

*Michigan Department of Health and Human Services*

# **HUMAN SERVICES PROGRAM DESCRIPTIONS**

**FY 2017**



*Prepared by:*  
MDHHS Human Services Budget Division

January 2016  
[www.michigan.gov/mdhhs](http://www.michigan.gov/mdhhs)

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Department:

Program:

**Health and Human Services****Child Development and Care****PROGRAM DESCRIPTION**

The Michigan Department of Education is the lead agency for the Child Development and Care (CDC) program. A performance agreement between the Department of Education and the Michigan Department of Health and Human Services (MDHHS) was established to identify services that will be provided by MDHHS 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 MDHHS through the performance agreement:

- Eligibility Determination through the MDHHS local offices.
- Fraud investigations through the Office of Inspector General.
- Bridges and I-Billing technology support.

Department of Technology, Management, and Budget		<b>PROGRAM DESCRIPTION</b>	Fiscal Year 2017
Department: <b>Health and Human Services</b>	Appropriation Unit: <b>Child Support Enforcement</b>	Program: <b>Child Support</b>	

**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
- Local 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)
- DHHS FY 2016 Appropriations Act, 2015 Public Act 84, Article X

**PROGRAM EFFECTIVENESS / PROGRAM IMPACTS<sup>1</sup>**

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:

- 1 The paternity establishment performance level;
- 2 The support order performance level;
- 3 The current collections performance level;
- 4 The arrears collections performance level; and
- 5 The cost-effectiveness performance level.

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<sup>1</sup> Source: OCSE-34, OCSE-396A and OCSE-157

Department of Technology, Management, and Budget	<b>PROGRAM DESCRIPTION</b>	Fiscal Year 2017
Department: <b>Health and Human Services</b>	Appropriation Unit: <b>Child Support Enforcement</b>	Program: <b>Child Support</b>

Michigan estimates it will receive approximately \$25,800,000 in performance incentives for FY 2015 from the federal government, less a \$17,791 adjustment for the final performance incentives settlement for FY 2013. The net amount for FY 2015 is therefore \$25,782,209.

- Of that amount, the county share is \$14,141,104. During FY 2015, \$13,841,104 was paid to counties (\$13,850,000 less an \$8,896 reduction for the counties' share of the final performance incentives settlement for FY 2013). A \$300,000 payable was established for the counties' share of the difference between the beginning FY 2015 estimate of \$25,200,000 and the ending FY 2015 estimate of \$25,800,000.
- Of that amount, MDHHS retained \$11,641,105 (\$11,650,000 less an \$8,895 reduction for the department's share of the final performance incentives settlement for FY 2013) as revenue. The retained amount provides \$1,691,000 of funding to the child Support Enforcement Legal Support Contracts appropriation and \$9,950,105 of funding to the Information Technology Child Support Automation appropriation.

Through child support collections, the Title IV-D program provides cost-recovery funding for public assistance programs, including Temporary Assistance to Needy Families (TANF), Title IV-E and Medicaid, helping to offset expenditures in those programs. In FY 2015 as reported on the Federal OCSE-34 report:

- \$41,407,594 was recovered for TANF;
- \$2,078,976 was recovered for IV-E; and
- \$43,601,736 was recovered for the Medicaid program, of which a 15 percent incentive will be returned to the IV-D program. The federal IV-D funding is reduced by 66 percent of the 15 percent incentive payment and the remaining 34 percent is paid directly to the counties.

In FY 2015, the federal share of Michigan IV-D expenditures as reported on the Federal OCSE-396 was \$164,514,040. Both the state and county governments contribute to program funding in order to meet the federal funding match requirement.

**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 appropriated within the MDHHS budget appropriation. MiCSES tracks all support case activities, including establishment, collection, distribution, and enforcement. In FY 2015, MiCSES processed \$1.410 billion in child support payments (\$1.356 billion for Title IV-D cases and \$54.995 million for non-Title IV-D cases). This is an average of \$27 million weekly.

Department of Technology, Management, and Budget		<b>PROGRAM DESCRIPTION</b>	Fiscal Year 2017
Department: <b>Health and Human Services</b>	Appropriation Unit: <b>Child Support Enforcement</b>	Program: <b>Child Support</b>	

**Partnership** - The Program Leadership Group (PLG) establishes 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 2006 through FY 2015. Collections significantly dropped from FY 2009 through FY 2011, reflecting the economic recession taking place during this time period.

**Office of Child Support FY 2015 Statistics Summary:**

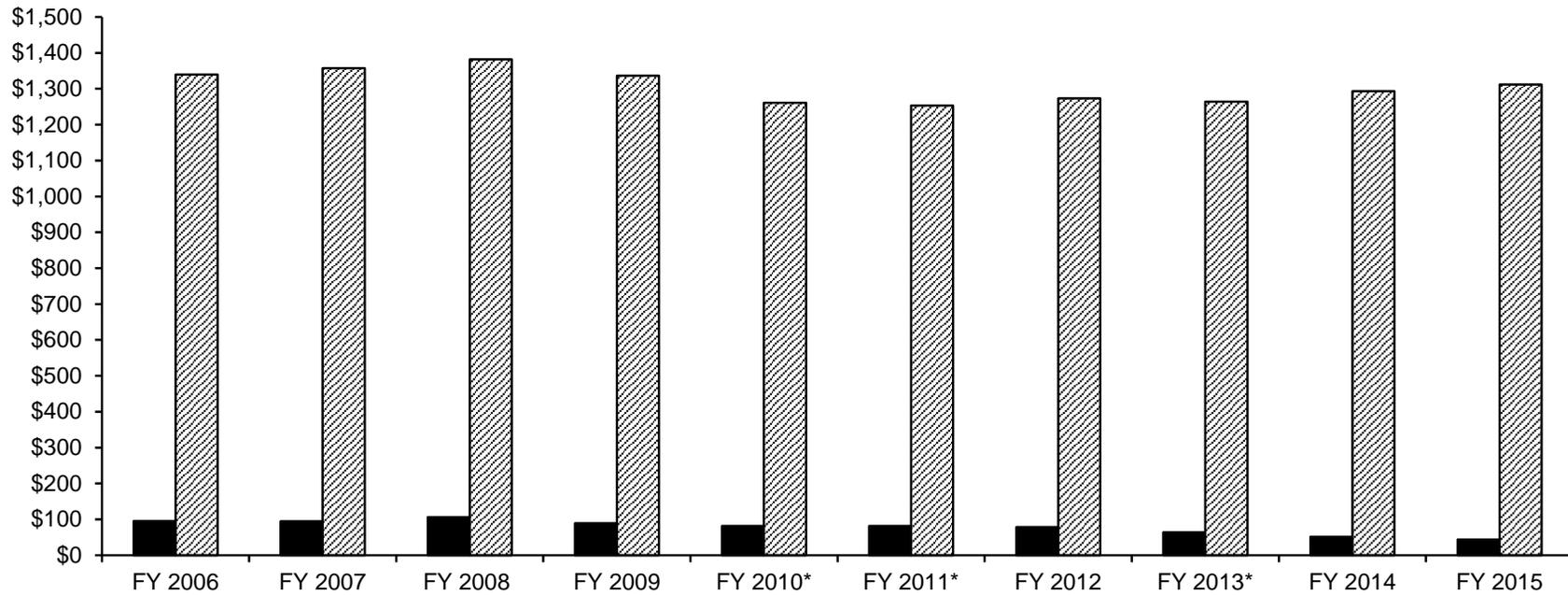
- At the end of FY 2015, there were 842,709 open IV-D cases and 683,193 IV-D cases with child support orders established, reflecting a support order percentage of 81.07.
- There were 881,557 children in the IV-D child support program in FY 2015.
- The statewide paternity establishment rate for FY 2015 was 98.47 percent.
- In FY 2015, Michigan showed that 70.57 percent of current support was collected, and 61 percent of cases with arrears due had at least one dollar in arrears paid.
- Total IV-D collections distributed in FY 2015: \$1.356 billion.
- Michigan ranked ninth nationally in FY 2014 in IV-D collections distributed.
- In FY 2014, Michigan’s child support program collected \$6.26 in child support for every dollar spent on the program (cost-effectiveness).

# MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES OFFICE OF CHILD SUPPORT - NET CHILD SUPPORT COLLECTIONS

Public Assistance (PA) and Non-Public Assistance (NPA) Case-Related Michigan Collections<sup>1</sup>

Collections in  
Millions of Dollars

FY 2006 - FY 2015



■ PA	\$95.4	\$94.7	\$106.6	\$89.2	\$81.6	\$81.6	\$78.7	\$63.5	\$51.5	\$43.5
▨ Non-PA	\$1,339.4	\$1,357.3	\$1,382.0	\$1,336.4	\$1,260.7	\$1,252.9	\$1,273.6	\$1,264.3	\$1,293.0	\$1,312.0
Total	\$1,434.8	\$1,452.0	\$1,488.6	\$1,425.6	\$1,342.3	\$1,334.5	\$1,352.3	\$1,327.8	\$1,344.5	\$1,355.5

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

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

\* There were recession impacts on collections in FY 2010 and FY 2011 and a decrease in TANF collections and federal tax refunds in FY 2013.

Department of Technology, Management, and Budget	<b>PROGRAM DESCRIPTION</b>	Fiscal Year 2016
Department: <b>Human Services</b>	Appropriation Unit: <b>Disability Determination Service</b>	Program: <b>Disability Determination Service</b>

**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. Social Security Disability Insurance (SSDI), MA and SDA programs have the same medical/vocational eligibility criteria.

Effective July 1, 2015 the MI DDS began full case development of the state disability claims mentioned above. Upon receipt by the DDS from the County offices, case assignment and development begins with a Standard of Promptness (SOP) of 90 days for state SDA cases and twelve months for all other state disability claims. Separation of costs between state general fund and federal SSA funds are closely monitored and accounted.

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 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: Federal Title II funds.  
  - \*SSDI benefits are 100 percent federally funded.
  - \*SSDI benefits are not appropriated in the MDHHS budget.
- SSI: Federal Title XVI funds.

Department of Management and Budget	<b>PROGRAM DESCRIPTION</b>	Fiscal Year 2012
Department: Human Services	Appropriation Unit: Disability Determination Services	Program: <b>Disability Determination Services</b>

**LEGAL BASIS**

- Social Security Act, 1935
- DHHS FY 2015 Appropriations Act, 2014 Public Act 84, Article X

**PROGRAM EFFECTIVENESS / PROGRAM IMPACTS**

The following table shows dispositions from FY 2004 – FY 2015.

**DISABILITY DETERMINATION SERVICE WORKLOAD  
Social Security Administration**

**ACTUAL CASE DISPOSITIONS**

Fiscal Year	Budgeted Dispositions <sup>1</sup>	New Applications <sup>2</sup>	Actual Case Dispositions <sup>3</sup>	Pending Cases
2004	127,756	129,057	128,133	34,986
2005	132,211	130,707	133,437	28,594
2006	121,211	105,639	127,083	25,154
2007	117,677	107,028	120,391	33,150
2008	124,898	103,659	123,252	26,971
2009	123,153	115,664	126,332	37,011
2010	138,599	115,711	136,036	35,210
2011	147,339	148,423	148,008	35,151
2012	146,950	148,365	149,856	36,810
2013	143,156	136,045	144,163	28,845
2014	136,079	133,102	125,241	29,053
2015	136,544	139,877	134,969	41,534

Several factors led to a significant increase in FY 2015 Pending Cases. In 2015, DDS hired 111 new Disability Examiners, each requiring 19 weeks of training and 12 months of on the job transition before being assigned full intake. In addition, DDS provided eighty experienced examiners to address ongoing mentoring of new trainee classes. Thus, in FY 2015 not all examiners were available to assist with the backlog.

