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Family Support Subsidy Program

Annual Report

For

FY13

FAMILY SUPPORT SUBSIDY PROGRAM

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FAMILY SUPPORT SUBSIDY PROGRAM

ANNUAL REPORT FOR FY13

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). This program'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 Health and Human Services'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 whenever possible 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, families of children with severe developmental disabilities incur many expenses that other families do not. This program recognizes that these families have unique needs; it empowers them 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 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. Finally, it is less expensive for taxpayers than residential care.

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 program's data base. In FY13, the annual family questionnaire was returned by 18.6% of families.

- We're so grateful for the subsidy program. It helps ease the financial burden that comes with a special needs child. It helps quite a bit. Thank you so much for this program. Without the subsidy it would be quite hard to get the help that my child needs. Thank you so very much.

A Family Served by Allegan County Community Mental Health Services

- We are very glad this program exists. Anytime we call for help/questions, the coordinator is always very helpful and is timely in returning calls. The money we receive is helpful in acquiring things we need that might not get put in our normal budget. Especially things like extra shoes, coats, backpacks, socks, etc. that get worn out faster than normal because of behaviors related to his disability. Thank you for this valuable program!

A Family Served by Community Mental Health of Ottawa County

- This program is a very helpful program for people/families caring for a child with special needs. I personally would like to say thank you as this support "helps" me provide "better care" by means of buying the things my daughter needs in making her life as productive as possible.

A Family Served by Detroit Wayne Mental Health Authority

- Our son went to summer camp for the first time this year. The financing was due to the subsidy. This was a year-changing, positive experience for him. This year he has started skill-building respite and ice-skating lessons. This helps his confidence and coordination. It also helps relieve stress in our family to have him at an activity.

A Family Served by North Country Community Mental Health

❖ **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. Families who returned the surveys showed similar characteristics to those families who did not with the exception of income level.

Table 1: Characteristics of Families Receiving the Subsidy in FY13

Characteristics:	FY13	
	Percent of Families Responding to Questionnaire	Percent of All Families in the Program
Age of child in years		
3 or younger	1.5%	3.7%
4 to 6	12.8%	15.0%
7 to 11	38.1%	35.3%
12 to 17	47.6%	46.0%
Mean age in years	11.1%	10.7%
Standard deviation	3.9%	4.0%
Gender of child		
Male	76.8%	74.2%
Female	23.0%	25.4%
Not reported	0.2%	0.4%
Race		
White	65.1%	64.0%
Black or African American	21.0%	21.8%
American Indian or Alaska Native	2.3%	0.8%
Asian	4.9%	1.7%
Some Other Race	6.5%	7.3%
Unknown Race (Not reported)	0.2%	4.4%
Educational eligibility category		
Cognitive Impairment	7.9%	7.2%
Severe Multiple Impairments	19.5%	24.1%
Autism Spectrum Disorder	72.0%	68.7%
Not reported	0.6%	0.0%
Taxable income level		
\$45,000 to \$60,000	12.3%	7.5%
\$20,000 to \$44,999	33.7%	23.2%
\$19,999 or less	47.5%	69.3%
Not reported	6.5%	0.0%

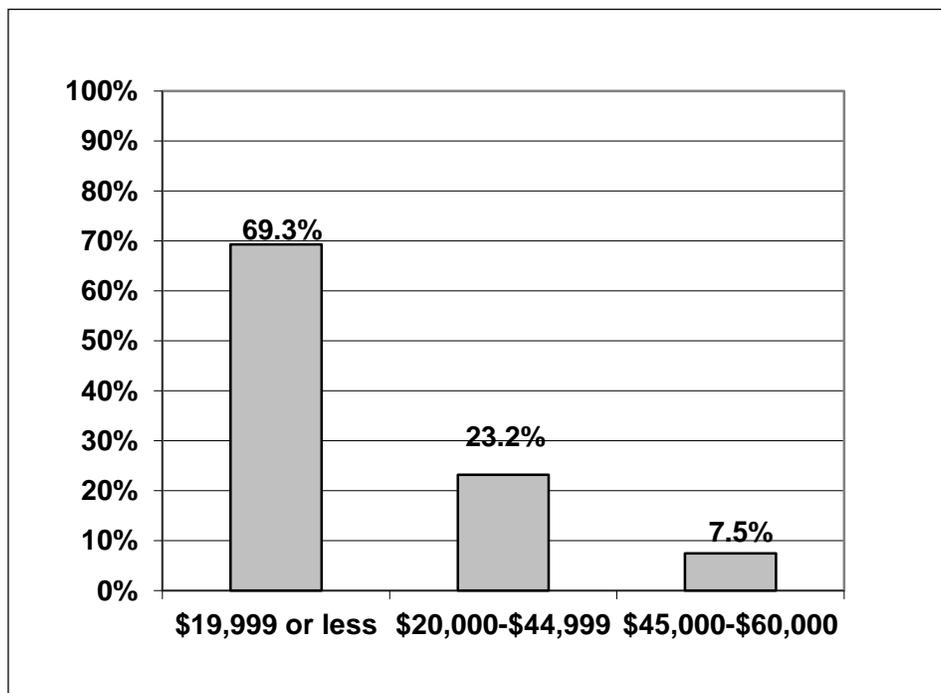
The Program

❖ Payments are the same for all families.

Payments are uniform for all families. Payments were \$222.11 per month in FY13. The original payment in FY85 was \$225.54. The Michigan Department of Health and Human Services 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% 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 has remained for the past 22 years. In addition to the decrease in the dollar amount of the subsidy, the purchasing power of these dollars has also declined over the years. In 2013, \$480.76 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 2013 SSI rate in Michigan was \$474.67. FSSP is now funded entirely with federal dollars through the Temporary Assistance for Needy Families (TANF) program. Figure 1 represents the income levels of families receiving FSS payments.

