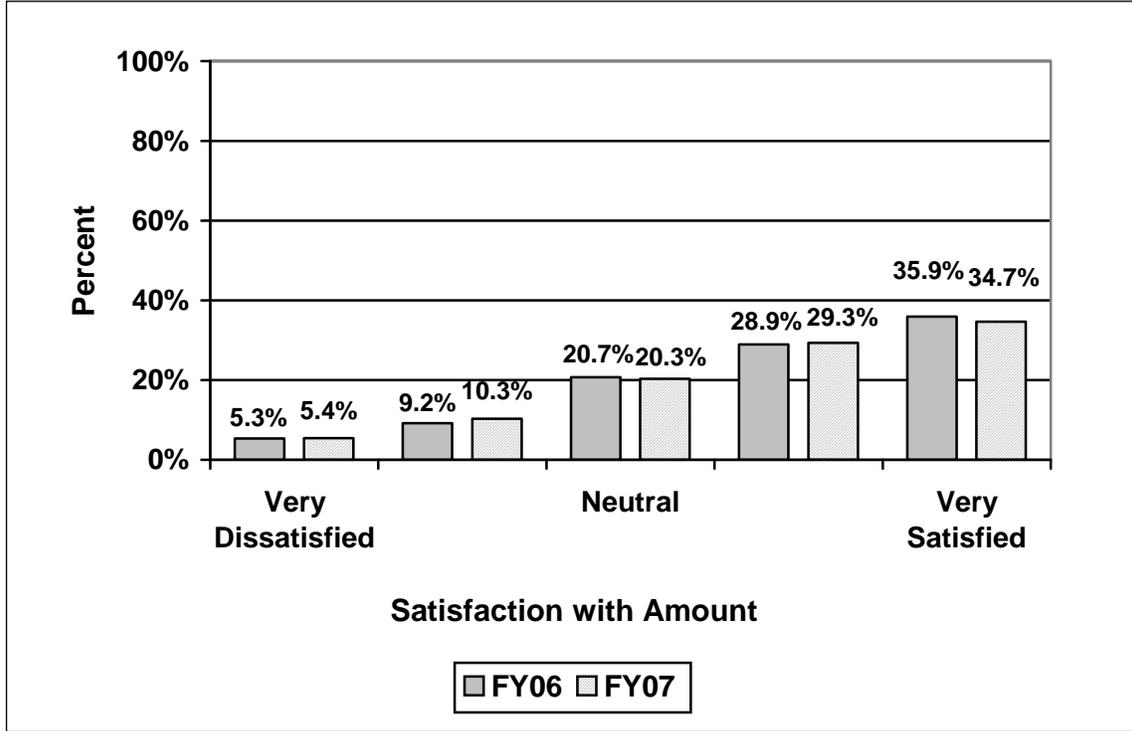
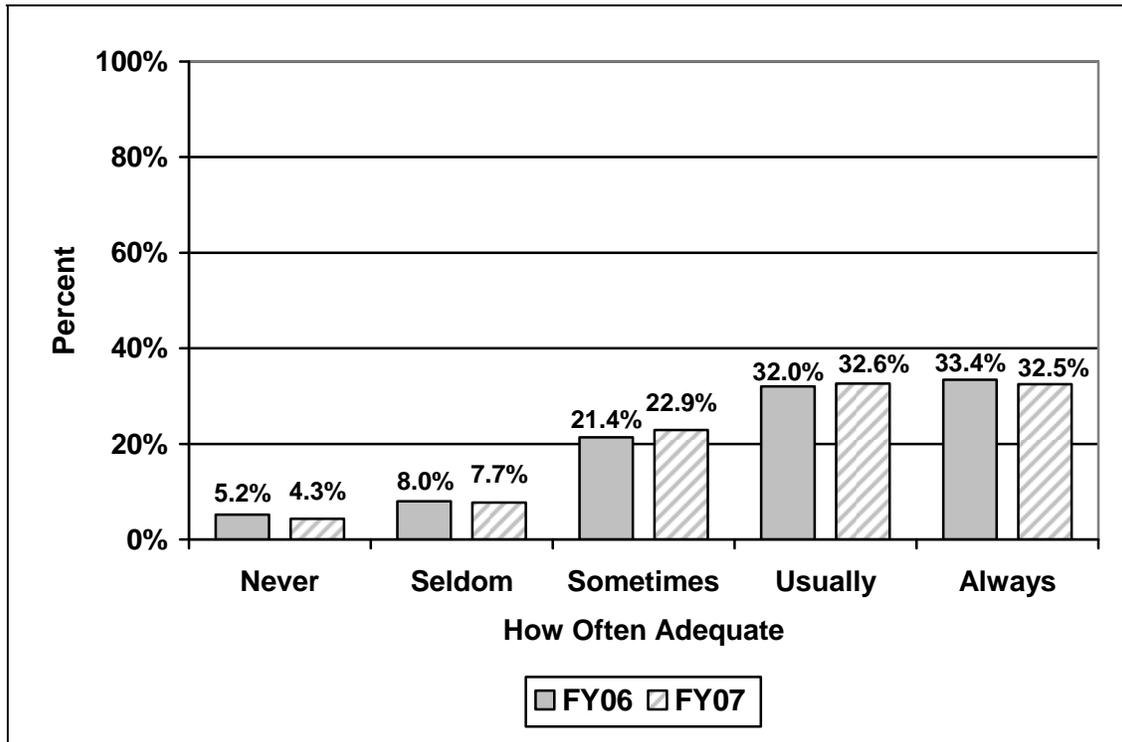


Figure 9: Families' Ratings of the Adequacy of the Subsidy Amount in FY06 and FY07



❖ Families in every part of the state receive the subsidy.

Families in all parts of the state receive the subsidy. Figure 10 displays the distribution of children participating in the subsidy program by CMHSP catchment areas in FY06.

Figure 10: Geographic Distribution of Children Enrolled in Family Support Subsidy Program FY06

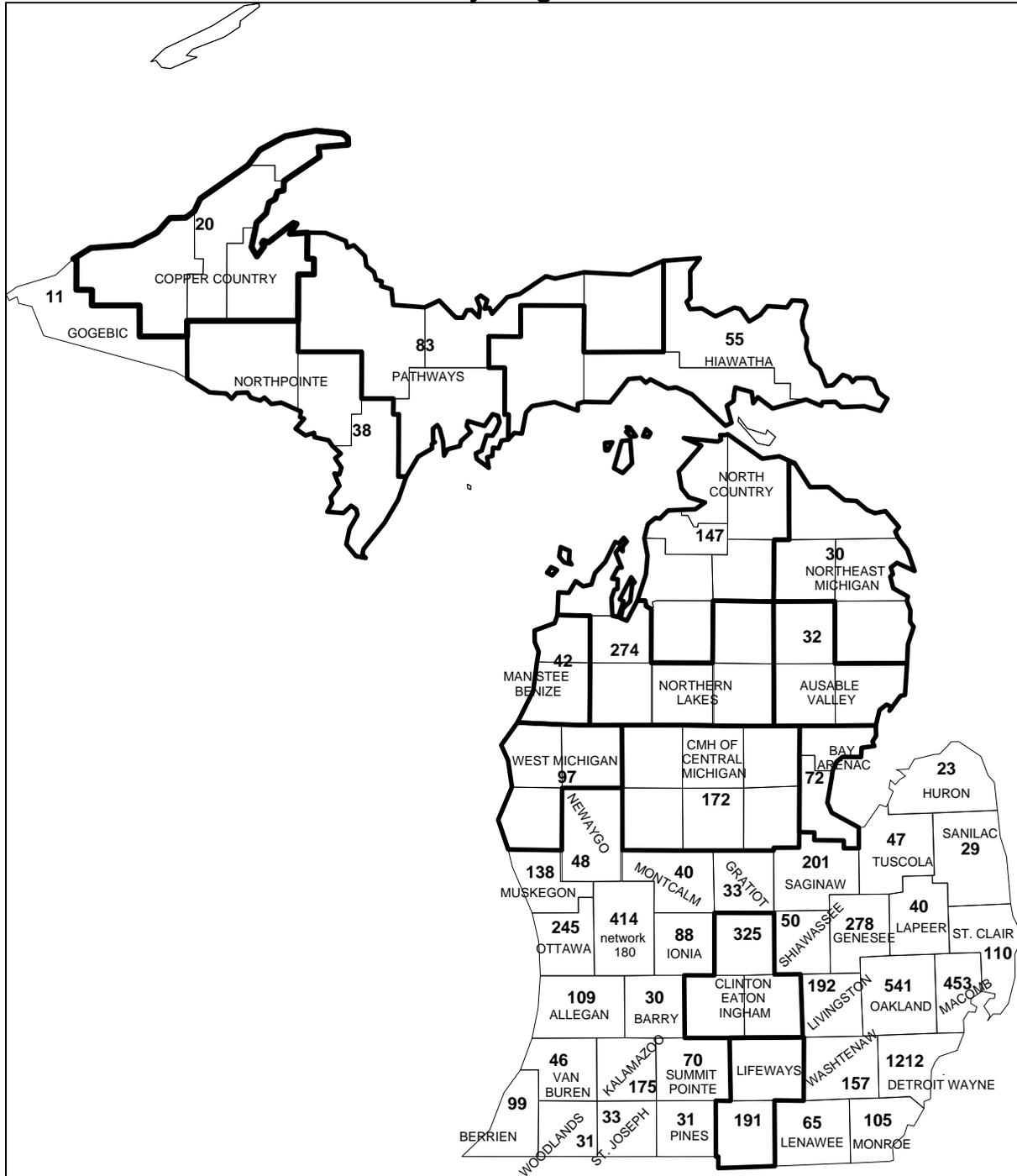
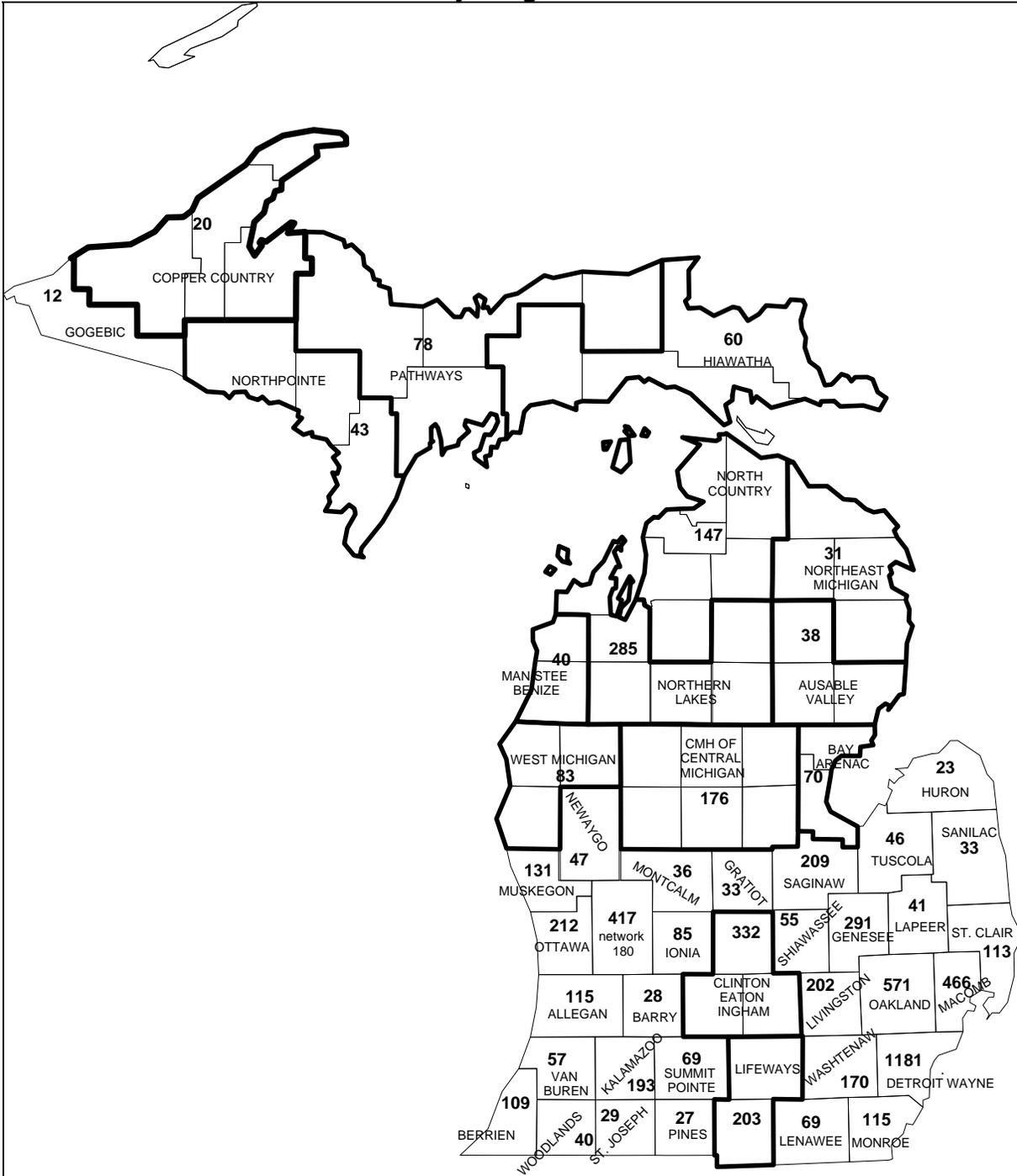


