# Table of Contents

## FINANCIAL ASSISTANCE

1. Child Development and Care ................................................................. 1
2. Child Support ..................................................................................... 2
3. Disability Determination Services ......................................................... 5
4. Family Independence Program ............................................................. 10
5. Food Assistance Program ..................................................................... 16
6. Low-Income Home Energy Assistance Program ................................... 19
7. Medical Assistance Program ............................................................... 20
8. Refugee Assistance Program ............................................................... 30
9. State Disability Assistance ................................................................. 32
10. State Emergency Relief ................................................................. 36
11. Supplemental Security Income ......................................................... 39

## CHILDREN’S SERVICES

12. Adoption Services Program ............................................................... 42
13. Adoption Subsidy ............................................................................... 45
14. Children’s Foster Care ...................................................................... 49
15. Youth-In-Transition & Education & Training Voucher Program ........... 53
16. Michigan Youth Opportunities Initiative ............................................ 56
17. Children’s Protective Services ............................................................ 58
18. Children’s Trust Fund ....................................................................... 62
19. Family Preservation and Family Support (FP/FS): Families First (FF) .. 66
20. FP/FS: Strong Families/Safe Children (SF/SC) ..................................... 70
21. FP/FS: Family Reunification Program (FRP) ....................................... 72
22. Guardianship Assistance Program (GAP) ........................................... 74
23. Juvenile Programs ............................................................................. 77
24. Runaway and Homeless Youth Services ............................................. 81

## OTHER SERVICES

25. Adult Community Placement ............................................................. 83
26. Adult Protective Services ................................................................. 84
27. Home Help Services .......................................................................... 87
28. Bureau of Child and Adult Licensing .................................................. 90
29. Community Resource Program ......................................................... 99
30. Community Services Block Grant ...................................................... 100
31. Domestic and Sexual Violence Prevention and Treatment Board ...... 103
32. Employment and Training Programs (ETP): Overview ...................... 108
33. ETP: Employment-Related Activities ............................................... 112
34. ETP: Employment-Support Activities .............................................. 114
35. ETP: Employment and Training Program for FAP Recipients ........... 115
36. HIV/AIDS Support Services ............................................................. 116
37. Michigan Community Service Commission ....................................... 118
38. Michigan Rehabilitative Services ....................................................... 121
39. Migrant Affairs ................................................................................ 126
40. Native American Affairs ................................................................... 129
41. Weatherization ............................................................................... 131
42. Campaign to End Homelessness ....................................................... 133
43. Office of Inspector General .............................................................. 135
44. Recoupment and Reconciliation ....................................................... 140
The Michigan Department of Education is the lead agency for the Child Development and Care (CDC) program. A memorandum of understanding (MOU) between the Department of Education and the Department of Human Services (DHS) was established to identify services that will be provided by DHS to support program implementation.

The CDC program provides child care assistance to qualified families when the parent(s) or substitute parent(s) is unavailable to provide care because of high school completion, employment, participation in an approved treatment program for a physical, mental or emotional condition (family preservation), or approved employment-related activities.

The following services continue to be provided by DHS through the MOU:

- Eligibility Determination through the DHS local offices.
- Child care licensing through the Bureau of Children and Adult Licensing.
- Fraud investigations and data matches through the Office of Inspector General.
- Bridges and I-Billing technology support.
PROGRAM STATEMENT

The Office of Child Support (OCS) is the state agency authorized to administer the federal Title IV-D child support program in Michigan. The OCS provides case initiation services to customers, operates the State Disbursement Unit, provides centralized enforcement services and is responsible for policy development and training. OCS, in conjunction with the Department of Technology, Management and Budget (DTMB), operates and maintains the statewide Michigan Child Support Enforcement System (MiCSES). The OCS also contracts with friends of the court and county prosecuting attorneys to provide Title IV-D child support services to county residents. Contracted services include locating parents, establishing paternity and establishing and enforcing support orders. A child support case is automatically a Title IV-D case if the payee is receiving public assistance; however, anyone can request Title IV-D services. The goal of the child support program is to engage parents to improve their children’s lives and to help Michigan’s citizens obtain the child support that they are entitled to under federal and state law. This contributes to the agency mission of self-sufficiency, fosters responsible behavior toward children and helps ensure that children have the financial and emotional support of both parents.

SOURCES OF FINANCING

- Title IV-D (Child Support)
- Title IV-D Child Support performance incentives
- State General Fund and county funding

LEGAL BASIS

- Federal Social Security Act (42 USC 651-669B), Title IV-D
- The Office of Child Support Act (Michigan Public Act 174 of 1971)
- DHS FY Appropriations Act, (See 2013-PA-0059 for the DHS FY 2014 Appropriations Act)

PROGRAM EFFECTIVENESS / PROGRAM IMPACTS

The federal Office of Child Support Enforcement (OCSE) provides the state with 66 percent federal financial participation for Title IV-D child support services. OCSE also provides states with incentive payments based on five child support performance factors. For FY 2013, Michigan estimates it will receive approximately $25.2 million in performance incentives from the federal government. Of the $25.2 million in potential performance incentive payments, $13.85 million were disbursed (less a $366,745 adjustment for the final performance incentives settlement for FY 2011) to the counties and $11.35 million (less a $366,745 adjustment for the final performance incentives settlement for FY 2011) was retained as revenue by the department. State and county governments also contribute to program funding. Through child support collections, the Title IV-D program provides cost recovery funding for public assistance programs Temporary Assistance to Needy Families (TANF), Title IV-E and Medicaid, helping to offset expenditures in those programs. In FY 2013, $63.5 million was recovered for public assistance reimbursement, including TANF and IV-E programs (Source: federal report OCSE-34A), and $41 million recovered for the Medicaid program. In FY 2013, the federal share of Michigan IV-D expenditures was $155.3 million. (Source: FY13 OCSE-396A)

\[\text{Source: OCSE-34A, OCSE-396A and OCSE-157}\]
**Michigan State Disbursement Unit (MiSDU)** - The MiSDU is responsible for the receipt and disbursement of child support collections. Federal law requires distribution of receipts within two days. The MiSDU disburses more than 90 percent of money received within 24 hours of receipt. The remainder is held as required by law or for research to identify the proper recipient and/or address.

**Michigan Statewide Child Support Enforcement System (MiCSES)** - MiCSES is the statewide child support case management computer system. The Department of Technology, Management & Budget (DTMB) maintains and operates the system using funding appropriate within the DHS budget appropriation. MiCSES tracks all support case activities, including establishment, collection, distribution, and enforcement. In FY 2013, MiCSES processed $1.405 billion in child support payments ($1.328 billion for Title IV-D cases, and $77 million for non-IV-D cases). This is an average of $27 million weekly.

**Partnership** - The Program Leadership Group (PLG) established strategic plans and makes decisions regarding the program. The PLG includes representatives from all entities operating the child support program (OCS, the State Court Administrative Office, the Friend of the Court Association and the Prosecuting Attorneys Association of Michigan). This philosophy of teamwork and partnership guides the program and is responsible for its success.

The following graph shows Title IV-D child support collections from FY 2004 – FY 2013. Collections significantly dropped from FY 2009 through FY 2011, reflecting the economic recession taking place during this time period.

**Office of Child Support FY 2013 Statistics Summary:**
- At the end of FY 2013, there were 771,108 IV-D cases open with child support orders established.
- There were 952,805 children in the IV-D child support program in FY 2013.
- The statewide paternity establishment rate for FY 2013 was 90.83 percent.
- Total IV-D collections distributed in FY 2013: $1.33 billion.
- Michigan ranked sixth nationally in FY 2012 in IV-D collections distributed.
DEPARTMENT OF HUMAN SERVICES
OFFICE OF CHILD SUPPORT - NET CHILD SUPPORT COLLECTIONS
Public Assistance (PA) and Non-Public Assistance (NPA) Case-Related Michigan Collections
FY 2004 - FY 2013

Collections in Millions of Dollars

<table>
<thead>
<tr>
<th>Collections in Millions of Dollars</th>
</tr>
</thead>
<tbody>
<tr>
<td>---------</td>
</tr>
<tr>
<td>PA</td>
</tr>
<tr>
<td>NPA</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

**Note:** Totals are final, year-end adjusted amounts (source: OCSE-34a)

1 Public Assistance collections include TANF and IV-E. Non-PA collections include out-of-state/country collections.

2 There were recession impacts on collections from 2010-2011 and a decrease in TANF collections and federal tax refunds for FY 2013.
PROGRAM STATEMENT

The Michigan Disability Determination Service (DDS) determines initial and continuing eligibility for disability benefits for: 1) Social Security Disability Insurance (SSDI), 2) Supplemental Security Income (SSI), 3) Medicaid Assistance (MA), 4) State Disability Assistance (SDA), and 5) the Office of Retirement Services (ORS) disability retirement program. SSDI, MA and SDA programs have the same medical/vocational eligibility criteria.

Regarding ORS, DDS develops evidence and makes recommendations to the ORS retirement board, which subsequently makes decisions on claims. The ORS serves state of Michigan employees, including state police and judges, as well as public school employees covered by employee retirement programs.

- SSDI benefits are paid to eligible individuals who cannot work for at least a year because of a serious physical or mental disability. To qualify, an applicant must have worked in a job in which both the individual and the employer paid Social Security taxes for an adequate number of fiscal quarters before the onset of the disability. Disability benefits are paid to insured individuals who become unable to work because of illness or injury that is expected to last at least 12 continuous months or is expected to result in death. Only severely disabled individuals meet eligibility criteria. There are no income or asset requirements for SSDI.

- Supplemental Security Income (SSI) is a needs-based program that provides coverage for people whose income and assets meet eligibility requirements. There is no requirement for prior employment. SSI disability criteria are the same as the SSDI criteria described above. SSI recipients are also eligible for Medicaid.

**Medical and Vocational Eligibility Factors:**

- **Medical Criteria** - The Social Security law contains a listing of impairments and a description of the evidence needed to evaluate the disability. Benefits are allowed when the applicant's impairments meet or equal the listed criteria.

- **Vocational Criteria** - The Social Security law also contains vocational criteria which are considered in cases in which the impairment fails to meet or equal the medical criteria, but the physical or mental capacity to perform basic work-related activities is limited. The remaining or equal capacity to perform work is assessed along with age, education and past work experiences to determine eligibility for disability benefits.

SOURCES OF FINANCING

- SSDI benefits are 100 percent federally funded.
- SSDI benefits are not reflected in the DHS budget.
- SSDI: Federal Title II funds.
- SSI: Federal Title XVI funds.

LEGAL BASIS

- Social Security Act, 1935
- DHS FY 2013 Appropriations Act, 2014 Public Act 59, Article X
PROGRAM EFFECTIVENESS / PROGRAM IMPACTS

The following table shows dispositions from FY 2004 – FY 2013.

**DISABILITY DETERMINATION SERVICE WORKLOAD**
Social Security Administration

**ACTUAL CASE DISPOSITIONS**

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Budgeted Dispositions</th>
<th>New Applications</th>
<th>Actual Case Dispositions</th>
<th>Pending Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>127,756</td>
<td>129,057</td>
<td>128,133</td>
<td>34,986</td>
</tr>
<tr>
<td>2005</td>
<td>132,211</td>
<td>130,707</td>
<td>133,437</td>
<td>28,594</td>
</tr>
<tr>
<td>2006</td>
<td>121,211</td>
<td>105,639</td>
<td>127,083</td>
<td>25,154</td>
</tr>
<tr>
<td>2007</td>
<td>117,677</td>
<td>107,028</td>
<td>120,391</td>
<td>33,150</td>
</tr>
<tr>
<td>2008</td>
<td>124,898</td>
<td>103,659</td>
<td>123,252</td>
<td>26,971</td>
</tr>
<tr>
<td>2009</td>
<td>123,153</td>
<td>115,664</td>
<td>126,332</td>
<td>37,011</td>
</tr>
<tr>
<td>2010</td>
<td>138,599</td>
<td>115,711</td>
<td>136,036</td>
<td>35,210</td>
</tr>
<tr>
<td>2011</td>
<td>147,339</td>
<td>148,423</td>
<td>148,008</td>
<td>35,151</td>
</tr>
<tr>
<td>2012</td>
<td>146,950</td>
<td>148,365</td>
<td>149,856</td>
<td>36,810</td>
</tr>
<tr>
<td>2013</td>
<td>143,156</td>
<td>136,045</td>
<td>144,163</td>
<td>28,845</td>
</tr>
</tbody>
</table>

1. **Budgeted Dispositions**: Federally funded workload per year only (does not include Non-SSI Medicaid Disabled, SDA or ORS workload).
2. **New Applications**: Number of new disability applications received per year (does not include Non-SSI Medicaid Disabled, SDA or ORS workload).
3. **Actual Case Dispositions**: Number of eligibility determinations completed per year (does not include Non-SSI Medicaid Disabled, SDA or ORS workload).
**Department of Technology, Management, and Budget**

**Program Description**

Fiscal Year 2015

<table>
<thead>
<tr>
<th>Department</th>
<th>Appropriation Unit</th>
<th>Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human Services</td>
<td>Disability Determination Services</td>
<td>Disability Determination Services</td>
</tr>
</tbody>
</table>

**Disability Determination Service Workload:**

Medicaid / SDA

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Budgeted Dispositions</th>
<th>New Applications</th>
<th>Actual Case Dispositions</th>
<th>Pending Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>$1,681,267</td>
<td>47,259</td>
<td>47,065</td>
<td>1,735</td>
</tr>
<tr>
<td>2005</td>
<td>$1,774,726</td>
<td>52,153</td>
<td>52,209</td>
<td>1,482</td>
</tr>
<tr>
<td>2006</td>
<td>$1,909,244</td>
<td>55,576</td>
<td>55,214</td>
<td>2,010</td>
</tr>
<tr>
<td>2007</td>
<td>$1,874,886</td>
<td>54,777</td>
<td>54,963</td>
<td>1,672</td>
</tr>
<tr>
<td>2008</td>
<td>$2,075,509</td>
<td>55,690</td>
<td>56,297</td>
<td>817</td>
</tr>
<tr>
<td>2009</td>
<td>$2,672,200</td>
<td>45,598</td>
<td>45,706</td>
<td>403</td>
</tr>
<tr>
<td>2010</td>
<td>$2,901,100</td>
<td>46,929</td>
<td>46,557</td>
<td>655</td>
</tr>
<tr>
<td>2011</td>
<td>$3,038,900</td>
<td>50,833</td>
<td>54,657</td>
<td>5,500</td>
</tr>
<tr>
<td>2012</td>
<td>$2,941,300</td>
<td>55,877</td>
<td>55,046</td>
<td>2,800</td>
</tr>
<tr>
<td>2013</td>
<td>$2,806,400</td>
<td>58,723</td>
<td>57,711</td>
<td>4,497</td>
</tr>
</tbody>
</table>

4. **Budgeted Dispositions:** Total funded workload per year (Non-SSI Medicaid Disabled and SDA workloads are handled concurrently). FY13 includes a $370,200 legislative supplemental added to $2,436,200 for the $2,806,400 total.

5. **New Applications:** Number of new disability applications received per year.

6. **Actual Case Dispositions:** Number of eligibility determinations completed per year. Combined total for both MRT and SHRT workloads.

7. **Pending Cases:** Number of eligibility determinations in process and carried over from one year to the next. Pending cases are the number of cases being processed at the end of the fiscal year (Non-SSI Medicaid Disabled and SDA workloads are counted concurrently).
## DISABILITY DETERMINATION SERVICE WORKLOAD:
Office of Retirement Services

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Budgeted Dispositions</th>
<th>New Applications</th>
<th>Actual Case Dispositions</th>
<th>Pending Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>1,000</td>
<td>863</td>
<td>948</td>
<td>137</td>
</tr>
<tr>
<td>2005</td>
<td>1,000</td>
<td>752</td>
<td>890</td>
<td>N/A</td>
</tr>
<tr>
<td>2006</td>
<td>1,000</td>
<td>835</td>
<td>862</td>
<td>107</td>
</tr>
<tr>
<td>2007</td>
<td>1,000</td>
<td>748</td>
<td>748</td>
<td>N/A</td>
</tr>
<tr>
<td>2008</td>
<td>1,000</td>
<td>590</td>
<td>678</td>
<td>N/A</td>
</tr>
<tr>
<td>2009</td>
<td>1,000</td>
<td>694</td>
<td>699</td>
<td>111</td>
</tr>
<tr>
<td>2010</td>
<td>1,000</td>
<td>797</td>
<td>801</td>
<td>87</td>
</tr>
<tr>
<td>2011</td>
<td>1,000</td>
<td>724</td>
<td>753</td>
<td>94</td>
</tr>
<tr>
<td>2012</td>
<td>1,000</td>
<td>730</td>
<td>735</td>
<td>81</td>
</tr>
<tr>
<td>2013</td>
<td>1,000</td>
<td>749</td>
<td>738</td>
<td>94</td>
</tr>
</tbody>
</table>

8 **Budgeted Dispositions:** ORS-funded workload per year.

9 **New Applications:** Number of new disability applications received per year.

10 **Actual Case Dispositions:** Number of eligibility determinations completed per year.

11 **Pending Cases:** Number of eligibility determinations in process and carried over from one year to the next. Pending cases are the number of cases being processed at the end of the fiscal year.
### DISABILITY DETERMINATION SERVICE:

All workloads

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Budget (In Millions of Dollars)</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2005</td>
<td>$75.6</td>
</tr>
<tr>
<td>FY 2006</td>
<td>$80.1</td>
</tr>
<tr>
<td>FY 2007</td>
<td>$81.3</td>
</tr>
<tr>
<td>FY 2008</td>
<td>$76.1</td>
</tr>
<tr>
<td>FY 2009</td>
<td>$83.0</td>
</tr>
<tr>
<td>FY 2010</td>
<td>$95.9</td>
</tr>
<tr>
<td>FY 2011</td>
<td>$111.4</td>
</tr>
<tr>
<td>FY 2012</td>
<td>$118.8</td>
</tr>
<tr>
<td>FY 2013</td>
<td>$86.7</td>
</tr>
</tbody>
</table>
PROGRAM STATEMENT
The goal of the Family Independence Program (FIP) is to help families achieve self-support and independence, to reduce dependence on public assistance and increase self-sufficiency. FIP provides a monthly cash assistance grant for both one-and two-parent families. Cash assistance assists in covering personal needs costs (clothing, household items, etc.), housing, heat, utilities and food, in conjunction with Food Assistance Program benefits. Partnership Accountability Training Hope (PATH) is Michigan’s employment and training program that provides employment and training services in coordination with cash assistance.

Population Description - October 2012
- Average case size: 2.6 people (one adult and one to two children).
- Ninety-two percent of grantees are female.
- Average grantee age: 30 years.
- 42 percent of grantees are white, 56 percent are black, and 2 percent are other (including Hispanic and American Indian).

Eligibility Factors - FIP eligibility is based on financial and non-financial factors.
- **Financial Eligibility Factors**: To be eligible for FIP, a family must meet income and asset requirements. The family’s income (minus an earned income (EI) disregard of $200 plus 20% of EI), plus certifiable child support income is deducted from the payment standard to determine whether the family is eligible to receive assistance. The asset limit is $3,000 for cash assets (which includes cash on hand or in savings and checking accounts, investments, retirement plans and trusts). The property asset limit is $250,000.
- **Non-Financial Eligibility Factors**: Major non-financial eligibility factors include, but are not limited to: time on assistance, age of children, cooperation with employment and training requirements (including development of a Family Self-Sufficiency Plan), school attendance and child support requirements. FIP recipients are required to participate up to 40 hours per week in employment and/or employment-related activities.

Minor Parents
Minor parents (under age 18) must live in an adult-supervised living arrangement as a condition of eligibility. A minor parent who has not completed high school must attend school full-time as a condition of eligibility. Minor parents who have completed high school must cooperate with employment and training activities.

Services Provided To FIP Recipients
- **Financial Assistance**: Financial assistance is the basic service provided to FIP clients. The amount of the FIP payment is based on the size and eligibility status of the group. The following table shows the monthly FIP grant for a family of three for each eligibility group.
Department of Technology, Management, and Budget

PROGRAM DESCRIPTION

Fiscal Year 2015

Department: Human Services
Appropriation Unit: Public Assistance
Program: Family Independence Program (FIP)

---

### FY 2014 GRANT AND FOOD ASSISTANCE LEVELS

<table>
<thead>
<tr>
<th></th>
<th>Grant</th>
<th>Food Assistance</th>
<th>Grant + FAP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligible Adult and Two Children</td>
<td>$492</td>
<td>$497 &lt;sup&gt;1&lt;/sup&gt;</td>
<td>$989</td>
</tr>
<tr>
<td>Ineligible Adult and Two Children&lt;sup&gt;3&lt;/sup&gt;</td>
<td>$274</td>
<td>$484</td>
<td>$1,493</td>
</tr>
</tbody>
</table>

---

- **Food Assistance Program**: FIP works in conjunction with the Food Assistance Program (FAP) to raise the food purchasing power of FIP families. FAP benefit levels are based on net income, allowable expenses and family size. In FY 2013, a family of three receiving a $492 monthly FIP grant (with no other income), is eligible for $497 in monthly FAP benefits.

- **Medical Assistance**: Families eligible for FIP benefits may also be eligible for Medicaid.

---

<sup>1</sup> This group received $526 in FAP benefits in FY 2013.
<sup>2</sup> Estimated Food Assistance assumes that the recipient pays $691 in monthly rent (fair market rent across all counties in Michigan for a two-bedroom apartment) and incurs the standard FY 2014 FAP heat and utility expense of $553. The SSI amount is comprised of $721 (starting January 2014) in federal benefits and a $14 state supplement.
<sup>3</sup> While the income of an ineligible adult is not counted when determining FIP benefit amounts, the 2014 calendar year SSI amount of $735 (starting January 2014) is counted when determining the Food Assistance amount. Thus, the Food Assistance benefit amount will depend on the family’s total income.
Family Automated Screening Tool (FAST): Adult FIP recipients must complete a FAST within 30 days of notification. The FAST includes 50 questions to identify individual and family strengths and/or barriers that would affect his or her employability.

Family Self-Sufficiency Plan (FSSP): FAST information is automatically placed into the FSSP. DHS and contracted employment service agencies also view and enter strengths, barriers, vocational history and current activities to create the FSSP. FIP recipients who complete the FAST participate in the completion of their FSSP.

Direct Support Services:
- Employment Support Services: FIP provides a range of services designed to promote independence. These include supportive services to aid in seeking/retaining employment, such as transportation, automobile repair, work clothes and other services. Services combine to promote self-sufficiency. The goal of Employment Support Services is to achieve 100 percent employment for all FIP clients required to work. DHS works with FIP clients to identify barriers to employment and to provide necessary resources to eliminate those barriers. For each case, barriers are reflected in the FSSP.
- Family Support Services: Families receiving FIP benefits may also receive additional services to assist in preparing for self-sufficiency. For example, a recipient’s FSSP may indicate a need for life skills training or other short-term family counseling. In these instances, a Family Independence specialist helps identify resources needed by families and helps arrange for payments for services if necessary.

Sources of Financing
- Federal Temporary Assistance for Needy Families (TANF) funding.
- State funds.
- Retained child support collections.
- FIP recoupments (accruing as a result of previous payments made in error).

Legal Basis
- DHS 2014 Appropriations Act, FY 2013 Public Act 59, Article X
- Federal Social Security Act
- Social Welfare Act, 1939 PA 280
- Administrative Rules 400.3101 – 400.3131
PROGRAM EFFECTIVENESS / PROGRAM IMPACTS.

The following graph summarizes FIP-regular annual average caseloads from FY 2004 through FY 2013. The second graph shows FIP-Regular maximum payments as a percentage of the poverty level with and without Food Assistance Program benefits through FY 2014. Maximum payments for a family of three were 34 percent of the poverty level in FY 2011, 32 percent in FY 2012, 32 percent in FY 2013, and an estimated 31 percent in FY 2014.

Michigan provides other TANF-funded programs and services. The following are examples of services intended to allow children to be cared for in their own homes, in the homes of relatives, or to end dependence of needy parents on government assistance by promoting job readiness and employment.

- Emergency Relief; Emergency Shelter; Food Bank; Community Action Agencies; Employment Support Services; Family Support Services; Individual Development Accounts; Information and Referral Services; Family Resource Centers; Disaster Relief Program; Short-Term Family Support; Family Support Subsidy; Adoption Support Subsidy; Adoption Medical Subsidy; Earned Income Tax Credit; Scholarships Used to Fund Post-Secondary Education; Capacity Building for Michigan's Early Education and Care System; School Readiness Programs; Various United Way Programs; Various Foundation Grants; Programs Targeted Towards At-Risk Youth; Employment Services for Non-Custodial Parents; Energy Assistance; Domestic Violence Comprehensive Services.

---

4 Beginning in March 2007, Michigan instituted a new FIP component called the Extended Family Independence Program (EFIP). EFIP cases are those that would have closed due to earnings but remain open for six additional months and receive a $10 grant for each of those months. EFIP provides important support to families transitioning to self-sufficiency. By retaining cases in the monthly count, Michigan potentially increases the percentage of those cases that will meet state and federal work requirements.
NOTE: The FY 2013 average monthly caseload of 49,165 was the lowest since FY 1968, when it was 46,637. The highest average monthly caseload was 241,157, recorded for FY 1981. TANF and state time limits continue to result in month-over-month and year-over-year decreases, as do other policy initiatives such as Michigan’s FIP 21-day orientation and truancy policies.
Note: The FY 2014 maximum payment is estimated to be 31 percent of the poverty level. Adding food assistance to the FIP payment results in a family benefit estimated to be 63 percent of the poverty threshold. FIP amounts did not increase for this group from the FY 2013 level.

1 Estimated values.
PROGRAM STATEMENT

The goal of the Food Assistance Program (FAP) is to raise the food-purchasing power of low-income persons. Limited food-purchasing power contributes to hunger and malnutrition. FAP is one of the federal safety net programs. Benefits are 100 percent federally funded and administrative costs are shared equally between the state and the federal government.

Program Description/Eligibility Factors:
Groups of people living in the same household are eligible for FAP benefits based on criteria such as, but not limited to: assets, net income, household size, and certain expenses. FAP groups are categorically eligible if all group members receive Family Independence Program (FIP) benefits, State Disability Assistance (SDA) benefits, Supplemental Security Income, or if they meet income and asset limits. A group is not categorically eligible for FAP if any member of the group is disqualified for an intentional program violation, drug-related felony or employment-related activity when the disqualified person is the head of household.

FAP benefits are not considered income or assets for FIP, SDA, Medicaid (MA), or any other federal, state or local programs. Therefore, any other assistance for which a FAP household qualifies is not reduced because of the household’s receipt of FAP benefits. FAP benefits can be used to buy eligible food items at any Food and Nutrition Service authorized retail food store or approved meal provider. Eligible items include: 1) Any food or beverage product intended for human consumption except alcoholic beverages, tobacco, and hot foods or foods ready for immediate consumption, and 2) Seeds and plants for use in gardens to produce food for the personal consumption of the eligible household.

Clients who are homeless, elderly or disabled may use their FAP benefits in the following settings:

1) Shelter for battered women and children.
2) Communal dining facilities, a setting allowable only for elderly or disabled individuals.
3) Group living arrangements.
4) Homeless meal providers.
5) Meal delivery services (such as “Meals on Wheels”).
6) Senior citizens’ center / residential building.

There are two types of FAP households:
1) Public Assistance (PA): A household in which at least one of the members of the household also receives FIP and/or SDA.
2) Non-Public Assistance (NPA): A household that has no member receiving FIP and/or SDA.

SOURCES OF FINANCING

- 100 percent federal funding for Food Assistance benefits through the U.S. Department of Agriculture Food and Nutrition Service (USDA - FNS).
• 50 percent USDA-FNS funding for associated administrative costs less any administrative expense amount determined to have been included in the TANF block grant.
• State funds.

PUBLIC ASSISTANCE RECOUPMENTS
• Food and Nutrition Act of 2008- 7 U.S.C. 2011-2036
• 7 CFR 271.1-283.32
• Administrative Rules 400.3001-400.3014
• DHS FY 2013 Appropriations Act, 2014 Public Act 59, Article X

PROGRAM EFFECTIVENESS / PROGRAM IMPACTS
In Fiscal Year 2013, the average monthly number of households receiving FAP benefits was 909,764, providing monthly supplemental food benefits to an average of 1,775,646 people. In FY 2013, the unduplicated count of people receiving FAP benefits at any point during the fiscal year was 2,259,450, or 22.9 percent of Michigan’s population. FAP is now projected to continue year-over-year decreases through FY 2015. Year-over-year FAP household decreases through FY 2015 are based on policy factors, and an improving Michigan economy.