Figure 1: Income Level of Families



Two-thirds of the families (66.2%) were satisfied with the amount of the subsidy in FY13 (Figure 2). Families were also asked about the adequacy of the amount of the subsidy in helping them care for their child with disabilities. Two-thirds of families (66.0%) in FY13 said the amount of the subsidy was usually or always adequate to help them meet the needs of their children (Figure 3).

Figure 2: Families' Satisfaction with the Amount of the Subsidy in FY13

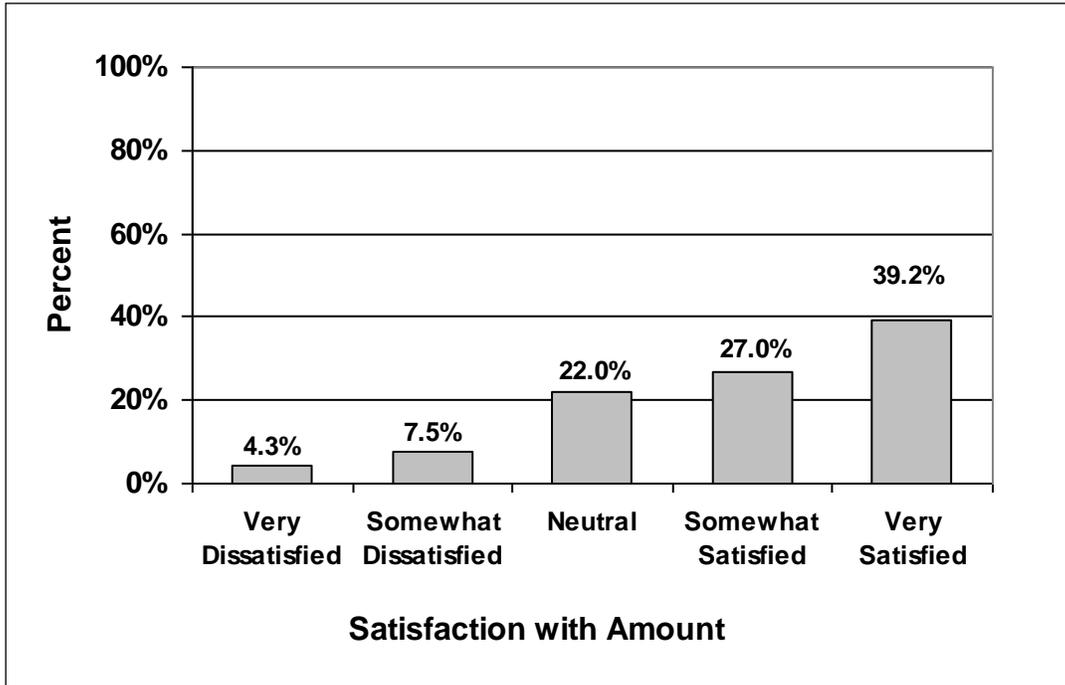
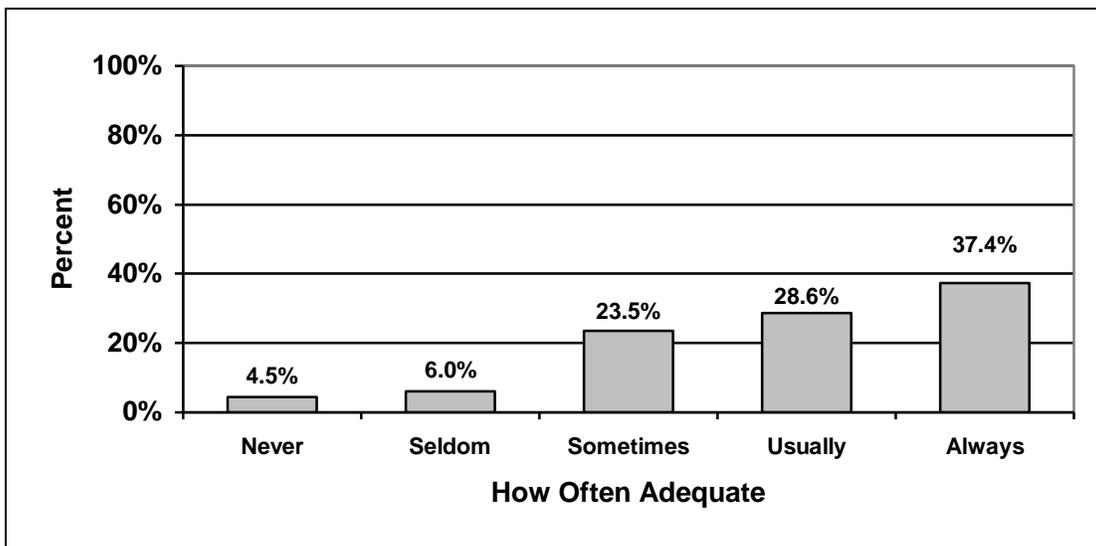