Figure 11 displays the distribution of children participating in the subsidy program by CMHSP catchment areas in FY07.

Figure 11: Geographic Distribution of Children Enrolled in Family Support Subsidy Program FY07

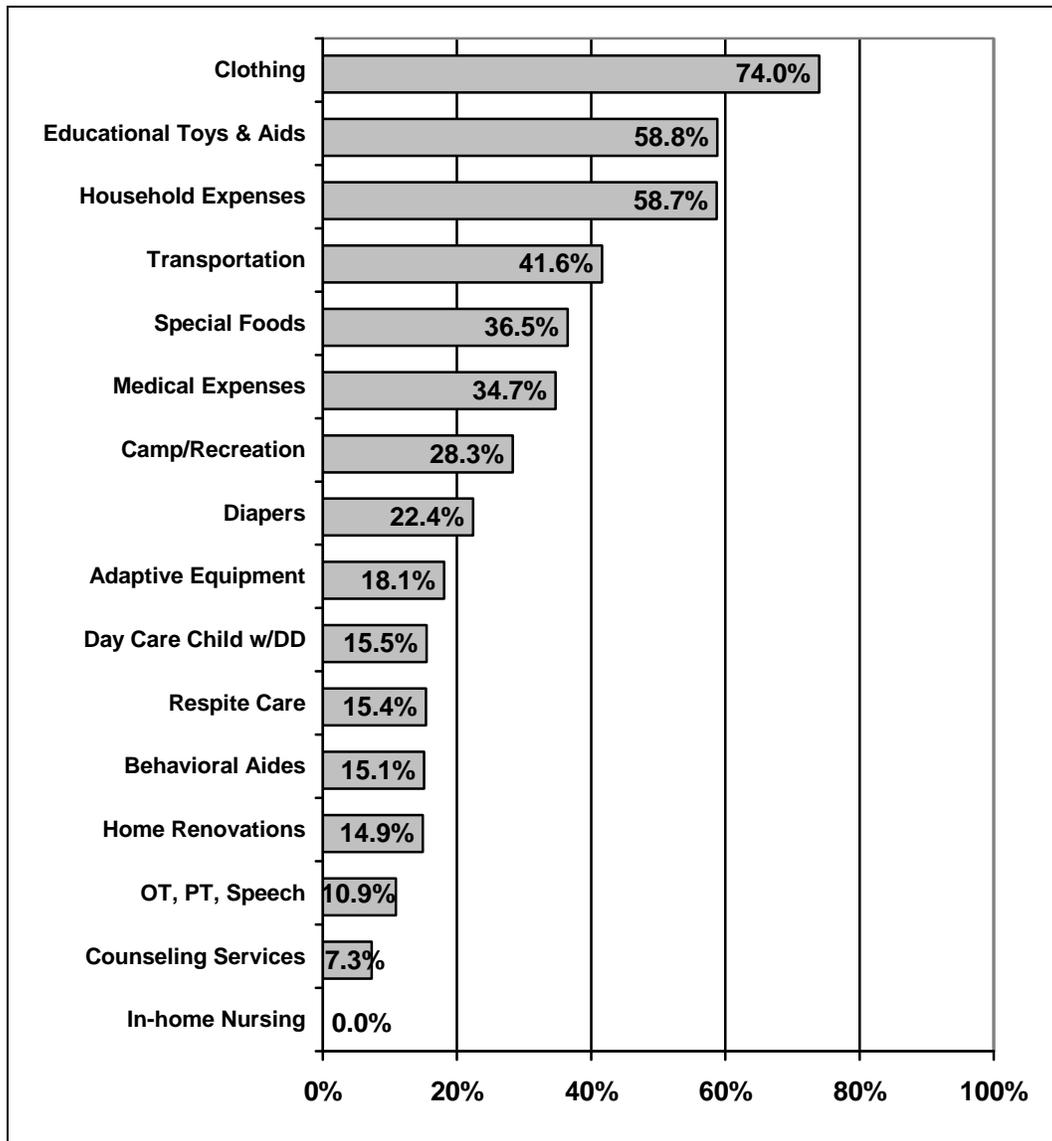


What Families Say About the Program

❖ Families have flexibility in how they use the subsidy.

Families use the subsidy in a variety of ways to help care for their children. More than one-third of families indicated they are using the subsidy for clothing, toys, household expenses, transportation, special foods, and medical expenses for their child (Figure 12). When various types of respite (respite care and camp/recreation) are considered, 72.2 percent of families¹ used the subsidy for some form of respite.