Continued decreases in non-PA FAP households are attributed to an improving Michigan economy as well as the impacts of a new asset test implemented October 2011. In order to be FAP eligible, clients cannot have countable assets above $5,000. Countable assets include but are not limited to checking and savings accounts. Not included as countable assets are employer sponsored retirement accounts and burial plots. Further, beginning in FY 2013, certain vehicles also became a countable asset, excluding the vehicle with the highest fair market value. However, a household with more than one vehicle could not have a combined fair market value of all vehicles above $15,000 and remain eligible for FAP.

While FAP household totals are projected to decrease through FY 2015, the DHS Policy and Compliance Office and partners continue to provide public access to benefits. For example, “MI Bridges,” Michigan’s online FAP application project,” was implemented in August 2009. Since implementation of the online FAP application, this portal has expanded to allow applicants to apply for all programs DHS offers. In addition, the majority of FAP applicants are applying online now, and in FY2013 there were 420,077 FAP applications received.

Further, the Michigan Combined Application Project (MiCAP) has kept Michigan FAP participation at a high level. MiCAP is a USDA-FNS-approved process allowing Supplemental Security Income (SSI) clients to automatically receive nutritional benefits. MiCAP was implemented in April 2009 and is currently available for 13,672 FAP households.
Note: The FY 2013 FAP monthly household average caseload was the third highest on record at 909,764, providing benefits to 1,775,646 people. The highest household and recipient totals were recorded in FY 2011 at 967,566 and 1,928,478 respectively. Reflecting forecasts for continued improvements in Michigan’s labor market conditions, and FY 2014 policy initiatives, FAP is now projected to continue year-over-year decreases through FY 2015.
PROGRAM STATEMENT
The Low-Income Home Energy Assistance Program (LIHEAP) provides assistance to disadvantaged households in meeting the costs of home energy. LIHEAP provides three types of energy assistance payments: 1) Basic heating assistance, through the Michigan Home Heating Credit; 2) State Emergency Relief (SER) energy services — crisis assistance for those facing energy or energy-related home repair emergencies; and 3) weatherization services. In FY 2012, 371,005 low-income households received basic heating assistance; 266,519 received crisis energy assistance; 1,646 households received energy-related home repair services. Some households may have received more than one of the above LIHEAP services.

SOURCES OF FINANCING
- Federal Low-Income Home Energy Assistance Program block grant funds.

LEGAL BASIS
- Michigan Income Tax Act, 2004 PA 335 (Michigan Home Heating Tax Credit)
- DHS FY 2013 Appropriations, 2012 PA 200, Article X.

PROGRAM EFFECTIVENESS / PROGRAM IMPACTS:
NOTE: The household report for FY 2013 is not due to Health and Human Services until mid-December 2013, therefore the last data DHS has available are those for FY2012.

<table>
<thead>
<tr>
<th>FY 2012 LIHEAP Activity:</th>
<th>Households</th>
<th>Average Payments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Heating Assistance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Heating Credit</td>
<td>371,005</td>
<td>$167</td>
</tr>
<tr>
<td>SER Energy Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heating and Electric</td>
<td>266,519¹</td>
<td>$561</td>
</tr>
<tr>
<td>Energy-Related Home Repairs</td>
<td>1,646</td>
<td>$2,179</td>
</tr>
<tr>
<td>Weatherization</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

NOTE: LIHEAP funds for weatherization were not allocated for FY2014.
PROGRAM STATEMENT
Medicaid provides medical assistance to individuals and families who meet the financial and non-financial eligibility factors. The goal of the Medicaid program is to ensure that essential health care services are made available to those who otherwise could not afford them.

The Department of Community Health administers Medicaid and the Adult Medical Program with DHS determining eligibility. Medicaid is the single largest health insurance program in the United States (larger than Medicare). Subsequent pages provide an overview of the Medicaid program and describe the various eligibility categories.

SOURCES OF FINANCING
- Title XIX of the Social Security Act.
- State General Fund / General Purpose.
- County funds.
- Federal demonstration funds.
- Intergovernmental transfers.

LEGAL BASIS
- Title XIX of the Social Security Act 1902 (a)(10)(A) and (e)
- 42 CFR (Code of Federal Regulations)
- Social Welfare Act, 1939 PA 280, MCL 400.106
- DCH FY 2013 Appropriations Act, 2014 Public Act Number 59, Article X
- DHS FY 2013 Appropriations Act, 2014 Public Act 59, Article X

PROGRAM EFFECTIVENESS / PROGRAM IMPACTS

<table>
<thead>
<tr>
<th>Total Medicaid Beneficiaries FY 2013*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Medicaid</td>
</tr>
<tr>
<td>Pregnant women &amp; children under age 21</td>
</tr>
<tr>
<td>Non-SSI - Aged (over 65), Blind, Disabled</td>
</tr>
<tr>
<td>SSI Aged, Blind, Disabled</td>
</tr>
<tr>
<td><strong>Total</strong></td>
</tr>
</tbody>
</table>

*Data sources: DHS Trend Report of Key Program Statistics: Tables 1, 31 and 32
FY 2013 Average Monthly Recipients
- 1,916,987 Medicaid recipients.
- 50,905 Adult Medicaid Program recipients.
  (Above Medicaid and Adult Medicaid recipients are active in 30 different Medicaid categories).

Eligibility Determination
After the application is completed, DHS assesses individual applicant situations. Assessment includes a review of income, assets, group composition, disability status, age, and living arrangements to determine which category of Medicaid is most beneficial to the applicant and to complete the eligibility determination.

Access to Benefits
- MiHealth card – Each Medicaid recipient and Adult Medicaid Program (AMP) recipient receives his/her own card to access benefits.

The following several pages provide an overview of Medicaid program categories. Two subsequent graphs display Medicaid recipient and expenditure trends (FY 2004-FY 2013).
MEDICAID OVERVIEW

<table>
<thead>
<tr>
<th>MA Category</th>
<th>BEM* Item</th>
<th>Unique Non-Financial Eligibility Factor</th>
<th>Automatic MA Eligibility</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FIP Related Categories</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Low-Income Family MA</td>
<td>110</td>
<td>Family with dependent children</td>
<td>No</td>
</tr>
<tr>
<td>2. Transitional MA: Families who lose FIP eligibility because of income from employment of the specified relative are eligible for MA for up to 12 months.</td>
<td>111</td>
<td>Family with children</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Effective date 4-1-90</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Special Needs Support: Families who lose FIP eligibility (in whole or in part) because of increased child support payments are eligible for MA for up to four months.</td>
<td>113</td>
<td>Family with dependent children</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Effective date 10-1-84</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Title IV-E Recipients: Children receiving Title IV-E foster care maintenance payments and children for whom there is a Title IV-E adoption assistance agreement are eligible for MA.</td>
<td>117</td>
<td>Under age 21</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Effective date 2-1-82</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Department Wards: Children who are department wards are eligible for MA.</td>
<td>117</td>
<td>Under age 21</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Effective date 5-1-82</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Healthy Kids for Pregnant Women: Pregnant women with income up to 185 percent of the poverty level are eligible for MA. Eligibility continues for the two calendar months following the termination of pregnancy. There is no asset test.</td>
<td>125</td>
<td>Pregnant or recently pregnant</td>
<td>No</td>
</tr>
<tr>
<td><strong>Effective date 1-1-88</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Bridges Eligibility Manual

1 Once established, MA eligibility continues automatically as long as the family remains Michigan residents.
### FIP Related Categories

<table>
<thead>
<tr>
<th>MA Category</th>
<th>BEM* Item</th>
<th>Unique Non-Financial Eligibility Factor</th>
<th>Automatic MA Eligibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Group 2 Pregnant Women: Pregnant women who meet certain Group 2 financial and non-financial eligibility factors are eligible for MA. Women who are receiving MA when pregnancy ends and remain otherwise eligible may continue receiving MA for the two calendar months following the month pregnancy ends. Incurred medical expenses may be used in determining income eligibility (spend-down).</td>
<td>126</td>
<td>Pregnant or recently pregnant</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Healthy Kids Under Age 1: A child under age 1 whose family’s income is below 185 percent of the poverty level is eligible for MA. There is no asset test.</td>
<td>129</td>
<td>Under age 1</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Other Healthy Kids Expansion: Children ages 16-19 whose income meets specific poverty requirements are eligible for MA. There is no asset test.</td>
<td>131</td>
<td>For children ages 16-18, family income must be 101-150 percent. For children age 19, family income must be below 150 percent.</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Group 2 Persons Under Age 21: Persons under age 21 who meet the Group 2 income and asset requirements are eligible for MA. Incurred medical expenses may be used in determining income eligibility (spend-down).</td>
<td>132</td>
<td>Under age 21</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Group 2 Caretaker Relatives: Caretaker relatives of a dependent child who meet the Group 2 income and asset requirements are eligible for MA. Incurred medical expenses may be used in determining income eligibility (spend-down).</td>
<td>135</td>
<td>Caretaker of dependent child</td>
<td>No</td>
</tr>
</tbody>
</table>

* Bridges Eligibility Manual
### FIP-Related Categories

<table>
<thead>
<tr>
<th>Item</th>
<th>MA Category</th>
<th>BEM* Item</th>
<th>Unique Non-Financial Eligibility Factor</th>
<th>Automatic MA Eligibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>Newborns: A child whose mother is receiving MA on the date of the child’s birth is eligible for MA through the month of his/her first birthday if the child lives with his mother and the mother remains an MA recipient or meets certain MA eligibility factors.</td>
<td>145</td>
<td>Newborn</td>
<td>Yes²</td>
</tr>
<tr>
<td></td>
<td><em>Effective date 10-1-84</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Plan First! Family Planning Program: A health coverage program operated by the Department of Community Health (DCH) which will provide family planning services to women who otherwise would not have full medical coverage.</td>
<td>124</td>
<td>Non-pregnant women ages 19-44 not currently covered by Medicaid or Adult Medical Program</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td><em>Effective date 07-01-06</em></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### SSI-Related Categories:

<table>
<thead>
<tr>
<th>Item</th>
<th>MA Category</th>
<th>BEM* Item</th>
<th>Unique Non-Financial Eligibility Factor</th>
<th>Automatic MA Eligibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>SSI Recipients: All SSI recipients are eligible for MA.</td>
<td>150</td>
<td>Aged, blind or disabled</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td><em>Effective date 1-1-74</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Appealing SSI Termination</td>
<td>150</td>
<td>Appealing SSI termination</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td><em>Effective date 1-1-74</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Special Disabled Children</td>
<td>154</td>
<td>Former SSI recipient child</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td><em>Effective date 2-1-98</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>503 Individuals: A former SSI recipient who receives Retirement, Survivors, and Disability Insurance (RSDI) benefits and who would now be eligible for SSI if RSDI cost of living increases paid since SSI eligibility ended were excluded is eligible for MA.</td>
<td>155</td>
<td>Aged, blind or disabled</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td><em>Effective date 7-7-77</em></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Bridges Eligibility Manual

² As long as the newborn lives with his/her mother, who is an MA recipient or meets certain MA eligibility factors.
<table>
<thead>
<tr>
<th>MA Category</th>
<th>BEM* Item</th>
<th>Unique Non-Financial Eligibility Factor</th>
<th>Automatic MA Eligibility</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SSI-Related Categories:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. COBRA Widow(er)s: A person who received RSDI as a disabled widow(er) in January 1984 and also received SSI, who continued to receive RSDI but whose SSI ended due to a special RSDI increase for certain disabled widow(er)s and subsequent RSDI COLA increases, and who would be eligible for SSI if those increases had not been paid, is eligible for MA.</td>
<td>156</td>
<td>Aged, blind or disabled</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Effective date 11-7-86</strong></td>
<td></td>
</tr>
<tr>
<td>19. Early Widow(er)s: A person who receives at least some RSDI as early widow(er) under Section 202(e) or (f) of the Social Security Act, who is not eligible for Medicare Part A, who lost SSI eligibility due to the receipt of RSDI under Section 202, and who would be eligible for SSI except for the RSDI received under Section 202, is eligible for MA.</td>
<td>157</td>
<td>Blind or disabled</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Effective date 2-23-89</strong></td>
<td></td>
</tr>
<tr>
<td>20. DAC: A person receiving disabled adult children (DAC) RSDI benefits, who received SSI but who lost eligibility for SSI due to the receipt of DAC RSDI and who would be eligible for SSI except for the receipt of DAC RSDI, is eligible for MA.</td>
<td>158</td>
<td>Aged, blind or disabled</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Effective date 5-15-89</strong></td>
<td></td>
</tr>
<tr>
<td>21. AD-Care: Aged or disabled persons whose assets do not exceed $2,000 for one/$3,000 for a couple and net income does not exceed 100 percent of the poverty level.</td>
<td>163</td>
<td>Aged or disabled</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Effective date 1-1-95</strong></td>
<td></td>
</tr>
<tr>
<td>22. Extended-Care: Aged, blind or disabled persons who reside (or are expected to reside) for at least 30 days in hospitals or long-term care facilities or who are waiver clients and who meet certain income and asset requirements are eligible for MA.</td>
<td>164</td>
<td>Aged, blind or disabled</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Effective date 5-1-92</strong></td>
<td></td>
</tr>
<tr>
<td>23. Medicare Savings Programs</td>
<td>165</td>
<td>Medicare Part A</td>
<td>No</td>
</tr>
</tbody>
</table>

* Bridges Eligibility Manual
<table>
<thead>
<tr>
<th>MA Category</th>
<th>BEM* Item</th>
<th>Unique Non-Financial Eligibility Factor</th>
<th>Automatic MA Eligibility</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SSI-Related Categories:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24. Group 2 Aged, Blind and Disabled: Aged, blind or disabled persons who meet the Group 2 income and asset requirements are eligible for MA. Incurred medical expenses may be used in determining eligibility (spend-down).</td>
<td>166</td>
<td>Aged, blind or disabled</td>
<td>No</td>
</tr>
<tr>
<td>Effective date 1966</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25. Qualified Disabled and Working Individuals (QDWI): Persons entitled to Medicare Part A under Section 1818A of the Social Security Act who have income up to 200 percent of the poverty level and who are not eligible for MA under any other category are eligible for MA payment of Medicare Part A premiums.</td>
<td>169</td>
<td>Type of Medicare</td>
<td>No</td>
</tr>
<tr>
<td>Effective date 7-1-90</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26. Home Care Children: Disabled children under age 18 who require institutional care but who can be cared for at home for less cost are eligible for MA. Only the child's (and not the parent's) income and assets are considered in determining eligibility. (Medical eligibility for this category is determined by Department of Community Health.)</td>
<td>170</td>
<td>Disabled</td>
<td>No</td>
</tr>
<tr>
<td>Effective date 10-1-87</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27. Children's Waiver: Disabled children who require institutional care but can be cared for at home for less cost are eligible for MA. Only the child's (and not the parent's) income and assets are considered in determining eligibility. (Medical eligibility for this category is determined by Department of Community Health.)</td>
<td>171</td>
<td>Disabled</td>
<td>No</td>
</tr>
<tr>
<td>Effective date 1-1-92</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28. Breast and Cervical Cancer Prevention and Treatment Program</td>
<td>173</td>
<td>Health department cancer screening</td>
<td>No</td>
</tr>
<tr>
<td>Effective date 5-1-02</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29. Freedom to Work (FTW): A disabled client ages 16 and 64 who has earned income, and the month being tested is not before January 2004, who is employed and meets all other MA eligibility requirements, is eligible for FTW. Note: SSI recipients whose SSI eligibility has ended due to financial factors are among those who should be considered for this program.</td>
<td>174</td>
<td>Income eligibility exists when a client’s net unearned income does not exceed 100 percent of the Federal Poverty Level (FPL).</td>
<td>No</td>
</tr>
<tr>
<td>Effective date 4-1-04</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Bridges Eligibility Manual
### SSI-Related Categories:

<table>
<thead>
<tr>
<th>MA Category</th>
<th>BEM Item</th>
<th>Unique Non-Financial Eligibility Factor</th>
<th>Automatic MA Eligibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster Care Transitional Medicaid (FCTMA): Children in this category are transitioning from foster care to adulthood. Children aging out of foster care on their 18th birthday are eligible for Foster Care Transition Medicaid (FCTMA) from age 18 through their 21st birthday.</td>
<td>118</td>
<td>Referral from Children Services</td>
<td>Yes</td>
</tr>
</tbody>
</table>

* Bridges Eligibility Manual

Effective 4-1-08
 Medicaid recipient totals increased year-over-year from FY 2004 through FY 2011. The monthly average in FY 2013 was the fourth highest ever at 1.916 million people. FY 2013’s moderate decline reflected decreases in: 1) Family Medicaid; and 2) Other Children Under Age 21. SOURCE: DHS Trend Report of Key Program Statistics, September 2013.
From FY 2004 through FY 2013, Medicaid (MA) expenditures (Medical Assistance plus MA Administration) increased 50.8 percent.

Year-over-year Medicaid data are aggregate expenditure amounts from CMS-64 Reports compiled by the Michigan Department of Community Health and the Michigan Department of Technology, Management and Budget.

FY 2006 expenditures decreased from FY 2005 due to the implementation of Medicare Part D prescription drug benefits and new state financial participation requirements.
PROGRAM STATEMENT
The Refugee Assistance Program (RAP) is a federal program which helps refugees become self-sufficient after their arrival in the United States. RAP provides assistance to individuals and families who have left their country of origin because of political, religious or ethnic persecution. Services provided include: Refugee Cash Assistance, Refugee Medical Assistance, Health Screening, Employment Support Services and if qualified, Unaccompanied Minors Foster Care. Refugees may also be eligible for cash assistance and services funded by Temporary Assistance for Needy Families (TANF). Private providers under contract with the RAP deliver services. DHS is the designated agency responsible for the delivery of services to refugees. DHS staff determines eligibility and makes necessary referrals, monitors contractor compliance, and develops grant proposals for this public-private partnership program. Primary resettlement is accomplished through local affiliates of national voluntary agencies.

LEGAL BASIS
- DHS FY 2014 Appropriations Act, 2013 Public Act 59, Article X
- 8 USC Sec. 1522 (a) (9), (e), Note (Sec. 501)
- 45 CFR 400445 CFR 401
- Executive Order No. 12341 (Jan. 21, 1982)

SOURCE OF FINANCING
- 100 percent federal funds.

PROGRAM EFFECTIVENESS / PROGRAM IMPACTS
- In FY 2013, DHS administered special grants and projects to assist school-age refugees through the School Impact Program.
- The Refugee Assistance Program provided services to approximately 280 youth per month in the Unaccompanied Refugee Minors Foster Care Program in FY 2013.
- Michigan has received more than 17,000 refugees in the past 5 years.
Arrivals in Michigan by Fiscal Year

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Arrivals</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2009</td>
<td>3,503</td>
</tr>
<tr>
<td>FY 2010</td>
<td>3,188</td>
</tr>
<tr>
<td>FY 2011</td>
<td>2,588</td>
</tr>
<tr>
<td>FY 2012</td>
<td>3,603</td>
</tr>
<tr>
<td>FY 2013</td>
<td>4,658</td>
</tr>
</tbody>
</table>

Refugee Health Screenings by Fiscal Year

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Screenings</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2011</td>
<td>2,617</td>
</tr>
<tr>
<td>FY 2012</td>
<td>3,485</td>
</tr>
<tr>
<td>FY 2013</td>
<td>4,599</td>
</tr>
</tbody>
</table>

Employment Services Program Outcomes by Fiscal Year

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Number of Individuals Served</th>
<th>Individuals Placed in Employment</th>
<th>Job Placement Rate</th>
<th>Average Full Time Wage Per Hour</th>
<th>Retention Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2011</td>
<td>4,324</td>
<td>1,045</td>
<td>24.2%</td>
<td>$8.64</td>
<td>47%</td>
</tr>
<tr>
<td>FY 2012</td>
<td>4,067</td>
<td>1,325</td>
<td>32.5%</td>
<td>$8.71</td>
<td>83%</td>
</tr>
<tr>
<td>FY 2013</td>
<td>4,716</td>
<td>1,630</td>
<td>34.6%</td>
<td>$8.81</td>
<td>80%</td>
</tr>
</tbody>
</table>
PROGRAM STATEMENT
The State Disability Assistance (SDA) program provides financial assistance to Michigan's disabled, low-income adults to meet basic personal and shelter needs. SDA is a cash assistance program for disabled adults, caretakers of disabled individuals and persons age 65 or older. SDA recipients have little or no money to pay for living expenses such as rent, heat, utilities, clothing, food or personal care items, and SDA is intended to meet these basic needs. The monthly maximum benefit for new cases in FY 2015 is $200 ($315 for a married couple). Ongoing SDA cases receiving benefits prior to FY 2015 will continue to receive the previous payment standard of $269 ($423 for a married couple). In FY 2013 and FY 2014, SDA recipients with no other income were/are eligible to receive $200 per month in food assistance. SDA cases can be comprised of a single person or spouses who live together.

Eligibility Factors:

Financial: To be eligible for SDA, applicants must meet income and asset requirements. The asset limit for SDA is $3,000. Most types of earned and unearned income are counted when determining eligibility. However, most SDA recipients do not have assets or income. A full-time minimum wage job exceeds SDA income eligibility standards.

Non-Financial: A person must meet disability criteria, be caring for a disabled person, or over the age of 65. An individual meets disability criteria for SDA if:

- The individual is receiving Social Security Income (SSI), Social Security benefits based on his or her own disability, or Medicaid due to a disability.
- The individual meets the federal Social Security Administration (SSA) disability standards with the exception of duration. SDA has minimum disability duration of 90 days.
- The individual is age 65 or older and has applied for benefits with the SSA.
- The individual is receiving services from Michigan Rehabilitation Services.
- The individual is receiving special education services through a local intermediate school district and is under the age of 26.
- The individual is caring for a disabled person when assistance is medically necessary for at least 90 days and the disabled individual and the caretaker live together.
- The individual is residing in an adult foster care home, home for the aged, a substance abuse treatment center (SATC), or a county infirmary.
- The individual is receiving post-residential substance abuse services. Individuals are SDA-eligible for 30 days following discharge from the SATC.
- The individual has an AIDS diagnosis.
SOURCES OF FINANCING
- State funds.
- SSI recoveries.

LEGAL BASIS
- DHS FY 2013 Appropriations Act, 2014 Public Act 59, Article X

PROGRAM EFFECTIVENESS / PROGRAM IMPACTS
The State Disability Assistance (SDA) program provides interim financial assistance to Michigan’s neediest disabled adults. Disability is a factor for all individuals found eligible for this program. Benefits are meant to help meet basic personal and shelter needs. As shown in the following graph, the average monthly SDA caseload dropped year-over-year from FY 2011 through FY 2013. In FY 2013, the average monthly caseload was 7,789, the lowest since FY 2002, when it was 7,989.

Over the FY 2011 – FY 2013 period, SSI Advocacy Program data indicate year-over-year increases in SSI approvals of former SDA recipients, with corresponding decreases in average monthly recoveries per recipient. Those data are summarized directly below.

1) For FY 2011, SSI Advocacy staff report recoveries of $11.8 million for 5,338 former SDA clients who were found SSI eligible. The average recovery per SDA client was $2,206.
2) For FY 2012, SSI Advocacy staff report recoveries of $10.1 million for 5,444 former SDA clients who were found SSI eligible. The average recovery per SDA client was $1,860.
3) For FY 2013, SSI Advocacy staff report recoveries of $9.1 million for 5,006 former SDA clients who were found SSI eligible. The average recovery per SDA client was $1,825.

Given that DHS recovers all SDA general fund payment amounts when individuals are found eligible for Supplemental Security Income, the above summarized data indicate:

1) While on SDA, recipients received relatively less assistance prior to receipt of SSI, and
2) The average length of stay on SDA dropped over this period as evidenced by increased SSI approvals and corresponding decreases in average recoveries per recipient.

These assessments significantly explain program dynamics leading to decreases in average monthly caseloads over this period.
NOTE: The FY 2013 caseload average was 7,789, a significant drop of 863 cases (-10 percent) from the FY 2012 average. The caseload has dropped 2,770 cases (-26.2 percent) since FY 2010, the recent highest fiscal year average. As supported by SSI Advocacy Program data, recent average monthly decreases in year-over-year SDA caseloads strongly suggest that while on SDA, recipients received relatively less assistance (prior to receipt of SSI), and that the average length of stay on SDA dropped over this period as evidenced by increased SSI approvals, and corresponding decreases in average recoveries per recipient. These factors (as discussed in the narrative) help to explain average monthly caseload decreases from FY 2010 through FY 2013.
DEPARTMENT OF HUMAN SERVICES
SDA MAXIMUM PAYMENT AS A PERCENTAGE OF THE POVERTY LEVEL
One-Person Case in Wayne County Based on Federal Poverty Thresholds

For new $200 benefit cases in FY 2013, the SDA maximum payment was 20 percent of the poverty level. Adding the value of Food Assistance Program benefits to the SDA payment resulted in a benefit that was 39 percent of the poverty level.
PROGRAM STATEMENT
The goal of the State Emergency Relief (SER) Program is to prevent serious harm to individuals and families by helping them obtain safe, and affordable shelter and other essentials when they face an emergency due to factors or conditions beyond their control. The DHS FY 2014 Appropriations Act includes $38.44 million for this program. All persons (other than undocumented aliens and households with fugitive felons) are potentially eligible for SER, with no residency requirements. The SER applicant group must be physically present in Michigan at the time of application, must have an emergency that threatens group members’ health or safety, and the emergency must be resolvable through issuance of SER. SER is not issued to resolve applicant-created emergencies. Covered services include:

- **Relocation**: Provides money for rent, security deposits and moving expenses.
- **Emergency Shelter**: Provides emergency food and shelter via the Salvation Army.
- **Home Ownership**: House payments, property taxes, homeowner’s insurance and mobile home owner’s lot rent, up to a lifetime limit of $2,000, to prevent loss of a home if no other resources are available and the home will be available to provide safe, affordable shelter in the foreseeable future.
- **Home Repairs**: Up to a lifetime limit of $4,000 for energy-related repairs (furnace repair/replacement) and $1,500 for non-energy-related repairs, to correct unsafe conditions and to restore essential services.
- **Utility Assistance**: Restoration or shutoff prevention of water, sewer and cooking gas service (up to a fiscal year cap of $175) and utility deposits and reconnection fees (up to $200 per occurrence) when service is necessary to prevent serious harm.
- **Burial**: Payments are authorized for burial or cremation when the deceased person’s estate and contributions from friends or relatives are not sufficient to pay for burial or cremation (there is a $4,000 limit on voluntary contributions from friends or relatives over and above the SER payment).

SOURCES OF FINANCING
- Federal TANF funding (Title IV-A).
- State funding for all families with children not eligible for TANF funding, and for all other childless couples and single adults.
- Housing and Urban Development (HUD).
- Various Title XX, XIX Admin, SNAP Admin, and IV-D Child Support (In Multicultural Line).

LEGAL BASIS
- Social Security Act
- Michigan Administrative Code: Rules 400.7001-400.7049
- The Social Welfare Act, 1939 PA 180
- DHS FY 2014 Appropriations Act, 2013 PA 59, Article X
PROGRAM EFFECTIVENESS / PROGRAM IMPACTS

In FY 2013, an average of 38,038 households (91,796 individuals) received SER assistance. This equates to a monthly average of 7,650 recipients that received some type of emergency assistance service. As per the DHS FY 2013 Annual Report of Key Program Statistics, the FY 2013 number of unduplicated cases was 190,274, each of which received some type of emergency service. Unduplicated refers to a distinct case, and every unduplicated case received benefits at least once during FY 2013. SER is a safety net program for low-income households. It provides limited funding to resolve immediate emergencies that other agencies and resources in Michigan may not be able to provide to support safe housing and prevent homelessness.¹

As reflected in the graph (following page), nearly 50 percent of FY 2013 SER expenditures were used to provide emergency food and shelter via the Salvation Army and other services contracts, such as utilities/deposits, water, house payments/taxes, rent/mobile home rent, insurance, household items/food and other, home repairs and emergency services contracts.