Figure 3: Families' Ratings of the Adequacy of the Subsidy Amount in FY13



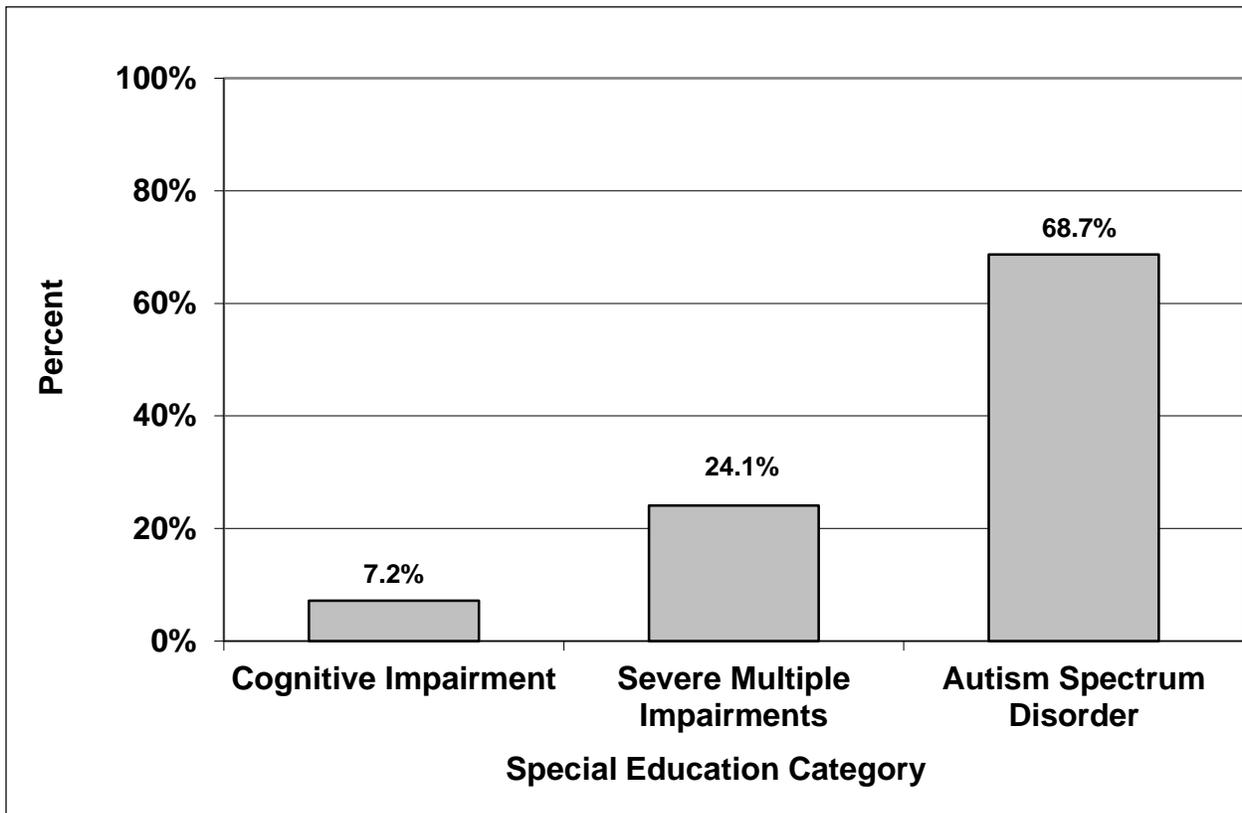
❖ **Only children with the most severe impairments are eligible.**

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.

To be eligible for the subsidy program, the child must be under age 18, 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 with the Adoption Subsidy Program (administered by the Michigan Department of Health and Human Services).

Figure 4 shows the distributions of children by educational eligibility category in FY13.

Figure 4: Distributions of Children in the Subsidy Program by Special Education Category in FY13



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

The program is advertised on the Michigan Department of Health and Human Services’s website at www.michigan.gov/MDHHS (type *Family Support Subsidy Program* in the search box). Michigan’s community mental health services programs (CMHSPs) also perform outreach activities to advertise the program within their geographic locations. CMHSPs target their efforts to local public school systems, CMHSP access centers, Early On, hospitals, physician offices, public health agencies and more. Table 2 displays the distribution of children participating in the subsidy program by CMHSP catchment areas in FY13.

**Table 2: Distribution of Children Enrolled in Family Support Subsidy Program
FY13**

CMHSP	Number enrolled FY13	CMHSP	Number enrolled FY13
Allegan	101	Muskegon	149
Ausable Valley	27	network 180	345
Barry	40	Newaygo	48
Bay Arenac	59	North Country	143
Berrien/Riverwood	122	Northeast Michigan	39
Centra Wellness Network	41	Northern Lakes	189
CMH for Central Michigan	173	Northpointe	44
Clinton Eaton Ingham	337	Oakland	563
Copper Country	25	Ottawa	195
Genesee	352	Pathways	74
Gogebic	22	Pines	23
Gratiot	32	Saginaw	193
Hiawatha	50	Sanilac	30
Huron	22	Shiawassee	44
Ionia	84	St. Clair	128
Kalamazoo	175	St. Joseph	31
Lapeer	55	Summit Pointe	86
Lenawee	65	Tuscola	37
Lifeways	213	Van Buren	39
Livingston	180	Washtenaw	170
Macomb	580	Detroit Wayne	1314
Monroe	118	West Michigan	59
Montcalm	58	Woodlands	40

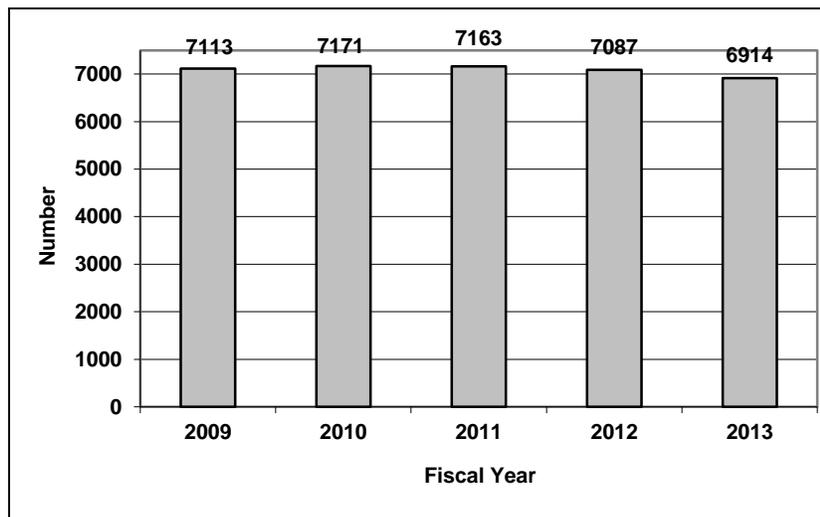
❖ **6,914 children with severe disabilities received the subsidy in FY13.**

During FY13, 6,914 children were enrolled in the subsidy program. In FY85, the first year of the program, 2,530 children were enrolled. On average, the number of children enrolled in the program increased every year through 2010 by about 4%. In FY13, the program decreased by 2.4% from FY12.