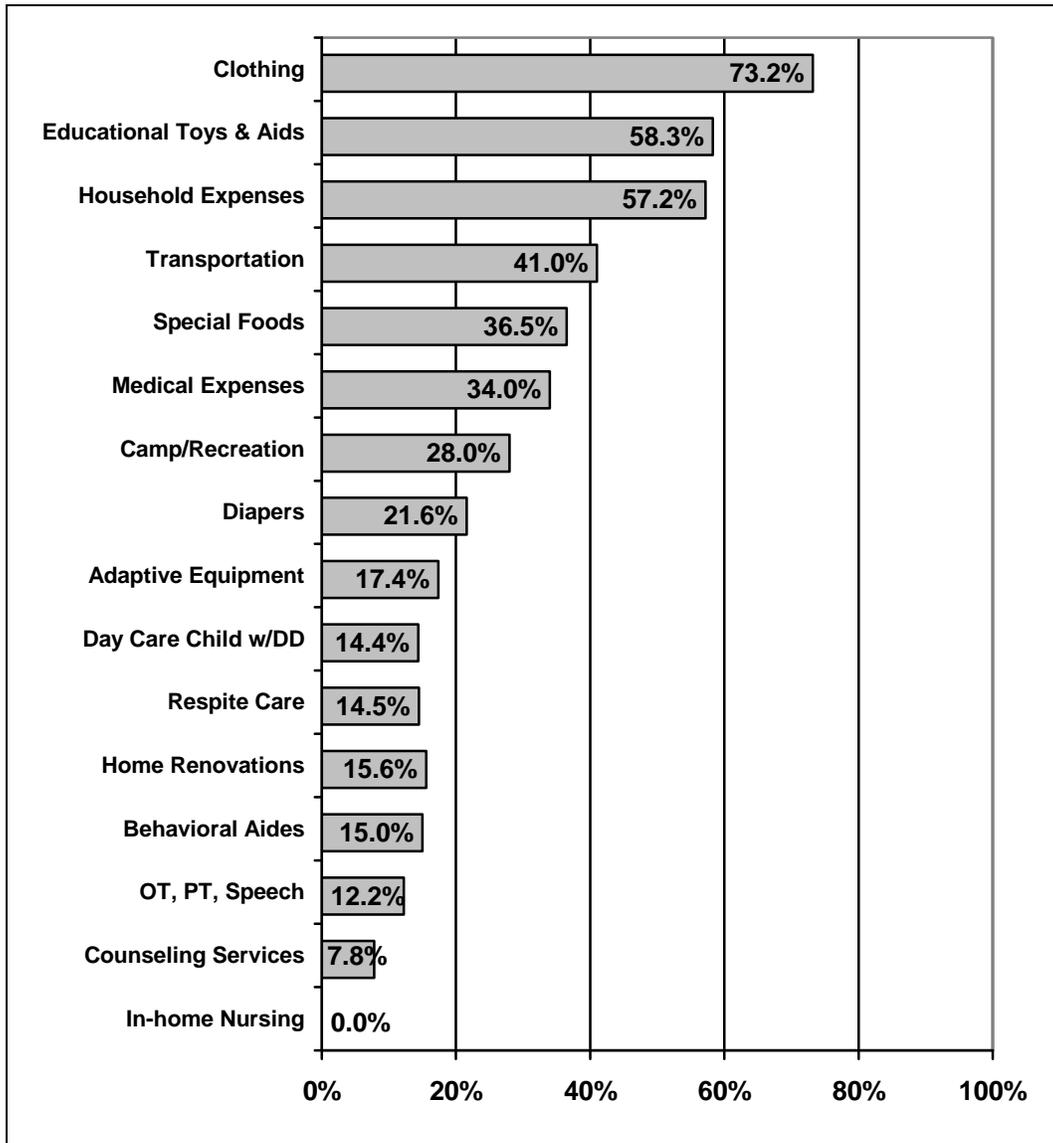
Figure 12: How Families Used the Subsidy in FY06



¹ Based on an unduplicated count of 1927 families who used the subsidy for one or two services out of 2672 families who responded to the annual family survey.

In FY07, more than one-third of families indicated they are using the subsidy for clothing, toys, household expenses, transportation, special foods, and medical expenses for their child (Figure 13). When various types of respite (respite care and camp/recreation) are considered, 72.5 percent of families² used the subsidy for some form of respite.

Figure 13: How Families Used the Subsidy in FY07

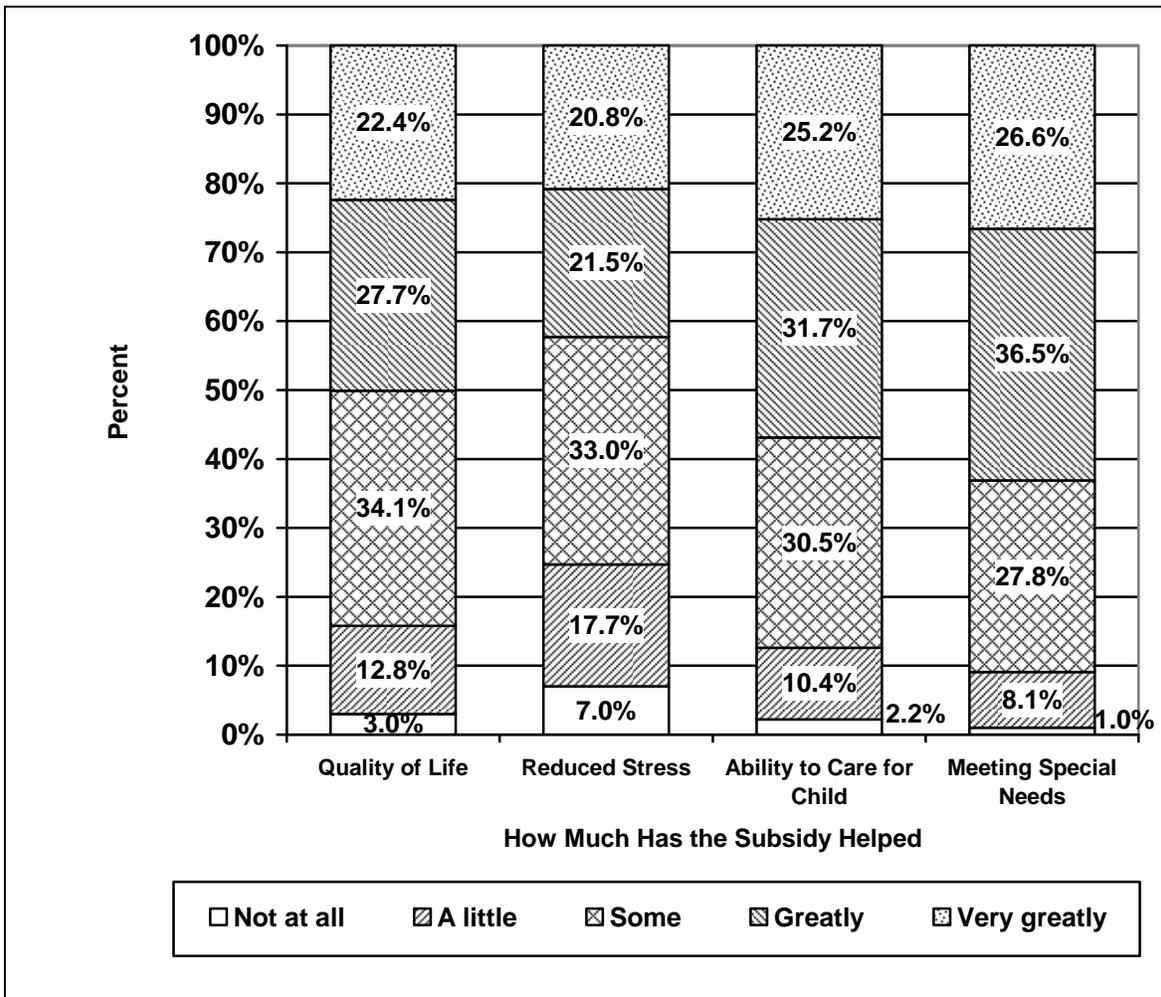


² Based on an unduplicated count of 1931 families who used the subsidy for one or two services out of 2665 families who responded to the annual family survey.

❖ **The subsidy has positive effects on families.**

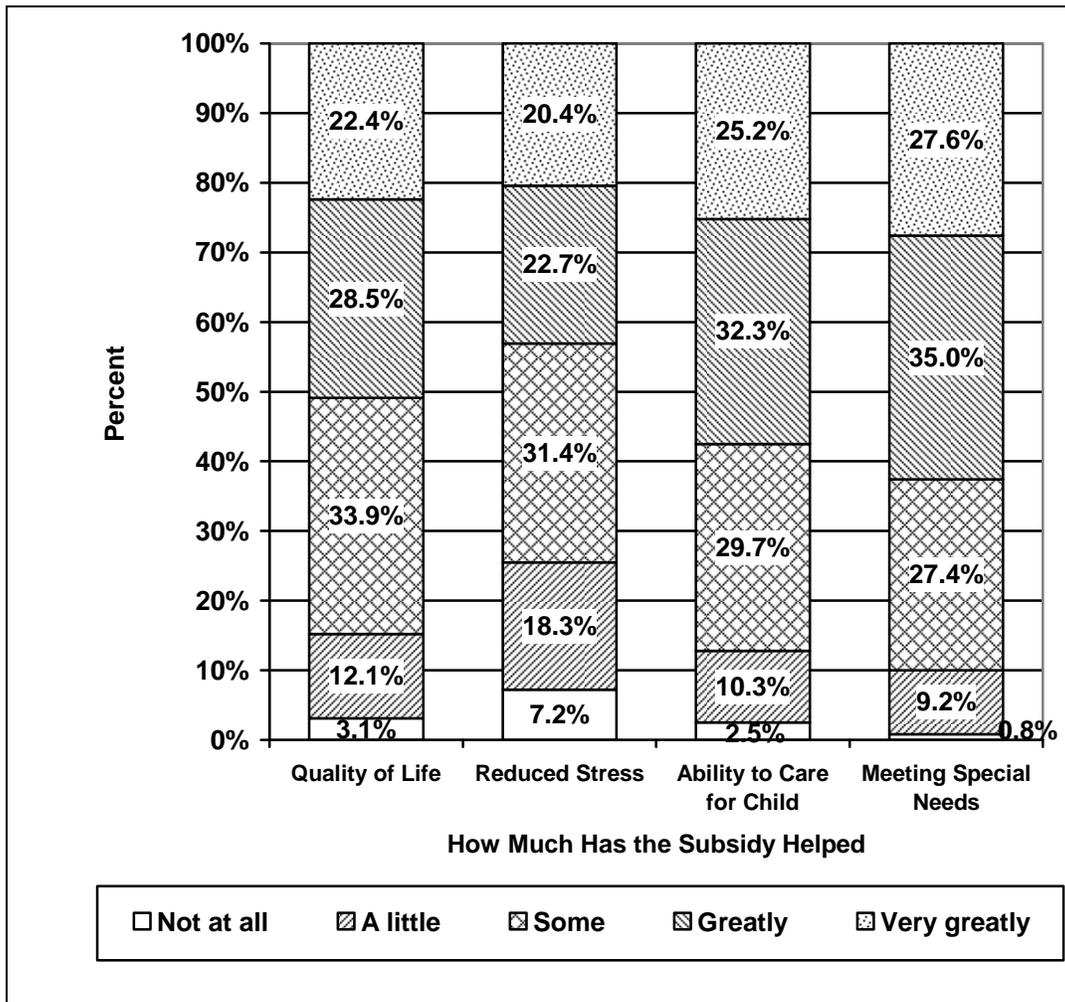
The subsidy program had a number of positive effects on families in FY06 (Figure 14). Nearly two-thirds (63.1 percent) of the families indicated that the subsidy had greatly or very greatly helped them in meeting the special needs of their child. More than one-half indicated that the subsidy had greatly or very greatly improved their ability to care for their child (56.9 percent). Families indicated that having the subsidy had improved the quality of their family life (50.1 percent) and had reduced their stress (42.3 percent). The subsidy had the greatest impact on families in the lowest income category (less than \$19,999) in terms of families' perception of how helpful the subsidy has been in enabling them to meet the special needs of their child and improving their ability to care for their child.