¹ Data Source: EN-230 Report
Nearly 50 percent of FY 2012 SER expenditures were used to provide emergency food and shelter via the Salvation Army and other services contracts, i.e., Utilities/Deposits, Water, House Payments/Taxes, and insurance Rent/Mobile Home Rent, Home Repairs and Emergency Services Contracts.

SER Energy Assistance is within the LIHEAP appropriation and not expressed in the above graph. In FY 2013, over $193.56 million was allocated in the LIHEAP Block Grant for energy and heat assistance. Data source: HHS Notice of Grant Award - FY 2013 and leveraging awards, plus carry forward funding (per DHS Bureau of Accounting). There was also one-time basis funding for State Emergency Relief energy services authorized in FY 20-13 at $59.9 million ($27.7 million state and $32.2 million TANF).
PROGRAM STATEMENT

Supplemental Security Income (SSI) is a federally administered income maintenance program for the aged, blind and disabled. Six categories of living arrangements are recognized: independent living, household of another, domiciliary care (supervisory), personal care, home for the aged and Medicaid facility, i.e., nursing home. Payment amounts vary by living arrangements. Federal payments are supplemented with state funds. The majority of these state funds are paid to persons in independent living arrangements. Additionally, Medicaid payments for personal care services are provided for persons who need these services in adult foster care categories.

The Social Security Administration (SSA) charges the state a fee, per transaction, for administering state funds. To minimize these fees the state administers the state funds paid to those persons in independent living and household of another living arrangements with the state SSI Payment Program. This group constitutes approximately 93.7 percent of the total number of SSI recipients receiving state funds. The SSA administers state funds to mandatory SSI individuals in all living arrangements and those in domiciliary (supervisory) care, personal care, home for the aged, and Medicaid facility living arrangements.

The passage and enactment of federal welfare reform legislation in 1996 changed SSI eligibility for children and legal immigrants. With 1996 legislative changes, essentially all cases receiving federal payments also became eligible to receive SSI state supplementation.

SSI for Legal Aliens – Future legal aliens were barred from receiving SSI unless they were residing in the United States on August 22, 1996. Exceptions for:

- Legal aliens already receiving benefits on August 22, 1996, could continue to receive benefits.
- A legal alien residing in the U.S. on August 22, 1996, who becomes disabled may qualify for SSI.
- Refugees, asylees, those granted withholding of deportation, Cuban/Haitian entrants or Amerasian immigrants are eligible for SSI their first seven years in the United States.
- Lawful permanent residents with 40 qualifying work quarters.
- Veterans, active duty military, spouses and dependents.

SSI for Children: With the passage of 1996 welfare reform legislation, a revised disability standard for new and pending applications was established. This standard eliminated the listings-only approach to assessment of child disability and added a “comparable severity standard” similar to that used on adult cases. The SSA conducted redeterminations of eligibility for current beneficiaries based on the new definition.

Disability for Drug Abuse or Alcoholism: Those individuals receiving SSI with drug abuse or alcoholism as the primary cause were no longer eligible effective January 1, 1997.
Department of Technology, Management, and Budget

PROGRAM DESCRIPTION

Department: Human Services
Appropriation Unit: Public Assistance
Program: Supplemental Security Income

Fiscal Year 2015

SOURCES OF FINANCING

- SSI benefits are 100 percent federally funded and are not appropriated in the DHS budget.
- State supplementation of the federal SSI benefit is 100 percent state-funded and is appropriated in the DHS budget.

LEGAL BASIS

- Social Security Act, Title XVI
- Social Welfare Act, 2008 PA 280
- DHS FY 2013 Appropriations Act, 2014 Public Act No. 59, Article X

PROGRAM EFFECTIVENESS / PROGRAM IMPACTS

To enhance the financial stability of families, Michigan will continue to pursue benefits for disabled and financially needy adults and children through SSI. Families with children who are potentially eligible for SSI benefits are assisted with the application process.

A 1990 U.S. Supreme Court decision, Sullivan v. Zebley, invalidated SSI child disability regulations and ordered they be replaced with new regulations. The court decision found SSA’s listing-only methodology for determining SSI child claims inconsistent with the statutory standard of “comparable severity” set forth in the Social Security Act. The court invalidated the previous SSA rulings, as they were not providing SSI child claimants with individualized functional assessment similar to the functional analysis used in adult claims. The court concluded that SSA could determine the effect of impairment on a child’s ability to perform age-appropriate activities in much the same way it determines the effect of impairments on an adult’s ability to work. This ruling dramatically altered the SSI program as it operated after the Zebley decision and increased the number of children deemed eligible for SSI. The portion of children under 21 receiving SSI in Michigan has remained at 20 percent for the last several years. The October 2012 rate was 19.96 percent. Family Independence Program (FIP) and food assistance benefits to a family will increase if a child’s SSI benefits are terminated.

As displayed in the SSI caseload graph (following page), average monthly caseloads increased year-over-year from FY 2005 through FY 2013. Whereas the FY 2005 caseload average was 219,115, by FY 2013 it was 267,732, an increase of 48,617 or 22.2 percent.
Supplemental Security Income
Number of Recipients
FY 2005 - FY 2013

Note: SSI average monthly caseloads increased year-over-year from FY 2005 through FY 2013. Whereas the average monthly caseload was 219,115 in FY 2005, by FY 2013 it was 48,617 higher at 267,732, an increase of 21.7 percent.
PROGRAM STATEMENT
The Adoption Services Program provides for adoption planning and placement of children who are permanent court wards due to termination of parental rights. Services are provided to recruit and support permanent placements of children in homes that are capable of meeting the long-term physical, emotional, educational and behavioral needs of the child. Following termination of parental rights, efforts are made to place children into adoptive homes as soon as possible. Services are provided by local DHS office adoption staff or adoption purchase of service contracts with 65 private Michigan child-placing agencies. Children receiving adoption services are in foster care and may have special needs, i.e., adolescents, member of a sibling group, or may be physically, mentally or emotionally challenged. Adoption services include assessing the placement needs of the child; recruitment, orientation and training of potential adoptive families; completion of an adoptive family assessment (home study); certification of eligibility for adoption subsidy; adoptive placement and supervision; and the provision of post-adoption support services.

SOURCES OF FINANCING
Federal Title IVE
State Funds
TANF (Temporary Assistance for Needy Families)

LEGAL BASIS
- Child Care Organization Act, MCL § 722.111 et seq.
- Michigan Children’s Institute, MCL. § 400.201 et seq.
- Michigan Children’s Institute, 2011 Amended MCL. § 400.209
- Social Welfare Act, 1939 MCL § 400.1 et seq.
- Juvenile Code, Chapter XIIA, 1939 PA 288
- Adoption Code, MCL.§ 710.21 et seq.
- Foster Care and Adoption Services Act, 1994 MCL. § 722.951 et seq.
- Foster Care and Adoption Services Act, 1997 Amended MCL. § 722.952
- Foster Care and Adoption Services Act, 1998 Amended MCL. § 722.956
- Foster Care Review Board Act, MCL § 722.131 et seq.
- Small Business Job Protection Act, 42 U.S.C. § 671
- DHS FY 2014 Appropriations Act, 2013 Public Act 59, Article X
PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

Michigan effectively utilizes a public/private partnership to achieve permanency through adoption for waiting children. Permanency planning decisions are child-focused and carefully consider the unique needs and circumstances of each child. Whenever possible, placements are made with families who have an existing relationship or attachment to the child. Additionally, efforts are made to provide an adoptive home where siblings may stay together. To increase program effectiveness and outcomes, timeliness benchmarks for procedural processes have been established in adoption policy. They are “process and timeliness” outcomes for the “placement of foster care children with relatives, with the goal of adoption.” In FY 2013, preliminary counts indicate 2,352 children were adopted from foster care.

Michigan’s performance-based adoption contracts provide a financial incentive to private contractual agencies that actively recruit families to adopt children. The financial incentive is based on adoption timeliness or if the child was adopted either from a residential placement or from the Michigan Adoption Resource Exchange. Contracted agencies are required to reimburse the permanency portion of the incentive in the event that the adoption dissolves within 182 days of the order of adoption.

Michigan Child and Family Services (CSFR) Data Profile FY 2012:

- Of all children who were discharged from foster care to a finalized adoption, 38.4 percent were discharged in less than 24 months from the date of the latest removal from the home.
- Of all children who became legally free for adoption in the prior 12-month period, 53.3 percent were discharged from foster care to a finalized adoption less than 12 months after becoming legally free.

---

1 CSFR permanency data is based on annual files created July 24, 2013.
There continues to be a decrease in the number of adoptions finalized by DHS as adoption services are increasingly contracted to private adoption agencies.

**NOTE:** Finalized adoptive placements are placements for which the court has issued final orders dismissing court wardship and confirming adoptions. There continues to be a decrease in the number of adoptions finalized by DHS as adoption services are increasingly contracted to private adoption agencies.

**Source:** Product of Children's Services Data Management Unit

1 FY 2013 adoption totals are preliminary.
PROGRAM STATEMENT

The Adoption Assistance Program provides support subsidy, nonrecurring adoption expenses reimbursement and/or medical subsidy to eligible children and their adoptive families. The financial support subsidy assists families under contract with the agency with caring for special needs children (for example, older children, sibling groups, children placed with relatives, children with disabilities, medical, and/or mental health needs, and children whose parental rights have been terminated). The eligibility criteria for subsidy assistance are determined by established federal and state laws and DHS policies. Each individual child’s circumstance is considered in determining eligibility and whether one or more subsidy benefits will be approved to support the adoption. Adoption support subsidy assists adoptive families with the daily costs of caring for the child. The subsidy rates are linked to the foster care rate that would be appropriate if the child were in a family foster home at the time the adoption is finalized. Adoption support subsidy is a monthly payment and has three funding sources: Title IV-E, state funds and Temporary Assistance to Needy Families (TANF). Support subsidy benefits are the same regardless of the funding sources. Nonrecurring adoption expenses are reimbursements to the adoptive family for expenses (up to $2,000) specifically related to the finalization of the adoption. Adoption support subsidy and nonrecurring adoption expenses require that an approved subsidy agreement/contract is in place prior to the finalized adoption for eligibility. Adoption medical subsidy assists adoptive parents with the costs of care for a physical, mental and/or emotional condition which existed, or the cause of which existed, before the adoption petition was filed. Medical support subsidy has two funding sources: Federal Title IV-B Subpart 2 and TANF.² An application for adoption medical subsidy can be made before or after the adoption is finalized. This allows adoptive parents to add conditions that were caused prior to the adoption that were not apparent or were undiagnosed at the time the adoption was finalized.

Beginning in FY 2012, Michigan began extending subsidy benefit programming for eligible children under the Young Adult Voluntary Foster Care (YAVFC) Program, providing benefits for eligible young adults to age 21.

Adoption subsidies are a supportive way for the child welfare system to encourage adoptions and to provide post-adoption support to families. Adoptive parents must be informed about the adoption subsidy program when they express an interest in adopting. When a family requests support subsidy assistance, the adoption workers must request an adoption subsidy and have it approved prior to finalization of the adoption.

SOURCES OF FINANCING

- Federal Title IV-E.
- Federal Title IV-B Subpart 2.
- State Funds.
- Temporary Assistance to Needy Families Block Grant (TANF).

² Every adoption support subsidy case does not have a medical subsidy agreement. Medical subsidy is supported by state funding and by Federal Title IV-B Subpart 2 funding. Only Federal Title IV-B Subpart 2 funding may be used for counseling.
<table>
<thead>
<tr>
<th>Department:</th>
<th>Human Services</th>
<th>Appropriation Unit:</th>
<th>Child Welfare Services</th>
<th>Program:</th>
<th>Adoption Subsidy</th>
</tr>
</thead>
</table>

**LEGAL BASIS**
- Social Welfare Act, 1939 PA 280
- The Adoption and Safe Families Act of 1997
- DHS FY 2014 Appropriations Act, 2013 PA 59, Article X

**PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES**
Federal law requires efforts be made to place a child in an adoptive home without a subsidy unless this is the only placement that can be made in the child’s best interest. The adoptive parents must be informed about the program and must specifically request an adoption subsidy prior to the finalization of the child’s adoption. Adoption assistance is available only for those children certified as children with special needs as detailed in 1938 PA 280, Sec. 400.115g.

As summarized in the following chart, from FY 2010 to FY 2013 average monthly caseloads decreased 2.3 percent. The second graph compares expenditures from FY 2004 to FY 2013. The Michigan Legislature passed an increase in the daily foster care rate to families for FY 2013. This increase accounts for the FY 2013 increased expenditure to adoptive families who are under subsidy contract.
Funded by Title IV-E 20,400 21,139 21,579 21,688 21,790 21,588 20,726 19,721 18,978 18,638
Funded by TANF / State / YAVFC 3,195 3,619 4,069 4,591 5,248 5,781 6,774 7,406 7,909 8,243
Total 23,595 24,758 25,648 26,279 27,038 27,369 27,500 27,127 26,887 26,881

Note: Adoption subsidy caseloads decreased 2.3 percent from FY 2010 to FY 2013. Title IV-E, TANF/State cases refer to eligibility categories of children covered by the Adoption Support Subsidy program. Beginning FY 2012, Michigan extended benefit programming for eligible children under the Young Adult Voluntary Foster Care (YAVFC) program, providing benefits for eligible young adults to age 21. The average monthly YAVFC caseload in FY 2013 was 41 cases. By September 2013, 47 YAVFC cases were receiving extended benefits. In FY 2013, TANF cases averaged 6,085 and state-funded cases averaged 2,158.
Total statewide Adoption Subsidy payments (excluding non-recurring and medical expenses) increased 23.4 percent from FY 2004 to FY 2013. Title IV-E, TANF and State Funds refer to eligibility categories of children covered by the Adoption Support Subsidy program. Not included for FY 2013 are state funded expenses for several YAVFC cases. Those caseload costs are still being vetted.

Note: Total statewide Adoption Subsidy payments (excluding non-recurring and medical expenses) increased 23.4 percent from FY 2004 to FY 2013. Title IV-E, TANF and State Funds refer to eligibility categories of children covered by the Adoption Support Subsidy program. Not included for FY 2013 are state funded expenses for several YAVFC cases. Those caseload costs are still being vetted.
PROGRAM STATEMENT

The Children’s Foster Care Program provides placement and supervision of children who have been removed from their homes due to abuse or neglect. The court authorizes removal of children from their parents and refers them to DHS for placement, care and supervision. Foster care is viewed as a short-term solution to an emergency situation and permanency planning must continue throughout the child’s placement in care. Foster care intervention is directed toward assisting families to rectify the conditions that brought the children into care through assessment and service planning. When families cannot be reunified, children must be prepared for safe, appropriate permanent placements through adoption, guardianship or another permanent placement.

The foster care program is based on the following principles:

1. Whenever possible, the department shall preserve the child’s family. A child should be separated from his/her family only when the family is absent or is unwilling or unable, even with assistance, to provide a safe home for the child.

2. If the child cannot be protected from abuse or neglect in his/her home, and out-of-home placement is necessary, the primary focus of services is directed toward alleviating the conditions that brought the child in care so he/she may be returned home.

3. The purpose of foster care is to provide continuity, consistency and permanence in a family setting for the growing child. If a return home is not possible, alternative permanent plans must be pursued. Foster care policy provides caseworkers with a framework for child-focused, family-centered interventions to help achieve timely permanency planning decisions. Independent living services and supportive connections must be provided to older youth to ensure a successful transition to adulthood once they exit the foster care system.

4. To improve outcomes for children and families in the foster care system, numerous child-focused, family-centered strategies are used: state and local recruitment and retention of foster homes targeting specialized groups of children; relative home licensing; concurrent permanency planning; family team meetings with the involvement of parents, children and foster parents; and public/private partnerships. These strategies are achieved through self-evaluation, quality assurance and data-driven decisions.

The provision of foster care services is a joint undertaking between the public and private sectors. Currently, approximately 43.7 percent of foster care services are purchased. The Children’s Foster Care program is closely tied to the Children’s Protective Services (CPS) program, Family Preservation initiatives, and the adoption program. The CPS program identifies those children who cannot be protected from abuse or neglect in their homes. CPS petitions the court, which has the authority to authorize the removal of a child from his/her home, and the court refers the child to DHS for placement, care and supervision. Thus, CPS and the courts function as the entry point to the foster care program. The goal of the foster care program is to ensure the safety, permanence and well-being of children through reunification with the birth family, permanent placement with a suitable relative, a permanent adoptive home or legal guardianship.

---

1 DHS Office of Communications September 2013 Fact Sheet; http:www.michigan.gov/dhs
SOURCES OF FINANCING
• Titles IV-E, IV-B and XX of the Federal Social Security Act, Title XIX (Medicaid) for staffing costs only.
• State funds.
• County funds.
• TANF for staff and foster care costs.
• Chafee Foster Care Independence Program for Youth in Transition and Educational Training Vouchers, Jim Casey Youth Initiative.

LEGAL BASIS
• Federal Individuals w/ Disability Education Act of 1970 (Parts B & H), Federal PL 91-230
• Indian Child Welfare Act of 1978, Federal PL 95-608
• Adoption Assistance and Child Welfare Act of 1980, Federal PL 96-272
• Omnibus Budget Reconciliation Act of 1986, Federal PL 99-509
• Howard M. Metzenbaum Multi-Ethnic Placement Act of 1994, Federal PL 103-382
• Adoption and Safe Families Act of 1997, Federal PL 105-89
• John H. Chafee Foster Care Independence Act of 1999, Federal PL 106-169
• Strengthening Abuse and Neglect Courts Act of 2000, Federal PL 106-314
• Fair Access Foster Care Act of 2005, Federal PL 109-113
• Deficit Reduction Act of 2005, Federal PL 109-171
• Safe and Timely Interstate Placement of Foster Children Act of 2006, Federal PL 103-239
• Child and Family Services Improvement Act of 2006, Federal PL 109-288
• Tax Relief and Health Care Act of 2006, Federal PL 109-432
• Fostering Connections to Success and Increasing Adoptions Act of 2008, Federal PL 110-351
• Social Welfare Act, 1939 PA 280
• Juvenile Code, Chapter XIIA, 1939 PA 288
• Michigan’s Children’s Institute Act, 1935 PA 220
• Child Care Organization Act, 1973 PA 116
• Adoption Code, 1974 PA 296 (added Chapter X to 1939 PA 288)
• Foster Care and Adoption Services Act, 1994 PA 203
• Child Protection Law, 1975 PA 238
• State Foster Care Review Program, 1989 PA 74
• Foster Care Youth Focus Groups, 2004 PA 18
PROGRAM DESCRIPTION

Fiscal Year 2015

Department: Human Services
Appropriation Unit: Child Welfare Services
Program: Children’s Foster Care

- Foster Care Review Hearings, Permanency Planning Hearings, 2004 PA 476
- Foster Care Criminal Background Checks, 2008 PA 218
- Permanency Planning Hearings, Termination of Rights, 2008 PA 200
- Notification of Foster Change in Placement to Court and Guardian Ad Litem, 2008 PA 201
- Concurrent Permanency Planning, 2008 PA 202
- Appointment of Guardian after Termination, 2008 PA 203
- Foster Care Independence Program, 2008 PA 215
- Fostering Connections to Success Act of 2008
- DHS FY 2014 Appropriations Act, 2013 Public Act 59, Article X

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

- The number of foster care program cases has been declining in recent years from a peak of 19,317 in 2003 to 13,902 as of September 30, 2013.
- Among current living arrangements, 34 percent of children in care are placed with relatives. Michigan’s public/private partnership is working together to license relative caregivers, making them eligible for the same training and support as unrelated foster homes. In FY 2013, 832 relative-only licenses were issued.
- Of all children discharged from foster care to reunification who had been in foster care for eight days or longer, the median length of stay continues to decrease. As of July 24, 2013, the median length of stay was 11.1 months, compared to 11.6 months for FY2009. Of all children who were discharged from foster care, and who were legally free for adoption at the time of discharge, the percent discharged to a permanent home prior to their 18th birthday continues to increase. (A permanent home is defined as having a discharge reason of adoption, guardianship or reunification, including living with relative). As of July 24, 2013, 98.7 percent of children were discharged to a permanent home prior to their 18th birthday, compared to 96.7 percent for FY2009.
- The number of children placed in residential care facilities continues to decrease. As of September 30, 2013, 764 children were in residential care compared to approximately 1,200 in October 2008.

1 Michigan 10-11-12 Data Profile as of 7/24/13
2 Michigan 10-11-12 Data Profile as of 7/24/13
DEPARTMENT OF HUMAN SERVICES

FOSTER CARE PLACEMENTS

September 2003 - September 2012

Excludes out-of-town inquiry (neglect) and non-ward (short-term detention) population.


Own Home/Legal Guardian Placements include: Parental Home, Out-of-State Parental Home, Legal Guardian.

Other Placements include: Independent Living, Boarding School, etc. (other), AWOL. Excludes out-of-town inquiry (neglect) and non-ward (short-term detention) population.

Source: Product of Children's Services Data Management Unit
YOUTH SERVICES OVERVIEW
DHS administers several programs in Michigan to support older youth in foster care and youth that have exited foster care. The array of services in these programs is intended to support youth from the foster care system and increase their opportunities by focusing on their physical, social, economic, psychological and educational needs. DHS engages in collaborative relationships with partners such as Casey Family Programs and the Jim Casey Youth Opportunities Initiative, as well as Michigan’s post-secondary institutions to develop and sustain programming that meets the needs of youth who have or will transition from foster care to independent adulthood. Below are two such program descriptions: 1) Youth In Transition (YIT), and 2), Education and Training Voucher Program (ETV). In each case they are primary programs administered by the Michigan Department of Human Services.

PROGRAM STATEMENT – YOUTH IN TRANSITION (YIT)
The YIT program was initially authorized by P.L. 99-272, through the addition of Section 477 to Title IV-E of the Social Security Act. The federal designation for this program is the Independent Living program. YIT offers assistance to help current and former foster care youth between the ages of 14 and 21 achieve self-sufficiency. Included in the population served are juvenile justice, tribal youth and undocumented immigrant youth cases.

Youth actively participate in designing the program activities and accept responsibility for the successful completion of an individualized plan based on an assessment of the youth’s needs and abilities. YIT funds may be used to provide services that are not available from other funding sources or agencies for an eligible youth to prepare for functional independence. These services include educational support, job training, independent living skills training and coaches, employment assistance and training, mentoring, and family connections, housing, transportation, money management, parenting and counseling.

SOURCES OF FINANCING
• John H. Chafee Foster Care Independence Program, 80 percent.
• State funds, 20 percent.

LEGAL BASIS
• John H. Chafee Foster Care Independence Act of 1999
• Social Security Act, Sec. 477
• DHS FY 2014 Appropriations Act, 2013 Public Act 59, Article X

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES
The program goal is to assist youth in making the transition from foster care to independence, defined as the ability to take care of oneself physically, socially, economically and psychologically.

Monitoring of information, required as part of the application for and use of Youth in Transition funds, occurs through data collection from local DHS offices. First, the state collects information on each youth who receives any independent living services or support paid for or provided by DHS.
Second, the state collects outcome information on youth through the National Youth in Transition Database (NYTD). The survey is completed by eligible foster youth at age 17 and again at ages 19 and 21. The data is then collected by the federal government.

The FY 2013 service data showed that of 3,138 youth served, 60 percent received five or more services, 19 percent received three or four services, and 20 percent received one or two services. The educational level for the majority of youth receiving services was eighth grade through 12th grade.

Outcome data from the 2013 follow-up survey which includes youth in foster care as well as those no longer in care also showed: 30 percent reported experiences in at least one employment-related category, 72 percent reported being enrolled and attending school, 32 percent reported having been homeless in the last two years, and 94 percent reported having a positive connection to an adult.

In efforts to provide further support and services to youth in college, seven independent living (IL) skills coaches’ contracts were awarded to Michigan post-secondary schools in 2012. The IL Skills coaches provide on-site service support, including assessment of needs and applicable services. It is anticipated that with the addition of IL skills coaches on college campuses, the number of youth receiving services post-12th grade will increase. As of June 30, 2013, 70 youth had been served within these programs.

In June 2011, an interagency agreement was signed between DHS and the Workforce Development Agency to implement the Foster Care Summer Youth Employment Program (SYEP) in six Michigan Works! Agencies throughout the state. In FY 2012, the SYEP was expanded to allow for a seventh site. Over 325 youth were served between June and August 2012. During the 2013 SYEP program, 303 youth began the program and 244 completed it successfully.

**PROGRAM STATEMENT – EDUCATION AND TRAINING VOUCHER PROGRAM (ETV)**

The Education and Training Voucher (ETV) program provides funding specifically to help meet the post-secondary education and training needs of youth aging out of foster care. Eligible youth can receive up to $4,000 per year to assist with post-secondary education. Funding can go toward tuition, books, school supplies, housing, transportation, day care, medical needs, daily living expenses, and any other item/service that assists youth with attending and completing their post-secondary program.

In order to be eligible, youth must have been in a DHS-supervised foster care placement after their 14th birthday. If youth were adopted or placed in a relative guardianship, this would have to be after their 16th birthday. Youth must receive their first ETV grant prior to their 21st birthday. Once awarded, youth remain eligible until their 23rd birthday, provided that the youth remains in an approved post-secondary program, possess a cumulative grade point average of 2.0 and are providing all the appropriate documentation to the ETV office.

**SOURCES OF FINANCING**

- John H. Chafee Foster Care Independence Program, 80 percent.
- State funds, 20 percent.
LEGAL BASIS

- Fostering Connections to Success and Increasing Adoptions Act of 2008, Federal PL 110-351
- Promoting Safe and Stable Families Amendments of 2001, Federal PL 107-133
- DHS FY 2014 Appropriations Act, 2013 Public Act 59, Article X

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

The goal of the Education and Training Voucher (ETV) program is to increase the number of youth leaving the foster care system and subsequently attending and completing post-secondary education or training programs. Each year, the ETV program sees a moderate increase in the number of youth re-applying for funding. In fiscal year 2013, universities were attended by youth served nearly as often as community colleges due to the expansion of the ETV program to several university campuses. In fiscal year 2013, 737 youth were awarded ETV funds, an increase of 16.2% percent from the 634 youth served in FY 2012. This increase can be attributed to the inclusion of unaccompanied refugee minor (URM) foster youth. Nearly 100 URM youth were awarded ETV funds. In fiscal year 2013, $2,369,499 was awarded to youth, an increase of 10.9 percent from the $2,136,754 awarded in FY 2012.
PROGRAM STATEMENT
The Michigan Youth Opportunities Initiative (MYOI) is a partnership between DHS and the Jim Casey Youth Opportunities Initiative. The program was created to improve outcomes for youth transitioning from foster care to adulthood. It brings together community members, public and private agencies and resources that are critical to enhancing the success of young adults who are transitioning or have transitioned from foster care. This initiative recognizes that young people have a better chance of succeeding if they have strong support from their communities and systems partners, public and private. All stakeholders are best informed of the needs of young people by the youth themselves. MYOI serves eligible youth, ages 14-24, who are currently in foster care, as well as those who have left foster care.

The goal of the MYOI program is to ensure that youth in foster care have successful outcomes in housing, education, employment, community engagement and health. There are 37 MYOI sites located in counties throughout Michigan. Each site provides:

- Youth boards that serve as the leadership and advocacy arm of MYOI. Youth are trained in leadership, media and communication skills, including how to strategically share their story and present on panels.
- Community partner boards which consist of a group of businesses, public and private agencies and community representatives that have an interest in assisting youth who are transitioning out of foster care. Community partner board members provide support, discounts to services and advocacy for older youth in care.
- Training opportunities to youth relevant in asset purchases, life skills and preparation for adulthood, including housing, employment, education, health, and community engagement.
- Matches for youth. Each youth has an Individual Development Account (IDA). Youth are required to save money in their IDA each month. MYOI matches the IDA funds dollar to dollar up to $1,000 per year for a youth to purchase an asset.
- Stipends that youth can earn for participation in events and meetings. The stipends assist youth in saving money to contribute to their IDAs. Earning stipends is a tangible way to recognize the time and effort the youth contributes to the program.