Between FY85 and FY13, the program increased its enrollment by 173.3%. In FY13, 1,071 children were enrolled in the subsidy program for the first time. Of the new applicants in FY13, 175 (16.3%) were under age four and 896 (83.7%) were ages 4 to 17.

The number of newly enrolled children in each educational eligibility category in FY13 was: 83 in the severe cognitive impairment category (7.7%); 212 in the severe multiple impairments category (19.8%); and 776 in the autism spectrum disorder category (72.5%). The high percentage of children with autism spectrum disorder may be attributed to the rise in the diagnosis of this educational eligibility category. The Centers for Disease Control and Prevention report that the 2012 national prevalence rate for autism spectrum disorder among eight year olds in public schools is 1 in 88. The Michigan Department of Education, Office of Special Education states that in 2013 there were 16,591 public school students with autism spectrum disorder. These students ranged in age from 1-26 years¹. Figure 5 presents the number of children enrolled in the subsidy program during the last five years.

Figure 5: Number of Children Enrolled by Year



¹ From <http://www.gvsu.edu/autismcenter>. 2013 ASD numbers Date: April 11, 2014

What Families Say About the Program

❖ The subsidy has positive effects on families.

The subsidy program had a number of positive effects on families in FY13 (Table 3). Two-thirds (67.5%) of the families indicated that the subsidy had greatly or very greatly helped them in meeting the special needs of their child. Nearly two-thirds indicated that the subsidy had greatly or very greatly improved their ability care for their child (63.0%). Families indicated that having the subsidy improved the quality of their family life (58.7%) and 47.8% reported a reduction in their stress level. 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.

Table 3: Subsidy Program's Effects on Families in FY13

Program Effects on Families:	Percent				
	Not at all	A little	Some	Greatly	Very Greatly
Quality of life	2.4%	8.6%	30.3%	31.9%	26.8%
Reduced stress	6.0%	15.7%	30.5%	22.2%	25.6%
Ability to care for child	1.8%	7.6%	27.6%	33.4%	29.6%
Meeting special needs	0.3%	8.2%	24.0%	35.2%	32.3%

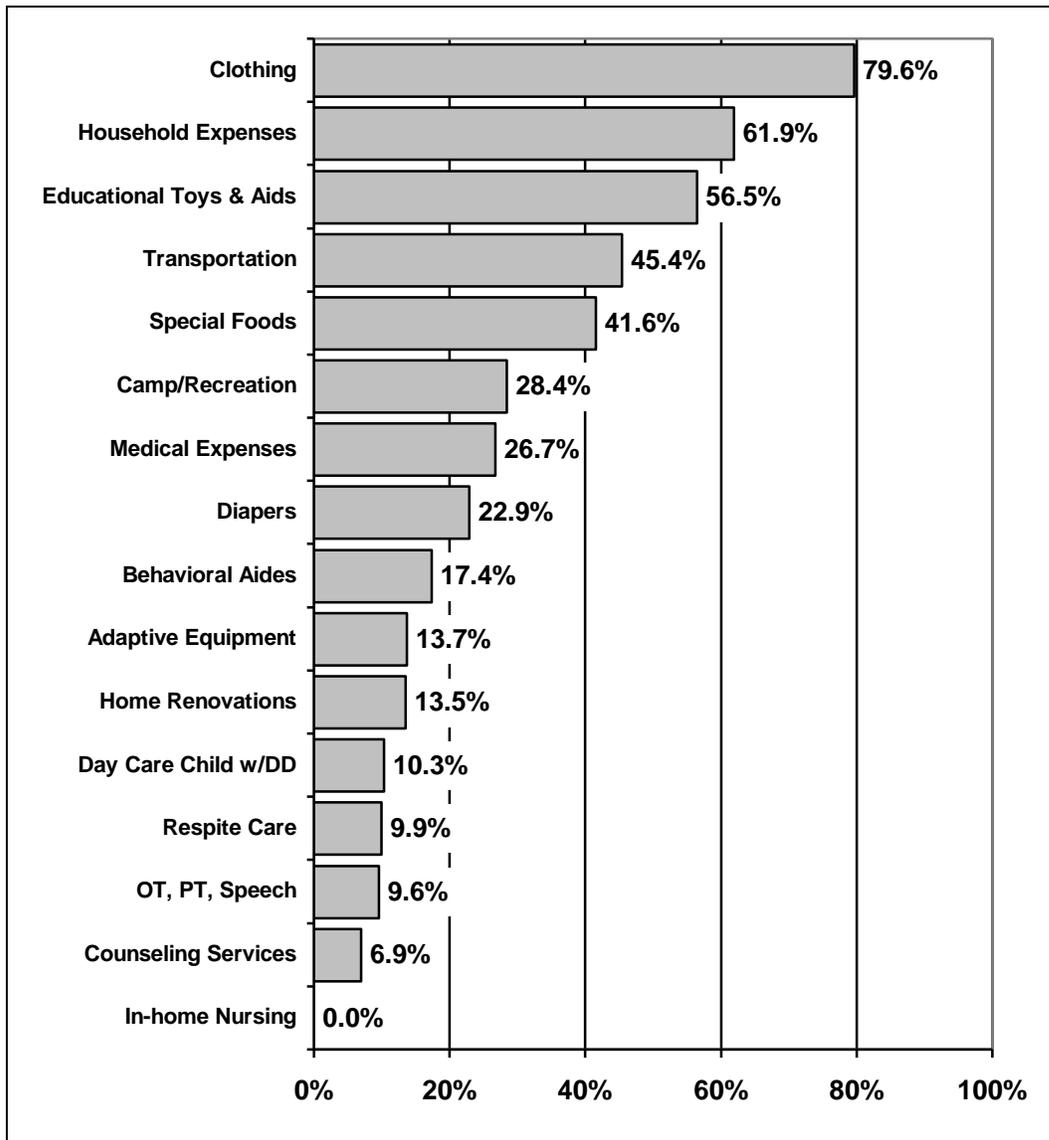
➤ The subsidy is a great help. I usually spend the money on clothing for my grandson or extra food during the month so therefore the subsidy is really helpful and I am happy that they have such a program.