The second factor Pending Cases increased is that disability receipts increased from 133,012 in FY 2014 to 139,877 in FY 2015. The additional 6,865 cases were addressed with use of overtime. DDS completed 9,728 more dispositions in FY 2015 than in FY 2014.

<sup>1</sup> **Budgeted Dispositions:** Federally funded workload per year only (does not include Non-SSI Medicaid Disabled, SDA or ORS workload).

<sup>2</sup> **New Applications:** Number of new disability applications received per year (does not include Non-SSI Medicaid Disabled, SDA or ORS workload).

<sup>3</sup> **Actual Case Dispositions:** Number of eligibility determinations completed per year (does not include Non-SSI Medicaid Disabled, SDA or ORS workload).

Department:  
Human ServicesAppropriation Unit:  
Disability Determination ServiceProgram:  
Disability Determination Service

**DISABILITY DETERMINATION SERVICE WORKLOAD:  
Medicaid / SDA**

Fiscal Year	Budgeted Dispositions <sup>4</sup>	New Applications <sup>5</sup>	Actual Case Dispositions <sup>6</sup>	Pending Cases <sup>7</sup>
2004	\$1,681,267	47,259	47,065	1,735
2005	\$1,774,726	52,153	52,209	1,482
2006	\$1,909,244	55,576	55,214	2,010
2007	\$1,874,886	54,777	54,963	1,672
2008	\$2,075,509	55,690	56,297	817
2009	\$2,672,200	45,598	45,706	403
2010	\$2,901,100	46,929	46,557	655
2011	\$3,038,900	50,833	54,657	5,500
2012	\$2,941,300	55,877	55,046	2,800
2013	\$2,806,400	58,723	57,711	4,497
2014	\$3,806,500	37,421	40,958	282
2015	\$2,542,200	14,911	13,767	1,297

<sup>4</sup> **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.

<sup>5</sup> **New Applications:** Number of new disability applications received per year.

<sup>6</sup> **Actual Case Dispositions:** Number of eligibility determinations completed per year. Combined total for both Medical Review Team and State Hearing Review Team workloads.

<sup>7</sup> **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).

Department:  
Human ServicesAppropriation Unit:  
Disability Determination ServiceProgram:  
Disability Determination Service**DISABILITY DETERMINATION SERVICE WORKLOAD:  
Office of Retirement Services**

Fiscal Year	Budgeted Dispositions <sup>8</sup>	New Applications <sup>9</sup>	Actual Case Dispositions <sup>10</sup>	Pending Cases <sup>11</sup>
2004	1,000	863	948	137
2005	1,000	752	890	N/A
2006	1,000	835	862	107
2007	1,000	748	748	N/A
2008	1,000	590	678	N/A
2009	1,000	694	699	111
2010	1,000	797	801	87
2011	1,000	724	753	94
2012	1,000	730	735	81
2013	1,000	749	738	94
2014	1,000	672	634	101
2015	1,000	545	578	65

The Office of Retirement Services (ORS) operated with two examiners for most of FY 2015, leading to a drop in Actual Case Dispositions. At full compliment, ORS operates with three examiners.

<sup>8</sup> **Budgeted Dispositions:** ORS-funded workload per year.

<sup>9</sup> **New Applications:** Number of new disability applications received per year.

<sup>10</sup> **Actual Case Dispositions:** Number of eligibility determinations completed per year.

<sup>11</sup> **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.

Department:  
**Human Services**

Appropriation Unit:  
**Disability Determination Service**

Program:  
**Disability Determination Service**

**DISABILITY DETERMINATION SERVICE:  
All workloads**

<b>DISABILITY DETERMINATION SERVICE BUDGET (OPERATIONS) (In Millions of Dollars)</b>	
<b>FY 2005</b>	<b>\$75.6</b>
<b>FY 2006</b>	<b>\$80.1</b>
<b>FY 2007</b>	<b>\$81.3</b>
<b>FY 2008</b>	<b>\$76.1</b>
<b>FY 2009</b>	<b>\$83.0</b>
<b>FY 2010</b>	<b>\$95.9</b>
<b>FY 2011</b>	<b>\$111.4</b>
<b>FY 2012</b>	<b>\$118.8</b>
<b>FY 2013</b>	<b>\$86.7</b>
<b>FY 2014</b>	<b>\$85.9</b>
<b>FY 2015</b>	<b>\$86.6</b>

Department of Technology, Management, and Budget	<b>PROGRAM DESCRIPTION</b>	Fiscal Year 2017
Department: <b>Health and Human Services</b>	Appropriation Unit: <b>Public Assistance</b>	Program: <b>Family Independence Program (FIP)</b>

**PROGRAM STATEMENT**

The goal of the Family Independence Program (FIP) is to help families achieve self-sufficiency and reduce dependence on public assistance. FIP provides a monthly cash assistance grant for both one- and two-parent families. Cash assistance helps 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 - November 2015**

- Average case size: 2.4 people (one adult and one to two children).
- Ninety-eight percent of grantees are female.
- Average grantee age: 31 years.
- 45 percent of grantees are white, 52 percent are black, and 3 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 percent 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:  
Health and Human Services

Appropriation Unit:  
Public Assistance

Program:  
Family Independence Program (FIP)

FY 2016 MONTHLY GRANT AND FOOD ASSISTANCE LEVELS			
	Grant	Food Assistance	Grant + FAP
Eligible Adult and Two Children	\$492	\$511	\$1,003
	Grant	Food Assistance	Grant + FAP + SSI (\$733) <sup>1</sup>
Ineligible Adult and Two Children	\$274	\$496	\$1,517

- **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 2016, a family of three receiving a \$492 monthly FIP grant (with no other income) is eligible for \$511 in monthly FAP benefits.
- **Medical Assistance:** Families eligible for FIP benefits may also be eligible for Medicaid.
- **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. MDHHS 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.

<sup>1</sup> Estimated Food Assistance assumes that the recipient pays \$713 in monthly rent (2016 fair market rents as of October 2015 across all counties in Michigan for a two-bedroom apartment) and incurs the standard FY 2016 FAP heat and utility expense of \$539. The SSI amount is comprised of \$733 (continuing the January 2015 amount) in federal benefits and a \$14 state supplement. The "Ineligible Grantee / SSI scenario" is presented in contrast to an "Eligible Adult and Two Children" monthly budget as many FIP cases are comprised of an ineligible adult (receiving SSI) and two children. The examples contrast FIP benefit amounts for these two different case compositions. Note, while income of an ineligible adult is not counted when determining FIP benefit amounts, the 2016 calendar year SSI amount of \$733 is counted when determining the Food Assistance amount. Thus, the Food Assistance benefit amount will depend on the family's total income.

Department of Technology, Management, and Budget	<b>PROGRAM DESCRIPTION</b>	Fiscal Year 2017
Department: <b>Health and Human Services</b>	Appropriation Unit: <b>Public Assistance</b>	Program: <b>Family Independence Program (FIP)</b>

- **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. MDHHS 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 Family Self-Sufficiency Plan (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) Block Grant.
- State General Fund.
- Retained child support collections.
- FIP recoupments accruing due to previous payments made in error.
- Merrit Award Trust Fund.

**LEGAL BASIS**

- MDHHS FY 2016 Appropriations Act, 2015 Public Act 84, Article X
- Federal Social Security Act
- Social Welfare Act, 1939 PA 280
- Administrative Rules 400.3101 – 400.3131

**PROGRAM EFFECTIVENESS / PROGRAM IMPACTS.**

In addition to cash assistance, MDHHS provides other related 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.

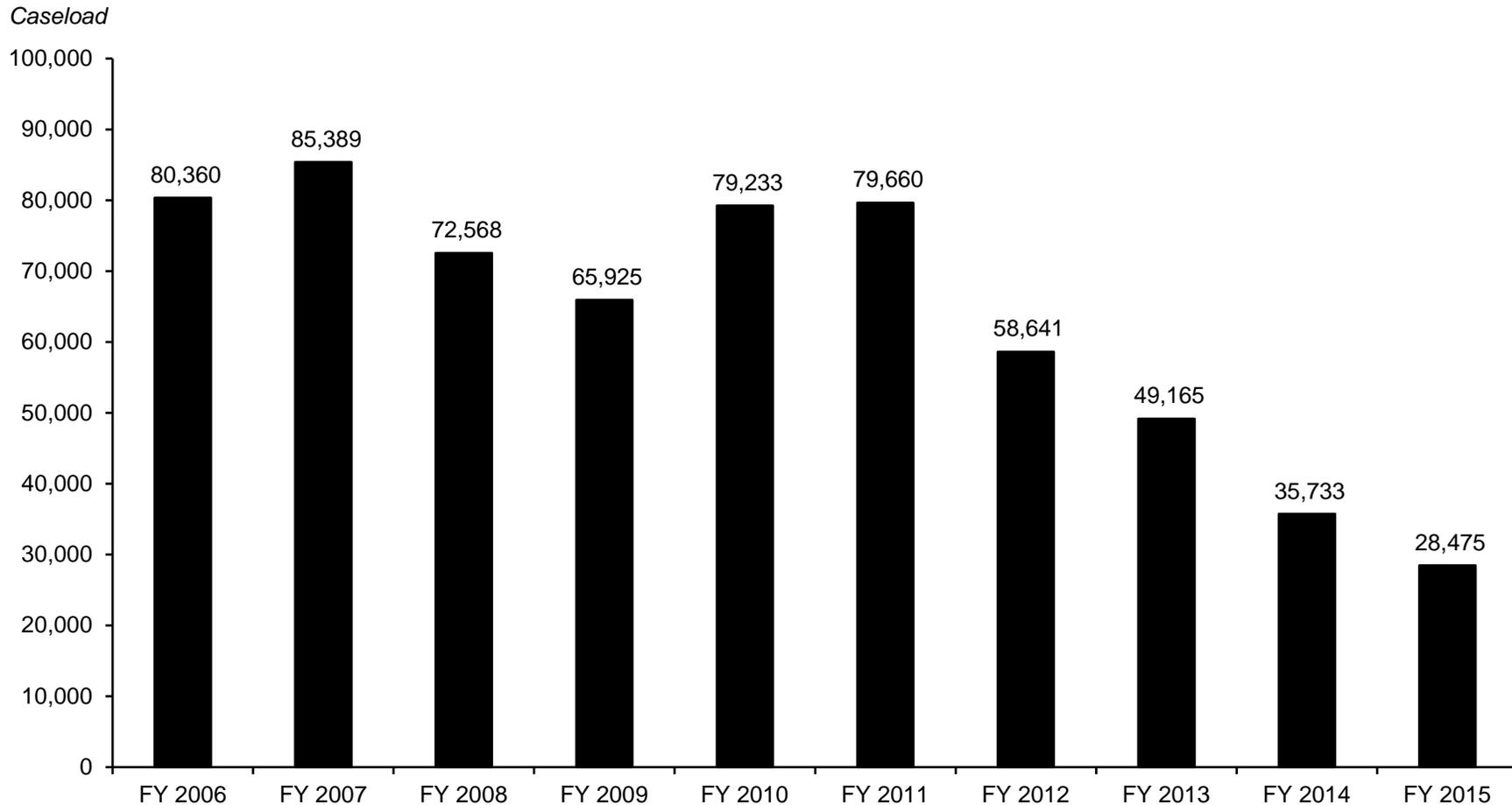
- Emergency Relief; Emergency Shelter; Food Bank; Employment Support Services; Family Support Services; Individual Development Accounts (small number of grandfathered cases remain); Information and Referral Services; Pathways To Potential; Disaster Relief Program; Short-Term Family Support; Family Support 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;

Department of Technology, Management, and Budget	<b>PROGRAM DESCRIPTION</b>	Fiscal Year 2017
Department: <b>Health and Human Services</b>	Appropriation Unit: <b>Public Assistance</b>	Program: <b>Family Independence Program (FIP)</b>

School Readiness Programs; Various United Way Programs; Various Foundation Grants; Programs Targeted Towards At-Risk Youth; Employment Services for Non-Custodial Parents; Energy Assistance; and Domestic Violence Comprehensive Services.