Figure 14: Subsidy Program's Effects on Families in FY06



The subsidy program had a number of positive effects on families in FY07 (Figure 15). Nearly two-thirds (62.6 percent) of the families indicated that the subsidy had greatly or very greatly helped them in meeting the special needs of their child. More than one-half indicated that the subsidy had greatly or very greatly improved their ability to care for their child (57.5 percent). Families indicated that having the subsidy had improved the quality of their family life (50.9 percent) and had reduced their stress (43.1 percent). The subsidy had the greatest impact on families in the lowest income category (less than \$19,999) in terms of families' perception of how helpful the subsidy has been in enabling them to meet the special needs of their child and improving their ability to care for their child.

Figure 15: Subsidy Program's Effects on Families in FY07

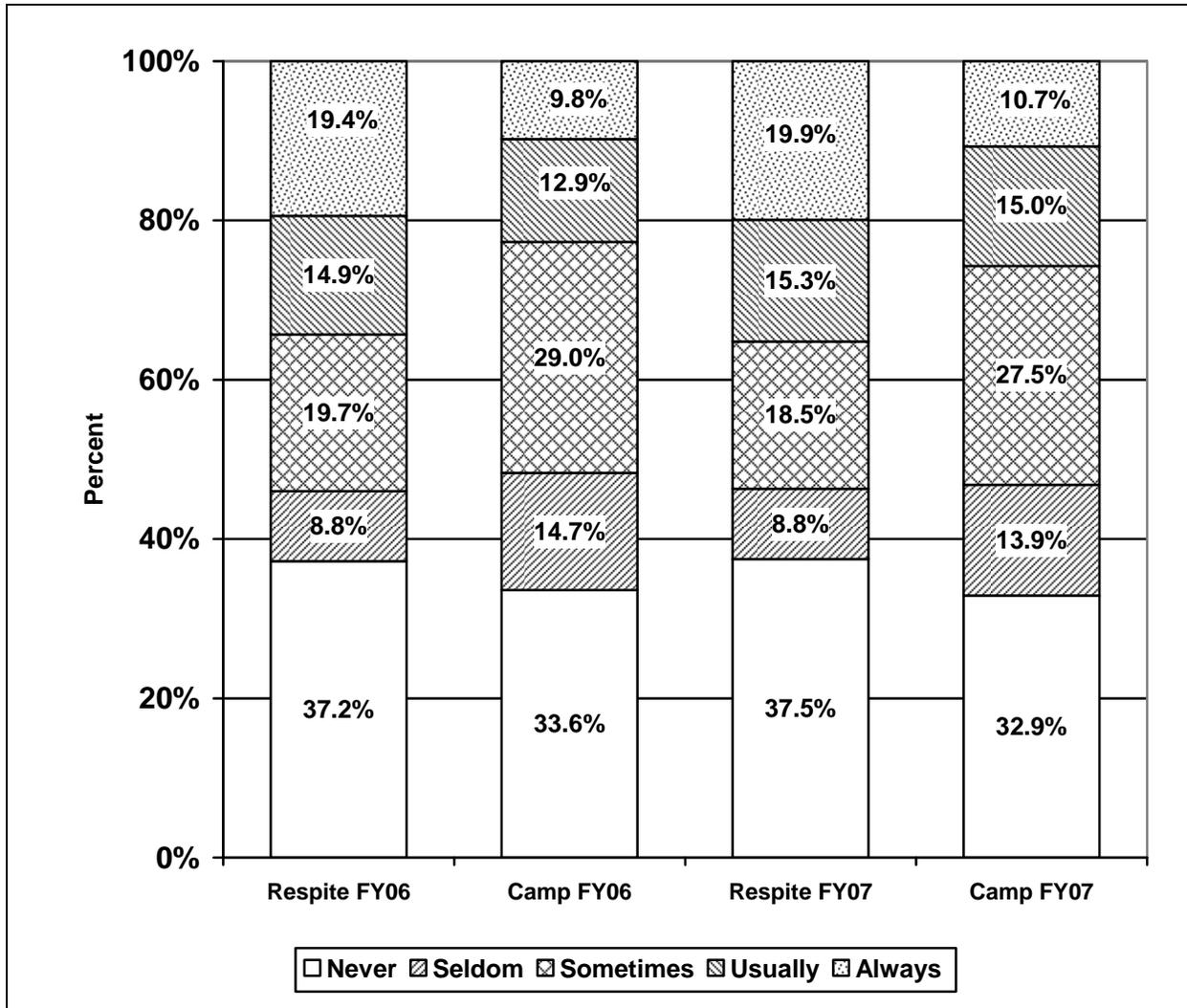


➤ Thank you. The FSSP means we suffer that much less to get by and meet our son's needs.
A Family Served by Genesee County Community Mental Health Services in FY06

❖ **Families need additional services and supports.**

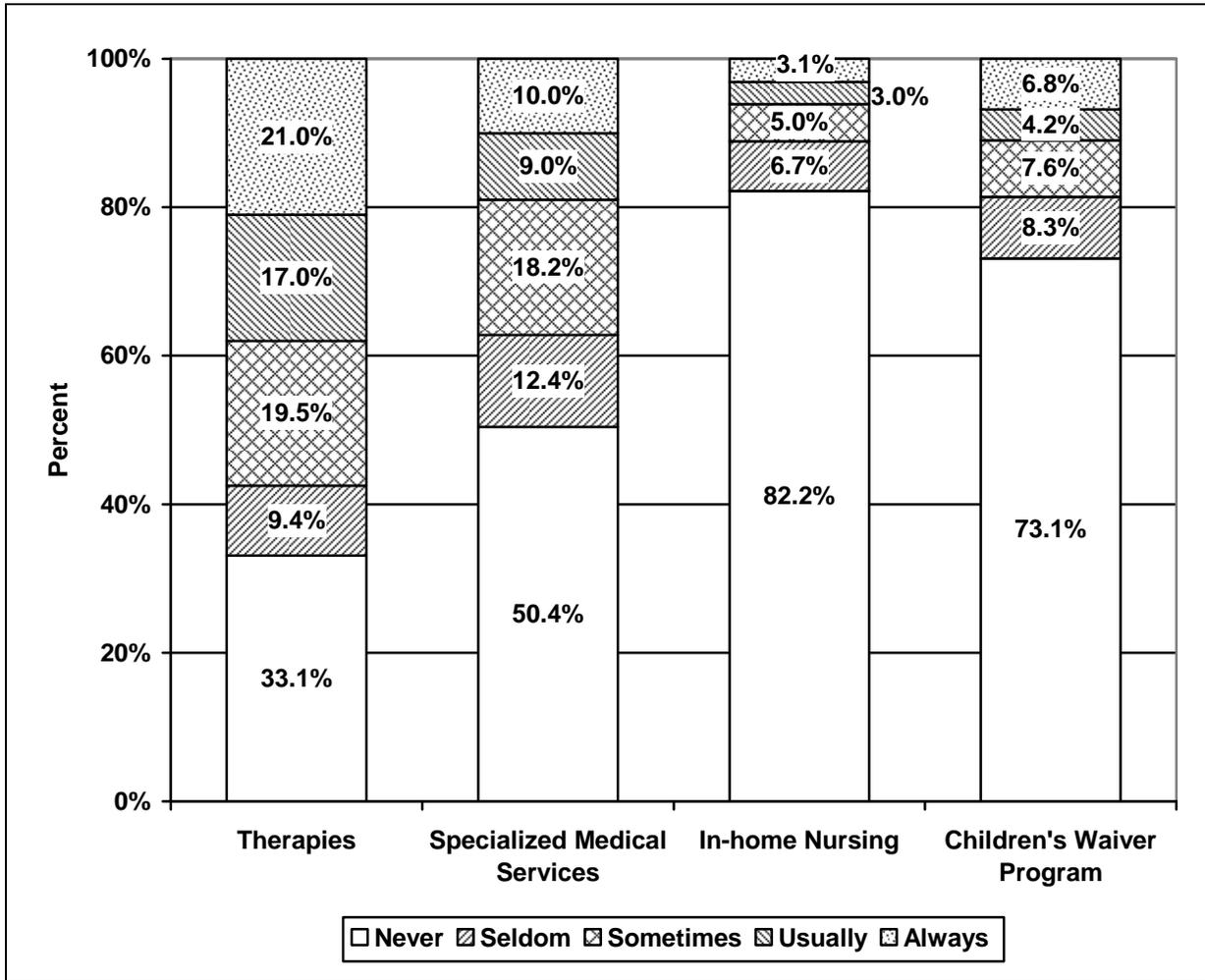
The family questionnaire asked families to indicate the level of help they needed with 18 services/supports. Two of these services were respite and camp/recreation (Figure 16). More than one-half of families indicated that they sometimes, usually or always needed help with respite and with camp or recreational activities for their children in both years.