A Family Served by Saginaw County Community Mental Health Authority

❖ **Families have flexibility in how they use the subsidy.**

Families use the subsidy in a variety of ways to help care for their children. Half of families (47.5%) responding to the family survey report an income below \$19,999 (69.3% overall). Almost one half of the families indicated they are using the subsidy for clothing, household expenses, toys, transportation, and special foods their child (Figure 6). When various types of respite (respite care and camp/recreation) are considered, 34.7% of families² used the subsidy for some form of respite.

Figure 6: How Families Used the Subsidy in FY13



² Based on an unduplicated count of 396 families who used the subsidy for one or two services out of 1142 families who responded to the annual family survey and answered these questions.

❖ **Families that include children with autism spectrum disorder used the subsidy in different ways.**

Families that include children with an educational eligibility category of autism spectrum disorder were compared to families that include children with the eligibility categories of cognitive impairment or severe multiple impairment on the ways in which they used the subsidy. Table 4 presents the percentage of families that used the subsidy for each purpose grouped by educational eligibility category. Families that included children with autism spectrum disorder were more likely to use the subsidy for behavioral aides, counseling, and camp or recreation.

Table 4: Families That Include Children with Autism Spectrum Disorder Used the Subsidy Differently in FY13³

	Percent of Families	
	Cognitive Impairment or Severe Multiple Impairment	Autism Spectrum Disorder
Adaptive equipment for your child*	23.5%	9.6%
General household expenses	63.0%	61.4%
Behavioral aides*	9.0%	20.5%
Individual or family counseling*	2.6%	8.6%
Camp or recreation for your child*	16.7%	32.9%
In-home nursing care	0.0%	0.0%
Changes to make house accessible for your child*	21.9%	10.1%
Medical expenses	25.7%	26.9%
Clothing for your child*	86.2%	77.1%
Occupational, physical, or speech therapy	5.5%	11.0%
Day care for your child with disabilities	10.0%	10.6%
Respite services	13.2%	8.7%
Diapers*	36.0%	18.1%
Special foods	36.0%	43.7%
Educational aides or toys	58.2%	55.8%
Transportation expenses*	54.0%	42.0%
Other uses	2.3%	2.8%

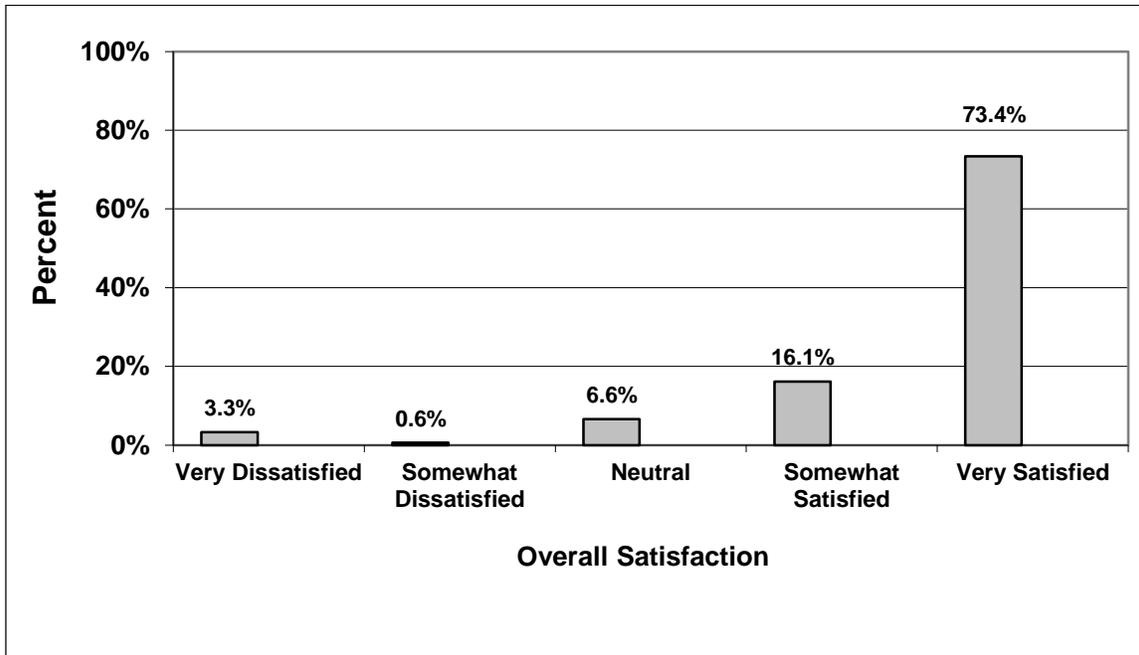
*Percentage is statistically significantly different $p < .003$

³ Chi-square tests were used to test the statistical significant of the differences. Seventeen tests were performed and the p-values for statistical significant was set at .003 in order to correct for the number of tests conducted.

❖ **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 7 illustrates families' satisfaction with the subsidy program in FY13.

Figure 7: Families' Overall Satisfaction in FY13



- We are grateful for the subsidy checks we would be lost without them. They help our family greatly. I cannot thank you enough for the help.

A Family Served by Lifeways

- Having this subsidy has allowed us to hire a tutor for our son. This tutor is making a huge difference in my child's life and helping build his self-esteem. You are helping my son become the most amazing person he can be. The money comes at a time of the month when things are tight and helps me to worry less. Thank you.