SOURCES OF FINANCING
- John H. Chafee Foster Care Independence Program with an additional 20 percent state match
- Jim Casey Grant Funds

LEGAL BASIS
- DHS FY 2014 Appropriations Act, 2013 PA 59, Article X

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES
As of September 30, 2013, the MYOI program achieved enrollment of 1,851 foster youths. The foster youth completed financial literacy training through a banking institution or community partner at the local sites. MYOI participants have matched savings of over $552,000 for major asset purchases in order to assist them in achieving more positive outcomes in the areas of community engagement, employment, housing, education, physical health, mental health, and permanency. The table on the following page summarizes total dollars saved for asset purchases.
### Total Match Asset Purchases for MYOI Participants

**(As of September 2013)**

<table>
<thead>
<tr>
<th>Asset Category</th>
<th>Total Dollars Saved for Asset Purchases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education &amp; training costs</td>
<td>$105,574.28</td>
</tr>
<tr>
<td>Housing down payment/rent deposit</td>
<td>$126,104.09</td>
</tr>
<tr>
<td>Investments (stocks, 401(k), IRAs)</td>
<td>$22,135.58</td>
</tr>
<tr>
<td>Medical &amp; dental insurance &amp; costs</td>
<td>$15,534.66</td>
</tr>
<tr>
<td>Microenterprise</td>
<td>$7,930.66</td>
</tr>
<tr>
<td>Vehicle</td>
<td>$271,931.98</td>
</tr>
<tr>
<td>Credit Repair</td>
<td>$400.00</td>
</tr>
<tr>
<td>Participant-Specific</td>
<td>$3,267.84</td>
</tr>
<tr>
<td><strong>TOTAL MATCHES</strong></td>
<td><strong>$552,879.09</strong></td>
</tr>
</tbody>
</table>

Statewide, youth have been trained as peer advocates and participated in media training, Parent Resources for Information Development (PRIDE) training, the Child Welfare Training Institute for new workers, MYOI orientation and training for new expansion sites.
PROGRAM STATEMENT

Children’s Protective Services (CPS) investigates allegations that a child under age 18 is being abused or neglected by a caretaker (a person defined in the law as responsible for the child’s health or welfare). CPS also assesses the safety of all children in the household and, if necessary, initiates actions needed to protect them. If there is a preponderance of evidence that abuse or neglect occurred, CPS assists the family in resolving issues that place the children at risk. If a child is unsafe or has been severely abused or neglected per the Child Protection Law, Act No. 238 Public Acts of 1975, CPS must file a petition for court jurisdiction over the victim and family with the family division of circuit court. Since July 1, 1999, CPS has assigned a disposition category to each completed investigation. There are five disposition categories which are determined by a combination of evidence and risk to the child. For categories I through IV, the result of the safety assessment is either: safe, safe with services or unsafe. If the result of the assessment is unsafe, CPS must file a court petition to remove the victim or perpetrator from the home.

Category I: A court petition is required because a child is unsafe, a petition is mandated in the law or a court order is needed to get the family to cooperate with the investigation or comply with the service plan. The perpetrator is listed on Central Registry.

Category II: There is a preponderance of evidence that abuse or neglect occurred and the initial risk level is high or intensive. CPS must open a services case and the perpetrator is listed on Central Registry.

Category III: There is a preponderance of evidence that abuse or neglect occurred and the initial risk level is low or moderate. CPS must assist the family in participating with community-based services. The perpetrator is not listed on Central Registry.

Category IV: There is not a preponderance of evidence that abuse or neglect occurred. CPS is to assist the family in accessing community-based services.

Category V: There is no evidence that abuse or neglect occurred (a false complaint; no basis in fact). No action beyond the investigation is required by CPS.

Legal Issues:

- DHS has investigatory authority only. Enforcement authority is with the police and the family division of circuit court. All DHS intervention and services are voluntary unless done with police or court authority.
- CPS must obtain a written court order prior to removing a child from a home.
- The police have responsibility for investigating allegations if anyone other than a person responsible for the child’s health and welfare as defined in the law is suspected of abuse or neglect (such as non-custodial relatives). DHS may be involved in these investigations only to determine if a caretaker is failing to protect the child from the alleged perpetrator.
- CPS determines through investigation whether a preponderance of evidence exists that a child was abused or neglected.
- CPS begins assessing child safety at the time the complaint is received. This assessment is continuous to assure the child’s safety. If the child is unsafe, CPS must file a petition (Category I).
If a preponderance of evidence is found and the risk level is high or intensive, the perpetrator is notified in writing that his/her name is placed on Central Registry and informed of the due process for requesting amendment or expunction. CPS must open a services case (Category II).

An open CPS services case means there is a plan to reduce the risk of future harm by addressing the family’s services needs. This may involve referral to other agencies or programs, including CPS purchase of specific services as well as direct services by a CPS worker.

If there is a preponderance of evidence but the risk level is low or moderate, CPS must assist the family in participating with community-based services. The perpetrator’s name is not entered on Central Registry (Category III). If the family does not participate in or benefit from services which help to reduce the risk of harm to children in the home, CPS may elevate the case to Category II.

**SOURCES OF FINANCING**

- Child Abuse Prevention and Treatment Act.
- Federal Child Abuse and Neglect grant.
- Children’s Justice Act.
- State funds.
- Community funds.

**LEGAL BASIS**

- Adoption Assistance and Child Welfare Act, Federal PL 96-272
- Social Security Act of 1935
- Child Abuse and Prevention Treatment Act, Federal PL 104-235
- Child Protection Law, 238 PA 1975
- Social Welfare Act, 1939 PA 280
- Probate Code, PA 288
- DHS FY 2014 Appropriations Act, 2013 PA 59, Article X
PROGRAM EFFECTIVENESS/PROGRAM OUTCOMES

- From 2009 to 2013 the number of complaints assigned increased by 22 percent (15,935). The number of complaints unsubstantiated during this time period increased by 43 percent (19,538) and the number of substantiated abuse/neglect rose by 19 percent (3,659).

- In March 2012, Michigan expanded its pilot Centralized Intake program statewide. The centralized intake system allows for greater statewide consistency for all CPS intake complaints.

- Beginning in October 2009, CPS created Maltreatment in Care investigative units. The intent of the change was to develop and maintain units responsible for the investigation of child abuse and neglect allegations in foster homes and child-caring institutions. In December 2010, these units were established statewide and provide the most comprehensive investigations for children who are under the care and supervision of DHS.

- CPS policies and procedures are evaluated on a consistent basis in an effort to improve the quality of investigations. Many efforts in family preservation programming and child safety are unique to Michigan and are recognized throughout the country as innovative approaches to address child safety and risk.

- Michigan is the only state in the country to have a statewide birth match notification system. Birth matches provide alerts to CPS Intake when a child is born to parents who have previously had their parental rights terminated in Michigan or have been responsible for serious injury or death to a child.
DEPARTMENT OF HUMAN SERVICES
CHILDREN'S PROTECTIVE SERVICES - COMPLAINTS INVESTIGATED
Fiscal Year 2004- Fiscal Year 2013

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Investigated</td>
<td>76,694</td>
<td>72,286</td>
<td>70,069</td>
<td>67,756</td>
<td>74,439</td>
<td>71,780</td>
<td>75,426</td>
<td>83,627</td>
<td>91,397</td>
<td>87,715</td>
</tr>
<tr>
<td>Non-Substantiated</td>
<td>58,847</td>
<td>55,397</td>
<td>52,546</td>
<td>48,492</td>
<td>54,581</td>
<td>45,536</td>
<td>54,255</td>
<td>61,558</td>
<td>68,832</td>
<td>65,074</td>
</tr>
<tr>
<td>Substantiated*</td>
<td>17,847</td>
<td>16,889</td>
<td>17,523</td>
<td>17,748</td>
<td>17,460</td>
<td>18,977</td>
<td>21,171</td>
<td>22,069</td>
<td>22,565</td>
<td>22,636</td>
</tr>
</tbody>
</table>

* Complaints substantiated are those in which evidence of abuse and/or neglect was found.
**PROGRAM STATEMENT**

The Michigan Children’s Trust Fund (CTF), also known as the State Child Abuse and Neglect Prevention Board, is an independent, autonomous nonprofit organization created by Public Act 250 of 1982. CTF serves as Michigan’s only source of permanent funding for the statewide prevention of child abuse and neglect. CTF’s purpose is to prevent child abuse and raise awareness of prevention through community-based programs. CTF provides grants for direct services and local child abuse and neglect prevention councils that serve children and families before any involvement with the DHS Children’s Protective Services Division. The primary purpose of these prevention programs is to keep children safe, strengthen families and promote safe, stable and nurturing parent-child relationships. CTF is the Michigan chapter of Prevent Child Abuse America and administers the Michigan Citizen Review Panel for Prevention. CTF also oversees special prevention initiatives, including work related to the Adverse Childhood Experiences (ACE) study, Strengthening Families™ Protective Factors, Circle of Parents®, the Period of PURPLE Crying®, and parent leadership. CTF is overseen by a 15-member State Child Abuse and Neglect Prevention Board and is administered by an executive director. Eleven of these board members are residents appointed by the governor with the advice and consent of the Senate. The remaining four members are representatives appointed by the cabinet directors of the following departments: DHS, Community Health, Education, and Michigan State Police. The CTF Board employs an executive director, senior program development coordinator, event/fund development coordinator, research analyst, direct service grant monitor, and local council grant monitor.

**SOURCES OF FINANCING**

- Federal Community-Based Child Abuse Prevention (CBCAP) grant.
- Annual interest from its $23 million trust fund.
- Annual state income tax check-off.
- CTF license plate sales.
- Direct donations and fundraising activities.

**LEGAL BASIS**

- Children’s Trust Fund Act, 1982 PA 249
- Child Abuse and Neglect Prevention Act, 1982 PA 250
- DHS FY 2014 Appropriations Act, 2013 PA 59, Article X

**PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES**

CTF is committed to supporting the statewide prevention network while increasing the effectiveness of funded programs. This includes working with grantees to identify their needs and to strengthen their program capacity through stronger evaluation, outcomes-based practices and parent leadership. In particular, CTF is working to increase the level of evidence-based and evidence-informed programs and practices it funds. For example, CTF employs the federal Office of Management and Budget (OMB) Program Assessment Rating Tool (PART) to identify the evidence level of all direct service programs, ranging from “emerging” to “well-supported.” To qualify for funding, a program must minimally meet the “emerging” PART level, using criteria developed by the federal government. Starting in FY 2010, all new direct service grants were required to use the Protective Factors Survey (PFS). PFS data will be aggregated and analyzed to determine participant outcomes. In FY2013, CTF
Department: Human Services
Appropriation Unit: Children’s Services
Program: Children’s Trust Fund

PROGRAM DESCRIPTION
Fiscal Year 2015

changed its year-end direct service reporting process to better capture evaluation activities and program outcomes. Direct service grantees are also required to measure client satisfaction and report results on an annual basis.

Many local councils are volunteer-run and operate on small budgets. CTF has made efforts to ensure that local councils implement programs or practices that are minimally informed by research. Changes were made to the FY2013-2015 grant application with the purposes of 1) having local councils choose from a list of 40 evidence-informed or evidence-based programs to more clearly identify their program choices and 2) asking local councils to identify the protective factor(s) with which their programming is associated. Additionally, CTF requires that all grantees submit work plans that identify objectives, activities, expected outcomes, and measurement tools. Grantees then report progress and outcomes and/or evaluation results on a biannual basis. Required program register reports also include quantitative data on populations served and the types of services provided.

DIRECT SERVICES AND LOCAL COUNCIL GRANTS

Overview: PA 250 of 1982 Article 722.609, Sec 9. (1) Authorizes for disbursement of available trust fund money from the trust fund, upon legislative appropriations, for the exclusive purpose in order of preference for expenditure: (a) to fund private nonprofit or public organizations in the development or operation of prevention programs; (b) to fund local councils, and; (c) to fund the State CTF Board. The CTF prevention dollars work in tandem with community-based resources to help provide critical resources for prevention services. These prevention services help to strengthen Michigan’s families with children aged birth to 18 years that are experiencing risk factors that place them at higher risk of abuse and neglect.

CTF local council grants are designated, while direct service grant monies are competitive and typically serve as “seed” funding. It is the goal of the grant that programs become self-sufficient, with local communities gradually assuming the cost of supporting the programs. Direct service grants are funded for four years and local councils are on a three-year grant cycle. All programs are required to obtain local cash and in-kind matching funds for each year of the CTF grant.

Direct Service Grants:

Direct service grants provide secondary prevention services (i.e., services to populations that have one or more risk factors associated with child maltreatment, such as poverty, parental substance abuse, young parental age, parental mental health concerns, and parental or child disabilities). Funding priorities for direct service grants include the following:

- Replication of secondary direct prevention programs that have been shown to be effective in the prevention of child abuse and neglect.
- Parent/guardian skills training and support programs designed to educate and/or provide peer support in areas of child development, child care skills, stress management, and general advocacy and support.
Department: Human Services

Appropriation Unit: Children’s Services

Program: Children’s Trust Fund

PROGRAM DESCRIPTION
Fiscal Year 2015

- Services that include, but are not limited to respite care, parent education programs and support groups, fatherhood programs, home visitation programs, family resource and support centers, early care and education, evidence-based practice, and positive youth development to prevent child abuse.
- Programs which demonstrate collaboration and coordination of efforts as part of a local comprehensive plan and offer participants referral services.
- Programs that adhere to culturally competent guiding values and principles.
- Projects that serve special populations.

In FY 2012, CTF funded 20 direct service grants that served 23 counties. Direct services were provided to 1,482 families. The unduplicated participant counts that programs reported serving were 1,560 adults (including 27 special needs adults) and 1,976 children (including 164 special needs children). The populations served by race for adults were 883 white or Caucasian (56.6%); 256 black or African American (16.4%); 84 Hispanic or Latino American (5.4%); four American Indian (0.26%); 17 Asian American (1.1%); 27 multi-racial (1.7%) and 289 other (18.5%) The populations served by race for children were 1,146 white or Caucasian (58.0%); 344 black or African American (17.4%); 105 Hispanic or Latino American (5.3%); one American Indian (0.05%); 17 Asian American (0.86%); 83 multi-racial (4.2%); and 280 other (14.2%).

A snapshot of direct services provided in FY 2012 is illustrated in the following chart (note: each individual service delivery is counted as one prevention service).

<table>
<thead>
<tr>
<th>Type of Service Provided</th>
<th>Number of Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home visits</td>
<td>4,014</td>
</tr>
<tr>
<td>Parenting classes</td>
<td>459</td>
</tr>
<tr>
<td>Support groups</td>
<td>119</td>
</tr>
<tr>
<td>Group counseling</td>
<td>68</td>
</tr>
<tr>
<td>One-on-one counseling</td>
<td>1,910</td>
</tr>
<tr>
<td>Screening</td>
<td>541</td>
</tr>
<tr>
<td>Childcare</td>
<td>93</td>
</tr>
<tr>
<td>Respite care</td>
<td>1,116</td>
</tr>
<tr>
<td>Transportation</td>
<td>352</td>
</tr>
<tr>
<td>Referrals</td>
<td>1,695</td>
</tr>
<tr>
<td>Resource coordination</td>
<td>1,208</td>
</tr>
<tr>
<td>Workshops (e.g., Parent Meetings)</td>
<td>105</td>
</tr>
<tr>
<td>Prenatal</td>
<td>55</td>
</tr>
</tbody>
</table>
Local Council Grants:

CTF funds 73 local child abuse and neglect prevention councils that serve all 83 Michigan counties. Local councils help to meet identified community needs through a variety of prevention programs and activities. They are required to utilize information from local needs assessments to inform their prevention plans. Local council grants are awarded based on compliance with the requirements of CTF’s designation agreement and the tier funding standards. In FY2012, CTF funded 24 Tier I councils ($5,000 per grant), 28 Tier II councils ($10,000 per grant), and 21 Tier III councils ($20,000 per grant, with some councils “grandfathered” in at higher amounts). Common local council activities include:

- Public awareness and outreach.
- Education services and activities for parents and children.
- Training and technical assistance for community partners.
- Directly providing local services.
- Referrals and resource coordination.
- Collaboration and networking with private nonprofit and public social service agencies and local collaborative bodies.

In FY 2012, local councils provided a number of programs and services to meet local needs. A snapshot of local council services provided in FY 2012 is illustrated in the following chart:

<table>
<thead>
<tr>
<th>Number Public Awareness and Outreach Activities</th>
<th>Number of Individuals Reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>386 Information booths and fairs</td>
<td>296,847</td>
</tr>
<tr>
<td>445 Days of baby pantries</td>
<td>21,517</td>
</tr>
<tr>
<td>Distribution of new parent packets</td>
<td>21,517</td>
</tr>
<tr>
<td>388 Newspaper articles</td>
<td>Infinite</td>
</tr>
<tr>
<td>125 Public service announcements</td>
<td>Infinite</td>
</tr>
<tr>
<td>53 Purchased advertisements</td>
<td>Infinite</td>
</tr>
<tr>
<td>183 Fundraising events</td>
<td>$1,373,164 funds raised</td>
</tr>
<tr>
<td>401 Public awareness events</td>
<td>241,632</td>
</tr>
<tr>
<td>229 Mandated reporter training</td>
<td>6,346</td>
</tr>
<tr>
<td>152 Professional development activities</td>
<td>3,436</td>
</tr>
<tr>
<td>35 Community trainings/technical assistance</td>
<td>1,116</td>
</tr>
<tr>
<td>20,396 Education services for both adult/children</td>
<td>31,499 adults</td>
</tr>
<tr>
<td>Referrals</td>
<td>78,527 children</td>
</tr>
<tr>
<td></td>
<td>6,873</td>
</tr>
</tbody>
</table>
PROGRAM STATEMENT
Families First of Michigan (FFM) serves families that have at least one child at imminent risk of placement in out-of-home care. Families with children in out-of-home care are eligible for referral to the program when it is determined that reunification is not appropriate without intensive services and the Family Reunification Program (FRP) is not available. If indicated in the contract as a referral source, the contracted provider will accept referrals from one of Michigan’s 12 recognized Native American tribes. Similarly, designated domestic violence shelter programs for families may also make referrals with at least one child at risk of homelessness due to domestic violence. FFM offers families intensive, short-term crisis intervention and family education services in their home for four weeks using the FFM model. FFM workers are available and accessible to the family 24 hours a day, seven days a week. The workers assist families by establishing individual family goals designed to reduce risk of out-of-home placement and increase child safety. FFM workers assist families in meeting goals by teaching, modeling and reinforcing appropriate parenting and providing concrete services and connections to community services. FFM workers provide service to the family for up to four weeks. Up to a two-week extension may be available. Extensions beyond 28 days may be considered if the risk of removal of the child from the home continues to be present and both the referring worker and supervisor and both the FFM worker and FFM supervisor agree the extension will reduce that risk. Extensions are to be limited to the amount of time needed to reduce the risk of removal. The program office contract monitor must approve extensions if the number of cases requiring extensions exceeds 5 percent of contracted annual number of interventions. Services may not exceed a total of six weeks. Seventy-five percent of the families served must be shown to have avoided foster care placement after 12 months of termination with FFM.

SOURCES OF FINANCING
- Temporary Assistance for Needy Families (TANF).

LEGAL BASIS
- Social Security Act of 1935, Title IV-B
- Adoption and Safe Families Act of 1997, PL 105-89
- Promoting Safe and Stable Families Act of 2001, Federal PL 107-133
- DHS FY 2014 Appropriations Act, 2013 PA 59, Article X
PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES
The program has exceeded its objective since 1992. Data for FY 2013 show 88 percent of families served were intact one year after service. More than 66,375 families have received services since the program inception in 1988. These services have been a vital part of the services continuum in:

- Reducing the number of unnecessary removals, thereby reducing the foster care rate.
- Reducing the number of families/children “lingering” in the system.
- The modality of treatment is based on skill enhancement, thereby creating the ability for family members to transfer new learning and apply skills to prevent future crises.
- All programs work in partnership with the local DHS referring staff to create the safest environment for children.
- All family preservation programs are designed to be cost-effective. An example: The average cost per family for Families First is $4,600. The average cost per child for one year in foster care is $26,000.
Percent of Cases With Successful Program Outcomes After Twelve-Months: FY 2001 - FY 2012

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Families w/12 Mo. Placement data</td>
<td>3,703</td>
<td>3,697</td>
<td>1,233</td>
<td>2,910</td>
<td>2,877</td>
<td>3,040</td>
<td>3,275</td>
<td>3,061</td>
<td>3,069</td>
<td>3,063</td>
<td>2,930</td>
<td>2,467</td>
</tr>
<tr>
<td>Number Successful Outcomes³</td>
<td>3,158</td>
<td>3,202</td>
<td>841</td>
<td>1,860</td>
<td>1,637</td>
<td>1,930</td>
<td>2,115</td>
<td>2,123</td>
<td>2,313</td>
<td>2,328</td>
<td>1,762</td>
<td>1,783</td>
</tr>
<tr>
<td>Percent Successful Outcomes⁴</td>
<td>85.3%</td>
<td>86.6%</td>
<td>68.2%</td>
<td>83.4%</td>
<td>75.7%</td>
<td>80.4%</td>
<td>80.9%</td>
<td>86.4%</td>
<td>89.1%</td>
<td>89.4%</td>
<td>88.4%</td>
<td>88.0%</td>
</tr>
</tbody>
</table>

³ "Successful outcome" is defined as those families where no child was placed in foster care during the 12-month follow-up period.

⁴ Effective FY 2003, "Percent Successful Outcomes" is the total number of 12-month follow-ups minus total unable to locate (or determine) divided into total intact.
Relative Placements as a Percentage of 12-Month Successful Program Outcomes: FY 2001 - FY 2012

**Number of Successful Outcomes**
- FY 2001: 3,158
- FY 2002: 3,202
- FY 2003: 1,860
- FY 2004: 1,860
- FY 2005: 1,631
- FY 2006: 1,930
- FY 2007: 2,115
- FY 2008: 2,123
- FY 2009: 2,313
- FY 2010: 2,313
- FY 2011: 1,762
- FY 2012: 1,762

**Number of Relative Placements**
- FY 2001: 153
- FY 2002: 145
- FY 2003: 152
- FY 2004: 268
- FY 2005: 227
- FY 2006: 271
- FY 2007: 325
- FY 2008: 261
- FY 2009: 294
- FY 2010: 294
- FY 2011: 201
- FY 2012: 185

**Percent of Relative Placements**
- FY 2001: 4.8%
- FY 2002: 4.5%
- FY 2003: 18.1%
- FY 2004: 14.4%
- FY 2005: 13.9%
- FY 2006: 14.0%
- FY 2007: 15.4%
- FY 2008: 12.3%
- FY 2009: 12.3%
- FY 2010: 12.6%
- FY 2011: 11.4%
- FY 2012: 10.5%

---

3 "Successful outcomes" are defined as those families in which no child was placed in foster care during the 12-month follow-up period.
PROGRAM STATEMENT

Strong Families/Safe Children (SF/SC) is a community-based initiative that uses federal funding for enhanced family preservation and support services. SF/SC funds provide preventive services to families at risk of child abuse/neglect (family support services), services to families at risk of out-of-home placement or in crisis (family preservation placement prevention), time-limited reunification services and adoption promotion and support services. DHS partners with community collaborative groups to select services based on assessment of local needs. The local community collaborative groups include the directors of the local human services agencies, the prosecutor, the probate judge, the school superintendent, advocacy organizations, child welfare parents, and other stakeholders. The SF/SC program began incrementally in FY 1995 and has been in effect statewide since FY 1997.

SOURCES OF FINANCING

- The Omnibus Budget Reconciliation Act of 1993 originally authorized funds for the Family Preservation and Support Services Act. The federal program was re-titled Promoting Safe and Stable Families under legislative reauthorization.
- State allotments are based on the state’s percent of the nation’s children receiving benefits under the federal Food Assistance Program.
- SF/SC is 100 percent federal funds, Title IV-B, Sub Part 2.
- The state must provide 25 percent match funds for the federal allocation and meet maintenance of effort (MOE) requirements.

<table>
<thead>
<tr>
<th>Strong Families Safe Children Allocations FY 2003 - FY 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2003</td>
</tr>
<tr>
<td>FY 2004</td>
</tr>
<tr>
<td>FY 2005</td>
</tr>
<tr>
<td>FY 2006</td>
</tr>
</tbody>
</table>

LEGAL BASIS

- Social Security Act of 1935, Title IV-B
- Adoption and Safe Families Act of 1997, Federal PL 105-89
- Promoting Safe and Stable Families Act of 2001, Federal PL 107-133
- Child and Family Services Improvement and Innovation Act of 2011, Federal PL 112-34
- DHS FY 2014 Appropriation Act, 2013 PA 59, Article X
<table>
<thead>
<tr>
<th>Department:</th>
<th>Appropriation Unit:</th>
<th>Program:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human Services</td>
<td>Children's Services</td>
<td>Family Preservation and Family Support – Strong Families/Safe Children</td>
</tr>
</tbody>
</table>

**PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES**

Program evaluation focuses on local client outcomes for the services approved in local plans. Local offices report annually to DHS central office. Reported outcomes for FY 2012:

- SF/SC served 8,825 customers.
- 82.2 percent of all reported outcomes met the intended service goal.
- 87.9 percent of service outcomes targeting child safety were achieved.
- 79.4 percent of service outcomes targeting permanency were achieved.
- 81.7 percent of service outcomes targeting improved family functioning were achieved.
PROGRAM STATEMENT

Family Reunification Program (FRP) services are available to those families who have a child residing in out-of-home placement due to abuse or neglect who may be returned home with intensive services within 30 days of the FRP referral. Out-of-home placement includes, but is not limited to residential treatment, family foster care, group family foster care, relative placement, psychiatric hospitalization, and detention (if dual wardship).

For the family to be eligible for services, one of the following must apply:

- A written court order allowing return of the child(ren) to a permanent family home has been obtained by the foster care worker.
- Return home must be anticipated / planned within 30 days of the referral to FRP.
- The child(ren) was returned home unexpectedly at a court hearing, and the referral to FRP is made within 48 hours of the written court order for the child(ren) to return home at that time.

FRP seeks to increase permanency by facilitating early return home from foster care and decreasing subsequent returns to foster care in abuse and neglect cases. FRP is not available in all counties, but where it is available, a referral is mandatory (as contract capacity permits) for all abuse and neglect foster care cases where the goal is to return the child home.

Family Reunification staffing is as follows:

- Supervisor.
- Team leader – Provides 1.5 hours of therapeutic intervention to the family per week. Team leaders carry a maximum of 12 cases during an intervention period.
- Family reunification worker – Provides an average of 2.5 hours of skill-based and concrete intervention to the family per week. Carries a maximum of six cases during an intervention period.

A team is comprised of one team leader and two workers. It is expected that the team provides four provides four hours of face-to-face contact with each family per week.

During the intervention period, each time a child is returned home, the FRP team provides eight to 12 hours of face-to-face contact per week with the family for the first two weeks after the child is returned to the family.

SOURCES OF FINANCING

- Temporary Assistance for Needy Families (TANF).
Department: Human Services
Appropriation Unit: Children’s Services
Program: Family Preservation and Family Support – Family Reunification Program

LEGAL BASIS

- Social Security Act of 1935, Title IV-B
- Adoption and Safe Families Act of 1997, PL 105-89
- Promoting Safe and Stable Families Act of 2001, Federal PL 107-133
- DHS FY 2014 Appropriations Act, 2013 PA 59, Article X

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

During FY 2013, 785 families received FRP services. FRP is a specific model of intervention. The program employs an evidence-based evaluation process.

DHS is developing a data system to measure program outcomes. Implementation of this system is planned for FY 2014. Standard evaluation criteria include:

- 70 percent of families served shall successfully complete four months of services.\(^1\)
- 75 percent of families served shall not have a Category I, II, III, preponderance of evidence with Protective Services for a 12-month period following placement of children in the family home. A data management system is in the development process.
- 70 percent of families served shall not have children removed from the family home and placed in out-of-home care for a 12-month period following placement in the family home.
- 90 percent of families exiting services shall express satisfaction with received services.\(^2\)

\(^1\) Based on FY 2013 monthly reports submitted by contracted agencies, 83% of the families referred to the program completed four months of services.

\(^2\) Based on the FY 2013 surveys results provided to families at the completion of the intervention, 95% of the families exiting services expressed satisfaction with the services that they received.
PROGRAM STATEMENT

The Guardianship Assistance Program (GAP) provides financial support to ensure permanency for children who may otherwise remain in foster care until reaching the age of majority. Guardianship assistance supports the goals of the Adoption and Safe Families Act of 1997, which determined that guardianship provides permanency for foster children when reunification and adoption are not viable permanency goals. The transfer of legal responsibility removes the child from the child welfare system, allows a caregiver to make important decisions on the child’s behalf, establishes a permanent caregiver for the child, and addresses financial needs through ongoing assistance payments. Juvenile guardianship should not be used for temporary placement of children and the program is specifically for children who would remain in foster care until the age of majority if the juvenile guardianship was not established.