Figure 16: Extent to Which Families Needed Help with Respite in FY06 and FY07



Three of the listed services addressed the need for specialized medical services, therapies (occupational therapy, physical therapy, and speech therapy), and in-home nursing (Figure 17). Over one-half of families (57.5 percent) indicated that they sometimes, usually or always needed help with obtaining occupational therapy, physical therapy, and speech therapy for their children. Over one-third (37.2 percent) said they needed help sometimes, usually, or always with specialized medical services. Very few families (11.1 percent) needed help with in-home nursing, while nearly one-fifth (18.6 percent) indicated needing help (enrolled and getting services) from the Children’s Waiver Program.

Figure 17: Extent to Which Families Needed Help with Medical Services in FY06

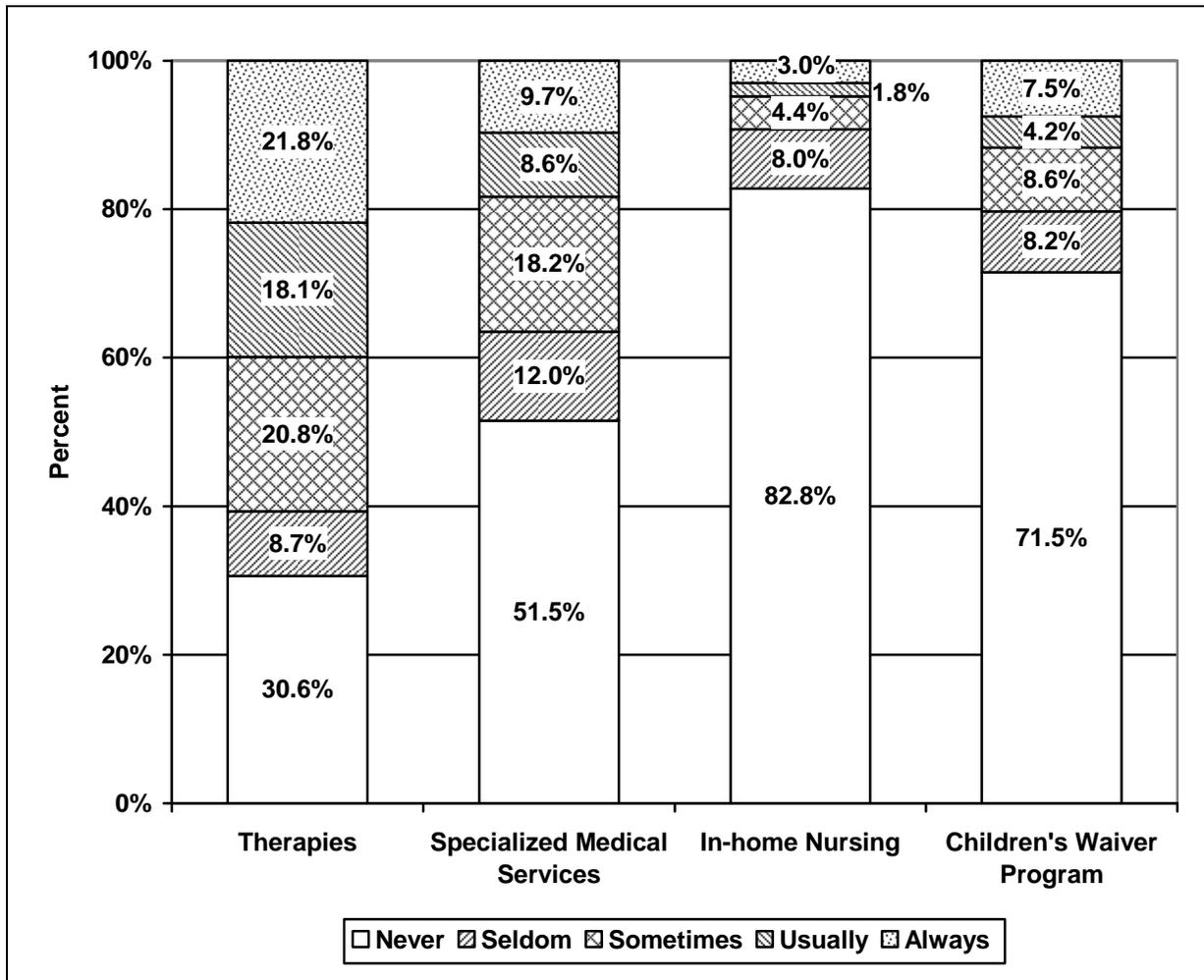


➤ Thank you for the subsidy. It has helped me to send him to summer day camp and that has helped his behavior and how he gets along with others. He is more receptive. It also helps pay for his therapy visits.

A Family Served by Oakland County Community Mental Health Services in FY07

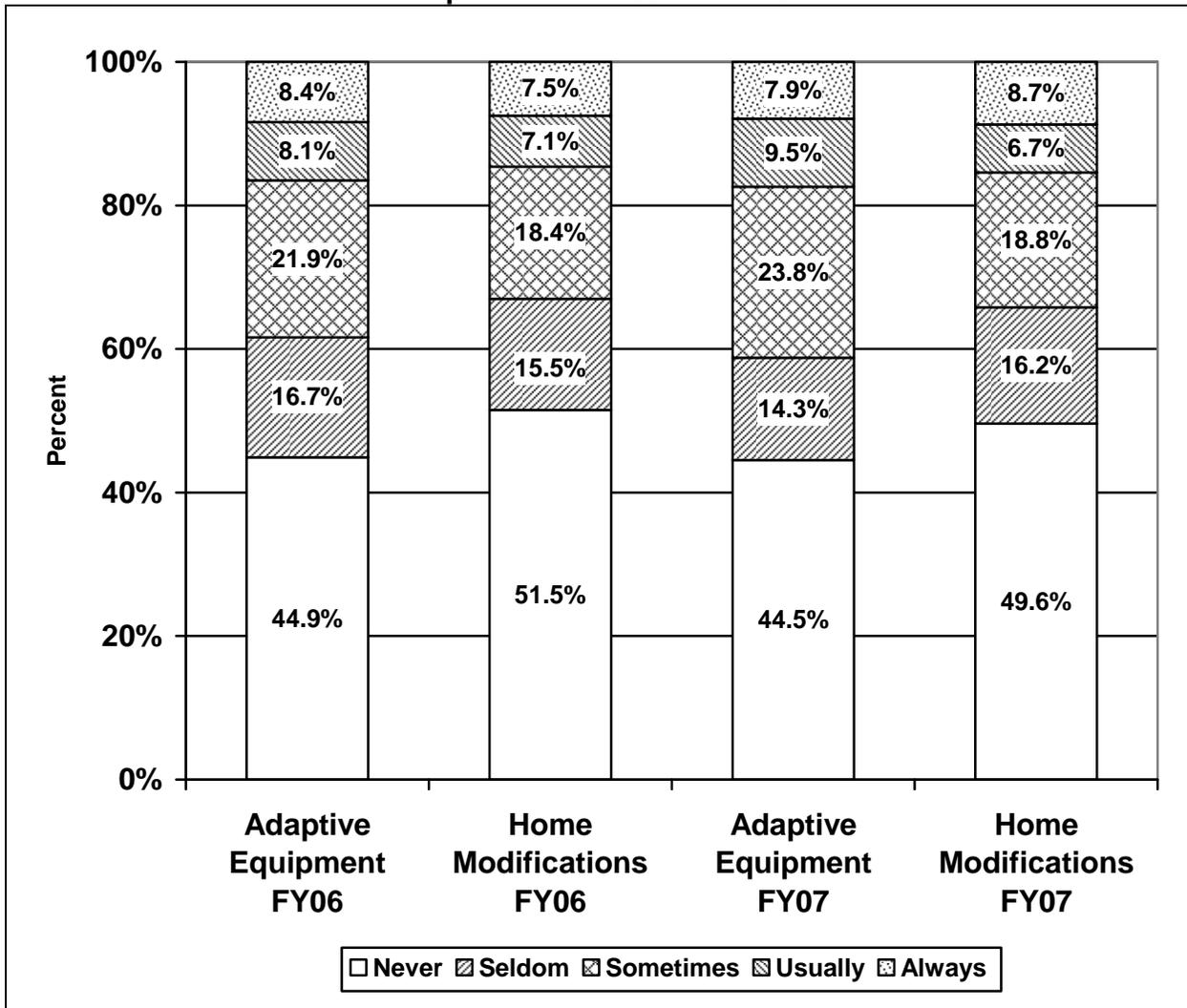
Families' needs for specialized medical services, therapies (occupational therapy, physical therapy, and speech therapy), and in-home nursing for FY07 are presented in Figure 18. Over one-half of families (60.7 percent) indicated that they sometimes, usually or always needed help with obtaining occupational therapy, physical therapy, and speech therapy for their children. One-third (36.5 percent) said they needed help sometimes, usually, or always with specialized medical services. Very few families (9.2 percent) needed help with in-home nursing, while nearly one-fifth (20.3 percent) indicated needing help (enrolled and getting services) from the Children's Waiver Program.