Graphs on the following two pages summarize FIP program caseload activity and benefit levels over the 10-year period from FY 2006 through FY 2015. The first graph shows FIP-regular annual average caseloads from FY 2006 through FY 2015. The second graph shows FIP-Regular maximum payment amounts (with and without Food Assistance Program benefits) as a percentage of 2015 preliminary Poverty Thresholds prepared and released by the U.S. Census Bureau. Final 2017 Poverty Threshold levels are scheduled for release in September 2016.

# MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES FAMILY INDEPENDENCE PROGRAM (FIP) Average Monthly FIP-Regular Caseload Trends FY 2006 - FY 2015

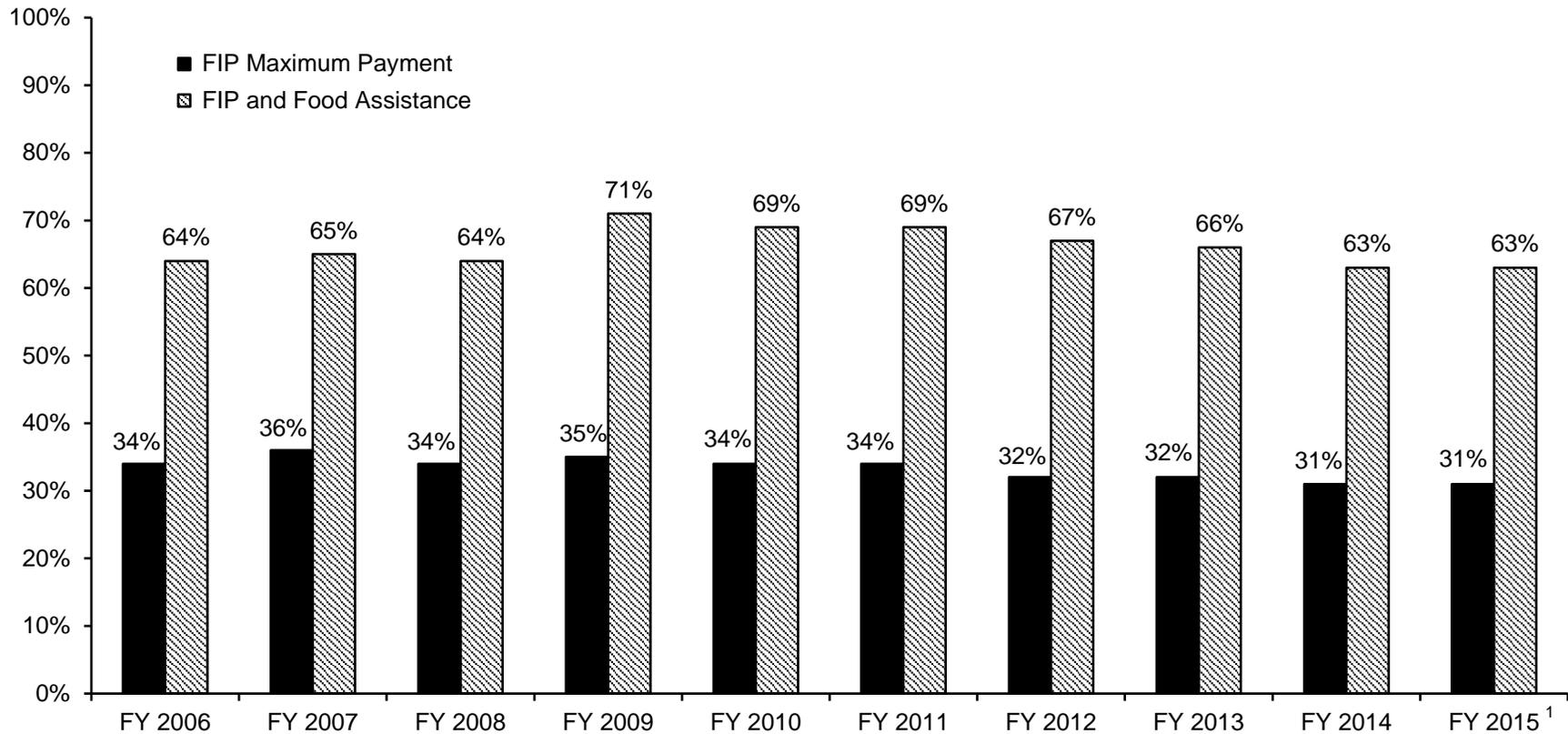


**NOTE:** The FY 2015 average monthly caseload of 28,475 was the lowest since FY 1960, when it was 26,570. The highest average monthly caseload was 241,157, recorded for FY 1981. Policy initiatives such as Michigan's FIP 21-day orientation period, truancy policies for children attending school and federal and state time limits along with an improving economy and clients becoming self-sufficient have in combination continued to result in lower year-over-year FIP caseload levels.

# MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

## FIP MAXIMUM PAYMENT (WITH AND WITHOUT FOOD ASSISTANCE) AS A PERCENTAGE OF THE POVERTY LEVEL

Family Group Size of Three Based on Federal Poverty Thresholds: FY 2006 - FY 2015



<sup>1</sup> The FY 2015 maximum payment is 31 percent of the U.S. Census Bureau's 2015 preliminary Poverty Threshold for a family of three. Adding food assistance to the FIP payment results in a family benefit that is 63 percent of the preliminary Poverty Threshold. FY 2015 estimated percentages of the U.S. Census Bureau's preliminary poverty thresholds will remain estimates until the U.S. Census Bureau releases final 2015 Poverty Thresholds in September 2016.

Department:  
**Health and Human Services**

Appropriation Unit:  
**Public Assistance**

Program:  
**Food Assistance Program**

## **PROGRAM STATEMENT**

The Food Assistance Program (FAP) is a federal safety net program 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 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).

Department of Technology, Management, and Budget	<b>PROGRAM DESCRIPTION</b>	Fiscal Year 2017
Department: <b>Health and Human Services</b>	Appropriation Unit: <b>Public Assistance</b>	Program: <b>Food Assistance Program</b>

- 50 percent USDA-FNS funding for associated administrative costs. However, FNS does not cover administrative costs otherwise covered by 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
- MDHHS FY 2016 Appropriations Act, 2015 Public Act 84, Article X

**PROGRAM EFFECTIVENESS / PROGRAM IMPACTS**

In Fiscal Year 2015, the average monthly number of households receiving FAP benefits was 824,428, providing monthly supplemental food benefits to an average of 1,571,403 people. In FY 2015, the unduplicated count of people receiving FAP benefits at any point during the fiscal year was 1,680,721, or 17 percent of Michigan’s population. FAP is now projected to continue moderate year-over-year decreases through FY 2017 based on policy factors and an improving Michigan economy.

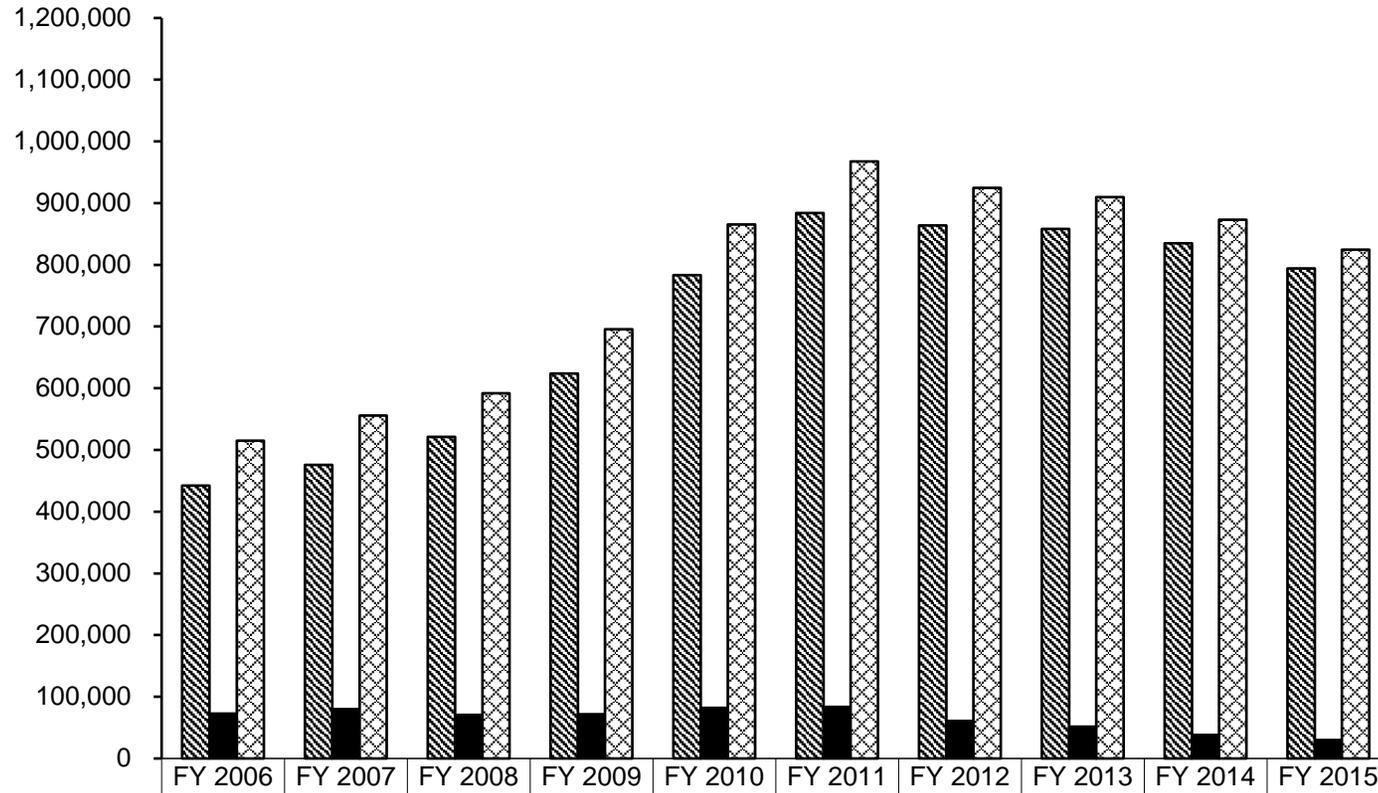
Continued decreases in FAP non-cash assistance households are attributed to an improving Michigan economy as well as the impacts of a new asset test implemented October 2011. In order to be FAP eligible, clients cannot have countable assets above \$5,000. Countable assets include, but are not limited to, checking and savings accounts. Not included as countable assets are employer sponsored retirement accounts and burial plots. Further, beginning in FY 2012, 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 2017, the MDHHS field operations administration program policy 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 DHHS offers.