In order to be eligible for GAP, the child must be in licensed foster care and meet either Title IV-E or state-funded guardianship assistance requirements. Children who qualify for Title IV-E-funded guardianship assistance are categorically eligible for Medicaid. Children who qualify for GAP are eligible for nonrecurring expenses reimbursement, the Medical Subsidy Program and services through the Post Adoption Resource Centers.

During FY 2011, Michigan began extending GAP benefits to eligible children. The Guardianship Assistance Program may continue for eligible youth until their 21st birthday if they are in school, in job training, employed or incapable due to a documented medical condition. Youth who enter into guardianship after age 16 are eligible for Education and Training Vouchers (ETV).

SOURCES OF FINANCING

- Federal Title IV-E.
- State funds.

LEGAL BASIS

- State Law
  - 2008 Public Act 200 – MCL 712A.19a
  - 2008 Public Act 202 – MCL 712A.19
  - 2008 Public Act 203 – MCL 712A.19c
  - 2008 Public Act 260 – MCL 722.871
  - 2009 Public Act 15 – MCL 722.871
  - DHS FY 2014 Appropriations Act, 2013 PA 59, Article X

- Federal Law
  - Public Law 105-89
  - Public Law 109-248
<table>
<thead>
<tr>
<th>Department:</th>
<th>Appropriation Unit:</th>
<th>Program:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human Services</td>
<td>Child Welfare Services</td>
<td>Guardianship Assistance Program</td>
</tr>
</tbody>
</table>

- Public Law 110-351

**PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES**

Michigan uses a public/private partnership to achieve permanency including guardianship for children in the child welfare system. Permanency planning decisions are child-focused and carefully consider the unique needs and circumstances of each child. Whenever possible, placements are made with families who have an existing relationship or attachment to the child. Efforts are also made to provide a permanent placement for a youth where siblings may stay together.

GAP has had a positive impact on children and families in Michigan. GAP active caseloads have increased month-over-month since FY 2011. The active monthly caseload increased in FY2012 from 224 in October 2011, to 394 by September 2012, and had a final monthly caseload average of 394. The FY2013 caseload grew from 421 in October 2012 to a record 542 cases in September 2013 and resulted in a record FY 2013 average of 485 cases.
DEPARTMENT OF HUMAN SERVICES
GUARDIANSHIP ASSISTANCE PROGRAM (GAP)
GAP Caseload Trends October 2012 - September 2013

The FY2012 caseload grew from 224 in October 2011 to 394 by September 2012 and had a final monthly caseload average of 394. The FY2013 caseload grew from 421 in October 2012 to a record 542 cases in September 2013 and resulted in a record fiscal year average of 485 cases.

Note: The FY2012 caseload grew from 224 in October 2011 to 394 by September 2012 and had a final monthly caseload average of 394. The FY2013 caseload grew from 421 in October 2012 to a record 542 cases in September 2013 and resulted in a record fiscal year average of 485 cases.
PROGRAM STATEMENT

The Juvenile Programs Division provides technical assistance, consultation, assessment services and training for community-based juvenile justice programs and supervision for juvenile justice youth committed to DHS who are placed in state-operated and private residential facilities. Treatment programs in state-operated facilities are comprehensive, individualized and provide educational services, vocational services, short-term assessment services, cognitive restructuring, family assistance, crisis intervention, and recreation. Reentry planning, education and employment services are offered for youth transitioning to the community after residential placement. Detention services are offered to meet local short-term needs for secure placement of youth while awaiting court activities, dispositions or placement. Short-term, comprehensive assessment services are offered for youth to identify appropriate security level, treatment needs and level of behavioral intervention necessary to focus and maximize the efficiency of treatment interventions. The Juvenile Programs Division operates three secure residential facilities for youth.

Secure Facilities:

• **W.J. Maxey Boys Training School, Whitmore Lake**
  Capacity: 80 youth
  Per Diem Rate: $522.57
  Maxey offers specialized programming for youth with sexual offenses, chronic, serious offender behavior and intensive mental health treatment needs in a high-security setting. Each program is augmented by the services of a psychiatrist and a psychologist.

• **Bay Pines Center, Escanaba**
  Capacity: 40 youth
  Per Diem Rate: $281.56
  The treatment program offers general and specialized treatment for female and male youth with substance abuse issues or a history of chronic/violent offenses.

• **Shawono Center, Grayling**
  Capacity: 40 youth
  Per Diem Rate: $293.78
  Shawono offers specialized treatment programs for sex offenders, addiction and substance abuse and general delinquents with mild-to-medium mental health issues.

SOURCES OF FINANCING

• Federal Titles IV-E, IV-B and XX of the Federal Social Security Act.
• State General Fund.
• Federal Title II Grant.
• Juvenile Accountability Block Grant.
• Local Funds County Chargeback.
• School Aid Funds.
<table>
<thead>
<tr>
<th>Department:</th>
<th>Appropriation Unit:</th>
<th>Program:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human Services</td>
<td>Juvenile Justice Services</td>
<td>Juvenile Programs</td>
</tr>
</tbody>
</table>

**LEGAL BASIS**
- Youth Rehabilitation Services Act, 1974 PA 150, MCL 803.301
- Federal Child Abuse and Prevention Treatment Act
- Social Welfare Act, 1939 PA 280, MCL 400.1
- Probate Code, 1939 PA 288, MCL 712A.1
- Juvenile Facilities Act, 1988 PA 73, MCL 803.221
- Child Care Organizations Act, 1973 PA 116 PA, MCL 722.111
- Department of Social Services, Office of Children and Youth Services, Child Care Fund R400.2001 – R400.2049
- Administrative Order 85-5
- DHS FY 2014 Appropriations Act, 2013 PA 59, Article X

**PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES**
- The implementation of the Michigan Youth Re-Entry Initiative (MYRI), which employs a seamless system in public facilities, from facility entry through community re-entry, has led to more effective programming, including more intensified treatment targeting criminogenic risk factors with evidence-based treatment. The re-entry program operates through an interagency agreement with the Department of Corrections for care coordination, with emphasis on assisting youth with significant medical, mental health or other functional life impairments that may impede success when re-entering community placement. Assistance is provided to refer and coordinate services for youth in the areas of mental health and substance abuse treatment, housing, employment or educational assistance. The care coordination services may continue, if necessary, past termination of court jurisdiction. Since implementation of the MYRI in FY 2010, 128 youth have transitioned back into their communities with MYRI services.

- The mental health treatment model developed by W. J. Maxey Boys Training School clinicians has proven successful in the stabilization and treatment of youth with serious and poly-morbid mental health conditions. Michigan is statutorily required to provide care of delinquent youth referred by courts for residential placement. The state provides much of required care through issuance of contracts to private providers. There continues to be a population of offenders that cannot be properly served by the private sector. Some youth come into care with such high needs that it is not in the best interest of the youth, other youth in their programs, the agency, or the public to accept the youth into care. In these instances, the state is left as the responsible entity to provide residential care.
  - 1974 PA150 states:
    - “A youth agency shall accept youth properly committed to it in accordance with the law.”
    - If a public ward is placed in a residential facility “a youth agency shall provide for the youth’s food, clothing, housing, educational, medical, and treatment needs.”

- Through the Juvenile Programs Division, referred youth are carefully screened, assessed and referred to the program, public or private, that is best equipped to meet their needs for treatment and security.
- The division administers the Regional Detention Support Services (RDSS) program. RDSS is a nationally recognized program that provides alternatives to jail and detention for juvenile offenders who have been detained and are awaiting a hearing and/or placement. RDSS
components include holdover services, home detention, transportation and tether or electronic monitoring services. Eligible jurisdictions include the 61 rural counties that do not have secure detention facilities in Michigan and Native American tribal jurisdictions.

- The bureau administers the County Child Care Fund (CCF), the largest funding source for court wards throughout the state. The CCF is a collaborative effort between state and county governments, which supports programs serving neglected, abused and delinquent youth in Michigan. Whether providing in-home or out-of-home care, the programs supported by the CCF are designed and administered by Michigan’s county courts and local DHS offices. The services are created and paid for by county funds based on the needs of the community. Services are then submitted for 50 percent reimbursement to the state CCF.

- The division’s federal grants staff provides support to the United States Department of Justice (USDOJ) Office of Justice Programs (OJP) and Office of Juvenile Justice, and Delinquency Prevention (OJJDP) funded programs. Gubernatorial executive orders designate DHS as the state agency responsible for the administration and appropriate staff support for the programs.

- The Juvenile Justice and Delinquency Prevention Act (JJDPA) of 1974 provides for the Title II Formula Grants Program. The JJDPA was most recently reauthorized in 2002.
  - The Juvenile Programs Division is mandated to provide support, resources, technical assistance and policy direction to juvenile justice stakeholders in Michigan.

- The division’s caseload trends are reflected in the graph on the following page. The average monthly caseload has decreased year-over-year since FY 2003. From FY 2003 to FY 2013, the caseload dropped by 1,503 (66 percent). Caseload decreases are attributed to the implementation of community-based diversion programming in several counties across the state, and potentially due to a decrease in local law enforcement personnel.
Note: The average monthly Juvenile Justice caseload has decreased year after year. From FY 2003 to FY 2013 the caseload dropped by 1,503 (66 percent). Caseload decreases are attributed to the implementation of community-based diversion programming in several counties across the state, and potentially due to a decrease in local law enforcement personnel. Reflected caseloads include only youth in public and private placements under the supervision of the department.

Source: DHS Data Management Unit (DMU).
PROGRAM STATEMENT
Runaway Youth Services are crisis-based services available to youth ages of 12-17, their siblings and families. Services include crisis intervention, community education, prevention, case management, counseling, skill building, and placement. Services are available in every county in the state through a contracted provider.

Homeless Youth Services are services provided to youth ages 16-21 who require support for a longer period of time. Services include crisis management, community education, counseling, placement, and life skills. Services are provided statewide through contracted providers. One significant change to the service array is the mandate that at minimum 25 percent of the youth served by transitional living programs must have been former foster youth.

In addition to the Runaway and Homeless Youth Services, DHS supports a transitional living program in the Upper Peninsula, which is funded through a federal Housing and Urban Development (HUD) grant. DHS provides a match for the federal funding. The current homeless youth contracted agencies provide crisis call services that are resource-based within their geographical area statewide.

SOURCES OF FINANCING
- Runaway Services - Temporary Assistance to Needy Families (TANF).
- Homeless Youth Services - Title XX.
- HUD Special Needs Assistance Program Grant.

LEGAL BASIS
- DHS FY 2014 Appropriations Act , 2013 PA 59, Article X

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES
The program goal is to strengthen and enhance services for the state’s homeless and runaway youth up to age 21 by providing a continuum of service for all homeless youth. Services provided to youth and families through these contracts may prevent court intervention and the placement of youth in foster care. DHS collaborates with the Michigan Coalition Against Homelessnessness (MCAH) to collect performance outcomes and improve data collection methods. MCAH’s Homeless Management Information System (HMIS) is a result of this collaboration. The system has tracked both DHS and federal data beginning January 1, 2013. Homeless youth service outcomes are established based on the number of youth accessing services, locating safe and appropriate housing, remaining in or returning to their own home, and/or demonstrating improvement in the areas of education, job skills and daily living skills. Runaway Youth Services outcomes are established based on the number of youth accessing services, locating safe and appropriate housing and remaining in or returning to their own home. In FY 2012, there were 5,038 homeless youth under age 21 receiving services. Thirty-four percent of those youth received services from one of Michigan’s Homeless Youth Runaway (HYR) contracts providers. Of these youth served, 232 former foster youth were served in the transitional living component of the Homeless Youth and Runaway contracts. In looking at the rate of positive exits for data available in fiscal year 2012, it became apparent that youth receiving emergency shelter (Basic Care Center) services from HYR providers were far more likely to succeed. Eighty-seven percent had
a positive discharge rate versus a 48% positive discharge for youth exiting an adult emergency shelter. HYR contract providers specialize in working with this vulnerable population and the HYR program itself requires that workers allocate a great deal of time and resources to secure stable housing for youth in their care. In most situations, reunification with the youth’s family is the ultimate goal. However, when this is not possible, youth move into the transitional living component of the program, where they continue to receive support as they work to become more self-sufficient. Similar data for fiscal year 2013 will be available in January 2014.

During FY 2012, DHS began using a housing referral form to track services offered to youth in need of housing at the time of case closure. Twenty-four housing referrals were received for youth exiting foster care without identified housing in FY 2012, and 22 referrals were received in FY 2013.

DHS collaborates with the Michigan Coalition against Homelessness to collect performance outcomes and make improvements in data collection. In FY2013, the HYR contracts were revised to include performance-based outcomes to determine program effectiveness, increase independent living skills, provide a graduated housing component for youth to secure their own housing with support from the contracted agency, and move reimbursement from an actual cost to a unit rate. Runaway youth service outcomes are established based on the number of youth accessing services, locating safe and appropriate housing, and remaining in or returning to their own home. Homeless youth service outcomes are tracked in both the basic care component and the transitional living programs and are established based on the number of youth accessing services, locating safe and appropriate housing, remaining in or returning to their own home, and/or demonstrating improvement in the areas of education, job skills and daily living skills.
### PROGRAM STATEMENT

The goal of Adult Community Placement (ACP) is to provide services that assist in achieving the least restrictive community-based care settings for adults who require care in licensed community placement: adult foster care (AFC) facilities or homes for the aged (HA). ACP works to maximize independence and self-determination for program recipients by assisting in maintaining connections with family, other community members, and community activities. ACP provides pre-placement services and assistance with placement for adults who need care in licensed community placement settings (AFC facilities and HA). Post-placement/follow-up services are also provided, as are transitional services for individuals relocated when nursing homes close. DHS Adult Services workers provide program services to adults 18 or older who are elderly, frail, physically handicapped, emotionally impaired, or mentally ill. Most clients are Medicaid-eligible and receive Supplemental Security Income (SSI). Specific ACP services include: case management, counseling, education and training, health-related services, information and referral, money management, pre-placement services, post-placement services, and protection.

### SOURCES OF FINANCING

- State funds.
- Title XIX of the Social Security Act.

### LEGAL BASIS

- Adult Foster Care Facility Licensing Act, 1979 PA 218
- Social Security Act, Title XIX
- 42 CFR 440.170(f)
- DHS FY 2014 Appropriations Act, 2013 PA 59, Article X
- DCH FY 2014 Appropriations Act, 2013 PA 59, Article IX

### PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

As tracked by Adult Services staff, in FY 2013, an average of 2,012 clients were served monthly. ACP caseload levels are believed to have decreased year-over-year due to a payment disparity between the combined SSI and Medicaid Supplemental rates ($1,015 per month), and relatively higher private care rates that typically start at $1,500 a month. The payment disparity therefore provides an incentive for providers to offer placements to private-pay families/individuals. Clients residing in an AFC facility or home for the aged receive services from Medicaid that enable them to live in a setting other than a nursing home. AFC and HA facilities offer an interim setting between independent living and nursing home care. The Medicaid cost per month for an AFC or HA resident is $192.38 compared to the $4,213 per-month cost for a resident in a nursing home. The resident pays for room and board separately from the personal care supplement of $192.38 paid by Medicaid.
PROGRAM STATEMENT

Adult Protective Services (APS) provides protection to vulnerable adults (18 years or older) who are at risk of harm due to the presence or threat of abuse, neglect or exploitation. Any concerned individual can make a confidential referral to APS. Individuals who perform certain functions or who provide certain services are required to report suspected abuse. This includes those employed, licensed, registered or certified (including agency employees) who provide health care, education services, social welfare services, mental health services, other human services (homes for the aged and adult foster care homes). Also included are law enforcement officers and employees of the county medical examiner.

Based on definitions in law, referrals are screened to determine if there is sufficient justification to warrant assignment for investigation. Justification exists if the alleged victim is an adult at risk of harm from abuse, neglect or exploitation, and there is reasonable belief that the alleged victim is vulnerable and in need of protective services. Vulnerability is defined as a condition in which an adult is unable to protect himself or herself from abuse, neglect or exploitation because of a mental or physical impairment or because of advanced age.

FY 2013 Program and Client Characteristics

- 33,710 APS referrals received.
- 18,289 APS referrals investigated.
- 62 percent of APS referrals were for individuals over age 60.
- 60 percent of APS referrals were female.
- Self-neglect, neglect and financial exploitation are the most frequent forms of harm reported to APS.
- Family members are the most frequently alleged perpetrators of harm against vulnerable adults.
- Health care providers, social welfare workers and concerned citizens account for 44 percent of referrals. Physicians and educators account for fewer than 2 percent of referrals; 25 percent of referrals are anonymous.

SOURCES OF FINANCING

- Social Security Act Title XX.
- State funds.

LEGAL BASIS

- Social Welfare Act, 1939 PA 280
- Michigan Penal Code, 1931 PA 328, MCL 750.174a
- DHS FY 2014 Appropriations Act, 2013 PA 59 Article X
PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

DHS is mandated by the Social Welfare Act, 1939 PA 280, to provide protective services for adults. The APS program responds to a growing number of referrals. In FY 2013, there were 33,710 APS referrals, a 31 percent increase from FY 2012. During FY 2013, 18,289 referrals were opened for investigation, an increase of 8.5 percent from FY 2012. Harm from abuse, neglect or and/or exploitation was substantiated in 29 percent of investigations.

As a result of APS interventions, vulnerable adults are protected from physical, emotional and sexual abuse; neglect by caregivers; self-neglect; exploitation of the person and financial exploitation. By stopping financial exploitation as early as possible and putting protections in place, most individuals will continue to meet their living and care needs without having to apply for governmental assistance. APS interventions often reduce the need for more restrictive and costly living arrangements such as adult foster care or nursing homes. Most importantly, APS works with vulnerable adults to develop a safety plan that allows the individual to continue living in the least-restrictive setting.
ADULT PROTECTIVE SERVICES

Total Annual Referrals and Referrals Opened for Investigation
FY 2004 - FY 2013

Note: While APS caseloads continue to grow, the proportion investigated continues to drop. Since FY 2003 Adult Services staff available for completing investigations has declined 39 percent.
PROGRAM STATEMENT

The goal of the Home Help Services (HHS) program, also known as Independent Living Services (ILS), is to prevent and reduce inappropriate institutional care by maintaining or restoring independent living for aged, blind and disabled individuals who have functional limitations. The program provides services to all eligible individuals in a manner that promotes independent functioning while accommodating the client’s changing needs, capabilities and choice. HHS is part of Michigan's overall strategy to increase community-based alternatives. HHS reduces dependence on institutional care settings such as adult foster care and nursing homes. HHS enables functionally limited individuals to live independently and receive care in the least-restrictive setting. A physician must certify the need for these activities/services. Services are non-specialized personal care activities provided to Supplemental Security Income/Medicaid recipients who meet HHS eligibility requirements. Executive Order 97-5, signed on March 21, 1997, transferred the policy and financial management functions related to HHS and Physical Disability Services to the Department of Community Health (DCH) as part of the overall Medicaid restructuring initiative and the movement to managed care. DHS remains responsible for the delivery of in-home personal care services through a network of local office Adult Services staff. DHS continues to determine eligibility, assess the need for personal care and process payments to providers. HHS program administration is completed in partnership with DCH. The HHS program is the largest Medicaid long-term care program in the state.

AGE OF HOME HELP RECIPIENTS
(Average Age Distribution Trend)

<table>
<thead>
<tr>
<th>AGE</th>
<th>PERCENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-20</td>
<td>1.98%</td>
</tr>
<tr>
<td>21-30</td>
<td>8.90%</td>
</tr>
<tr>
<td>31-40</td>
<td>9.58%</td>
</tr>
<tr>
<td>41-50</td>
<td>16.87%</td>
</tr>
<tr>
<td>51-64</td>
<td>25.73%</td>
</tr>
<tr>
<td>65-74</td>
<td>8.41%</td>
</tr>
<tr>
<td>75-84</td>
<td>9.20%</td>
</tr>
<tr>
<td>85-94</td>
<td>3.93%</td>
</tr>
<tr>
<td>95+</td>
<td>0.01%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Individuals and some private or public agencies provide HHS. Personal care services eligible for funding include:

**Activities of Daily Living (ADL)**
- Eating
- Toiletting
- Bathing
- Dressing
- Grooming
- Mobility Assistance
- Transferring

**Instrumental Activities of Daily Living (IADL)** Must have an ADL in order to receive IADL Services, Eff. Oct. 1, 2011
- Taking Medication
- Housework
- Shopping/Errands
- Meal Preparation/Cleanup
- Laundry
Department of Technology, Management, and Budget
PROGRAM DESCRIPTION
Fiscal Year 2013

<table>
<thead>
<tr>
<th>Department:</th>
<th>Appropriation Unit:</th>
<th>Program:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human Services</td>
<td>Local Office Staff and Operations</td>
<td>Home Help Services or Independent Living Services</td>
</tr>
</tbody>
</table>

SOURCES OF FINANCING
• Title XIX of the Social Security Act (Medicaid).¹
• State funds.

LEGAL BASIS
• Social Welfare Act, 1939 PA 280, Section 400.6 and 400.10
• Title XIX of the Social Security Act
• Michigan Administrative Rules 400.1101 – 400.110
• DHS FY 2014 Appropriations Act, 2013 PA 59 Article X
• DCH FY 2014 Appropriations Act, 2013 PA 59, Article IV

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES
HHS serves a rapidly increasing number of elderly and disabled adults in independent settings. Within HHS, the Independent Living Services (ILS) caseload continues to grow, increasing 27 percent since FY 2003, while Adult Services staff dropped 29 percent. There were 67,421 unduplicated clients served in FY 2013 by 301 adult services workers. Home help services cost an average of $402 a month to maintain client services in independent living settings. The 67,421 clients served in FY 2013 represent about 62 percent of the long-term care Medicaid clients in Michigan. It costs an average of $4,213 per month for services to a client residing in a nursing home. About 30 percent of the long-term care Medicaid clients in Michigan reside in nursing homes. Clients in the Home Help Program receive services paid by Medicaid, which allows them to receive services in their own residences and enables them to age in place.

¹ The federal Medicaid program participates in the cost of direct service payments and the cost of case management services provided by DHS Adult Services workers at the federal match rate.
DEPARTMENT OF HUMAN SERVICES
HOME HELP PROGRAM CASELOADS

Fiscal Year Average Monthly Caseloads (Dark Bar) and Unduplicated Annual Caseloads (Light Bar) / FY 2004 - FY 2013

Note: The average monthly number of Home Help cases (dark bar) increased 25.7 percent from FY 2004 to FY 2013, while the count of annual unduplicated cases (light bar) increased 22.2 percent. Further increases may be expected as Michigan’s population continues to age. The reason average monthly cases dropped in both FY 2012 and FY 2013 is due to an October 1, 2011, policy change requiring a person to have a need for an activity of daily living (ADL) in order to receive assistance.

0
5,000
10,000
15,000
20,000
25,000
30,000
35,000
40,000
45,000
50,000
55,000
60,000
65,000
70,000


54,451 52,472 50,757 58,073 59,993 62,248 64,048 57,525 56,411 57,087 57,593 57,421
PROGRAM DESCRIPTION AND OVERVIEW

The Bureau of Children and Adult Licensing (BCAL) protects vulnerable adults and children by regulating and consulting with licensees. BCAL regulates this industry through initial licensing, original and renewal inspections, complaint investigations, approval of corrective action plans and taking disciplinary action as needed to protect individuals served.

BCAL is comprised of three major divisions: the Adult Foster Care Licensing Division, the Child Care Licensing Division and the Child Welfare Licensing Division. These divisions are described later in this program description. Their common mission is to provide protection for vulnerable adults and children receiving services from licensed facilities. As of September 2013, BCAL regulated 23,767 facilities with a cumulative licensed capacity of 508,327 individuals. In FY 2013, 6,631 complaints were received, resulting in 247 disciplinary actions and 20 summary suspensions.

PROGRAM GOALS

- Protect the health, safety and development of children in child care and out-of-home care
- On behalf of Michigan’s vulnerable adults who are aged, developmentally disabled, mentally ill and/or physically disabled, provide technical assistance and consultation regarding their health, safety and welfare
- License and regulate all child care homes and centers, adult foster care homes, homes for the aged, child caring institutions, child placing agencies, camps, foster family and foster family group homes that meet licensing requirements
- Provide care to children or vulnerable adults and appropriately respond when licensing standards are not met
- Timely, competently and fairly meet all licensing responsibilities
- Maintain the BCAL data system to accurately reflect the license status of the applicants, registrants and licensees

MAJOR GOALS OF EACH BCAL DIVISION

- Provide pre-application assistance
- Receive and process applications for licenses
- Conduct protective services and criminal history background checks
- Conduct pre-licensing and complaint inspections
- Conduct other inspections and investigations as required by statute
- Conduct registrant orientation sessions for family child care homes and training for certification staff on foster home rules
- Conduct compliance conferences
- Present cases in an administrative hearing
- Assist the attorney general’s office in preparing for administrative hearings
- Provide public education and training
- Process rule variances and age waivers

---

1 As noted in the first table, through all of FY 2013, the average number of regulated facilities was 23,767.
2 See chart “Licensing Activity, Fiscal Year 2013.”
3 See graph “BCAL: Adult and Child Care Facilities Complaints and Disciplinary Actions.”
**SOURCE OF FINANCING:**
- Federal funds – Child Care and Development Fund block grant (CCDF).
- Title XX.
- Title IV-E Program Federal Funds.
- GF/GP.
- Licensing fees.

**LEGAL BASIS**
- DHS FY 2014 Appropriations Act, 2013, PA 59, Article X
- Child Care Organization Licensing Act, 1973 PA 116
- Adult Foster Care Facility Licensing Act, 1979 PA 218
- Public Health Code, 1978 PA 368
- Social Welfare Act, 1939 PA 280
- Child Protection Law, 1979 PA 238
- Michigan Administrative Procedures Act, 1969 PA 306
- Freedom of Information Act, 1976 PA 442
- Good Moral Character Statute, 1978 PA 294
- Mental Health Code, 1974 PA 258
- Children’s Product Safety Act, 2000 PA 219

**DIVISION DESCRIPTIONS**

**ADULT FOSTER CARE (AFC) LICENSING DIVISION**
The AFC Licensing Division is responsible for the prevention of harm and the protection of dependent adults who are developmentally disabled, mentally ill, physically handicapped or aged. It licenses and regulates the following:
- Family homes (1-6 adults)
- Small group homes (1-6 adults)
- Medium group homes (7-12 adults)
- Large group homes (13-20 adults)
- Congregate homes (>20 adults)
- County Infirmaries
- Homes for the aged (20 or more aged adults)
**CHILD CARE LICENSING DIVISION**

The Child Care Licensing Division is responsible for the protection of vulnerable children less than one year-of-age through age 17. Children are in out-of-home child care facilities for periods less than 24 hours. The division licenses and regulates:

- Child care centers (capacity based on square footage).
- Family child care homes (1-6 children).
- Group child care homes (7-12 children).

**CHILD WELFARE LICENSING DIVISION**

The Child Welfare Licensing Division ensures children, adults and families are receiving required services when children receive 24-hour out-of-home care. The Child Welfare Licensing division regulates, monitors contracts and licenses the following:

- Child Caring Residential Institutions: Provide maintenance and supervision.
- Child Placing Agencies: Government and nonprofit organizations that receive children for placement in private family homes for eventual placement in foster care and/or for adoption.
- Children’s Foster Homes: Private family or group homes in which minors, not related to an adult member of the household, receive care.
- Adult and Children’s Camps: Residential, day, troop or travel camps conducted in a natural environment for more than four school-age minors.
- Court-operated facilities: Open or secure residential care facilities for children and youth. Facilities are operated by juvenile courts.

**PROGRAM EFFECTIVENESS/ PROGRAM OUTCOMES**

**ADULT FOSTER CARE LICENSING DIVISION**

The Adult Foster Care Licensing division regulates 4,602 facilities, with a combined capacity of 49,609 individuals. In FY 2013, 2,156 complaints were received, 44 disciplinary actions were taken and six summary suspensions were served.