Figure 18: Extent to Which Families Needed Help with Medical Services in FY07



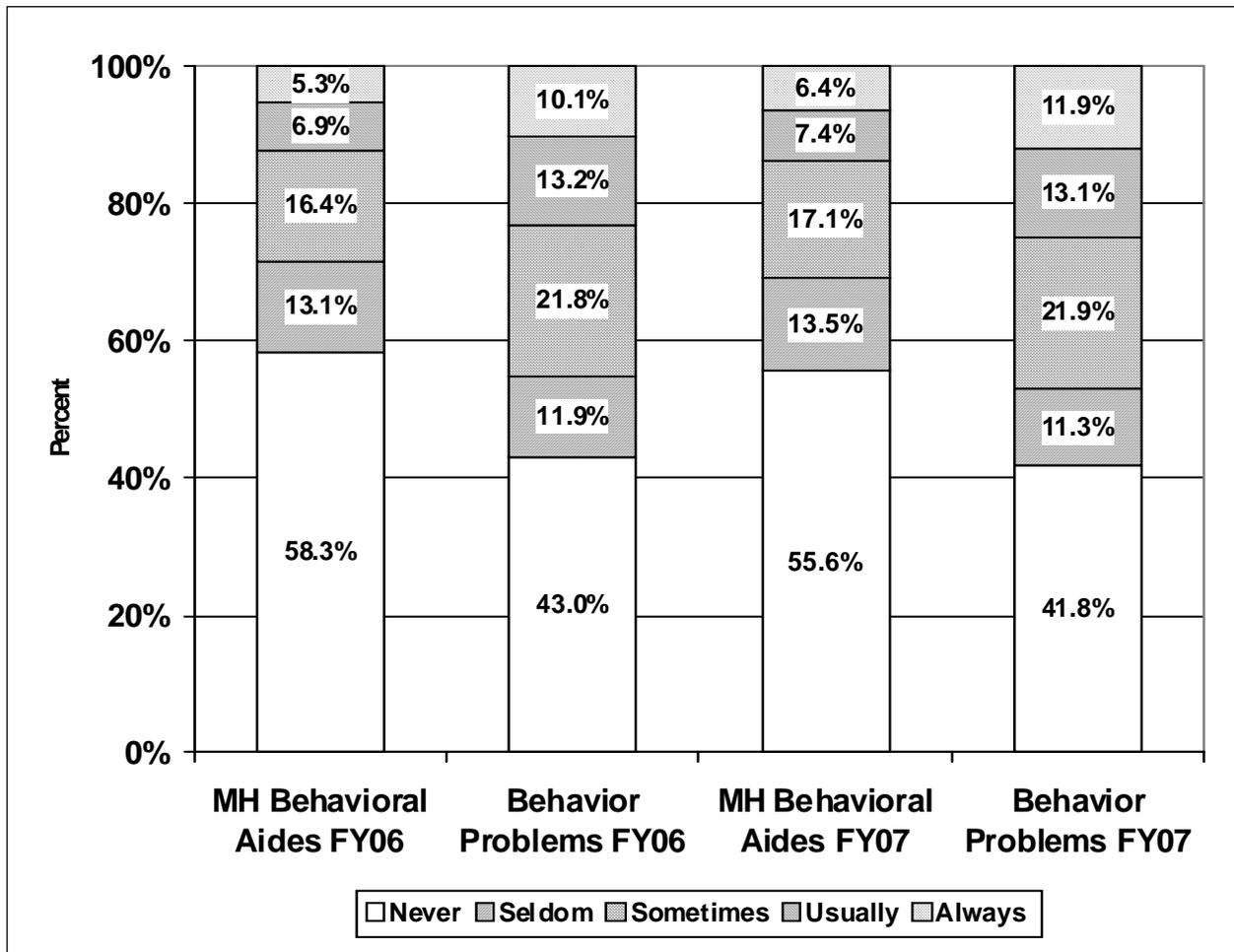
Families were asked about their need for help with adaptive equipment to assist their children in interacting with their environments. They were also asked about home modifications to make their homes accessible for their children (Figure 19). More than one-third of families indicated that they needed help sometimes, usually or always with adaptive equipment or home modifications in both years.

**Figure 19: Extent to Which Families Needed Help with Environment
Adaptation in FY06 and FY07**



For some children enrolled in the subsidy program, behavioral problems and management of these problems are substantial issues for their parents (Figure 20). Nearly one-third of families (in FY06) indicated that they sometimes, usually or always needed help from a mental health behavioral aide (mental health worker who would come into their homes to work with their children). Almost one-half of families (in FY06) indicated that they sometimes, usually or always needed training on managing behavioral problems.

Figure 20: Extent to Which Families Needed Help with Behavior Problems in FY06 and FY07

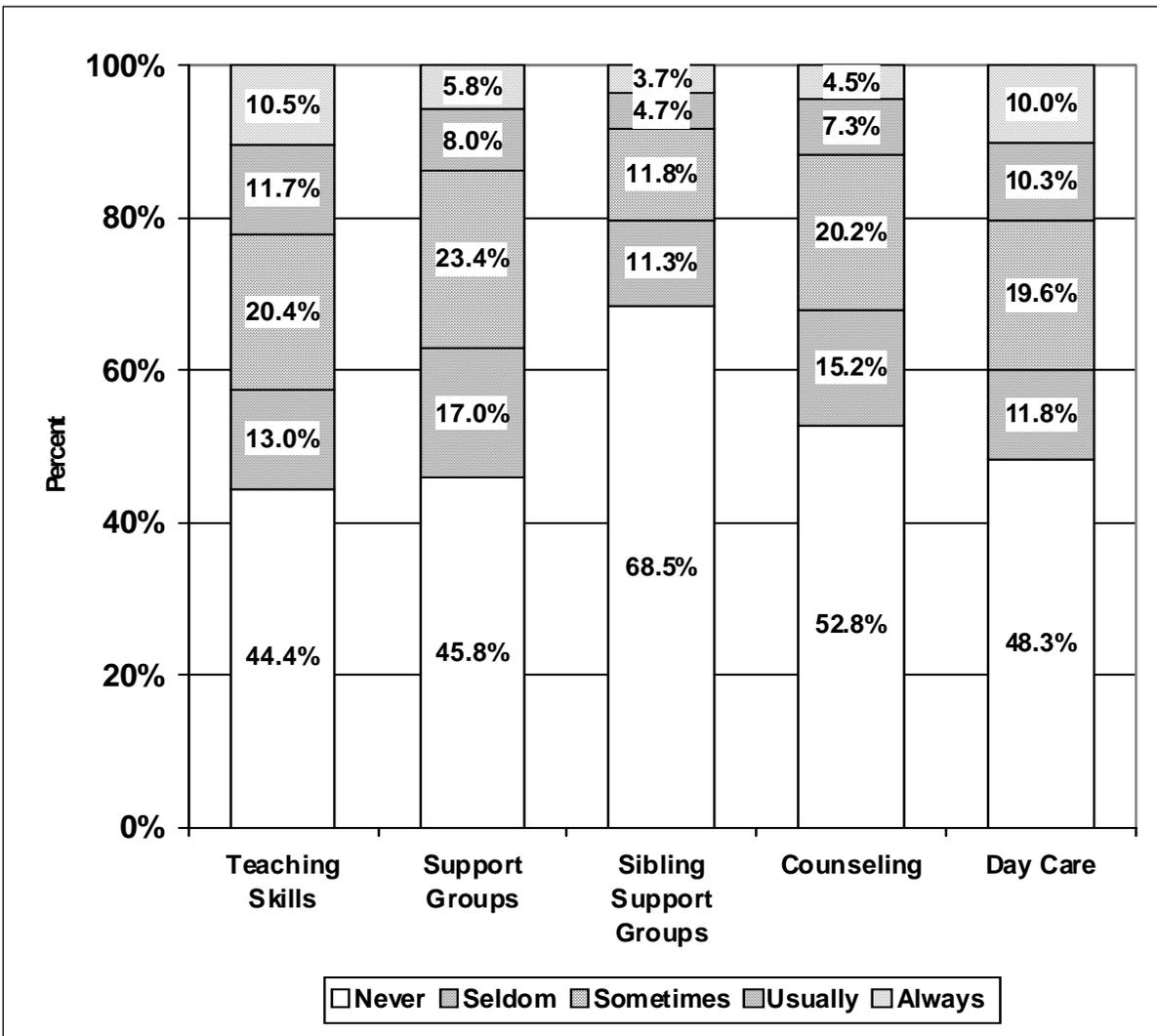


➤ Thanks for your program. It's been helpful with paying for pull-ups and buying sensory items that are needed. Some of these items are expensive and without this money I couldn't have bought them.