Further, the Michigan Combined Application Project (MiCAP) has kept Michigan FAP eligible 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 14,843 FAP households.

# MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD ASSISTANCE HOUSEHOLD SUMMARY

Average Monthly Cases  
FY 2006 - FY 2015



	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015
Non-Public Assistance FAP	442,236	475,975	521,221	623,747	783,223	884,066	863,829	858,206	835,125	794,272
FIP & SDA FAP	72,794	79,769	70,557	71,822	82,282	83,500	60,814	51,558	37,923	30,156
Total	515,030	555,744	591,778	695,569	865,505	967,566	924,643	909,764	873,048	824,428

**Note:** The FY 2015 FAP monthly household average caseload was the sixth highest on record at 824,428, providing benefits to 1,571,403 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 2017.

**PROGRAM STATEMENT**

The Low-Income Home Energy Assistance Program (LIHEAP) provides assistance to low-income 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) Michigan Energy Assistance Program (MEAP) and State Emergency Relief (SER) energy services — crisis assistance for those facing energy or energy-related home repair emergencies; and 3) weatherization services. In FY 2015, more than 370,000 low-income households received basic heating assistance; over 170,000 households received crisis energy assistance; 976 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.

Note: MEAP is also funded, in part, by the Income Energy Efficiency Fund as required by Michigan’s Public Act 95 of 2013.

**LEGAL BASIS**

- Federal Low Income Home Energy Assistance Act of 1981 (Title XXVI of Public Law 97-35) 45 CFR Part 96.
- Michigan Income Tax Act, 2004 PA 335 (Michigan Home Heating Tax Credit)
- MDHHS FY 2016 Appropriations Act, 2015 Public Act 84, Article X.
- Michigan Public Act 615 of 2012

**PROGRAM EFFECTIVENESS / PROGRAM IMPACTS (FY 2015):**

<u>FY 2015 LIHEAP Activity</u>	<u>Households</u>	<u>Average Payments</u>
<u>Basic Heating Assistance</u>		
Home Heating Credit	370,045	\$114.13
<u>SER Energy Services</u>		
Heating and Electric	170,402	\$386.56
*data includes SER & MEAP		
Energy-Related Home Repairs	976	\$2,410.44
<u>Weatherization</u>	776	\$6,000.00

**NOTE:** LIHEAP funding level has not been established for weatherization for FY 2016, however the FY 2016 LIHEAP spending plan is currently under review by the State Budget Office.

Department of Technology, Management, and Budget		<b>PROGRAM DESCRIPTION</b>	Fiscal Year 2017
Department: <b>Health and Human Services</b>	Appropriation Unit: <b>Public Assistance</b>	Program: <b>Medical Assistance (Medicaid)</b>	

**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 Health and Human Services administers and determines eligibility for Medicaid and the Healthy Michigan Plan. 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.
- 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
- MDHHS FY 2016 Appropriations Act, 2015 Public Act 84, Article X

**PROGRAM EFFECTIVENESS / PROGRAM IMPACTS**

<b>Total Medicaid Beneficiaries , FY 2015* (Less Healthy Michigan Plan)</b>		
Family Medicaid	706,407	40%
Pregnant women & children under age 21	552,445	31%
Non-SSI - Aged (over 65), Blind, Disabled	213,937	12%
SSI Aged, Blind, Disabled	294,829	17%
<b>Total</b>	<b>1,767,618</b>	<b>100%</b>

*\*Data sources: DHS Trend Report of Key Program Statistics: Tables 1, 31 and 32*

Department of Technology, Management, and Budget		<b>PROGRAM DESCRIPTION</b>	Fiscal Year 2017
Department: <b>Health and Human Services</b>	Appropriation Unit: <b>Public Assistance</b>	Program: <b>Medical Assistance (Medicaid)</b>	

**FY 2015 Average Monthly Recipients**

- 1,767,618 Medicaid recipients.  
*NOTE: The above Medicaid recipients are active in 30 different Medicaid categories.*

**Eligibility Determination**

After the application is completed, MDHHS 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 Healthy Michigan Plan (HMP) 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 2006 - FY 2015).

Department:  
Health and Human Services

Appropriation Unit:  
Public Assistance

Program:  
Medical Assistance (Medicaid)

**MEDICAID OVERVIEW**

MA Category	BEM* Item	Unique Non-Financial Eligibility Factor	Automatic MA Eligibility
<b>MAGI (Modified Adjusted Gross Income) Related Categories</b>			
1. Low-Income Family (LIF) MA: U19 Children	110	Family with dependent children	No
2. U19 Children – 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. <i>Effective date 1-1-2014</i>	145	Family with dependent children	Yes
3. U19 Children - 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. <i>Effective date 1-1-2014</i>	110	Family with dependent children	No
4. U19 Children – Other Healthy Kids (1 to 19) <i>Effective date 1-1-2014</i>	110	Family with dependent children	No
5. U19 Children – Other Healthy Kids Expansion Group Medicaid <i>Effective date 1-1-2014</i>	110	For children ages 16-18, family income must be 101-150 percent. For children age 19, family income must be below 150 percent.	No
6. PW - Pregnant Women – Low Income Families (LIF) <i>Effective date 1-1-2014</i>	110	Pregnant or recently pregnant	No

\* Bridges Eligibility Manual

Department:  
Health and Human Services

Appropriation Unit:  
Public Assistance

Program:  
Medical Assistance (Medicaid)

	MA Category	BEM* Item	Unique Non-Financial Eligibility Factor	Automatic MA Eligibility
<b>MAGI (Modified Adjusted Gross Income) Related Categories (continued):</b>				
7.	PW - Pregnant Women – Healthy Kids for Pregnant: Pregnant women with income up to 195 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.  <i>Effective date 1-1-2014</i>	110	Pregnant or recently pregnant	No
8.	PCR Parent/Caretaker – Low Income Families (LIF): Caretaker relatives of a dependent child who meet the Group 2 income and asset requirements are eligible for MA.  <i>Effective date 1-1-2014</i>	110	Family with dependent children	No
9.	FFC – Foster Care Transitional Medicaid: 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 26th birthday.  <i>Effective date 1-1-2014</i>	118	Referral from Children Services	Yes
10.	MIChild – CHIP group  <i>Effective date 1-1-2014</i>	110		No
11.	HMP – Healthy Michigan Plan  <i>Effective date 4-1-14</i>	110		No

\* Bridges Eligibility Manual

Department:  
Health and Human Services

Appropriation Unit:  
Public Assistance

Program:  
Medical Assistance (Medicaid)

	MA Category	BEM* Item	Unique Non-Financial Eligibility Factor	Automatic MA Eligibility
<b>FIP (Family Independence Program) Related Categories:</b>				
12.	MA – G2P – Group 2 Pregnant Women Medicaid: 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 (deductible). <i>Effective date 10-1-84</i>	126	Pregnant or recently pregnant	No
13.	MA – G2U – Group 2 Under 21 Medicaid: 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 (deductible). <i>Effective date 1966</i>	132	Under age 21	No
14.	MA – G2C – Group 2 Caretaker Relatives Medicaid: 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). <i>Effective date 1966</i>	135	Caretaker of dependent child	No
15.	Transitional MA: Individuals may receive TMA for up to 12 months when ineligibility for LIF relates to income from employment of a caretaker relative. <i>Effective date 4-1-15</i>	111	In order to receive TMA the individual must have received LIF 3 of the 6 months immediately preceding the LIF ineligibility. Family with children	Yes
* <u>Bridges Eligibility Manual</u>				

Department:  
Health and Human Services

Appropriation Unit:  
Public Assistance

Program:  
Medical Assistance (Medicaid)

	MA Category	BEM* Item	Unique Non-Financial Eligibility Factor	Automatic MA Eligibility
<b>SSI (Social Security Income) Related Categories:</b>				
16.	SSI Recipients: All SSI recipients are eligible for MA. <i>Effective date 1-1-74</i>	150	Aged, blind or disabled	Yes
17.	Appealing SSI Termination <i>Effective date 1-1-74</i>	150	Appealing SSI termination	No
18.	Special Disabled Children <i>Effective date 2-1-98</i>	154	Former SSI recipient child	No
19.	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. <i>Effective date 7-7-77</i>	155	Aged, blind or disabled	No
20.	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. <i>Effective date 11-7-86</i>	156	Aged, blind or disabled	No
21.	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. <i>Effective date 2-23-89</i>	157	Blind or disabled	No

Department:  
Health and Human Services

Appropriation Unit:  
Public Assistance

Program:  
Medical Assistance (Medicaid)

	MA Category	BEM* Item	Unique Non-Financial Eligibility Factor	Automatic MA Eligibility
<b>SSI (Social Security Income) Related Categories (continued):</b>				
22.	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.  <i>Effective date 5-15-89</i>	158	Aged, blind or disabled	No
23.	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.  <i>Effective date 1-1-95</i>	163	Aged or disabled	No
24.	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.  <i>Effective date 5-1-92</i>	164	Aged, blind or disabled	No
25.	Medicare Savings Programs	165	Medicare Part A	No
26.	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).  <i>Effective date 1966</i>	166	Aged, blind or disabled	No
27.	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.  <i>Effective date 7-1-90</i>	169	Type of Medicare	No