**CHILD CARE LICENSING DIVISION**

The Child Care Licensing division regulates 10,724 facilities with a capacity of 345,834 children. In FY 2013, 1,349 complaints were received, 74 disciplinary actions were taken and 14 summary suspensions were served.

**CHILD WELFARE LICENSING DIVISION**

The Child Welfare Licensing division regulates 8,441 facilities. The total residential capacity is 112,884 children. In FY 2013, 3,126 complaints were received, 129 disciplinary actions were taken and no summary suspensions were served.

---

See chart “Licensing Activity, Fiscal Year 2013.”
The combined volume of responses to complaints, disciplinary actions and summary suspensions of BCAL’s three major divisions provide ample substantiation that BCAL continues to provide important work to protect vulnerable adults and children by regulating and consulting with licensees. The first table details FY 2013 licensing activity. The next graph details complaints and disciplinary actions across BCAL divisions from FY 2003 - FY 2013. The final three graphs detail the number of adults and children in care by living arrangement (FY 2003 - FY 2013).
<table>
<thead>
<tr>
<th>Licensing Activity By Division and Care Setting</th>
<th>Facilities</th>
<th>Capacity</th>
<th>Enrollments Received All Care Settings</th>
<th>License: Original Issues</th>
<th>License: Renewals Timely</th>
<th>Total Renewals Completed</th>
<th>Facilities Closed</th>
<th>Disciplinary Actions</th>
<th>Summary Suspensions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Adult Foster Care, &amp; Homes for the Aged</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Homes, Capacity 1-6 People</td>
<td>1,011</td>
<td>4,868</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Small Group Homes, Capacity 1-6 People</td>
<td>2,334</td>
<td>13,304</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Medium Group Homes, Capacity 7-12 People</td>
<td>511</td>
<td>5,599</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Large Group Homes, 13-20 People</td>
<td>529</td>
<td>9,922</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Congregate Homes, Capacity &gt; 20 people</td>
<td>10</td>
<td>353</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>County Infirmary</td>
<td>2</td>
<td>96</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Homes for the Aged</td>
<td>205</td>
<td>15,467</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>4,602</strong></td>
<td><strong>49,609</strong></td>
<td><strong>424</strong></td>
<td><strong>350</strong></td>
<td><strong>1,272</strong></td>
<td><strong>2,086</strong></td>
<td><strong>341</strong></td>
<td><strong>44</strong></td>
<td><strong>6</strong></td>
</tr>
<tr>
<td><strong>Child Care Licensing</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Care Centers</td>
<td>4,394</td>
<td>295,354</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Family Homes</td>
<td>4,203</td>
<td>25,039</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Group Homes</td>
<td>2,127</td>
<td>25,441</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>10,724</strong></td>
<td><strong>345,834</strong></td>
<td><strong>604</strong></td>
<td><strong>993</strong></td>
<td><strong>1,935</strong></td>
<td><strong>2,804</strong></td>
<td><strong>1,338</strong></td>
<td><strong>74</strong></td>
<td><strong>14</strong></td>
</tr>
<tr>
<td><strong>Child Welfare Licensing</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Placing Agencies</td>
<td>214</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>CCI Institutions</td>
<td>198</td>
<td>7,357</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Camps</td>
<td>987</td>
<td>89,725</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Foster Care</td>
<td>7,042</td>
<td>15,802</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>8,441</strong></td>
<td><strong>112,884</strong></td>
<td><strong>896</strong></td>
<td><strong>2,418</strong></td>
<td><strong>337</strong></td>
<td><strong>378</strong></td>
<td><strong>2,393</strong></td>
<td><strong>129</strong></td>
<td><strong>0</strong></td>
</tr>
<tr>
<td><strong>BCAL TOTAL</strong></td>
<td><strong>23,767</strong></td>
<td><strong>508,327</strong></td>
<td><strong>1,924</strong></td>
<td><strong>3,761</strong></td>
<td><strong>3,544</strong></td>
<td><strong>5,268</strong></td>
<td><strong>4,072</strong></td>
<td><strong>247</strong></td>
<td><strong>20</strong></td>
</tr>
</tbody>
</table>
The Bureau of Children and Adult Licensing regulates more than 23,767 facilities serving more than 508,327 children and adults. In FY 2013, BCAL responded to 6,631 complaints, resulting in 247 disciplinary actions.

**Note:**
NOTE: The AFC Licensing Division is responsible for the prevention or harm and the protection of dependent adults who are developmentally disabled, mentally ill, physically handicapped or aged. It regulates the above care facilities. The total number of adults in care increased by 1,128 (2.4%) from FY 2003 to FY 2013.
NOTE: The Child Care Licensing Division is responsible for the protection of vulnerable children less than one year of age through age 17. Children are in out-of-home child care facilities for periods less than 24 hours. The division licenses the above care settings. The total number of children in care by care setting has decreased each year since 2007. Whereas the FY 2006 total was 373,351 by FY 2013 the total was 27,517 lower (-7.37%) at 345,834.
NOTE: The Child Welfare Licensing Division ensures children, adults and families are receiving required services when children receive 24-hour out-of-home care. The division regulates, monitors contracts and licenses the above noted care settings. Within the Child Welfare Licensing Division, the total number of children in care (by care setting) increased from 93,255 in FY 2003 to 115,149 (+19%) in FY 2012. A slight decrease is now shown for FY 2013 (-1.74%).
PROGRAM STATEMENT

The Community Resource Program (CRP) offers numerous services and locally customized programs to meet community needs with the assistance of volunteers, donations and grant funding. The CRP responds to the unique and changing needs of DHS staff, recipients and community partners. The mission of the CRP is to connect volunteers, donations and other community resources to support independence and well-being for public assistance and other DHS clients. Services provided by volunteers include, but are not limited to: transportation, mentoring, tutoring, case aid, donation distribution, tax preparation assistance, food pantry, camperships, infant safe sleep projects and telephone reassurance programs. Most community resource coordinators (CRCs) also organize and oversee sizable holiday donation programs for their respective communities. CRCs may have additional duties, including contract management responsibilities.

SOURCE OF FINANCING

- State funds.
- Various federal funds.

LEGAL BASIS

- DHS FY 2014 Appropriations Act, 2013 PA 59, Article X

PROGRAM EFFECTIVENESS / FY 2012 PROGRAM OUTCOMES:

- In FY 2012, more than 14,000 volunteers provided 492,926 hours of service to clients. The estimated value of volunteered hours was $10,740,864.*
- In addition to over $10.7 million in volunteer hours in FY 2012, an additional $3.2 million in cash and non-cash donations was received.
- CRP outlays for wages, salaries and other expenditures in FY 2012 totaled $6,267 million.
- FY 2012 CRP return on investment was estimated to be about $2.23 per dollar invested.

NOTE: FY 2013 outcome data are not yet available.

* In calendar year 2010, the national “Independent Sector Organization” estimated the national average value of volunteer time at $21.36 per hour. Annual "value estimates" are a means to acknowledge and quantify time, talents and energy afforded clients and charitable organizations. As reported by CRP staff for FY 2012, the actual average value per-hour of volunteered hours in Michigan was $21.79.
The goals of the Community Services Block Grant (CSBG) program are to assist low-income individuals and families to achieve self-sufficiency and to address the causes of poverty. The target population for fiscal year 2014 includes individuals and families with income at or below 125% of the poverty level. CSBG grantees include 29 community action agencies (CAAs) serving all 83 counties: They are:

<table>
<thead>
<tr>
<th>Agency</th>
<th>Community Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alger-Marquette Community Action Board</td>
<td>Alger, Marquette</td>
</tr>
<tr>
<td>Allegan County Resource Development Committee, Inc.</td>
<td>Allegan</td>
</tr>
<tr>
<td>Area Community Services Employment and Training Council</td>
<td>Kent</td>
</tr>
<tr>
<td>Capital Area Community Services, Inc.</td>
<td>Clinton, Eaton, Ingham, Shiawassee</td>
</tr>
<tr>
<td>Chippewa-Luce-Mackinac Community Action and Human Resources Authority, Inc.</td>
<td>Chippewa, Luce, Mackinac</td>
</tr>
<tr>
<td>Community Action Agency of South Central Michigan</td>
<td>Barry, Branch, Calhoun, St. Joseph</td>
</tr>
<tr>
<td>Community Action Agency of Jackson, Lenawee, Hillsdale</td>
<td>Hillsdale, Jackson, Lenawee</td>
</tr>
<tr>
<td>Dickinson-Iron Community Services Agency</td>
<td>Dickinson, Iron</td>
</tr>
<tr>
<td>Economic Opportunity Committee of St. Clair County</td>
<td>St. Clair</td>
</tr>
<tr>
<td>Eight CAP, Inc.</td>
<td>Gratiot, Ionia, Isabella, Montcalm</td>
</tr>
<tr>
<td>Five CAP, Inc.</td>
<td>Lake, Manistee, Mason, Newaygo</td>
</tr>
<tr>
<td>Genesee County Community Action Resource Department</td>
<td>Genesee</td>
</tr>
<tr>
<td>Gogebic-Ontonagon Community Action Agency</td>
<td>Gogebic, Ontonagon</td>
</tr>
<tr>
<td>Human Development Commission</td>
<td>Huron, Lapeer, Sanilac, Tuscola</td>
</tr>
<tr>
<td>Kalamazoo County Community Action Bureau</td>
<td>Kalamazoo</td>
</tr>
<tr>
<td>Macomb County Community Services Agency</td>
<td>Macomb</td>
</tr>
<tr>
<td>Menominee-Delta-Schoolcraft Community Action Agency and Human Resource Authority</td>
<td>Delta, Menominee, Schoolcraft</td>
</tr>
<tr>
<td>Mid-Michigan Community Action Agency, Inc.</td>
<td>Bay, Clare, Gladwin, Mecosta, Midland, Oscoda</td>
</tr>
<tr>
<td>Monroe County Opportunity Program</td>
<td>Monroe</td>
</tr>
<tr>
<td>Muskegon-Oceana Community Action Against Poverty, Inc.</td>
<td>Muskegon, Oceana</td>
</tr>
<tr>
<td>Northeast Michigan Community Service Agency</td>
<td>Alcona, Alpena, Arenac, Cheboygan, Crawford, Iosco, Montmorency, Ogemaw, Oscoda, Otsego, Presque Isle</td>
</tr>
<tr>
<td>Northwest Michigan Community Action Agency</td>
<td>Antrim, Benzie, Charlevoix, Emmet, Grand Traverse, Kalkaska, Leelanau, Missaukee, Roscommon, Wexford</td>
</tr>
<tr>
<td>Oakland Livingston Human Services Agency</td>
<td>Livingston, Oakland</td>
</tr>
<tr>
<td>Ottawa County Community Action Agency</td>
<td>Ottawa</td>
</tr>
<tr>
<td>Saginaw County Community Action Committee, Inc.</td>
<td>Saginaw</td>
</tr>
<tr>
<td>Southwest Michigan Community Action Agency</td>
<td>Berrien, Cass, Van Buren</td>
</tr>
<tr>
<td>Washtenaw County Human Services Department</td>
<td>Washtenaw</td>
</tr>
<tr>
<td>Wayne Metropolitan Community Action Agency</td>
<td>County of Wayne, including City of Detroit</td>
</tr>
</tbody>
</table>
Michigan’s CSBG allotment is used at the local level in combination with a variety of funding sources to support programs such as USDA commodity food distribution, senior meal programs, Head Start, housing, homelessness, job training support, literacy, school readiness/pre-school programs and other programs targeted to low-income individuals and families. Services and activities by the CAAs are designed to attain meaningful education and employment opportunities, adequate housing and living environments, emergency assistance, participation in community affairs and the removal of obstacles that impede self-sufficiency. CAAs develop service plans outlining activities under one or more of the following nine major program categories: employment, education, income management, housing, emergency services, nutrition, linkages with other programs, health and self-sufficiency.

**SOURCES OF FINANCING**
- Federal (HHS) Community Services Block Grant funds.

**LEGAL BASIS**
- DHS FY 2014 Appropriations Act, 2013 PA 59
- Community Services Block Grant Act of 1981, Public Law 97-35

**PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES**

Estimated expenditures for FY 2013 CSBG services\(^1\) were:

- Employment .................................................. $980,711
- Education ........................................................ 1,824,565
- Income Management ...................................... 1,586,826
- Housing ........................................................... 2,204,500
- Emergency Services ....................................... 4,855,648
- Nutrition ........................................................... 2,517,444
- Linkages with other programs ......................... 5,123,674
- Self-Sufficiency ............................................... 1,615,831
- Health ................................................................. 486,929
- Other .................................................................. 179,864
- Estimated Total Expenditures ...................$21,375,991

\(^1\) FY 2013 estimated expenditures are based on FY 2013 planning reports from the 29 CAAs. DHS will not have all FY 2013 figures from the CAAs until March 31, 2014.
Of the above amounts, approximately $5.1 million was used to support CAA centralized operating costs. Although agencies receive funding from other government and private organizations for direct services, the CSBG funding enables the agencies to maintain core staffing, facilities, equipment maintenance and other centralized activities. This core funding enables CAAs to leverage approximately $720 million in additional federal, state, local and private funds. CAAs served over 176,465 households in FY 2013. NOTE: Final FY 2014 household data are not yet available.

CSBG discretionary funds were utilized to fund a variety of program areas including: training and technical assistance for all CAAs, migrant services, Indian tribes/councils contracts, state wide earned income tax credit outreach and tax return preparation services and for various community-based initiatives, including: agency capacity building such as staff training and strategic planning; developing new programs such as home buyer education, IDAs, entrepreneurship training, budget counseling, and youth employment; and technology and infrastructure enhancement for agency accounting systems, reporting needs, and service expansion.
PROGRAM STATEMENT

The Michigan Domestic and Sexual Violence Prevention and Treatment Board (MDSVPTB), was previously named the Michigan Domestic Violence Prevention and Treatment Board. The name change was made in accordance with Executive Order 2012-17 issued by the governor on December 4, 2012. Original programming for this area was established in 1978 by state legislation that created a governor-appointed board responsible for focusing state activity on domestic violence. The board, administratively housed in the Department of Human Services, administers state and federal funding for domestic violence shelters and advocacy services, sexual assault programs and advocacy services; develops and recommends policy; and develops and provides technical assistance and training. The seven-member board represents a cross-section of professions concerned with the crimes of domestic and sexual violence. Members are appointed by the governor with the advice and consent of the Legislature.

The goals of the board are to:

• Contract for providing emergency shelter and related services (counseling, information and referral, advocacy, and emergency response services) to victims of domestic violence and their children.
• Contract for providing sexual assault/abuse comprehensive services (counseling, advocacy, emergency response services) to victims of sexual violence, their family members and/or their significant others.
• Contract for providing transitional supportive housing and supportive services (housing, counseling, transportation, financial/specific assistance, employment services, and client development seminars) to victims of domestic violence and their dependent children.
• Educate service providers and other professionals on the prevention and treatment of domestic and/or sexual violence.
• Improve the response of the criminal justice, legal, medical, mental health and social welfare systems to the crimes of domestic violence and sexual assault/abuse.
• Ensure that safety, confidentiality and justice are provided to victims of domestic and sexual violence.

Specific services provided:

• Domestic Violence Comprehensive Services: The following services are provided under contracts with 44 nonprofit domestic violence programs: emergency shelter; emergency intervention (24-hour crisis lines and emergency response services); supportive counseling (individual and group); community education and prevention services; personal and support advocacy with health care, criminal justice systems, employment assistance, housing location, financial assistance, transportation and child care; and children’s services.
• STOP Violence Against Women Grant: The federal STOP Violence Against Women Grant for FY 2013 provided more than $3 million to local collaborative projects to improve victim services and the criminal justice response to violent crimes against women. Local projects address domestic violence, sexual assault, dating violence and stalking throughout the state, including specialized sexual assault nurse examiner programs. These funds also support the development of statewide policies, protocols and training in collaboration with state agencies and statewide organizations.
• Sexual Assault Comprehensive Services Program: The board currently funds 23 nonprofit sexual assault programs to provide comprehensive services (24-hour crisis line, individual and group counseling, emergency response, and advocacy) to sexual assault survivors and their significant others, including sexual assault forensic examinations.
• Transitional Supportive Housing Program: The board currently funds 17 nonprofit domestic violence programs to provide for safe transitional housing, advocacy and supportive services including individual and group counseling, employment and transportation for up to 24 months.

• Children’s Advocacy Centers: The board currently funds 20 nonprofit children’s advocacy centers to provide investigative, assessment, counseling, support and educational services to victims of child sexual abuse and their non-offending family members.

Population Description:
• The Michigan State Police (MSP) *Michigan Incident Crime Reporting in 2012* (latest complete data available) indicates that 94,891 domestic violence victims and 4,439 sexual assault/abuse victims were reported. Data on these victims include:

<table>
<thead>
<tr>
<th>DOMESTIC VIOLENCE</th>
<th>SEXUAL ASSAULT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age of Victim</td>
<td>Age of Victim</td>
</tr>
<tr>
<td>19 Or Under</td>
<td>19 Or Under</td>
</tr>
<tr>
<td>20 – 29</td>
<td>20 – 29</td>
</tr>
<tr>
<td>30 – 39</td>
<td>30 – 39</td>
</tr>
<tr>
<td>40+/Unknown</td>
<td>40+/Unknown</td>
</tr>
<tr>
<td>Race of Victim</td>
<td>Race of Victim</td>
</tr>
<tr>
<td>White</td>
<td>White</td>
</tr>
<tr>
<td>Black</td>
<td>Black</td>
</tr>
<tr>
<td>Other/Unknown</td>
<td>Other/Unknown</td>
</tr>
<tr>
<td>60.3%</td>
<td>70.6%</td>
</tr>
<tr>
<td>36%</td>
<td>17%</td>
</tr>
<tr>
<td>3.7%</td>
<td>6.6%</td>
</tr>
<tr>
<td>29.2%</td>
<td>8.3%</td>
</tr>
</tbody>
</table>

**SOURCES OF FINANCING**
• Sexual Assault Victims Medical Forensic Intervention and Treatment Act (PA 546 of 2008).
• Children’s Advocacy Center Act (PA 544 of 2008).
• TANF Block Grant.
• Federal Family Violence Prevention and Services Act grant.
• Federal Preventative Health and Health Services block grant.
• Federal Violence Against Women Act – STOP Violence Against Women grant.
• Federal Violence Against Women Act – Rural Domestic Violence, Dating Violence, Sexual Assault and Stalking Assistance grant.
• General Funds/General Purpose.

**LEGAL BASIS**
• DHS FY 2014 Appropriations Act, 2013 Public Act 59, Article X
• Michigan Domestic Violence, 1978 PA 389
• Federal Family Violence Prevention and Services Act 42 USC 10401
• Federal Violence Against Women Act of 2005, P.L. 106-386
• Sexual Assault Victims Medical Forensic Intervention and Treatment Act (PA 546 of 2008)
• Children’s Advocacy Center Act (PA 544 of 2008)
PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

Domestic Violence:
All 83 counties receive services from 44 nonprofit domestic violence programs. The following figures are from FY 2013:

<table>
<thead>
<tr>
<th>Number Served (Domestic Violence):</th>
<th>Services Provided:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential adults and children</td>
<td>Nights of shelter</td>
</tr>
<tr>
<td></td>
<td>9,829</td>
</tr>
<tr>
<td>Non-residential adults and children</td>
<td>28,949</td>
</tr>
<tr>
<td></td>
<td>Crisis calls answered, includes information and referral calls</td>
</tr>
<tr>
<td></td>
<td>265,851</td>
</tr>
<tr>
<td></td>
<td>80,526</td>
</tr>
</tbody>
</table>

In 2012, MSP crime statistics show that there were 93 domestic violence homicides in Michigan. If not for services (including shelter) for victims and their children, this number would likely be much higher. These services are critical in preventing homicides in Michigan. These services provide access to immediate safety and support for adult victims and a multitude of children who otherwise would likely be left with no option but to continue to experience the violence within their homes.

Sexual Assault Comprehensive Services (SACS):
Forty-two counties received services from 23 nonprofit sexual assault programs, including eight sexual assault nurse examiner (SANE) programs serving 10 counties. The following figures are from FY 2013:

<table>
<thead>
<tr>
<th>SACS Number Served:</th>
<th>SANE Number Served:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults and children</td>
<td>Adults and children</td>
</tr>
<tr>
<td>6,677</td>
<td>1,386</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Services Provided:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hours of Counseling</td>
</tr>
<tr>
<td>Crisis calls answered (includes information and referral calls)</td>
</tr>
</tbody>
</table>

National statistics say that one in three women will be sexually assaulted in their lifetime and one in six boys will be sexually assaulted before the age of 18. Because sexual assault is one of the most underreported violent crimes, sexual assault/abuse crisis programs are often the only organizations that victims access for help to try to heal from this significant trauma. Michigan has not been able to provide support services in all 83 counties, even though the need clearly exists. In addition to counseling, programs help victims with immediate needs like broken locks, reports to law enforcement and medical care. Research clearly shows that without these services, sexual assault victims are at much higher risk for more violence, long-term psychological effects and economic struggle.
**Transitional Supportive Housing (TSH):**

Seventeen grants were awarded to nonprofit domestic violence transitional supportive housing service providers that cover 34 counties. The following figures are from FY 2013:

<table>
<thead>
<tr>
<th>TSH Number Served:</th>
<th>Services Provided:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults and children 1,054</td>
<td>Nights of housing 216,098</td>
</tr>
</tbody>
</table>

Research shows that the most dangerous time for victims of domestic violence is when they leave the abusive relationship. Victims and their children face many problems when they are forced to leave their homes to escape abuse. Often, affordable housing is not available and shelters are only able to provide temporary housing. Victims may also face challenges with an inability to find a job or have a troubled rental history because the batterer created problems resulting in an eviction. For domestic violence victims, transitional housing is the step between emergency shelters and permanent housing. The program is a combination of providing a safe home along with supportive services resulting in victims being able to transition to violence-free lives.

**Children’s Advocacy Centers (CAC):**

Public Act 544 of 2008 created the children’s advocacy center fund that the board administers. The legislation was enacted in January 2009 but as stipulated, the funds could not be distributed before April 2011. The first grants were awarded in July 2011, providing 16 counties with services from 16 nonprofit children’s advocacy centers. Since that time, the number of counties has grown to 21 with services from 20 nonprofit children’s advocacy centers. Per the legislation, only children’s advocacy centers that are nationally accredited by the National Children’s Alliance are eligible for funding. The purpose of the fund is to provide investigative, assessment, counseling, support, and educational services to victims of child sexual abuse and their families through children’s advocacy centers; provide training related to child sexual abuse for personnel employed by the children’s advocacy centers; improve the detection, investigation, treatment and prevention of child sexual abuse and to improve public awareness of child sexual abuse.

<table>
<thead>
<tr>
<th>CAC Number Served 10/1/12 – 9/30/13:</th>
<th>Children’s Services Provided 10/1/12 – 9/30/13:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children – Victims of Sexual Abuse 5,584</td>
<td>Forensic Interviews 5,686</td>
</tr>
<tr>
<td>Non Offending Family Members 5,624</td>
<td>Child Therapy Hours 7,829</td>
</tr>
</tbody>
</table>
The prevalence of child sexual abuse is difficult to determine, however, national statistics indicate that one in five girls will be sexually abused or assaulted before age 18, and for boys, studies range from one in six to one in eight. Children who have experienced sexual abuse are much more likely to suffer from low self-esteem, feelings of worthlessness and an abnormal or distorted view of sexuality. Additionally, they are at an elevated risk of being sexually assaulted later in their lifetimes. Michigan’s children’s advocacy centers fulfill a crucial role in providing much-needed services to children who have been sexually abused. The Children’s Advocacy Center model aims to provide comprehensive services for child victims and their non-offending family members. They offer child-focused forensic interviews in a child-friendly space conducted by highly trained professionals. They also feature a multidisciplinary team of observers most often consisting of police officers, prosecutors and Children’s Protective Services staff. The goal of this method is to ensure that children being interviewed only have to tell their story one time as opposed to many in interviews with various system personnel. Children’s advocacy centers also offer counseling for children and prevention efforts in their local communities.
PROGRAM STATEMENT

Family Independence Program (FIP) recipients, unless temporarily deferred, are required to participate in a Michigan Works! Agency (MWA) employment and training program to increase their employability and find employment. Deferred FIP recipients may volunteer. The employment program components are:

- Partnership. Accountability. Training. Hope. (PATH)
- Employment and Training Program for food assistance recipients
- Direct support services (including employment support services and family support services)

PATH is the employment program for FIP applicants and recipients administered by the Workforce Development Agency (WDA) through local MWAs. FIP recipients are required to participate in PATH unless they are exempt by state law. The goal of PATH participation is FIP case closure due to self-sufficiency. MWAs will continue to serve all PATH participants until their FIP case is closed by DHS, or until they are referred back to DHS due to failure to participate or have met deferral criteria. DHS will refer every non-deferred mandatory participant to PATH except those participating with a tribal contractor program or volunteers in Service to America (VISTA) Job Corps, and AmeriCorps participants, as well as those individuals who are working 40 hours a week.

PATH is a partnership between DHS and WDA. Local workforce boards, the MWAs and local DHS offices provide a blended set of services to connect Michigan’s families with the kind of jobs, education and training opportunities to achieve self-sufficiency and meet the workforce and skill needs of Michigan’s businesses. PATH’s primary goals lead to a reduction in welfare cases and reduce recipients cycling on and off public assistance. An increase in job retention, earnings and participation in education and job training programs is expected to take place. A corresponding decrease in Medicaid cases and an overall reduction in program costs are also primary goals.

- Employment and Training Program for Food Assistance Recipients: This program serves former able-bodied adults without dependents (ABAWDS) that receive food assistance and are required to work or meet other requirements. The program is provided through the local MWAs.
- Direct Support Services (DSS):
  - Employment Support Services (ESS): These services are available through DHS and the MWAs to support FIP recipients’ participation in employment and training activities. ESS are available from DHS or MWA for parents or caretaker relatives. ESS may also be available to non-FIP recipient families for a maximum of four consecutive months when receiving child care subsidy, food assistance or Medicaid, if the services are necessary to maintain or enhance employment.
  - Family Support Services: Family support services are available through DHS for FIP recipients who are participating in PATH or are participating with the local DHS office. Family support services are also available to families for a maximum of four consecutive months when receiving child care, food assistance or Medicaid if the services are necessary to maintain or enhance employment. These are services not available through the PATH program and may include such things as counseling and classes in life skills that address family issues to help families toward self-sufficiency.
Federal Program Requirements:

- **Participation Rates**: Federal law requires that states receiving funding under the Temporary Assistance for Needy Families (TANF) block grant must meet work participation rates for the cash assistance caseload. States must achieve the following minimum work participation rates (as a percentage of the total cash assistance caseload):

<table>
<thead>
<tr>
<th>Work Participation Rates - Unadjusted</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Families</td>
</tr>
<tr>
<td>FY 1997 25.0%</td>
</tr>
<tr>
<td>FY 1998 30.0%</td>
</tr>
<tr>
<td>FY 1999 35.0%</td>
</tr>
<tr>
<td>FY 2000 40.0%</td>
</tr>
<tr>
<td>FY 2001 45.0%</td>
</tr>
<tr>
<td>FY 2002 (and onward) 50.0%</td>
</tr>
<tr>
<td>Two-Parent Families</td>
</tr>
<tr>
<td>FY 1997 75.0%</td>
</tr>
<tr>
<td>FY 1998 75.0%</td>
</tr>
<tr>
<td>FY 1999 90.0%</td>
</tr>
<tr>
<td>FY 2000 (and onward) 90.0%</td>
</tr>
</tbody>
</table>

- **Adjusted Participation Rates**: States are allowed to adjust work participation rates to take into account cash assistance caseload reductions that have occurred since 2005. Michigan’s participation rate targets have been adjusted as allowed over the years of TANF regulations. The table at the end of this section profiles TANF federal participation rate targets and Michigan adjusted and actual participation rates.

1 Two-parent families have been state-funded effective FY 2007. The 90 percent participation rate does not apply.
SOURCES OF FINANCING

- Federal TANF.
- Food Stamp Employment and Training Funds.