A Family Served by Allegan County Community Mental Health Services in FY06

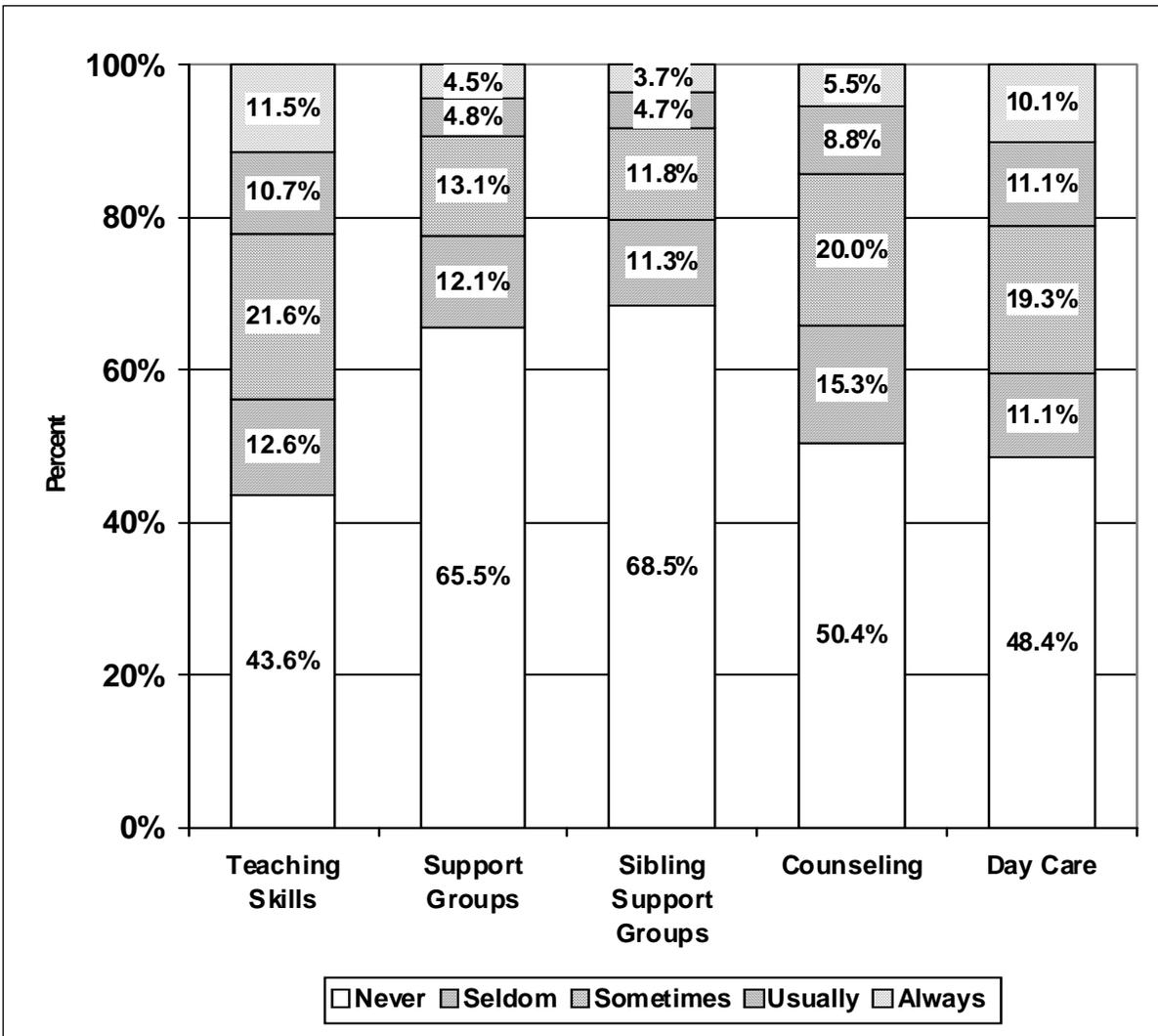
Families were asked in FY06 about their need for five services aimed at assisting them in their efforts to raise their children: teaching skills, parent support groups, sibling support groups, counseling, and day care (FY 06, Figure 21). Nearly half of the families indicated that they sometimes, usually or always needed help with learning how to teach basic skills to their children (42.6 percent). One-third indicated that they sometimes, usually, or always needed help with parent support groups (37.2 percent) and counseling (32.0 percent). One-fifth of families needed help with support groups for their child’s siblings (20.2 percent). One-third of families indicated that they sometimes, usually or always needed assistance with day care for their children with disabilities (39.9 percent).

Figure 21: Extent to Which Families Needed Help with Supports For Raising Their Children in FY06



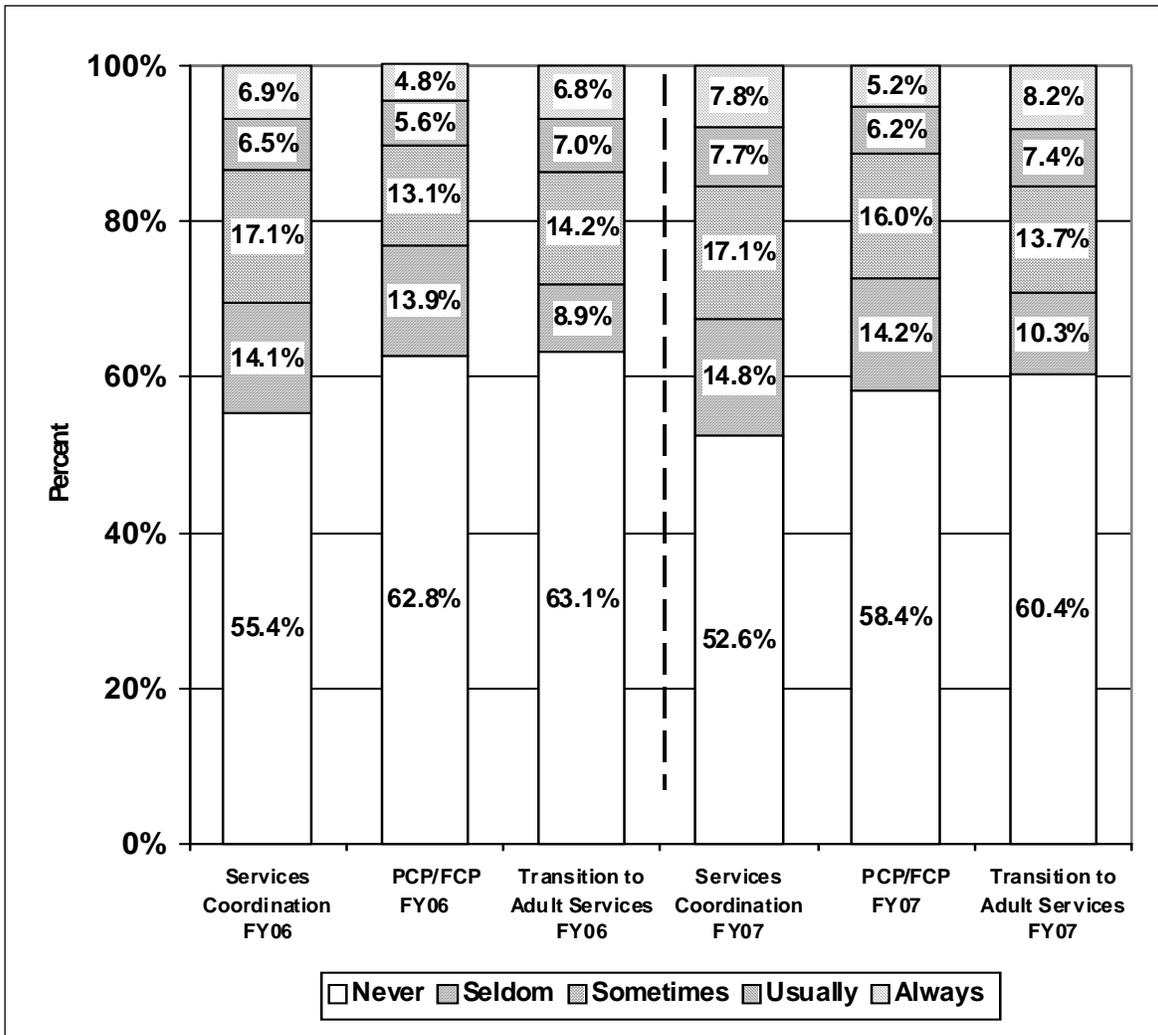
In FY07 (Figure 22), nearly half of the families indicated that they sometimes, usually or always needed help with learning how to teach basic skills to their children (43.8 percent). One-third indicated that they sometimes, usually, or always needed help with parent support groups (22.4 percent) and counseling (34.3 percent). One-fifth of families needed help with support groups for their child’s siblings (20.2 percent). Two-fifths of families (40.5 percent) indicated that they sometimes, usually or always needed assistance with day care for their children with disabilities.

Figure 22: Extent to Which Families Needed Help with Supports For Raising Their Children in FY07



Families were also asked about three services related to planning and coordination: services coordination, person-centered planning/family-centered practice (PCP/FCP), and transition to adult services (Figure 23). Nearly one-third of the families indicated that they sometimes, usually, or always needed help with coordination of services. Approximately one-quarter of families indicated that they sometimes, usually, or always needed help with PCP/FCP and transition to adult services for their child.

Figure 23: Extent to Which Families Needed Help with Planning and Coordination of Services for Their Children in FY06 and FY07



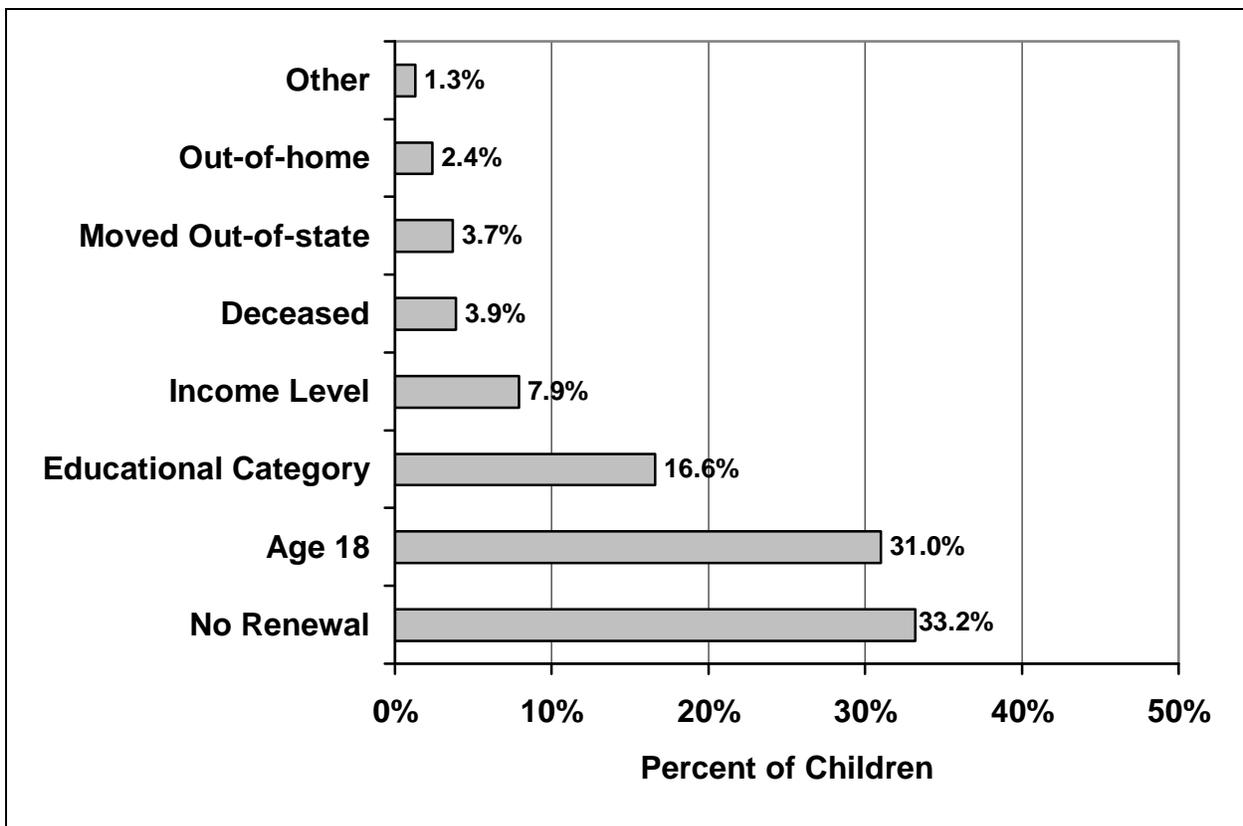
➤ Living with Autism is relearning how you would normally live. It changes everything in your life. This check we receive does help. As my child grows, it means different uses but it still is so helpful. My school calls my son their poster boy for getting help early with his autism and I must say that a lot of people are involved in his education life and any little bit of financial help is greatly appreciated!