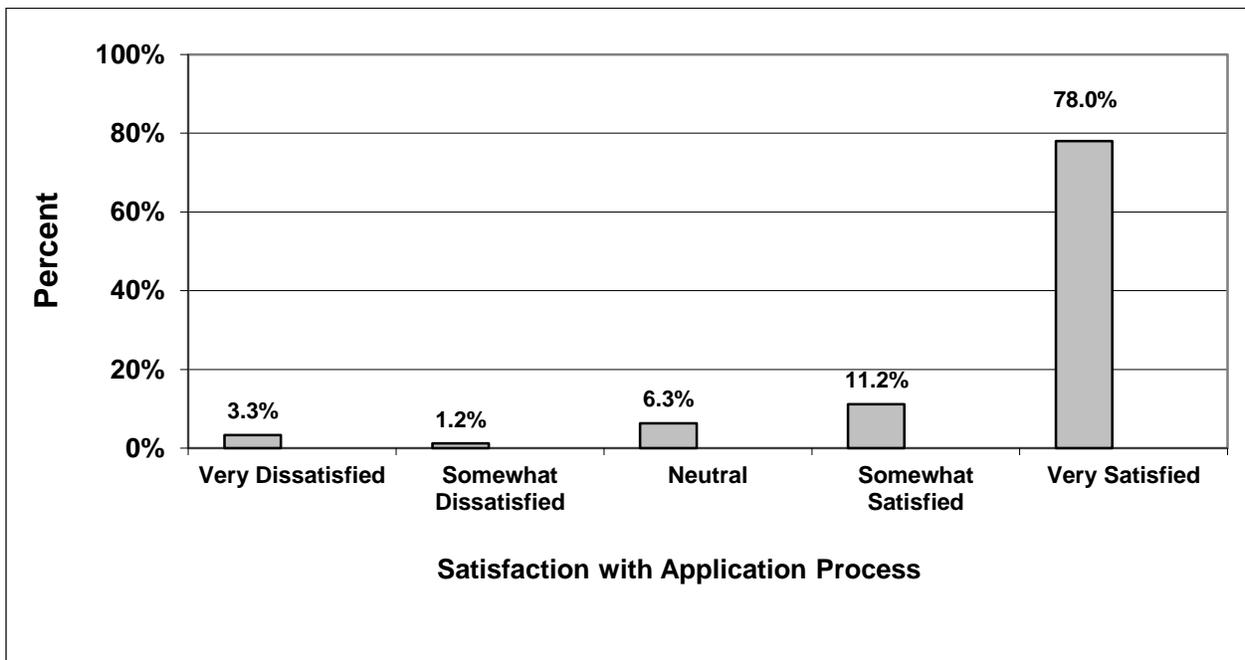
A Family Served by Washtenaw County Community Mental Health Organization

❖ **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 public school system of an eligible educational category. Although it is not a requirement for eligibility, it is strongly encouraged that the child has 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 a completed application and supporting documentation.

Figure 8 shows families’ responses about their satisfaction with the subsidy program application process in FY13. The vast majority of families were satisfied or very satisfied with the application process and how their application was handled by the CMHSP.

Figure 8: Families’ Satisfaction with the Application Process in FY13



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

The family questionnaire asked families to indicate the level of help they needed with 18 different services/supports. Two of these services were respite and camp/recreation (Table 5). Eighty percent of families indicated that they sometimes, usually or always needed help with respite (80.4%) and with camp or recreational activities for their children (82.4%).

Table 5: Extent to Which Families Needed Help with Respite in FY13

Help with:	Percent				
	Never	Seldom	Sometimes	Usually	Always
Respite	6.4%	13.2%	26.1%	17.8%	36.5%
Camp	3.2%	14.4%	37.2%	23.6%	21.6%

Three of the listed services addressed the need for specialized medical services, therapies (occupational, physical, and speech), and in-home nursing (Table 6). Over eighty percent of families (82.3%) indicated that they sometimes, usually or always needed help with obtaining occupational therapy, physical therapy, and speech therapy for their children. Nearly two-thirds of families (65.2%) said they needed help sometimes, usually, or always with specialized medical services. About forty percent of the families (42.2%) needed help with in-home nursing, while nearly two-thirds (60.0%) indicated needing help (enrolling and obtaining services) from the Children’s Waiver Program.

Table 6: Extent to Which Families Needed Help with Medical Services in FY13

Help with:	Percent				
	Never	Seldom	Sometimes	Usually	Always
Therapies	4.5%	13.2%	25.3%	22.8%	34.2%
Specialized medical services	9.8%	25.0%	28.6%	18.3%	18.3%
In-home nursing	28.2%	29.6%	19.4%	8.5%	14.3%
Children’s Wavier Program	15.7%	24.3%	26.4%	14.0%	19.6%

The annual survey asked families about their need for help with adaptive equipment for their children. They were also asked about home modifications to make their homes accessible for their children (Table 7). Two-thirds of families indicated that they needed help sometimes, usually or always with adaptive equipment (68.3%) or home modifications (65.5%).

Table 7: Extent to Which Families Needed Help with Environment Adaptation in FY13

Help with:	Percent				
	Never	Seldom	Sometimes	Usually	Always
Adaptive equipment	7.1%	24.6%	28.4%	20.0%	19.9%
Home modifications	11.4%	23.1%	29.4%	18.4%	17.7%

For some children enrolled in the subsidy program, management of behavior problems are substantial issues for their parents (Table 8). Two-thirds of families (67.6%) indicated that they sometimes, usually or always needed help from a mental health behavioral aide (in-home mental health worker). Eighty percent of families (80.1%) indicated that they sometimes, usually or always needed training on managing behavioral problems.

Table 8: Extent to Which Families Needed Help with Behavior Problems in FY13

Help with:	Percent				
	Never	Seldom	Sometimes	Usually	Always
MH behavioral aides	8.7%	23.7%	32.6%	19.7%	15.3%
Behavior problems	5.5%	14.4%	33.0%	22.4%	24.7%

- The subsidy helps our family to make psychiatry and prescription co-pays. The subsidy has helped us immensely. It is the only help we really get outside of school. All ASD families need more help.