LEGAL BASIS

- DHS FY 2014 Appropriations Act, 2013 Public Act 59, Article X
- Federal Social Security Act
- Social Welfare Act, 1939 PA 280
- Administrative Rules R.400.3591-R.400.3596
- 45 CFR Part 400 and 401

PROGRAM EFFECTIVENESS

With Michigan’s 2013 unemployment at 8.7 percent, moving recipients off temporary assistance remains a statewide challenge. The 2013 unemployment rate for the U.S. was 1.3 percentage points lower at 7.4 percent. In an effort to increase Michigan's success in meeting federal participation rates, Michigan has implemented its redeveloped employment and training program effective January 1, 2013. Implementation of these improvements will continue into the new fiscal year. The following table provides a summary of Michigan’s past and current work participation rates.
## MICHIGAN DEPARTMENT OF HUMAN SERVICES
### TANF PARTICIPATION RATES

#### Federal Targets Compared to Michigan Adjusted and Actual Participation Rates

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>All Families</th>
<th>Two-Parent Families</th>
<th>All Families</th>
<th>Two-Parent Families</th>
<th>All Families</th>
<th>Two-Parent Families</th>
<th>Met Adjusted Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>40%</td>
<td>90%</td>
<td>0.0%</td>
<td>4.1%</td>
<td>36.4%</td>
<td>61.7%</td>
<td>Yes</td>
</tr>
<tr>
<td>2001</td>
<td>45%</td>
<td>90%</td>
<td>0.0%</td>
<td>5.0%</td>
<td>33.8%</td>
<td>53.5%</td>
<td>Yes</td>
</tr>
<tr>
<td>2002</td>
<td>50%</td>
<td>90%</td>
<td>0.0%</td>
<td>4.6%</td>
<td>28.9%</td>
<td>46.5%</td>
<td>Yes</td>
</tr>
<tr>
<td>2003</td>
<td>50%</td>
<td>90%</td>
<td>0.0%</td>
<td>6.4%</td>
<td>25.3%</td>
<td>36.2%</td>
<td>Yes</td>
</tr>
<tr>
<td>2004</td>
<td>50%</td>
<td>90%</td>
<td>0.0%</td>
<td>6.0%</td>
<td>24.5%</td>
<td>35.7%</td>
<td>Yes</td>
</tr>
<tr>
<td>2005</td>
<td>50%</td>
<td>90%</td>
<td>0.0%</td>
<td>7.6%</td>
<td>22.0%</td>
<td>30.4%</td>
<td>Yes</td>
</tr>
<tr>
<td>20062</td>
<td>50%</td>
<td>90%</td>
<td>0.0%</td>
<td>8.2%</td>
<td>21.6%</td>
<td>26.2%</td>
<td>Yes</td>
</tr>
<tr>
<td>2007</td>
<td>50%</td>
<td>N/A</td>
<td>30.5%</td>
<td>N/A</td>
<td>24.2%</td>
<td>N/A</td>
<td>No</td>
</tr>
<tr>
<td>2008</td>
<td>50%</td>
<td>N/A</td>
<td>50.0%</td>
<td>N/A</td>
<td>33.6%</td>
<td>N/A</td>
<td>No</td>
</tr>
<tr>
<td>2009</td>
<td>50%</td>
<td>N/A</td>
<td>27.8%</td>
<td>N/A</td>
<td>27.9%</td>
<td>N/A</td>
<td>Yes</td>
</tr>
<tr>
<td>2010</td>
<td>50%</td>
<td>N/A</td>
<td>26.8%</td>
<td>N/A</td>
<td>22.8%</td>
<td>N/A</td>
<td>No</td>
</tr>
<tr>
<td>2011</td>
<td>50%</td>
<td>N/A</td>
<td>45.0%</td>
<td>N/A</td>
<td>26.9%3</td>
<td>N/A</td>
<td>Not Yet Final</td>
</tr>
<tr>
<td>2012</td>
<td>50%</td>
<td>N/A</td>
<td>39.4%</td>
<td>N/A</td>
<td>41.2%3</td>
<td>N/A</td>
<td>Not Yet Final</td>
</tr>
<tr>
<td>2013</td>
<td>50%</td>
<td>N/A</td>
<td>20.6%4</td>
<td>N/A</td>
<td>53.0%3 &amp; 5</td>
<td>N/A</td>
<td>Not Yet Final</td>
</tr>
</tbody>
</table>

### Notes:

1. Federal law requires that states receiving funding under the Temporary Assistance for Needy Families (TANF) block grant meet work participation rates for cash assistance (Family Independence Program - FIP) caseloads. Michigan is required to achieve minimum work participation rates that are a percentage of the total FIP caseload.

2. Federal work participation rate targets were established with the passage of welfare reform. "Rates" were subsequently adjusted to recognize reductions in public assistance caseloads that states experienced since 1995 and 2005. The above data reflect federal rates, adjusted target rates and actual Michigan rates.

3. Beginning FY 2007, Michigan's two-parent FIP cases were 100% state-funded. After FY 2006, there were no longer federal targets associated with two-parent cases.

1. Adjusted targets are those that states must meet. An adjusted rate is the federal target rate (reduced by states' caseload reduction credit).

2. Original TANF participation rates and caseload credits remained in effect until 9/30/06. Reauthorization of the original TANF legislation occurred on 10-01-2006.

3. Actual federally approved participation rates for FY 2011, FY 2012, and FY 2013 are not yet finalized.

4. The FY 2013 adjusted target is the 50% Federal Target minus a 29.4% caseload reduction credit = 20.6% adjusted target.

5. The FY 2013 participation rate (53.0%) is a point-in-time rate subject to change by receipt of verifications and Health and Human Services review.
PROGRAM STATEMENT
The Department of Human Services encourages all applicants and recipients to engage in activities that lead to self-sufficiency. Adult Family Independence Program (FIP) recipients and Food Assistance-only recipients must participate in employment-related activities unless they are deferred.

Recipients served by Partnership. Accountability. Training. Hope. (PATH) through Michigan Works! Agencies:
• Family Independence Program (FIP) applicants and recipients.
• Minor parents who have graduated from high school.

Recipients served by DHS:
• Non-cash recipients of Child Development and Care (CDC), Medicaid (MA) and Food Assistance Program (FAP) (emergency employment support services only).
• FIP Job Corps participants, Volunteers in Service to America (VISTA) volunteers or AmeriCorps participants who meet minimum required hours of participation. Participants not meeting minimum federal requirements are referred to PATH to complete the remaining required hours.
• Applicants and recipients exempt by state law.
• Applicants and recipients working 40 hours per week.

SOURCES OF FINANCING
• Federal TANF.
• Food Stamp Employment and Training Funds.

LEGAL BASIS
• Federal Social Security Act
• Social Welfare Act, 1939 PA 280
• Administrative Rules R.400.3591-R.400.3596
• 45 CFR Part 400 and 401
• Michigan Strategic Fund FY 2014 Appropriations Act, 2013 PA 59, Article VIII
• DHS FY 2014 Appropriations Act, 2013 PA 59, Article X
**PROGRAM EFFECTIVENESS**

With Michigan’s 2013 unemployment rate at 8.7 percent, moving recipients off temporary assistance remains a statewide challenge. Month-over-month, Michigan continues to have the sixth or seventh highest unemployment rate in the country. With such high unemployment, moving recipients off of temporary assistance is very difficult. In an effort to increase Michigan’s success in meeting federal participation rates, Michigan has implemented its redeveloped employment and training program effective January 1, 2013. Implementation of these improvements will continue into the new fiscal year. The graph in the previous section outlines Michigan’s past and current work participation rates.
PROGRAM STATEMENT
DHS assists families in overcoming obstacles to achieving financial independence. To achieve the goal of self-sufficiency, applicants and recipients may need Employment Support Services (ESS). Services are provided through the MWAs or DHS. These services include, but are not limited to, the following:
- Transportation assistance, including bus tickets, tokens, reimbursement for public transportation or authorization for auto repairs or purchase.
- Child care for orientation or a compliance test.
- Pre-employment and training medical exams (that are not covered by Medicaid).
- Relocation expenses.
- Special clothing (work boots, work gloves, hard hats, etc.).
- One-time work-related expenses such as payment for license fees.
- Purchase of professional tools.

SOURCES OF FINANCING
- Federal TANF.
- Food Stamp Employment and Training funds.

LEGAL BASIS
- DHS FY 2014 Appropriations Act, 2013 Public Act 59, Article X
- Federal Social Security Act
- 45 CFR Part 400.72, 401
- Social Welfare Act, 1939 PA 280
- 7 CFR 273.7, Michigan Strategic Fund FY 2013 Appropriations Act, 2012 PA 200, Article XII

PROGRAM EFFECTIVENESS
ESS is one of the most efficient ways to remove barriers to self-sufficiency for clients. Transportation and child care continue to be the biggest barriers in reaching self-sufficiency. DHS and the MWAs collaborate to provide support services in an effort to reduce barriers associated with employment maintenance and participation in employment-related activities. DHS provides these same services to non-cash recipient families in an effort to avoid the need for application of cash assistance, as well as to maintain or improve employment. DHS and the MWAs will continue to provide these services in 2014.
### PROGRAM DESCRIPTION

<table>
<thead>
<tr>
<th>Department:</th>
<th>Appropriation Unit:</th>
<th>Program:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human Services</td>
<td>Adult and Family Services</td>
<td>Employment and Training Programs - Employment and Training Program for Food Assistance Recipients</td>
</tr>
</tbody>
</table>

**Fiscal Year 2015**

### PROGRAM STATEMENT

The Employment and Training Program for Food Assistance applicants and recipients provides services to assist food assistance applicants and recipients in obtaining and maintaining employment. Michigan is currently under a waiver that exempts childless adults from the three-month time limit for food assistance. Food assistance applicants and recipients are encouraged to work or engage in employment-related activities as assigned. They may also volunteer for an employment and training program component. Note: Persons employed or self-employed an average of 30 hours or more per week over the benefit period or earning on average the federal minimum wage times 30 hours per week are not required to participate in any further employment-related activities. This includes migrant or seasonal farm workers with an employer or crew chief contract/agreement to begin work within 30 days.

### SOURCES OF FINANCING

- Food Stamp Employment and Training funds.

### PROGRAM EFFECTIVENESS

This is a voluntary program. Single adults age 18-50, without children who are not deferred may voluntarily participate in this program. In FY 2012 there were 2,199 voluntary referrals, of which 841 attended an activity and 197 clients completed program objectives. There were 665 episodes of job search, 716 episodes of education and training and 682 episodes of employment that led to job retention services.

### LEGAL BASIS

- DHS FY 2014 Appropriations Act, FY 2013 Public Act 59, Article X
- Federal Food Stamp Act of 1977
- 7 CFR 273
- Michigan Strategic Fund FY 2014 Appropriations Act, 2013 PA 200, Article XIII

### PROGRAM EFFECTIVENESS

Participation in employment-related activities for persons who only receive food assistance is a voluntary program. However, those recipients who chose to participate in the employment activities offered by the food assistance employment and training program have had great success in improving employment skills and increasing economic independence.
### PROGRAM STATEMENT

The DHS HIV/AIDS Support Services Unit provides information and advocacy for anyone in Michigan infected by HIV and administers the DHS Insurance Assistance Program (IAP). The IAP was created to assist HIV-positive persons retain (or keep) their previous private health insurance benefits. Maintaining private health insurance benefits results in significant Medicaid savings. **NOTE:** Similar Medicaid savings are realized in the State Drug Assistance Program (administered by the Department of Community Health).

- The HIV/AIDS Support Services Unit provides client advocacy through workshops and service worker training. Topics covered by workshops and advocacy include: 1) accessing DHS public assistance benefits; 2) accessing Social Security Administration program benefits, and 3) identifying benefits available through community agencies and other resources.

### SOURCES OF FINANCING

- IAP – State Medicaid Offset funds.

### LEGAL BASIS

- DHS FY 2014 Appropriations Act, 2013 PA 59, Article X

### PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

HIV/AIDS services and IAP contacts and clients served (FY 2003 through FY 2012) are summarized in the following graph. In each case, contacts, HIV/AIDS services and IAP clients served essentially increased year-over-year from FY 2003 through FY 2011, before IAP clients served dropped by 46 percent in FY 2012 and 2013. The drop in DHS client activity was directly linked to the transfer of IAP+ to DCH in March 2012. Before that date, DHS administered both IAP and IAP+. Still, DHS HIV/AIDS clients served remained at near-record levels in FY 2013. Further, 348 IAP clients were served by DHS staff.
Contacts and clients served have increased year-over-year since FY 2004. The Insurance Assistance Program consisted of two programs, which were Insurance Assistance Program (IAP) and Insurance Assistance Program Plus (IAP+). As of March 1, 2012, IAP+ was transferred to DCH, therefore the numbers above reflect the number of clients for the Insurance Assistance Program (IAP) only. IAP served 348 clients in fiscal year 2013.
PROGRAM STATEMENT

The Michigan Community Service Commission (MCSC) utilizes service as a strategy to address the state's most pressing issues and empowers volunteers to strengthen communities. In FY 2014, the MCSC will grant more than $7 million in federal funds to local communities for volunteer programs and activities. These federal funds are helping financially struggling nonprofit organizations and schools meet the growing social need in communities through service and volunteerism. The MCSC funds 23 AmeriCorps programs and five Volunteer Generation Fund grantees. The Governor’s Service Awards and Mentor Michigan are also MCSC programs. In FY 2014, the state fund investment of $725,100 will leverage more than $11 million in federal funds. A 25-member board appointed by the governor governs the MCSC. The MCSC maintains Michigan’s position as one of the country’s leading state service commissions.

- **Michigan’s AmeriCorps**: AmeriCorps is a competitive grant program for organizations to host teams of individuals (called members) who provide intensive, results-driven service to meet community needs across Michigan. In FY 2014, more than 750 AmeriCorps members will provide foreclosure prevention and financial literacy education, help homeless individuals and families find permanent housing, organize literacy and tutoring programs for underperforming youth, mentor and support youth from disadvantaged circumstances, preserve the environment, build houses, feed the hungry, recruit volunteers, and more. Additionally, the MCSC will be supporting for a second year a statewide AmeriCorps grant that utilizes members to identify the state’s veterans and assist them in obtaining the proper care and assistance they deserve through state and federal benefits. In return for their service, AmeriCorps members receive a modest living stipend and an education award which can be used to pay for college or vocational training programs, or to repay student loans. As a result, AmeriCorps serves as a pathway to employment for many members.

- **Volunteer Michigan**: Volunteer Michigan is a statewide initiative that facilitates the increased recruitment, engagement and tracking of volunteers to address key issues in communities across Michigan. It increases the capacity and infrastructure of organizations to more effectively engage volunteers, including those from specific population groups such as adults ages 55 and older and skilled volunteers. The Volunteer Michigan initiative will be supporting five new grantees in FY 2014 who will be engaging volunteers in a concentrated effort to help the state’s youth become well-prepared and successful in life. Activities are primarily focused around three key service areas: recruiting new volunteers to serve Michigan youth; improving the quality of youth experiences in youth-serving organizations; and developing volunteer resources for youth-serving organizations.

- **Mentor Michigan**: Mentor Michigan supports more than 250 mentoring organizations. These organizations match caring adults with young people in need of role models. Mentor Michigan strengthens those organizations through training, research and partnerships with businesses, faith-based and nonprofit organizations, schools, colleges and universities, and government. Mentor Michigan also elevates public awareness of the positive impact of mentoring and the need for more quality mentors. In addition, Mentor Michigan will be playing a strategic role in the FY 2014 Volunteer Michigan initiative as many of the youth-serving grantees include mentoring programs.

- **Governor’s Service Awards**: The Governor’s Service Awards honor and celebrate Michigan residents who volunteer their time to make communities better places to live. The annual celebration includes a private reception hosted by the governor followed by an awards presentation. The awards are given in eight categories highlighting the diverse nature of volunteers in Michigan. People from across Michigan nominate their friends, colleagues, family, and neighbors for these prestigious awards.
Volunteer Recruitment and Promotion: The MCSC is the lead state agency in volunteer recruitment and promotion efforts. The MCSC works with partners to recruit volunteers and promote volunteer efforts through the Martin Luther King Jr. National Day of Service, Global Youth Service Day and the September 11 National Day of Service and Remembrance – among others.

Disaster Response: The MCSC is also responsible for recruiting and coordinating volunteers in times of disaster. They work closely with DHS, volunteer centers and emergency management personnel to coordinate these efforts.

**SOURCES OF Financing**
- Federal Corporation for National and Community Services.
- Private Donations.
- State funds.

**LEGAL BASIS**
- DHS FY 2014 Appropriations Act, 2013 Public Act 59, Article X
- The MCSC was established by Executive Order in 1991.
- Michigan Community Service Commission, 219 PA 1994

**PROGRAM EFFECTIVENESS / RESULTS:**
The MCSC granted more than $7.5 million in federal funds to local communities for volunteer programs and activities in FY 2013.

- **Michigan’s AmeriCorps:** In 2013, Michigan’s AmeriCorps members accomplished more than 1.35 million service and training hours; members recruited, placed and supported more than 18,000 community volunteers; members also earned more than $4.4 million in education awards. In addition, members performed the following services in communities across Michigan:
  - Members provided 6,693 individuals with housing and foreclosure assistance services including connecting them to various resources that allowed them to remain in their homes. Members also provided self-sufficiency resources to 1,210 men, women and children experiencing or facing homelessness.
  - Other AmeriCorps members assisted more than 13,810 children and youth with tutoring and/or literacy services – with a high percentage of those children showing an increase in academic skills as a result of this service.
  - Nearly 4,000 individuals received job training or other skill-building services from AmeriCorps members and more than 2,700 individuals received placement services.
  - Outreach and training services performed by members built community resource navigation capacity in 1,409 partner community organizations across Michigan, with 99 percent of clients surveyed stating that they increased their knowledge of benefits.
  - Members helped to improve the quality of life for more than 1,500 veterans by providing outreach and education services that assisted them in obtaining resources and benefits.
• **Mentor Michigan**: More than 250 mentoring programs were supported through awareness-building, mentor recruitment, partnership development, training and recognition; there are more than 17,500 active mentors in Michigan, more than double the number since FY 2004. Michigan mentoring programs reported more than 23,500 children were matched with a caring adult.
  o Young people who participate in mentoring relationships often experience long-term benefits and face better outcomes in the following areas: educational attainment and the desire to complete high school and attend college, future employment and community engagement, good mental health that leads to higher self-esteem and life satisfaction, and reduced presence of problem behavior and criminal offending.

• **Volunteer Michigan**: By granting $449,327 in FY 2013 to six demonstration grantees, Volunteer Michigan was able to pilot service as a strategy to address local health and public safety issues while involving nearly 11,000 participants in various volunteer programs and projects throughout the state.
  o Volunteer Michigan capitalizes on specific strategies to increase volunteerism in the state, including National Days of Service. In addition, the FY 2013 Volunteer Michigan grantees established community collaboratives to improve the use of volunteers and leverage resources, implemented technology infrastructure to enable full cycle volunteer engagement and management, and offered critical training and capacity building for volunteer connector organizations to enhance their work. The full-cycle volunteer engagement and management technology, called Hands-On-Connect, is currently available through 13 volunteer centers located across Michigan. These local systems help to both recruit local volunteers and fill local volunteer needs while supporting a statewide volunteer portal through the Michigan Community Service Commission. The statewide volunteer portal is routinely used by Governor Snyder’s office to implement its *Do Something, Michigan!* campaign.

Volunteering is critical to Michigan. As part of the most recent Volunteering in America research, it was found that in 2011 nearly 2.1 million Michigan residents volunteered their time in service to their communities. These volunteers’ efforts are widespread and impact a variety of individuals and/or organizations. Some volunteer activities are ongoing and some are short-term commitments such as National Days of Service activities. In 2012, nearly 30,000 Michigan citizens were engaged in 141 service projects on National Days of Service.
PROGRAM STATEMENT

Michigan Rehabilitation Services (MRS) partners with individuals to achieve quality employment outcomes and independence for individuals with disabilities. Vocational rehabilitation services are specific to an individual’s disability, related functional limitation(s) and the essential job functions of a position. Eligibility for vocational rehabilitation services is determined by vocational counselors who are required to have a master’s degree in rehabilitation counseling or a related field.

Eligibility Factors

Vocational Rehabilitation Customer:
Federal regulations require three conditions to be met for persons to be eligible for vocational rehabilitation services: 1) have a physical or mental disability that constitutes or results in a substantial barrier to employment, and 2) can benefit from vocational rehabilitation services, and 3) want to work. Eligibility decisions must be made by rehabilitation counselors employed by the state; federal rules require persons receiving Social Security Disability benefits due to their personal disability to be presumed eligible.

Independent Living Customer:
Individuals with severe physical, mental, cognitive, or sensory impairment(s) whose abilities to function independently in their family or community and for whom the delivery of services will improve their abilities and independence.

Business Customer:
Private sector companies, governmental agencies and nonprofit agencies who desire to develop and/or expand a diverse work force by utilizing skills and abilities of MRS vocational rehabilitation customers, while retaining employees with disabilities and promoting wellness and safety. Business customers may be established or are developed through various marketing and networking strategies. This partnership recognizes that the success and growth of business directly benefits vocational rehabilitation customers in terms of employment opportunities. A broad range of services are offered in this dual relationship which can include: 1) prevention/at risk, 2) employee retention, 3) return to work, 4) accommodation/accessibility and 5) recruitment/acquisition of job candidates.

Personal Assistance Services Customer:
Individuals with disabilities must meet five criteria for the reimbursement program: 1) have a significant disability which requires personal assistance to perform routine daily living activities; 2) be employed or self-employed or have a bona fide offer of employment for an average of at least 24 hours per week, earning at least minimum wage; 3) require no less than five hours per week of personal services to begin or maintain employment; 4) have the ability to employ and manage personal assistants, maintain records and file timely reports; and 5) be unable to cover the full cost of personal assistance from income and other resources. Program participants must pay 15 percent of their gross income above 300 percent of the current federal poverty level for personal assistance services.

SOURCES OF FINANCING

The primary source of funding for MRS is the United States Department of Education, Rehabilitation Services Administration and Vocational Rehabilitation Title I grant, which requires a 21.3 percent state match.
Department: Human Services  
Appropriation Unit: Adult and Family Services  
Program: Michigan Rehabilitation Services

- DED-OSERS, Rehabilitation Services, Vocational Rehabilitation, State Grants, Title I.
- DED-OSERS, Rehabilitation Services, Vocational Rehabilitation, State Grants, Supported Employment, Title VI.
- DED-OSERS, Rehabilitation Services, Vocational Rehabilitation, State Grants, Independent Living, Title VI.
- DED-OSERS, Rehabilitation Services, Vocational Rehabilitation, State Grants, Long Term Training, Title VII.
- DED-OPSE, Rehabilitation Services, Vocational Rehabilitation, State Grants, PELL Grant, Title IVA Subpart 1.
- DED-OPSE, Rehabilitation Services, Vocational Rehabilitation, State Grants, SEOG, Title IVA Subpart 3.
- State GF/GP.
- Restricted Funds.
- Private Gifts, Bequests, Donations.
- Second Injury Funds.
- Local Vocational Rehabilitation Match.
- HHS-SSA, Supplemental Security Income.

LEGAL BASIS
1) DHS FY 2014 Appropriations Act, 2013 Public Act 59, Article X
2) The Vocational Rehabilitation Programs are state and federal programs, authorized under the Rehabilitation Act of 1964 (P.A. 232) as referenced in Michigan Codified law, miscellaneous statues 395.81 through 395.90. The federal enabling legislation is the Rehabilitation Act of 1973, as amended. Compliance with EDGAR/OMB Circulars and policy is required.
4) Executive Order Number 2012-10, signed June 27, 2012 (moving program administration of Michigan Rehabilitation Services from the Michigan Department of Licensing and Regulatory Affairs to the Michigan Department of Human Services).
5) In order to receive federal funding, MRS must meet at least five of seven federal evaluation standards and performance Indicators. Michigan has met all (or all but one) for the past several years. FY 2013 results are summarized below.

MRS Performance on Federal Evaluation Standards and Performance Indicators – FY2013

<table>
<thead>
<tr>
<th>Performance Measures</th>
<th>Federal Standards</th>
<th>MRS Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number Employment Outcomes</td>
<td>Michigan Benchmark = 7,671</td>
<td>6,680</td>
</tr>
<tr>
<td>Percent Employed</td>
<td>&gt;55.8%</td>
<td>51.6%</td>
</tr>
<tr>
<td>Employed Competitively</td>
<td>&gt;72.6%</td>
<td>99.2%</td>
</tr>
<tr>
<td>Significantly Disabled</td>
<td>&gt;62.4%</td>
<td>87.7%</td>
</tr>
<tr>
<td>Earnings Ratio</td>
<td>&gt;0.52</td>
<td>0.53</td>
</tr>
<tr>
<td>Self-Support</td>
<td>&gt;53.0%</td>
<td>68.3%</td>
</tr>
<tr>
<td>Minority Ratio</td>
<td>&gt;0.80</td>
<td>0.85</td>
</tr>
</tbody>
</table>
PROGRAM EFFECTIVENESS/PROGRAM OUTCOMES

A key measurement of the agency’s effectiveness is the number of applicants who complete an individualized service plan, receive needed vocational rehabilitation services, obtain employment paying at least the minimum wage and remain on the job for at least 90 days. This is referred to as an “employment outcome.” From FY 2005-FY 2013 MRS has achieved an average of 7,480 employment outcomes each fiscal year. In FY 2013 MRS’ employment outcome dropped below 7,000, which is linked to a decrease in the number of vocational rehabilitation counselors available to provide and arrange services. In FY 2011, MRS ranked third in the nation on this variable among the 24 state general rehabilitation agencies. The FY 2012 performance ranking has not been posted. Michigan data for FY 2005 through FY 2013 are summarized in the first graph of this MRS narrative section.

Another key measurement of the agency’s effectiveness is the “customer satisfaction rate,” based on responses to nine questions MRS customers are asked. Questions range from customers’ involvement in setting employment goals to their satisfaction with services actually received. As shown in the second graph following this narrative section, from FY 2005 through FY 2011 satisfaction rates averaged 82 percent. In FY 2012 MRS’ customer satisfaction rate rose to 85.4 percent. The customer satisfaction rate represents the proportion of respondents who rated their overall MRS experience as one in which they were “very satisfied” or “satisfied.”
MICHIGAN REHABILITATION SERVICES (MRS)

Employment Outcomes¹
FY 2005 - FY 2013

An Employment Outcome results when an applicant: 1) completes an individualized service plan; 2) receives vocational services; 3) obtains employment paying minimum wage (or higher) and remains on the job for 90 days (or longer).

A decrease from FY 2012 to FY 2-13 in the number of "Employment Outcomes" is attributed to a drop in the number of vocational rehabilitation counselors available to provide and/or arrange services.

¹ A decrease from FY 2012 to FY 2-13 in the number of "Employment Outcomes" is attributed to a drop in the number of vocational rehabilitation counselors available to provide and/or arrange services.
DEPARTMENT OF HUMAN SERVICES
MICHIGAN REHABILITATION SERVICES (MRS)

Customer Satisfaction Rates
FY 2005 - FY 2012

Percentage of respondents who rated their overall MRS experience to be "Satisfied" or "Very Satisfied."

FY 2005: 79%
FY 2006: 81%
FY 2007: 84%
FY 2008: 84%
FY 2009: 81%
FY 2010: 84%
FY 2011: 82%
FY 2012: 85%

1 Percentage of respondents who rated their overall MRS experience to be "Satisfied" or "Very Satisfied."
PROGRAM STATEMENT

DHS was designated by former Governor Milliken as the lead state agency responsible for the assessment, development and coordination of services for Michigan’s approximately 49,000 migrant and seasonal farmworkers, their family members and dependents. The estimated total number of migrant and seasonal farmworkers is more than 94,000. DHS responsibilities are accomplished through the Office of Migrant Affairs (OMA). OMA directs the Migrant Program, which provides a quick-response, human services safety net through a DHS staff of more than 50 seasonal and full-time bilingual (English/Spanish) workers. This staff is housed in 13 counties and provides outreach and services to 31 counties.

OMA enhances the delivery of DHS services to migrant families by:

- Analyzing, recommending and advocating improvements in DHS program policies and procedures that affect migrant families.
- Coordinating the allocation, recruitment, testing, hiring and training of DHS bilingual (English/Spanish) Migrant Program seasonal and year-round staff.
- Advocating on behalf of migrant families.