Department:  
**Health and Human Services**

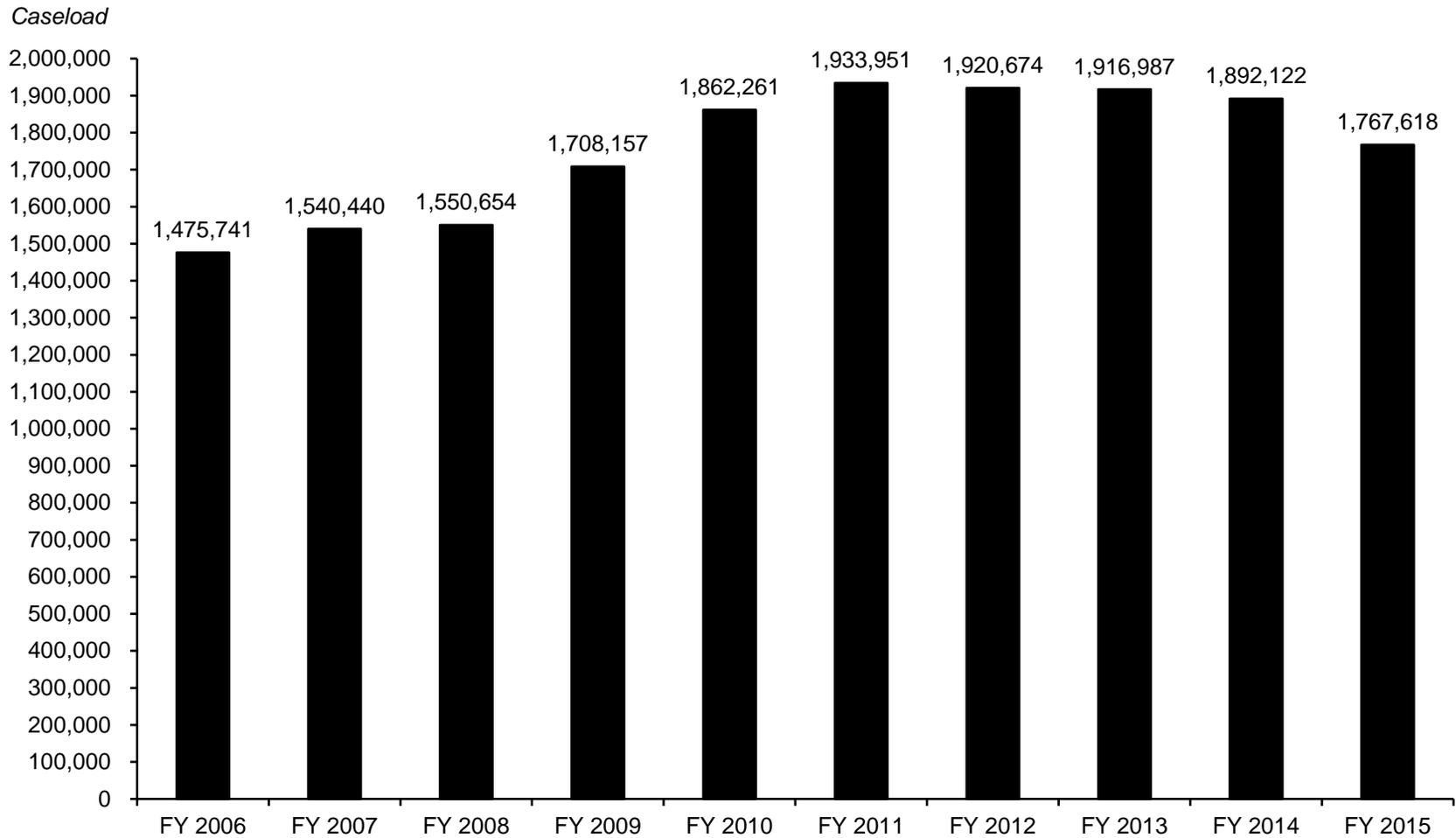
Appropriation Unit:  
**Public Assistance**

Program:  
**Medical Assistance (Medicaid)**

MA Category		BEM* Item	Unique Non-Financial Eligibility Factor	Automatic MA Eligibility
28.	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 the Michigan Department of Health and Human Services.)  <i>Effective date 10-1-87</i>	170	Disabled	No
29.	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 the Michigan Department of Health and Human Services.)  <i>Effective date 1-1-92</i>	171	Disabled	No
30.	Breast and Cervical Cancer Prevention and Treatment Program  <i>Effective date 5-1-02</i>	173	Health department cancer screening	No
31.	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.  <i>Effective date 4-1-04</i>	174	Income eligibility exists when a client's net unearned income does not exceed 250 percent of the Federal Poverty Level (FPL).	No

\* Bridges Eligibility Manual

# MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES TOTAL MEDICAID RECIPIENTS FY 2006 - FY 2015<sup>1</sup>

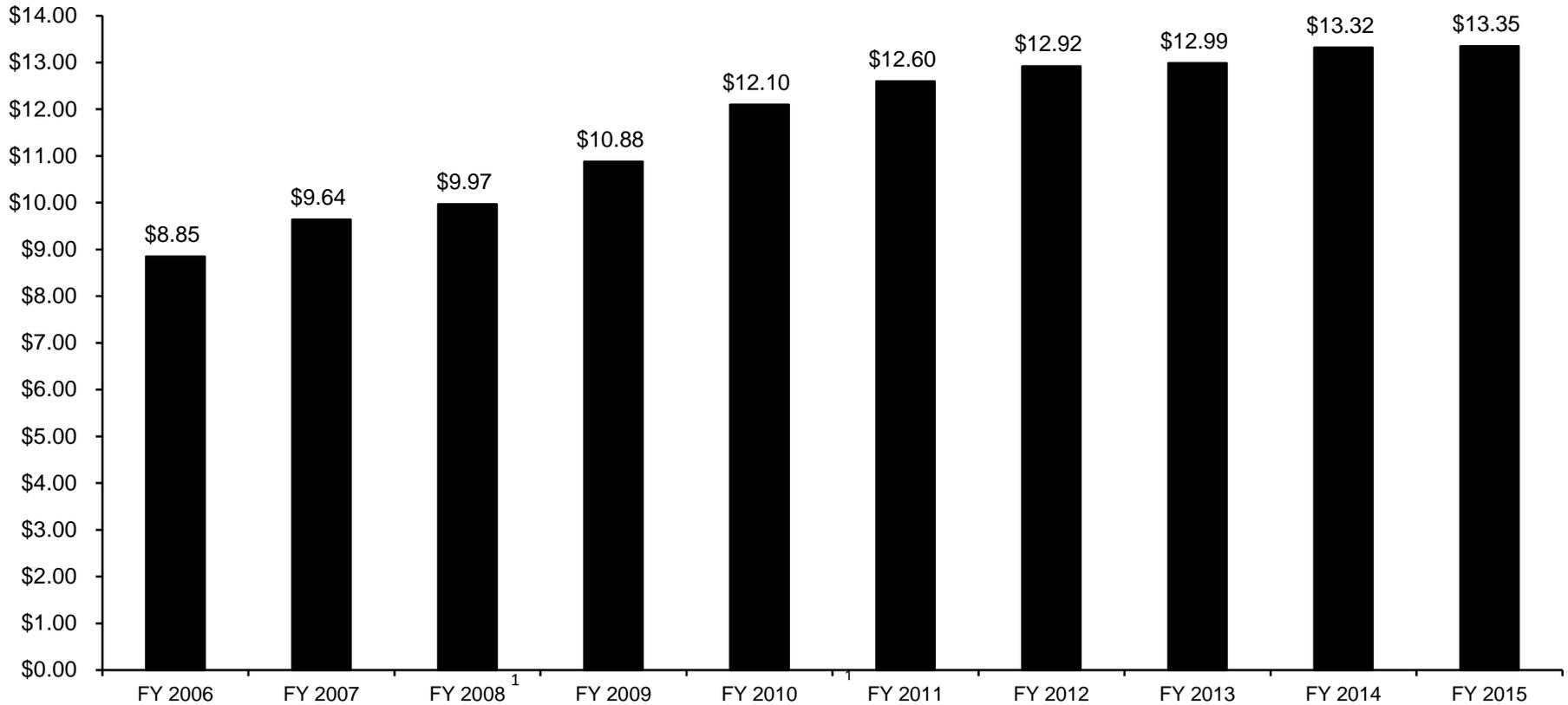


<sup>1</sup> Medicaid recipient totals increased year-over-year from FY 2006 through FY 2011. The monthly average in FY 2015 was the fifth highest ever at 1.767 million people. **SOURCE:** *DHS Trend Report of Key Program Statistics, September 2015* (Table: 1 Total Eligible Recipients by Program Trend Information).

# MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES STATEWIDE MEDICAID EXPENDITURES

In Billions  
FY 2006 - FY 2015

Medicaid Expenditures



**Note:** From FY 2006 through FY 2015, Medicaid (MA) expenditures (Medical Assistance plus MA Administration) increased 50.8 percent.

**Source:** Year-over-year Medicaid data are aggregate expenditure amounts from CMS-64 Reports compiled by the Michigan Department of Health and Human Services and the Michigan Department of Technology, Management and Budget. The FY 2015 figure excludes Healthy Michigan Program (HMP) services and administration cash expenditures.

Department of Technology, Management, and Budget	<b>PROGRAM DESCRIPTION</b>	Fiscal Year 2017
Department: <b>Health &amp; Human Services</b>	Appropriation Unit: <b>Public Assistance</b>	Program: <b>Refugee Assistance Program</b>

**PROGRAM STATEMENT**

The Refugee Assistance Program is a federally funded program which assists refugees to become self-sufficient after their arrival in the United States. MDHHS's Office of Refugee Services (ORS) is the designated state office responsible to administer and oversee services to refugees. Refugee services include assistance to individuals and families who have left their country of origin because of political, religious or ethnic persecution, including refugees, asylees, victims of trafficking, Cuban and Haitian Entrants, and Special Immigrant Visa holders from Iraq and Afghanistan. (All of these statuses are generally referred to as 'refugees' for the purposes of this description.) Services provided include, but are not limited to: Refugee Cash Assistance (RCA), Refugee Medical Assistance (RMA), Health Screening, Employment Services, and foster care services for youth designated for the Unaccompanied Refugee Minors program. Refugees may also be eligible for other public assistance and Medicaid programs. Private providers deliver services under contract with MDHHS. Local MDHHS staff determine eligibility for RCA and RMA. MDHHS-ORS staff administer contracts, monitor contractor compliance, complete federal and state data reporting, ensure coordinated statewide delivery of refugee services, and develop grant proposals for this public-private partnership program. Primary resettlement of populations is accomplished through local affiliates of national resettlement agencies, resettling primarily in seven Michigan counties. They are: Calhoun, Ingham, Kent, Macomb, Oakland, Washtenaw and Wayne counties.

**LEGAL BASIS**

- Federal Refugee Act of 1980
- 8 USC Sec. 1522
- Title IV, Chapter 2, Immigration and Nationality Act
- 45 CFR 400 & 401
- Executive Order No. 12341 (Jan. 21, 1982)
- MDHHS FY 2016 Appropriations Act, 2015 Public Act 84, Article X

**SOURCE OF FINANCING**

- 100 percent federally funded through the U.S. Department of Health and Human Services Office of Refugee Resettlement (U.S. DHHS-ORR).

**PROGRAM EFFECTIVENESS / PROGRAM IMPACTS**

- In FY 2015, MDHHS-ORS administered contracts providing services to 913 school-aged refugees and 654 refugee parents of school-aged children through the School Impact Program.
- MDHHS-ORS contracted services provided foster care and independent living services to approximately 255 youth per month in the Unaccompanied Refugee Minors Program (URM) in FY 2015. On average in FY 2015, 83 percent of URM youth who left care had confirmed stable housing. Eighty-three percent who were discharged were employed and/or had completed high school or were in college.
- In FY 2015, 86 percent of RCA recipients who entered employment terminated or reduced their RCA due to earned income before their 8 month time limit expired.