A Family Served by Kalamazoo Community Mental Health and Substance Abuse Services

Families were asked 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 (Table 9). Three-quarters of families indicated that they sometimes, usually or always needed help with learning how to teach basic skills to their children (74.9%). Nearly three-quarters of the families indicated that they sometimes, usually, or always needed help with parent support groups (69.1%), and two-thirds needed counseling (68.9%) and support groups for their child’s siblings (63.8%). Seventy percent of families indicated that they sometimes, usually or always needed assistance with day care for their children with disabilities (71.5%).

Table 9: Extent to Which Families Needed Help with Supports For Raising Their Children FY13

Help with:	Percent				
	Never	Seldom	Sometimes	Usually	Always
Teaching skills	7.1%	18.0%	31.5%	22.4%	21.0%
Support groups	6.8%	24.1%	35.7%	15.5%	17.9%
Counseling	5.7%	25.4%	35.1%	17.8%	16.0%
Sibling support groups	13.0%	23.2%	34.0%	14.6%	15.2%
Day care	10.2%	18.3%	34.2%	18.1%	19.2%

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 (Table 10). More than two-thirds of the families indicated that they sometimes, usually, or always needed help with coordination of services (69.3%). Nearly two-thirds of families indicated that they sometimes, usually, or always needed help with PCP/FCP (63.5%) and nearly three-quarters of families need help with transitioning to adult services for their child (71.8%).

Table 10: Extent to Which Families Needed Help with Planning and Coordination of Services for Their Children FY13

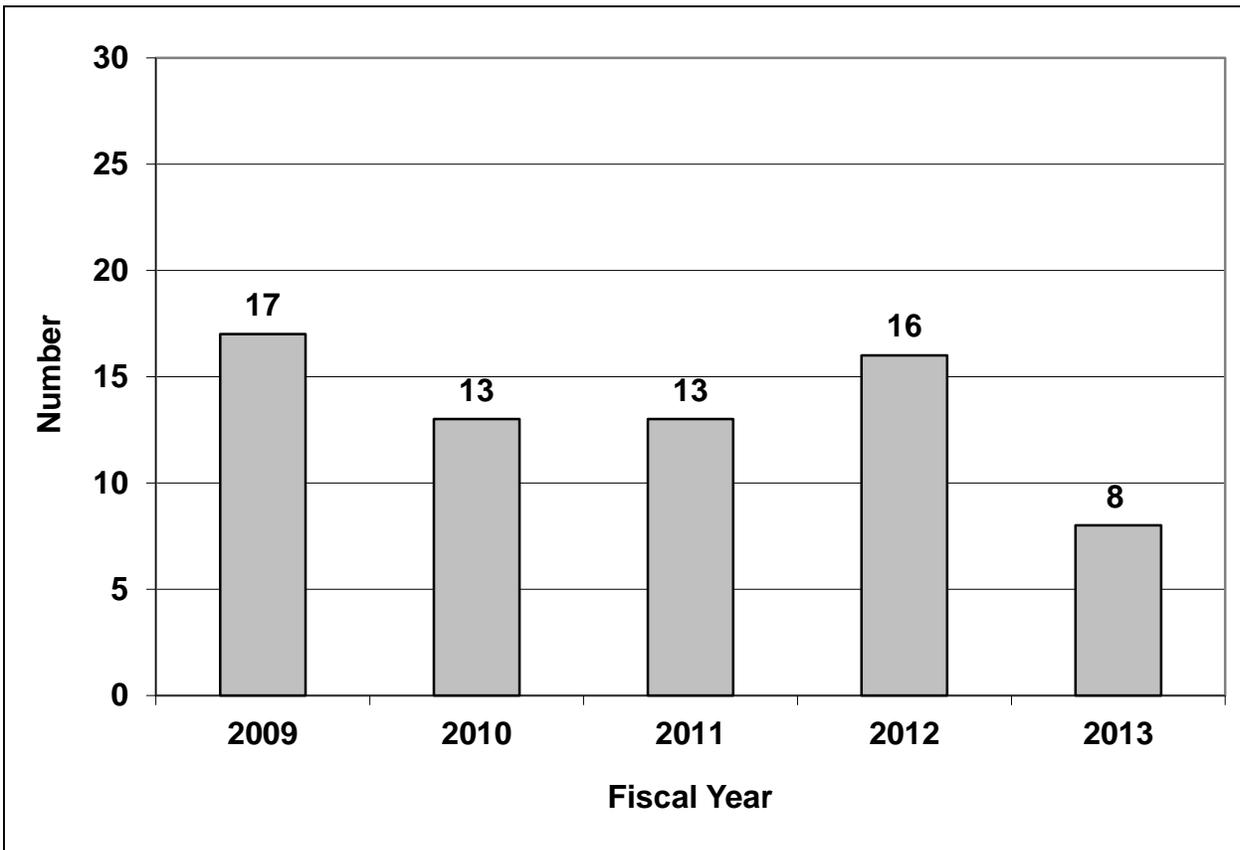
Help with:	Percent				
	Never	Seldom	Sometimes	Usually	Always
Service coordination	6.1%	24.6%	29.6%	18.8%	20.9%
PCP/FCP	9.7%	26.8%	31.5%	15.8%	16.2%
Transition to adult services	9.4%	18.8%	29.0%	20.0%	22.8%

Program Impact

- ❖ **Eight out of 6,914 children in the subsidy program had out-of-home placements during FY13.**

Follow-up at the end of the fiscal year indicated that 8 children (0.1%) were placed during FY13. 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 8 in FY13. Figure 9 presents the number of children enrolled in the subsidy program who were placed out-of-home during the last five years.