OMA provides statewide, interagency leadership on coordination of services to farmworkers through the:

- Michigan Interagency Migrant Services Committee (IMSC): OMA is permanent chair of the IMSC, comprised of state and federal departments, educational institutions and statewide nonprofit partners that provide services to migrant and seasonal farmworkers. The committee meets monthly to coordinate services, analyze data, identify and take appropriate action on unmet needs, establish interagency goals, track progress on goals, and formulate recommendations on farmworker issues.
- Regional Migrant Resource Councils (MRC): OMA established a network of nine councils and oversees these councils. They are comprised of local representatives from public and private migrant service agencies, growers, farmworkers, church groups and concerned citizens who meet regularly to establish referral networks and coordinate services to farmworkers at the regional level.

Client Characteristics

- Michigan has the fifth-largest farmworker population registered with the state for agricultural employment.
- In calendar year 2012, DHS provided programs to 10,694 individual migrant farmworkers and family members. From January-October 2013, DHS programs were provided to 6,803 individual seasonal farmworkers and family members (first year for which seasonal farmworker data is available). Food assistance, Medicaid and child care were the most common DHS programs used by this client population.
## PROGRAM DESCRIPTION

<table>
<thead>
<tr>
<th>Department:</th>
<th>Program:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human Services</td>
<td>Migrant Affairs</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Appropriation Unit:</th>
<th>Fiscal Year 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Office Staff and Operations</td>
<td></td>
</tr>
</tbody>
</table>

### SOURCES OF FINANCING
- United States Department of Agriculture Food Stamp Act of 1977.
- Social Security Act Title XX (Child Care and Basic Social Services).
- Social Security Act Title XIX (Medicaid Program).
- Community Services Block Grant Program Act 1991.

### LEGAL BASIS
- DHS FY 2014 Appropriations Act, FY 2013 Public Act 59, Article X
- Federal Social Security Act

### PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES (FY 2013)
- OMA oversaw a 2013 statewide update to the 2006 enumeration of migrant and seasonal farmworkers and dependents, funded by a federal HUD grant obtained by the Michigan Department of Civil Rights (MDCR). OMA coordinated the release of an Internet survey to over 300 service providers, state and federal agencies and agricultural producers. OMA facilitated the researcher’s access to data in other state departments and arranged over 35 meetings with DHS Migrant Program staff, other state and federal agencies, and agricultural groups. OMA secured three supplemental grants to cover costs of printing and dissemination of the 2013 report, from the Holland/Zeeland Area Community Foundation, Telamon National Farmworker Jobs Program, and a private individual who is a grower. OMA, MDCR, Telamon, and several nonprofit partners jointly coordinated a press conference for the release of the 2013 study and presentations by the lead researcher in three west Michigan cities.
- OMA and the Michigan Department of Civil Rights, along with other state agency and nonprofit partners, developed a progress report on the recommendations from a 2010 Michigan Civil Rights Commission report on the living and working conditions of farmworkers. The three-year progress report was presented to the commission in March 2013 and unanimously adopted.
- OMA developed new training for Migrant Program staff and supervisors and conducted trainings. OMA held five trainings on DHS migrant policy, eligibility screening and migrant benefits case management, six trainings on conducting outreach to migrant farmworkers and use of newly issued mobile technology, a cross-training webinar on migrant labor housing regulations with Michigan Department of Agriculture, a webinar on the 2013 farmworker enumeration study results, and three onsite county visits to provide further technical assistance to Migrant Program staff.
- OMA is carrying out a program goal of strengthening the nine migrant resource councils throughout the state. OMA held two meetings for MRC officers, a spring in-person meeting to train officers, educate about MRC policy, and provide newly developed tools; and a November post-season conference call to address challenges and share best practices. To foster better communication with MRCs, OMA issued seven monthly newsletters to MRC officers during the growing season. OMA also visited three MRCs to present information and provide technical assistance.
- OMA chaired Interagency Migrant Services Committee meetings each month, and added three new partners for collaborative service provision to migrant and seasonal farmworkers: the U.S. Equal Opportunity Commission, Michigan State University’s School of Social Work, and the Michigan Department of Education’s division for the enforcement of the Michigan Youth Employment Act. OMA also guided the IMSC through a 2013 revision of the 2009 bylaws.
OMA co-chaired the Migrant Child Task Force with a partner nonprofit. OMA also coordinated outreach visits to approximately 21 migrant labor camps and distribution of 60 car seats and booster seats and approximately 830 first aid kits, sanitizers, blankets, water bottles, backpacks, toys and books.

OMA developed comprehensive program metrics that will enable OMA to track benefits cases with greater accuracy and identify trends. It also will enable tracking of Migrant Program trainings, collaborations with partners outside DHS and outcomes relating to the activities of the Interagency Migrant Services Committee and the nine regional migrant resource councils.

OMA obtained DHS program data on number of seasonal farmworkers receiving benefits. Prior to 2013, this data was available for migrant farmworkers only.

**PROGRAM EFFECTIVNESS / PROGRAM OUTCOMES (Ongoing)**

- OMA is refining Migrant Program training content and setting the 2014 training schedule. OMA plans to add child welfare cross-training to the 2014 schedule. This training will enable Migrant Program staff to spot signs of potential abuse or neglect or domestic violence when conducting outreach at migrant labor camps.
- OMA will hold spring and fall MRC officers meetings again in 2014, and plans to visit the six MRCs that were not visited in 2013 to provide technical assistance. OMA is also redesigning the MRC newsletter to communicate news more effectively.
- OMA is designing a website with pages for DHS services to farmworkers, the Interagency Migrant Services Committee and the Migrant Resource Council network, and has made plans with DHS Office of Communications to have the webpages functional by spring 2014.
- OMA has discovered miscoding of farmworker cases and other errors in farmworker case processing using its eligibility and case management software system. OMA has developed a plan for correcting this miscoding and addressing it in future Migrant Program staff trainings.
- OMA is working with DHS’s data team and contracted eligibility system programmers to correct farmworker caseload reports that OMA has discovered are contradictory. This effort will result in more accurate data.
- OMA is implementing recommendations from the Bilingual Task Force, which OMA convened from 2009-2011. OMA developed and released a survey to capture information on non-English-speaking DHS clientele and numbers of local staff with foreign language skills. All 105 county and district offices responded by mid-2013. OMA tabulated results and developed a PowerPoint presentation on geographic areas with a mismatch between languages spoken by clientele and language capabilities of DHS staff, and recommendations to increase the number of foreign-language-speakers working at DHS. OMA is completing a targeted recruitment list of approximately 180 organizations, divided by geographic region, which can send DHS job postings to networks of potential job applicants with skills in Spanish, Arabic, American Sign Language, and other languages.
- OMA has taken over leadership of the Outreach and Education IMSC subcommittee, and will be developing educational webinars for DHS and other service provider staff who conduct outreach to farmworkers.
**PROGRAM STATEMENT**

Native American Affairs (NAA) delivers a broad range of services to Michigan’s approximate 130,000 American Indian population and DHS field staff, including, but not limited to: policy and program development, resource coordination, advocacy, training and technical assistance, coordination of efforts to ensure implementation of applicable state and federal laws (including the federal Indian Child Welfare Act [ICWA] and Michigan Indian Family Preservation Act pertaining to Native Americans) and tribal consultation. Service elements include:

- NAA is located in the Department of Human Services, Central Office.
- Indian Outreach Services (IOS), 12 Indian Outreach Workers (IOWs) are located in county offices across the state.

NAA coordinates statewide efforts and collaborates with other state entities to ensure the safety, permanency and well-being of Indian children and families in Michigan, including:

- Tribal State Partnership (TSP) – A collaborative body of tribal social service directors, urban Indian organizations, state/private agencies and DHS staff focusing on Indian child welfare and the implementation of the Indian Child Welfare Act (ICWA) of 1978.
- Urban Indian State Partnership (UISP) – A collaborative body of urban Indian organizations, tribal representatives, state/private agencies; and DHS staff focusing on the unique challenges facing tribal at-large membership and point-of-entry for DHS services.
- Michigan Tribal Child Care Task Force – A collaborative body of tribal child care and tribal education directors, Michigan Department of Education and DHS staff working to ensure Zero to Three, Great Start, and pathways to success for young children and adults.
- Regional Indian Outreach Worker Meetings – Indian Outreach Worker (IOW) forum to provide cohort updates and professional development.
- State Court Administrative Office (SCAO), Court Improvement Program (CIP), Statewide Task Force and Tribal Court Relations Subcommittee Member – Advocating on behalf of tribal families.

**SOURCES OF FINANCING:**

- Title XX Social Services Block grant.

**LEGAL BASIS:**

- DHS FY 2014 Appropriation Act, 2013 PA Act 59, Article X
- Federal Indian Child Protection and Family Violence Protection Act, Public Law 101-630
- Michigan Juvenile Court Rules-subchapter 3.980
- Governor Granholm Executive Directive 2004-5
- Governor Snyder Executive Directive 2012-2
- Michigan Indian Family Preservation Act (MIFPA), MCL 712B.1-41
<table>
<thead>
<tr>
<th>Department:</th>
<th>Appropriation Unit:</th>
<th>Program:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human Services</td>
<td>Children’s Services Administration</td>
<td>Native American Affairs</td>
</tr>
</tbody>
</table>

**PROGRAM EFFECTIVENESS:**

Quality assurance for Native American Affairs (NAA) is measured on an ongoing basis for cultural competency and customer service using tribal consultation, stakeholder surveys, meetings and Indian Child Welfare Training evaluations. Federal and state Indian Child Welfare Act (ICWA) compliance is assessed through CWTI and ICWA training exams, child welfare case reviews, CFSR and Title IV-E reporting, and tribal consultation agreements.

NAA program effectiveness is based on levels of technical assistance and training provided to ensure program compliance with ICWA and related reductions in barriers to DHS services, including: cash assistance, emergency preparedness, child care, dropout prevention, adult services, Medicaid and child welfare (for tribes, Indian organizations and tribal families in Michigan).
PROGRAM STATEMENT
The goal of the Weatherization Assistance Program (WAP) is to assist low-income households with reducing their energy consumption and lowering their energy bills. Michigan’s WAP is a federally funded, residential energy conservation program. The program provides free home energy conservation services to eligible Michigan homeowners and renters. Community Action Agencies (CAAs) and one limited purpose Agency (LPA) provide weatherization services at the local level throughout the state. Michigan’s 29 CAAs and one LPA serve all 83 counties. **NOTE:** CAAs are listed on the following page.

SOURCES OF FINANCING
- Federal Department of Energy Weatherization Assistance Program funds.

LEGAL BASIS
- Weatherization Assistance Program for Low-Income Persons, Title 10, Part 440
- DHS FY 2014 Appropriations Act, 2013 Public Act 59, Article X

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES
Weatherized homes typically realize a 20 percent reduction in energy bills. This results in savings of about $300 per year, per household. In the 2012 program year, just over 2,250 low-income Michigan households received weatherization services. 2012 funding included a smaller amount of American Recovery and Reinvestment Act funds. Services provided may include wall insulation, attic insulation and ventilation, foundation insulation, air leakage reduction, smoke detectors, dryer venting, furnace repair/replacement, water heater repair/replacement, combustion appliance testing, and energy conservation education. To date, over 616,000 low-income homes have been made more energy-efficient.2

---

1 The U.S. Department of Energy program year runs April 1 through March 31.
2 For the past nine years, the governor of Michigan proclaimed October 30 as “Weatherization Day.”
<table>
<thead>
<tr>
<th>Agency</th>
<th>Community Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alger-Marquette Community Action Board</td>
<td>Alger, Marquette</td>
</tr>
<tr>
<td>Allegan County Resource Development Committee, Inc.</td>
<td>Allegan</td>
</tr>
<tr>
<td>Area Community Services Employment and Training Council</td>
<td>Kent</td>
</tr>
<tr>
<td>Capital Area Community Services, Inc.</td>
<td>Clinton, Eaton, Ingham, Shiawassee</td>
</tr>
<tr>
<td>Chippewa-Luce-Mackinac Community Action and Human Resources Authority, Inc.</td>
<td>Chippewa, Luce, Mackinac</td>
</tr>
<tr>
<td>Community Action Agency of South Central Michigan</td>
<td>Barry, Branch, Calhoun, St. Joseph</td>
</tr>
<tr>
<td>Community Action Agency of Jackson, Lenawee, Hillsdale</td>
<td>Hillsdale, Jackson, Lenawee</td>
</tr>
<tr>
<td>Dickinson-Iron Community Services Agency</td>
<td>Dickinson, Iron</td>
</tr>
<tr>
<td>Economic Opportunity Committee of St. Clair County</td>
<td>Various Wayne County areas</td>
</tr>
<tr>
<td>Eight CAP, Inc.</td>
<td>Gratiot, Ionia, Isabella, Montcalm</td>
</tr>
<tr>
<td>Five CAP, Inc.</td>
<td>Lake, Manistee, Mason, Newaygo</td>
</tr>
<tr>
<td>Genesee County Community Action Resource Department</td>
<td>Genesee</td>
</tr>
<tr>
<td>Gogebic-Ontonagon Community Action Agency</td>
<td>Gogebic, Ontonagon</td>
</tr>
<tr>
<td>Human Development Commission</td>
<td>Huron, Lapeer, Sanilac, Tuscola</td>
</tr>
<tr>
<td>Kalamazoo County Community Action Bureau</td>
<td>Kalamazoo</td>
</tr>
<tr>
<td>Macomb County Community Services Agency</td>
<td>Delta, Menominee, Schoolcraft</td>
</tr>
<tr>
<td>Menominee-Delta-Schoolcraft Community Action Agency and Human Resource Authority</td>
<td>Bay, Clare, Gladwin, Mecosta, Midland, Oscoda</td>
</tr>
<tr>
<td>Mid-Michigan Community Action Agency, Inc.</td>
<td>Monroe</td>
</tr>
<tr>
<td>Monroe County Opportunity Program</td>
<td>Muskegon, Oceana</td>
</tr>
<tr>
<td>Muskegon-Oceana Community Action Against Poverty, Inc.</td>
<td>Alcona, Alpena, Arenac, Cheboygan, Crawford, Iosco, Montmorency, Ogemaw, Oscoda, Otsego, Presque Isle</td>
</tr>
<tr>
<td>Northwest Michigan Community Action Agency</td>
<td>Antrim, Benzie, Charlevoix, Emmet, Grand Traverse, Kalkaska, Leelanau, Missaukee, Roscommon, Wexford</td>
</tr>
<tr>
<td>Northeast Michigan Community Service Agency</td>
<td>Livingston, Oakland</td>
</tr>
<tr>
<td>Ottawa County Community Action Agency</td>
<td>Ottawa</td>
</tr>
<tr>
<td>Saginaw County Community Action Committee, Inc.</td>
<td>Saginaw</td>
</tr>
<tr>
<td>Southwest Michigan Community Action Agency</td>
<td>Berrien, Cass, Van Buren</td>
</tr>
<tr>
<td>Washtenaw County Human Services Department</td>
<td>Washtenaw</td>
</tr>
<tr>
<td>Wayne Metropolitan Community Action Agency</td>
<td>County of Wayne, excluding Downriver Community Conference communities</td>
</tr>
<tr>
<td></td>
<td>Including the City of Detroit</td>
</tr>
<tr>
<td>Department:</td>
<td>Appropriation Unit:</td>
</tr>
<tr>
<td>------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>Human Services</td>
<td>Public Assistance</td>
</tr>
</tbody>
</table>

**PROGRAM STATEMENT**

**CAMPAIGN TO END HOMELESSNESS**
Michigan’s Campaign to End Homelessness began in 2006 and is made up of partners from the national, state and local levels. The goal of the campaign is to prevent and end homelessness for individuals and families by increasing leadership, collaboration and civic engagement at all levels, increasing access to stable and affordable housing, and retooling the homeless response system. The DHS program consists of a statewide emergency shelter contract and federal funding for Supportive Housing Programs under the HUD Continuum of Care.

**Emergency Shelter Program**
The Emergency Shelter Program (ESP) is a statewide program that provides temporary emergency shelter or motel nights to individuals and families who are homeless due to lack of resources. The American Red Cross and FEMA-funded service agencies assist those individuals and families that have lost housing due to natural disasters; the ESP does not.

**Supportive Housing Programs**
The Supportive Housing Program (SHP) administered by DHS is part of Michigan’s Campaign to End Homelessness and national efforts for *Opening Doors: The Federal Strategic Plan to Prevent and End Homelessness*. The goal of SHP is to move individuals and families experiencing homelessness directly into housing by providing up to 24 months rental assistance and housing case management to assist them in achieving permanent housing stability via service agencies located in eligible rural counties in Michigan.

**SOURCES OF FINANCING**
State funds.
Federal Temporary Assistance for Needy Families (TANF) funding.
Federal funds – Housing and Urban Development.

**LEGAL BASIS**
- The Social Welfare Act, 1939 PA 180
- DHS FY 2014 Appropriations Act, 2013 Public Act 59, Article X
- HEARTH Act of 2009

**PROGRAM EFFECTIVENESS/PROGRAM IMPACTS**

**Emergency Shelter Program**
- Provided 857,754 nights of shelter
- Provided 31,124 nights of hotels in areas where shelters are not available
Supportive Housing Program (SHP)
FY 2013 services outlays totaled $2,329,221.
People receiving assistance totaled 1,923.
85% of participants achieved permanent housing.
9% of participants had increased income and earnings due to employment.
28% of participants had increased cash and non-cash income.
PROGRAM STATEMENT

The Office of Inspector General (OIG), created in 1972, is a criminal justice agency in the Department of Human Services (DHS). The primary duty of the OIG is to investigate cases of suspected fraud involving DHS assistance.

OIG MISSION STATEMENT
The mission of the OIG is to assist DHS in maintaining integrity and accountability in the administration of its programs. The OIG provides investigation and advisory services to ensure appropriate and efficient use of available public resources.

VALUES OF THE OFFICE OF INSPECTOR GENERAL
- Excellence in the performance of OIG duties
- Highest possible standards of professional conduct
- Innovation from all levels of the organization
- Support for the accuracy and integrity of all DHS programs

OIG is accountable by the people of the state of Michigan for maintaining the highest standards of integrity and good moral character. Members of the OIG work together as a team to plan and strive for excellence, realizing the daily decisions that are made will reflect on the future of the organization as a whole.

FRONT END ELIGIBILITY (FEE) – Fraud Detection and Prevention
The OIG conducts investigations when clients are suspected of misrepresenting their eligibility for public assistance. Front end eligibility (FEE) investigations target cases in which DHS field staff has requested an investigation when assistance applications or other submitted documentation appear to contain suspicious or error-prone information. In focusing on fraud prevention through FEE in Michigan, OIG ensures public assistance program integrity and increased savings for the taxpayers.

Working toward fraud prevention, OIG FEE agents conducted 18,977 investigations in FY2012 and identified over $69 million in cost savings. This was a result of 62,132 investigative hours, or $1,120 per FEE investigation hour. Investigations by OIG agents have resulted in over $111.8 million in program savings over the last three-year period.
Benefit Trafficking Unit (BTU)
Public assistance trafficking is the buying and selling of benefits for cash or other ineligible items including: tobacco, alcohol, firearms, drugs and gambling. Violations of the Food Assistance Program (FAP) occur when food assistance is redeemed for cash or offered for sale in person or on the Internet, or when unauthorized items are bought or sold. Medicaid assistance (MA) trafficking includes prescription forgery, prescription theft and narcotics "shopping" with multiple prescribers/pharmacies.

Special Investigations Unit (SIU)
The SIU investigates the most complex complaints involving criminal employee wrongdoing, multiple suspects, co-conspirators, multiple jurisdictional venues and program financial and service contracts and providers. The SIU develops, recommends and advocates ways and means for DHS to deter or detect fraud through internal control development and departmental policies and procedures.

Investigative Analytics Unit (IAU)
OIG’s IAU is responsible for providing systematic and analytic support for ongoing investigations and fraud referrals. Examples of IAU functions and responsibilities include:

- Management Reports for Performance Measurement
- Executive Office Reports – Scheduled and Upon Demand
- Out-of-State Bridge Card Transaction Project
- Public Assistance Reporting Information System (PARIS) Match Fraud Referrals
- Internet Protocol (IP) Address Locator Project
- Lottery Match Analysis
- County Jail Match Analysis
- Fugitive Felon Analysis
- Multiple Bridge Card Replacement Analysis
- FAP Trafficking Data Mining
- MA Fraud, Waste and Abuse Data Mining
- Food and Nutrition Service (FNS) Client Integrity Referral Analysis
- Bridge Card Approved Store Owners on FAP
- Internal Audits on Fraud Investigation Dispositions
- Electronic Archiving of Dispositions Project
- FNS Management Evaluation Analysis/Liaison
- OIG’s Designated Staff Person for IRS Data
- FOIA Request Liaison
- Office of the Auditor General (OAG) Audit Liaison
Public Assistance Reporting Information System (PARIS)
OIG-IAU utilizes the PARIS Interstate Match as an investigative tool to identify individuals who may be receiving public assistance in two or more states concurrently. The match data provides a concise description of the individual's circumstances in both states at the point of the match, as well as contact information. OIG actively investigates individuals identified in the PARIS match for receiving public assistance benefits in another state. This often results in the assistance case being closed in Michigan and a warrant request for welfare fraud. The utilization of the PARIS Interstate Match has been instrumental in lowering public assistance program expenditures by removing ineligible non-resident recipients.

Bridge Card-Food Assistance Benefits Cashed Outside Michigan
OIG’s IAU utilizes data analysis to identify households that are redeeming FAP benefits out of Michigan on a regular basis. In FY2012, OIG investigated over 1,700 households identified as potentially having left Michigan while continuing to receive benefits. Of these investigations, OIG established claims of over $3.1 million as a result of this project. As a result of this match, there have been additional program savings to the state, including stopping Medicaid monthly capitation fees which average $438/month per person.

SOURCES OF FINANCING
- Federal Funds (cost allocated).
- State Funds.

LEGAL BASIS
- DHS FY 2014 Appropriations Act, 2013 Public Act 59, Article X
- OIG is statutorily required under MCL 400.43b of the Social Welfare Act to perform the following activities:
  Make referrals for prosecution and disposition of appropriate cases as determined by OIG.
  Review administrative policies, practices and procedures.
  Make recommendations to improve program integrity and accountability.
OIG identified over $28 million in fraud during fiscal year 2012 within multiple Michigan public assistance program areas. During fiscal year 2012, 1,103 warrants were authorized by county prosecutors. Investigations by OIG agents have uncovered over $63.9 million in fraud during the last three years.

Fraud in the Food Assistance Program (FAP), formerly known as food stamps, accounted for 50 percent of Michigan’s public assistance fraud during FY2012. OIG investigated 9,907 fraud cases in the FAP program alone, with 7,702 fraud investigative dispositions and 975 criminal warrants issued for a fiscal year total of over $14.3 million dollars in fraud found.

During the past three years, OIG has investigated 16,516 fraud cases in the FAP. The fraud found in FY2012 was $14.2 million for a three-year total of $26.6 million.
FRAUD RECEIVABLES ESTABLISHED

There were $19.7 million of fraud receivables established for FY2012. OIG established $11.3 million in fraud receivables for the FAP program alone, which accounts for 57 percent of all receivables posted for FY2012.

CDC = Child Development and Care Program
FAP = Food Assistance Program
FIP = Family Independence Program
MA = Medicaid Assistance Program
Other = Adult/Children’s Services, State Disability, State Emergency Relief
Department: Human Services
Appropriation Unit: Local Office Staffing Operations
Program: Recoupment and Reconciliation

PROGRAM STATEMENT

RECOUPMENT AND RECONCILIATION MISSION STATEMENT
The Recoupment and Reconciliation Division is responsible for the establishment, recovery and collection monitoring of overissued benefits. Recovery of overissued benefits helps to maintain the integrity of the programs and is federally mandated for the Food Assistance Program under Federal Code 7 CFR 273.18. The work of this division results in the recovery of millions of dollars in overissued State and federal funds annually. In addition, the program provides revenue for the State of Michigan due to the retention percentage of overissued federal benefits allowed by the United States Department of Agriculture Food and Nutrition Services.

VALUES OF THE RECOUPMENT AND RECONCILIATION/COLLECTION DIVISION
- Integrity
- Commitment to Excellence
- The Highest level of Professionalism
- Collaboration
- Customer Focus
- Dedication

Recoupment Unit
When a client group receives more benefits than it is entitled to receive, DHS must attempt to recoup the overissued benefits. When field staff suspect that an overissuance has taken place due to late processing of case information, an inadvertent client error, or an intentional program violation (IPV), they make a claim referral to a Recoupment Specialist (RS). The RS must then determine the validity of those claim referrals where a benefit overissuance has been identified. They are responsible for analyzing the claim referrals, determining the validity of the referral, and the gathering of additional information to be used in establishing the claim. If valid, the RS establishes the overissuance period, overissuance amount, and the type of claim; agency error, inadvertent client error, or possible IPV error. If necessary, RS route suspected IPV claims to OIG as appropriate. RS enters all claims and associated client penalties into the Bridges system. The recoupment unit is the primary source for the determination, investigation, establishment, and entrance of overissuance claims and any resulting penalties into the Bridges system.

Reconciliation and Recoupment Section (RRS)
The Reconciliation and Recoupment Section is primarily responsible for:
- Resolution of debtor inquiries (client and provider) and disputes in satisfaction of due process afforded, and pertaining to collection of delinquent claims.
- Reconciliation of collection data, and thereby validating continued legal collectability through constant, timely and accurate claim adjustments needed to keep balances in sync with outside collection agencies.
Department: Human Services
Appropriation Unit: Local Office Staffing Operations
Program: Recoupment and Reconciliation

- Reporting to the U.S. Food and Nutrition Service through annual certification of continuing legal collectability and assurance of required due process consideration and submission of pertinent collection data for DHS participation in the Treasury Offset Program (TOP).

**SOURCES OF FINANCING**
Title XIX of the Social Security Act.
Temporary Assistance for Needy Families (TANF).
State funds.

**LEGAL BASIS**
- DHS FY 2014 Appropriations Act, 2013 Public Act 59, Article X
- Recovery of overissued FAP benefits is required under Federal Code 7 CFR 273.18:
  
  A FAP claim is a federal debt subject to this and other regulations governing federal debts. The state agency must establish and collect any claim by following these regulations.

  - Debt Recovery Statutory requirements:
    - Michigan Treasury’s policy 1250 Delinquent Accounts, issued in January 1994, references Public Act 7 of 1953 subsection 13(h), which discusses the legal requirement of all state agencies to refer to Michigan Treasury all remaining debt after six month of unsuccessful efforts internally.
    - 1959 PA43, MCLA 12.41; MSA 3.140(1) grants the Michigan Department of Treasury the authority to adjust and settle claims of all persons indebted to the state, and to essentially perform offset action against qualifying, outgoing Treasury warrants.
    - The Federal Debt Collection Improvement Act of 1996 regulates authority over TOP processes and dictates the need for accurate data for initial debt referral as well as throughout the life of the active debt.
    - State agencies are required to submit debts that have been delinquent for 180 days to FMS for debt collection services on behalf of the Food and Nutrition Service. 31 U.S.C. §§ 3711(g) and 3716(c). Upon submitting debts to FMS for debt collection services, State agencies are required to certify to FMS, among other things, that the debts are valid, legally enforceable, there are no bars to collection, and all requisite due process has been completed, as set forth in a certification agreement.
**PROGRAM ACCOMPLISHMENTS**

### FY 2013 Established Claims Value

- **Client Child Development & Care**: $300,219.50
- **Family Independence Program**: $4,495,245.44
- **Food Assistance Program**: $3,886,054.46
- **State Disability Assistance**: $16,021,532.73

The Recoupment team established over $24 million in claims during FY13 within FAP, FIP, CDC, & SDA public assistance programs. The $24 million represents the total value of overissued benefits established in FY13 as legally collectable debt owed to the Department of Human Services by clients and former clients who received more benefits than they were entitled to receive.

### FY 2013 Collections

- **Client Child Development & Care**: $243,942.97
- **Family Independence Program**: $74,577.38
- **Food Assistance Program**: $9,366,281.88
- **State Disability Assistance**: $1,179,272.21

The recoupment team’s work resulted in the Department of Human Services recovering over $10 million from FAP, FIP, CDC, & SDA collections in FY13. In the past 3 years the Recoupment team’s efforts has resulted in the Department of Human Services recovering over $33 million in overissued benefits.
Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.