Department:  
**Health & Human Services**

Appropriation Unit:  
**Public Assistance**

Program:  
**Refugee Assistance Program**

**Arrivals in Michigan by Fiscal Year**

Fiscal Year	Arrivals
FY 2011	2,588
FY 2012	3,603
FY 2013	4,658
FY 2014	4,006
FY 2015	3,015

**Refugee Health Screenings by Fiscal Year**

Fiscal Year	Screenings
FY 2011	2,617
FY 2012	3,485
FY 2013	4,599
FY 2014	4,307
FY 2015	2,860

**Employment Services Program Outcomes by Fiscal Year**

Fiscal Year	Number of Individuals Served	Individuals Placed in Employment	Job Placement Rate	Average Full Time Wage Per Hour	Job Retention Rate
FY 2011	4,324	1,045	24.2%	\$8.64	47%
FY 2012	4,067	1,325	32.5%	\$8.71	83%
FY 2013	4,716	1,630	34.6%	\$8.81	80%
FY 2014	3,361	1,566	46.6%	\$8.86	79%
FY 2015	2,421	1,113	46%	\$9.48	79%

Department:  
**Health and Human Services**

Appropriation Unit:  
**Public Assistance**

Program:  
**State Disability Assistance (SDA)**

### **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). In FY 2016, SDA recipients with no other income are eligible to receive \$194 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.

Department of Technology, Management, and Budget		<b>PROGRAM DESCRIPTION</b>	Fiscal Year 2017
Department: <b>Health and Human Services</b>	Appropriation Unit: <b>Public Assistance</b>	Program: <b>State Disability Assistance (SDA)</b>	

**SOURCES OF FINANCING**

- State General Fund.
- SSI recoveries.

**LEGAL BASIS**

- MDHHS FY 2016 Appropriations Act, 2015 Public Act 84, 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 displayed in the graph on the following graph, the average monthly SDA caseload dropped year-over-year from FY 2012 through FY 2015. In FY 2014, the average monthly caseload was 6,665, the lowest since FY 2002, when it was 7,989. The FY 2015 SDA caseload average was 5,551, the lowest on record.

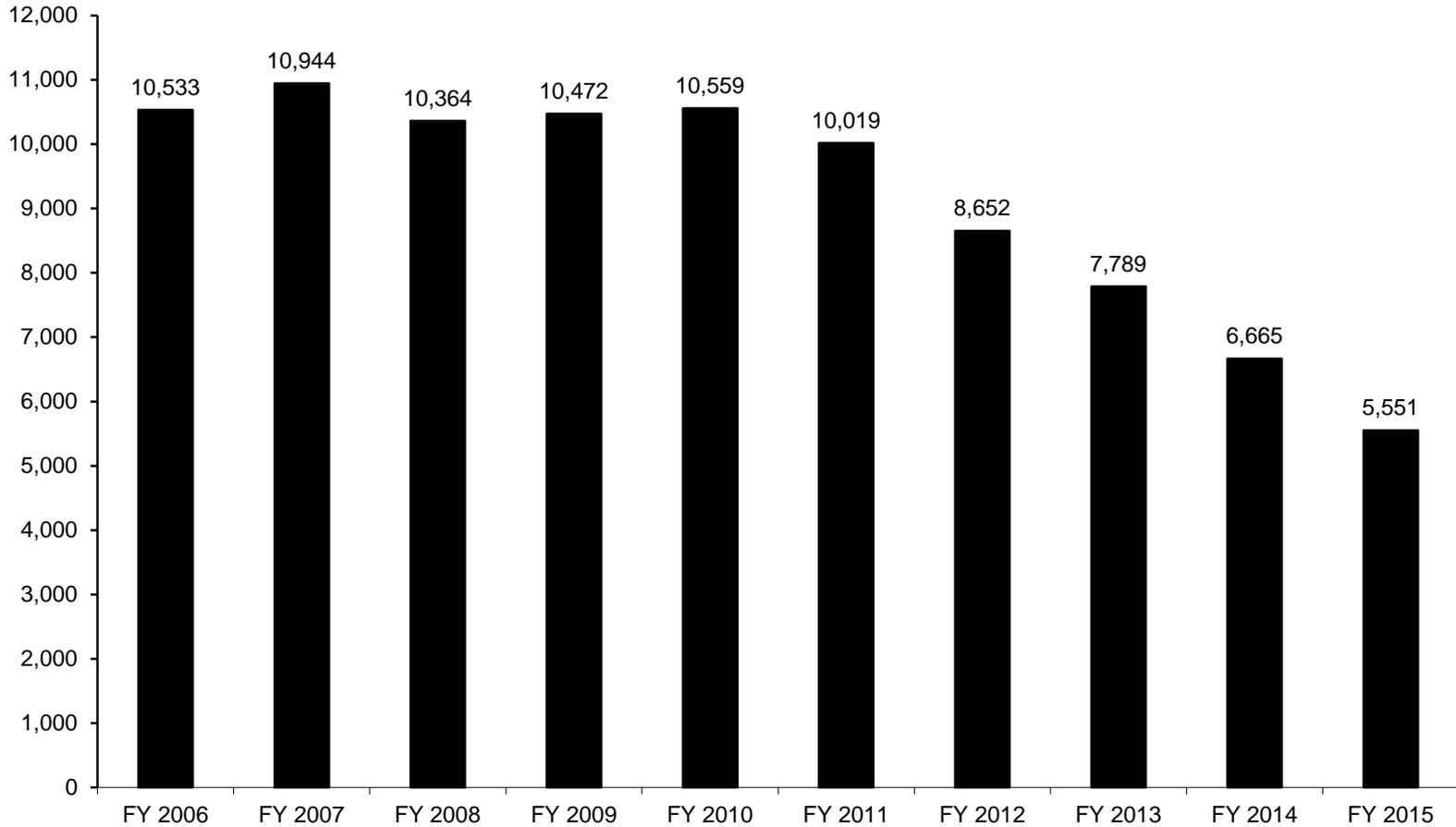
The second graph reflects the percentage of the SDA grant (with and without FAP benefits) as proportions of the estimated 2015 Census Bureau’s Poverty Thresholds (for a one person family). The SDA grant is estimated to be 20 percent of the poverty threshold. Adding FAP benefits to that amount (\$194) raises the combined benefit to 39 percent of poverty.

MDHHS recovers all SDA general fund payment amounts when individuals are found eligible for Supplemental Security Income. As evidenced by ongoing caseload trends, recipients received relatively less assistance prior to receipt of SSI and the average length of stay on SDA dropped as evidenced by increased SSI approvals and corresponding decreases in average recoveries per recipient. These assessments explain some of the program dynamics leading to decreases in average monthly caseloads over this period.

# MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES STATE DISABILITY ASSISTANCE (SDA)

Average Monthly Cases  
FY 2006 - FY 2015

*Caseload*

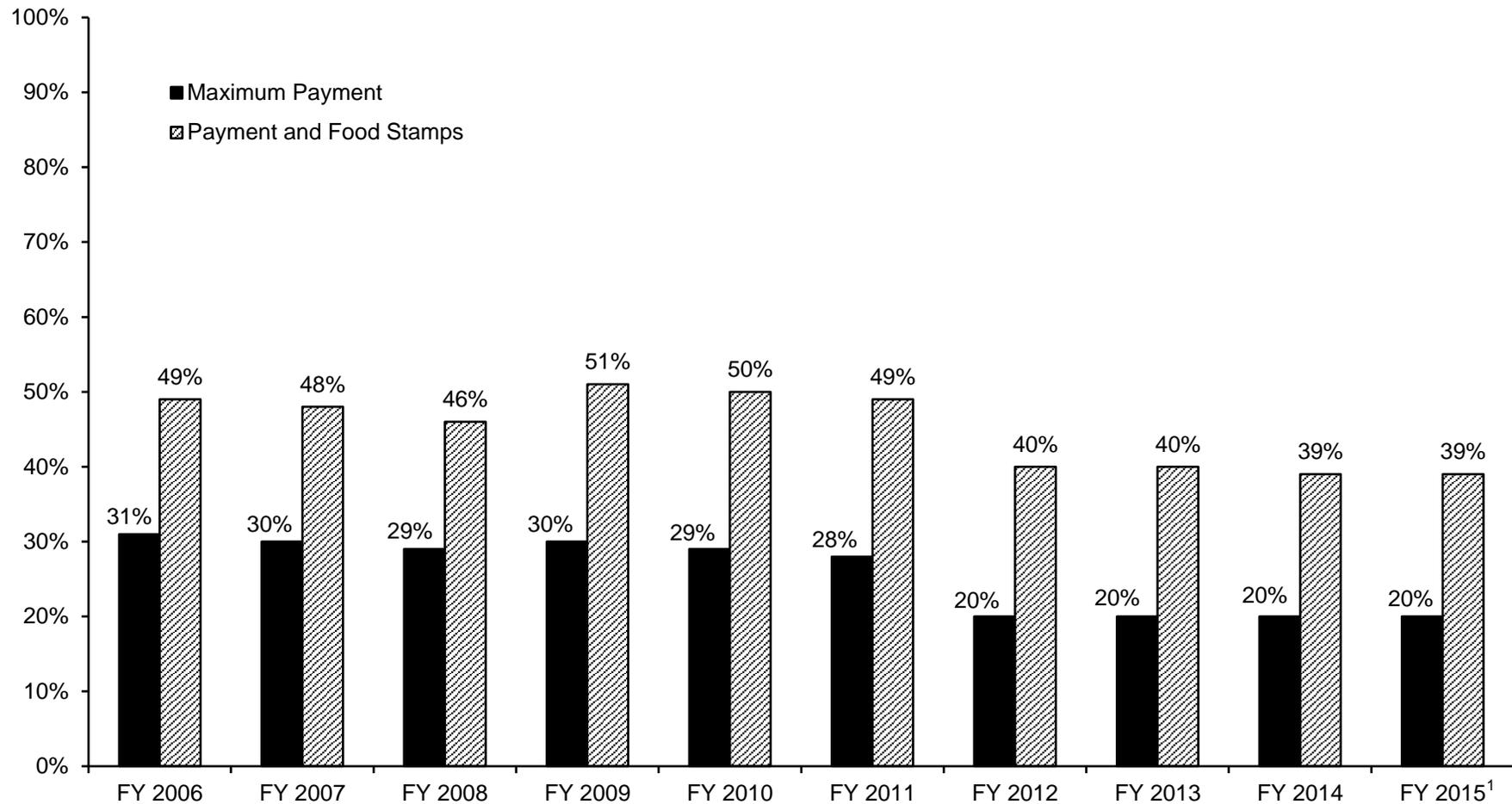


**NOTE:** The FY 2015 caseload average was 5,551, a drop of 1,114 cases (-16.7 percent) from the FY 2014 average. The caseload has dropped 4,982 cases (-47.3 percent) since FY 2006. Recent average monthly decreases in year-over-year SDA caseloads suggest that while on SDA, recipients received relatively 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.

# MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

## SDA MAXIMUM PAYMENT AS A PERCENTAGE OF THE POVERTY LEVEL

### One-Person Case in Wayne County Based on Federal Poverty Thresholds



<sup>1</sup> The monthly benefit for all new SDA cases is \$200. The SDA maximum payment is estimated to be 20 percent of the poverty level in FY 2015. Adding the value of Food Assistance Program benefits (\$194) to the SDA payment results in combined benefits equal to an estimated 39 percent of poverty level.