A Family Served by Livingston County Community Mental Health Services in FY07

❖ **A total of 1121 children left the subsidy program in FY06.**

Children leave the subsidy program for several reasons (FY06, Figure 24). The most frequent reason for children leaving the subsidy program in FY06 was that their families did not renew their enrollment (33.2 percent). The second most frequent reason was that the children reached age 18 and were no longer eligible (31.0 percent). One-third (34.3 percent) of the children who left the program did so because their family income became too high, their family moved out-of-state, their educational category no longer met eligibility criteria, they were placed out-of-home, or received the adoption medical subsidy.

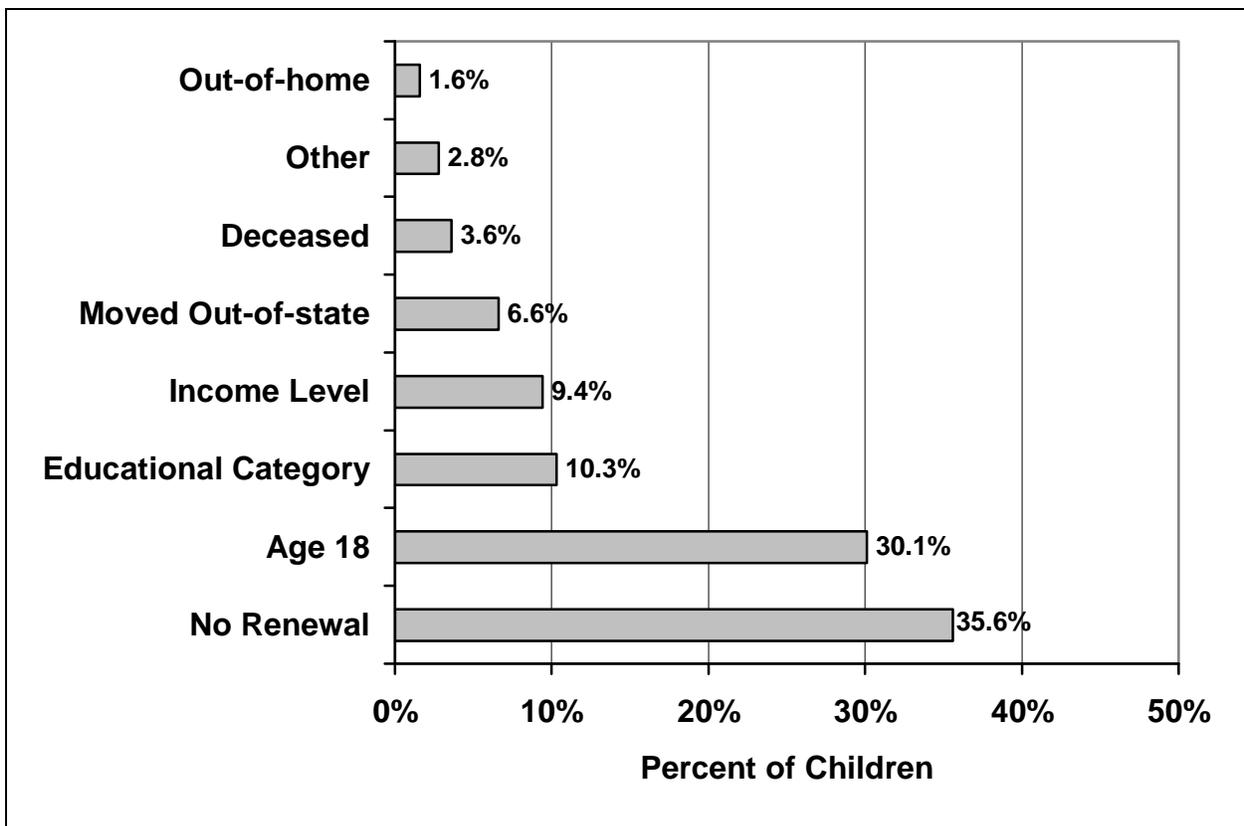
Figure 24: Reasons Children Left the Subsidy Program in FY06



❖ **A total of 1099 children left the subsidy program in FY07.**

The reasons children left the subsidy program in FY07 are shown in Figure 25. The most frequent reason for children leaving the subsidy program in FY06 was that their families did not renew their enrollment (35.6 percent). The second most frequent reason was that the children reached age 18 and were no longer eligible (30.1 percent). One-third (31.5 percent) of the children who left the program did so because their family income became too high, their family moved out-of-state, their educational category no longer met eligibility criteria, they were placed out-of-home, or received the adoption medical subsidy.

Figure 25: Reasons Children Left the Subsidy Program in FY07



Annual Evaluation

❖ Subsidy program evaluation

Each year, the department gathers information from four sources to satisfy the reporting requirements of the Subsidy Act: (1) community mental health services programs' annual subsidy reports, (2) follow-up reports on children leaving the subsidy program due to out-of-home placements, (3) a family questionnaire sent to parents annually, and (4) enrollment information from the department's family support subsidy data base. In FY06, the annual family questionnaire was returned by 40.0 percent of families and in FY07, by 39.0 percent.

- The FSSP has been very helpful in providing family-centered practice. The respite services have been fully utilized. We are very grateful for the support. A single parent home really benefits from this.

A Family Served by Northern Lakes Community Mental Health Authority in FY06

- I would just like to let you know that I think this program is such an important and valuable aid for my family in so many ways! I am raising three children all alone and my youngest is disabled. I myself have mixed connective tissue disease and also suffer greatly from sciatica which has caused constant nerve pain throughout my right leg. I cannot work since sitting or standing for any extended period becomes unbearable for me. There is always the worry about finances and this house is costing considerably more than the place we were in. It was a matter of safety and protecting my children from the bad elements which were moving into my neighborhood that initiated this move for us. The subsidy program has helped to make this all possible and it has reduced so much stress in all areas of our lives. I hope this program continues since I'm sure there are many other families that feel as strongly and appreciative as I do. There are many programs that get cut due to the deficits in state and government budgets and it seems to always be the poorest and neediest who are first to be hit. Please continue this wonderful program because it really does make a difference in the lives of those who need it. Thank you!

A Family Served by Community Mental Health Services of St. Joseph County in FY07

- We greatly appreciate the help and am glad that this program is here to help us. Anything is appreciated to lessen our stress. It is quite a lot of work to care for such a disabled child.

A Family Served by Macomb County Community Mental Health Services in FY06

- We are very thankful for the subsidy program. It has helped with the special food we need also clothing. We moved and had to do some changes in our new home so our child would be happy at our new home. We have also been able to get counseling for our child and family. It improves our family life so much. It reduces stress!

A Family Served by Montcalm Center for Behavioral Health in FY07

❖ Subsidy families represent a wide range of income levels and ethnic backgrounds.

Demographic characteristics of the sample of families responding to the family questionnaire compared to all families in the program are presented in Table 1. The characteristics were similar for families returning the survey when compared to all families in the program.

Table 1: Characteristics of Families Receiving the Subsidy in FY06 and FY07

Characteristics	FY06		FY07	
	Percent of Families Responding to Questionnaire	Percent of All Families in the Program	Percent of Families Responding to Questionnaire	Percent of All Families in the Program
Age of child in years				
3 or younger	4.5	6.6	3.2	5.7
4 to 6	17.6	19.0	17.3	18.6
7 to 11	37.6	35.6	37.6	36.0
12 to 17	40.3	38.8	41.9	39.7
Mean age in years	10.2	9.9	10.4	10.0
Standard deviation	4.2	4.2	4.1	4.2
Gender of child				
Male	71.6	71.5	72.1	72.1
Female	28.4	28.5	27.9	27.8
Not reported		0.04	0.0	0.1
Race				
American Indian or Alaska Native	2.5	1.3	2.6	1.2
Asian	3.5	1.6	3.8	1.7
Black or African American	18.3	19.3	20.3	19.1
White	70.6	67.6	67.8	65.8
Some Other Race	5.1	6.9	5.5	12.2
Unknown Race (Not reported)	0.0	3.3	0.0	0.0
Educational eligibility category				
Cognitive Impairment	9.8	7.9	8.9	7.7
Severe Multiple Impairments	33.8	34.2	31.3	32.1
Autism Spectrum Disorder	54.7	57.9	58.2	60.2
Not reported	1.7		1.6	0.0
Taxable income level				
\$45,000 to \$60,000	17.1	14.5	16.9	13.2
\$20,000 to \$44,999	35.0	34.8	35.9	34.5
\$19,999 or less	42.6	50.7	41.9	52.3
Not reported	5.3	0.0	5.3	0.0

*Michigan Department
of Community Health*



Jennifer M. Granholm, Governor
Janet Olszewski, Director

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