Figure 9: Number of Children Placed Out-of-Home



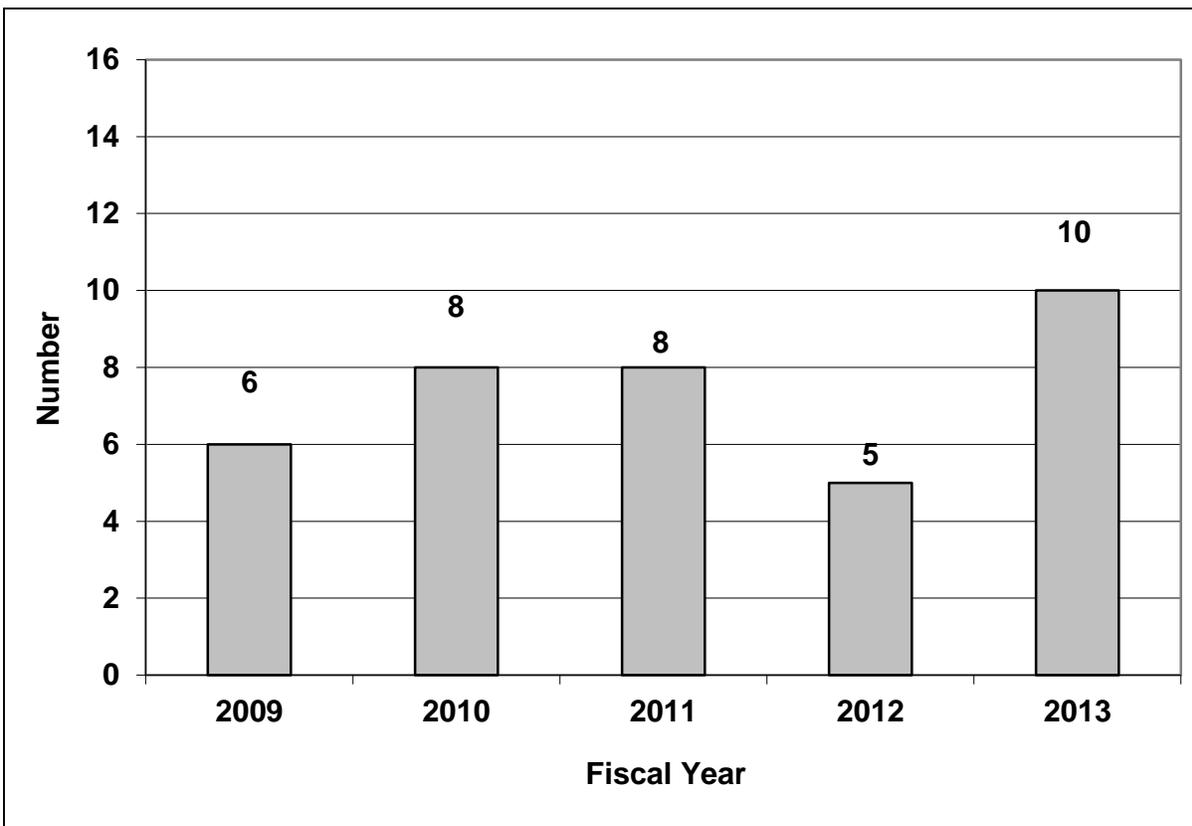
- This subsidy is a great help to our family to get the things that help our special needs child. Because this money is for my son, we set aside this money for his use and it helps us not to feel as if we are taking something away from our other children. Thank you.

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

❖ **Ten children with severe disabilities were reunited with their families in FY13.**

No families qualified for the one-time double subsidy payment (provided to assist in a child's return to home from placement). In FY13 ten children went home to their families and were returned to the subsidy program. Two children who had been enrolled in the subsidy program and then placed out-of-home were adopted in FY13. Figure 10 presents the number of children reunited with their families over the last five years.

Figure 10: Number of Subsidy Program Families Reunited



- We appreciate any financial help we can get due to our family size and income. We do not qualify for SSI even though with our child's disability he totally qualifies! We worry every day what will happen with our health care insurance and how we will help our child to be the best adult he can be and to be as "independent" as possible with as little support as necessary.

A Family Served by Livingston County Community Mental Health Authority

❖ **The number of children with severe disabilities in institutions decreased from 104 in FY85 to no children in FY13.**

The subsidy has been 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 history of the subsidy program. The Mount Pleasant Center for persons with developmental disabilities closed its doors in September 2009 ending the era of children's admissions to state operated institutions. The last child placed at Mount Pleasant Center left the facility in August 2009. No children resided in state operated facilities in FY13. In FY13, no children were admitted to a nursing home.

- It helps the financial stress upon my family greatly. I am very grateful for this.

A Family Served by Lifeways

- Great program and no problems. Any extra money in this economy is a blessing, especially when you have a child who needs more things than the average child. Thanks for the help!

A Family Served by Saginaw County Community Mental Health Authority

- This program has really helped our family get by each month. My son has autism and is non-verbal and is now having a lot of emotional and aggressive behavioral issues. Being a single mom with a child who has special needs and his twin gets very stressful to handle at times. We are grateful for this program!

A Family Served by Detroit Wayne Mental Health Authority

- We are very grateful for this program. It helps pay for things like the therapeutic horse riding (and the gas to get there) that we wouldn't be able to afford otherwise.

A Family Served by Community Mental Health of Ottawa County

- My family is very satisfied with this program and we hope this program will continue to help these special needs children to develop and learn through these programs financially and emotionally. Thank you very much.

A Family Served by Detroit Wayne Mental Health Authority

❖ **A total of 1,211 children left the subsidy program in FY13.**

Children leave the subsidy program for several reasons (Figure 11). Families not renewing enrollment is the most frequent reason for leaving the program (36.5%). Turning age 18 was the second most frequent reason for children exiting the subsidy program in FY13 (34.8%). Nearly one-quarter (24.5%) of the children no longer eligible for the program became ineligible due to a family income that exceeded the limit, family move out-of-state, an educational eligibility category that no longer qualified under FSS law, the child went into placement, or the child had an open medical subsidy through the Michigan Department of Human Services, Adoption Subsidy Program.

Figure 11: Reasons Children Left the Subsidy Program FY13