Department of Technology, Management, and Budget		<b>PROGRAM DESCRIPTION</b>	Fiscal Year 2017
Department: <b>Health and Human Services</b>	Appropriation Unit: <b>Public Assistance</b>	Program: <b>State Emergency Relief (SER) Program</b>	

**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. FY 2015 outlays for non-energy assistance totaled \$30,254,182.

These include Indigent burials and emergency services local allocation. All persons other than undocumented aliens are potentially eligible for SER. 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.
- 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). MDHHS policy does not give preference to cremation or burial. It is up to the person making the funeral arrangements to make the appropriate determination for the disposition of the deceased.

**SOURCES OF FINANCING**

- Federal Temporary Assistance for Needy Families (TANF) Block Grant.
- State General Fund for all families with children not eligible for TANF funding and for all other childless couples and single adults.
- Housing and Urban Development (HUD).

**LEGAL BASIS**

- Social Security Act
- Michigan Administrative Code: Rules 400.7001-400.7049
- The Social Welfare Act, 1939 PA 180
- MDHHS FY 2016 Appropriations Act, 2015 Public Act 84, Article X

Department of Technology, Management, and Budget		<b>PROGRAM DESCRIPTION</b>	Fiscal Year 2017
Department: <b>Health and Human Services</b>	Appropriation Unit: <b>Public Assistance</b>	Program: <b>State Emergency Relief (SER) Program</b>	

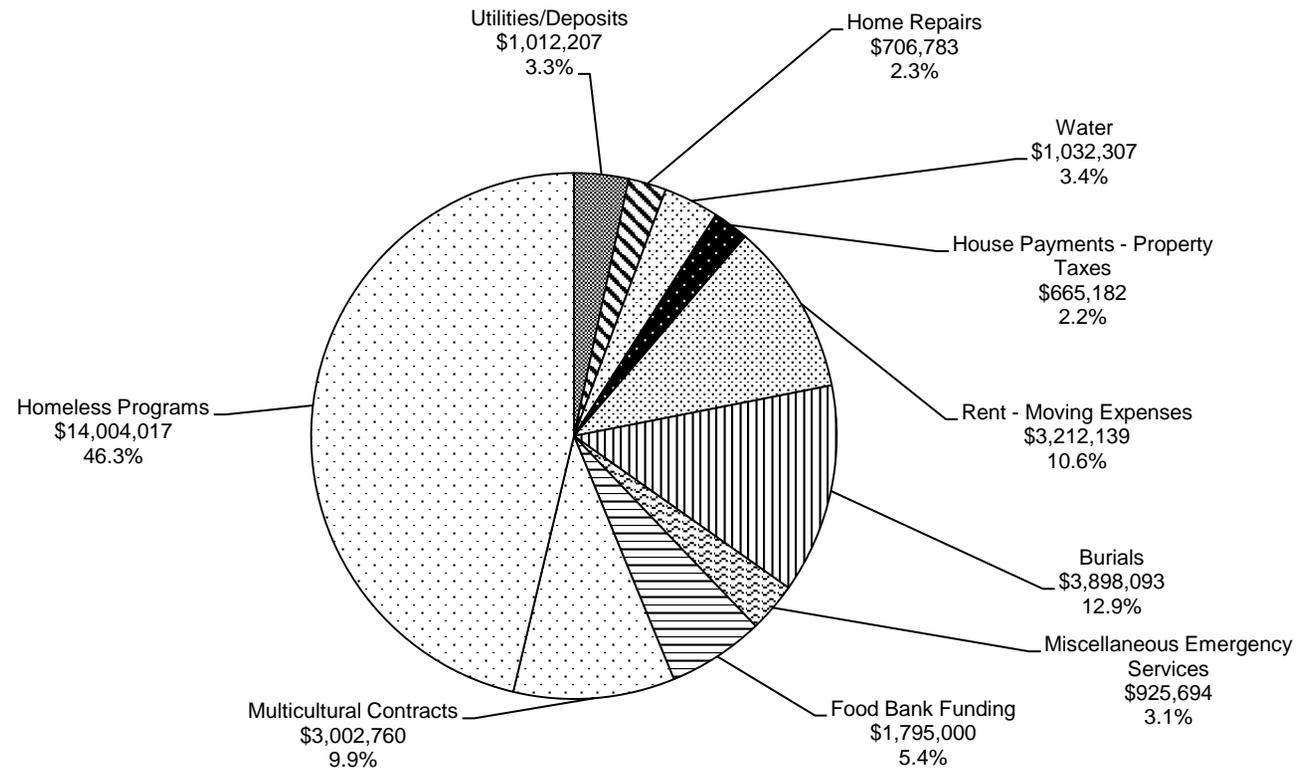
**PROGRAM EFFECTIVENESS / PROGRAM IMPACTS**

In FY 2015, an average of 10,069 households (14,402 individuals) received SER assistance each month. As per the **DHS ANNUAL REPORT OF KEY PROGRAM STATISTICS, Fiscal Year 2015**, the FY 2015 number of unduplicated cases was 83,811, 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 2015. SER is a safety net program for low-income households. It provides limited funding to resolve immediate emergencies that other agencies and sources in Michigan may not be able to provide to support safe housing and prevent homelessness.

# MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

## STATE EMERGENCY RELIEF (SER) EXPENDITURES - NON-ENERGY ASSISTANCE<sup>1</sup>

FY 2015 = \$30,254,182



<sup>1</sup> SER Energy Assistance is within the Low Income Energy Assistance Program (LIHEAP) appropriation and not expressed in the above graph. In FY 2015, over \$180.5 million was allocated in the LIHEAP Block Grant for energy and heat assistance. Data source: HHS Notice of Grant Award - FY 2015 and DTE Settlement revenues, plus carry forward funding (per MDHHS Accounting).

Department of Technology, Management, and Budget		<b>PROGRAM DESCRIPTION</b>	Fiscal Year 2017
Department: <b>Health and Human Services</b>	Appropriation Unit: <b>Public Assistance</b>	Program: <b>Supplemental Security Income</b>	

**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		<b>PROGRAM DESCRIPTION</b>	Fiscal Year 2017
Department: <b>Health and Human Services</b>	Appropriation Unit: <b>Public Assistance</b>	Program: <b>Supplemental Security Income</b>	

**SOURCES OF FINANCING**

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

**LEGAL BASIS**

- Social Security Act, Title XVI
- Social Welfare Act, 1939 PA 280
- MDHHS FY 2016 Appropriations Act, 2015 Public Act No. 84, 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.

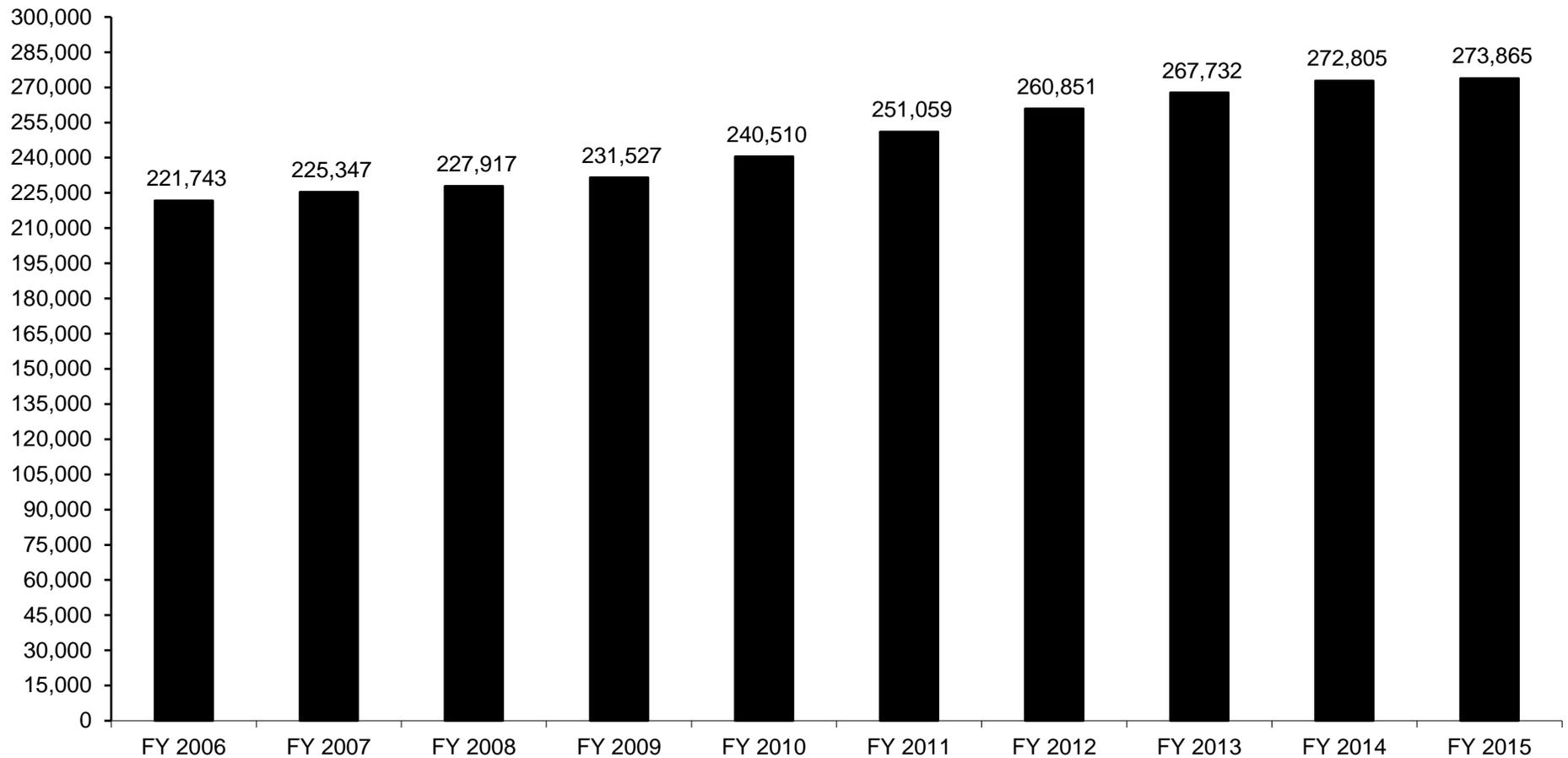
A 1990 U.S. Supreme Court decision, *Sullivan v. Zebley*, invalidated SSI child disability regulations and ordered they be replaced with new regulations. The court decision found SSA’s listing-only methodology for determining SSI child claims inconsistent with the statutory standard of “comparable severity” 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. While the proportion of children under 21 receiving SSI in Michigan has remained near 20 percent for the last several years, the September 2014 rate was slightly lower at 16.3 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 2006 through FY 2015. Whereas the FY 2006 caseload average was 221,743, by FY 2015 it was 273,865, an increase of 52,122 (23.5 percent).

# MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES SUPPLEMENTAL SECURITY INCOME

Number of Recipients  
FY 2006 - FY 2015

*Number of Recipients*



**Note:** SSI average monthly caseloads increased year-over-year from FY 2006 through FY 2015. Whereas the average monthly caseload was 221,743 in FY 2006, by FY 2015 it was 52,122 higher at 273,865, an increase of 23.5 percent.

Department of Technology, Management, and Budget	<b>PROGRAM DESCRIPTION</b>	Fiscal Year 2017
Department: <b>Health and Human Services</b>	Appropriation Unit: <b>Children's Services Agency</b>	Program: <b>Adoption Services Program</b>

**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 MDHHS office adoption staff or adoption purchase of service contracts with 64 private Michigan child-placing agencies or in limited cases by local MDHHS office staff when contractual service is unavailable. 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 assistance; adoptive placement and supervision; and the provision of post-adoption support services.

**SOURCES OF FINANCING**

Federal Title IV-E  
State General Fund  
Temporary Assistance for Needy Families (TANF) Block Grant

**LEGAL BASIS**

- Adoption Assistance and Child Welfare Act of 1980, 42 U.S.C. § 670 et seq.
- Indian Child Welfare Act of 1978, 25 U.S.C. § 1901 et seq.
- Adoption and Safe Families Act of 1997, 42 U.S.C. §§ 620-635, 670-679
- Multiethnic Placement Act of 1994, 42 U.S.C. § 5115a, as amended by 42 U.S.C. § 622 (1996)
- Interethnic Placement Act of 1996, 42 U.S.C. § 622
- Adam Walsh Child Protection and Safety Act, 42 U.S.C. § 16901 et seq.
- 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
- Michigan Adoption Code, MCL § 710.21 et seq.
- Probate Code, MCL § 710.24
- 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
- Preventing Sex Trafficking and Strengthening Families Act, H.R. 4980
- MDHHS FY 2016 Appropriations Act, 2015 Public Act 84, Article X

Department of Technology, Management, and Budget		<b>PROGRAM DESCRIPTION</b>	Fiscal Year 2017
Department: <b>Health and Human Services</b>	Appropriation Unit: <b>Children's Services Agency</b>	Program: <b>Adoption Services Program</b>	

**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 the goal of adoption.” In FY 2015, preliminary data indicate 1,701 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.

The following performance outcomes have been established in Michigan’s performance-based adoption contracts:

1. Fewer than 5 percent of placements for adoption will end in disruption.
2. Fewer than 5 percent of finalized adoptions will end in dissolution.
3. By September 30, 2016, not less than 80 percent of children with a goal of adoption that are legally free for adoption on September 30, 2015 shall have adoptions finalized.
4. By September 30, 2016, not less than 80 percent of the number of children with a goal of adoption that are legally free for adoption on September 30, 2015 will have the adoption petition filed with the court.

**Michigan Child and Family Services (CSFR) Data Profile**

Based on the most recently available data:

- Of all children who were discharged from foster care to a finalized adoption, 47.3 percent were discharged in less than 24 months from the date of the latest removal from the home<sup>1</sup>.
- Of all children who became legally free for adoption in the prior 12-month period, 54.8 percent were discharged from foster care to a finalized adoption less than 12 months after becoming legally free<sup>2</sup>.
- Of all the children who were discharged from foster care to a finalized adoption, the median length of stay was 24.5 months from the date of the latest removal from the home<sup>3</sup>.

<sup>1</sup> Michigan 2014ab Data Profile as of 4/15/15.

<sup>2</sup> Michigan 2014ab Data Profile as of 4/15/15.

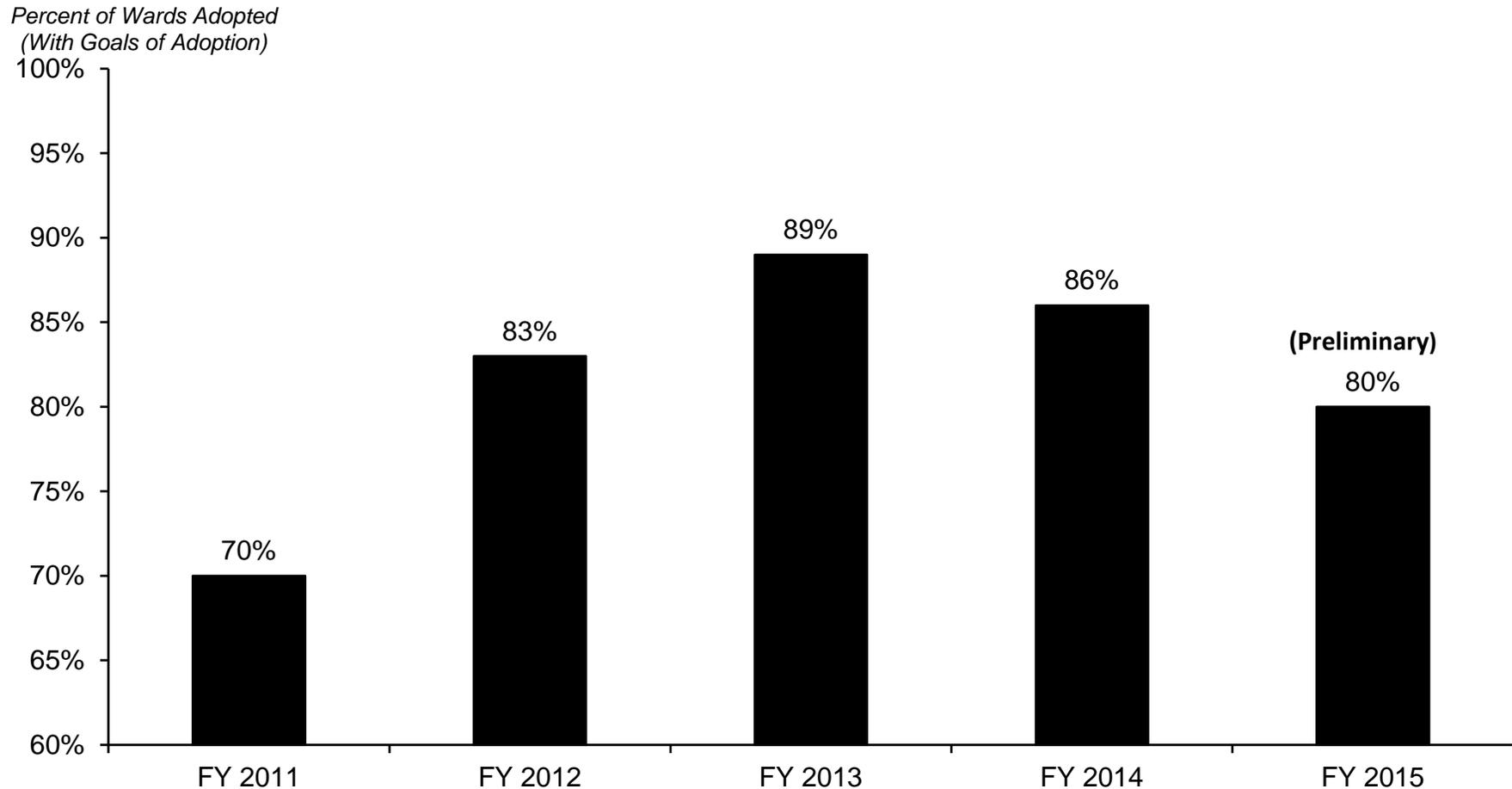
<sup>3</sup> Michigan 2014ab Data Profile as of 4/15/15.

Department of Technology, Management, and Budget		<b>PROGRAM DESCRIPTION</b>	Fiscal Year 2017
Department: <b>Health and Human Services</b>	Appropriation Unit: <b>Children's Services Agency</b>	Program: <b>Adoption Services Program</b>	

**Finalized Adoptions**

As reflected in the following graph, preliminary FY 2015 MiSACWIS data indicates finalized adoptions decreased by 445 (6%) from FY 2014. As final data for FY 2015 becomes available, the number of finalized adoptions is expected to increase. The percentage of all children "adopted" who had a foster care "goal" of adoption in FY 2015 (2,182 children) currently stands at 80 percent. The rate from FY 2012 forward has remained higher than 80 percent.

# MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES Adoption Services Program Annual Adoption Percentage for Youth With the Goal of Adoption FY 2011 - FY 2015



**NOTE:** Adoption percentages reflect the proportion of all children adopted who had a foster care "Adoption Goal". In FY2011, 3,558 children in foster care had an "Adoption Goal"; 2,506 or 70 percent were adopted. In FY2012, 3,069 children in foster care had an "Adoption Goal"; 2,554 or 83 percent were adopted. In FY2013, 2,651 children in foster care had an "Adoption Goal"; 2,361 or 89 percent were adopted. In FY2014, 2,536 children in foster care had an "Adoption Goal"; 2,185 or 86 percent were adopted. In the initial month of FY2015 (October 2014), 2,182 children in foster care had an "Adoption Goal." The current adoption rate is 80 percent, which is anticipated to increase as final data become available.

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

Department of Technology, Management, and Budget		<b>PROGRAM DESCRIPTION</b>	Fiscal Year 2017
Department: <b>Health and Human Services</b>	Appropriation Unit: <b>Children's Services Agency</b>	Program: <b>Adoption Assistance Program</b>	

**PROGRAM STATEMENT**

The Adoption Assistance Program provides financial assistance and nonrecurring adoption expenses reimbursement and/or medical subsidy to eligible children and their adoptive families. The adoption assistance provides support to families who have a signed agreement with the agency and are caring for or have adopted special needs children (for example, older children, sibling groups, children placed with relatives, children with disabilities, and those with medical, and/or mental health needs). The eligibility criteria for adoption assistance are determined by established federal and state laws and MDHHS policies. Each individual child's circumstance is considered when determining eligibility and whether one or more adoption assistance benefits will be approved to support the adoption. The assistance rates negotiated cannot exceed 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 assistance is a monthly payment and has three potential funding sources: Title IV-E, state funds and Temporary Assistance to Needy Families (TANF).

Nonrecurring adoption expenses are reimbursements to the adoptive family for expenses (up to \$2,000) specifically related to the finalization of the adoption. Adoption assistance and nonrecurring adoption expenses require that an approved assistance agreement 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 potential funding sources: state general funds and Federal Title IV-B Subpart 2.<sup>1</sup> 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.

Michigan also continues extending subsidy benefit programming for eligible children under the Young Adult Voluntary Foster Care (YAVFC) Program, for eligible young adults who were adopted after age 16, up to age 21.

Adoption assistance is 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 assistance program when they express an interest in adopting. When a family requests adoption assistance, the adoption worker must make an application for adoption assistance on behalf of the family and have it approved with a signed agreement in place prior to finalization of the adoption.

**SOURCES OF FINANCING**

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

<sup>1</sup> 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.

Department of Technology, Management, and Budget		<b>PROGRAM DESCRIPTION</b>	Fiscal Year 2017
Department: <b>Health and Human Services</b>	Appropriation Unit: <b>Children's Services Agency</b>	Program: <b>Adoption Assistance Program</b>	

**LEGAL BASIS**

- Adoption Assistance and Child Welfare Act of 1980, Federal PL 96-272
- Social Welfare Act, 1939 PA 280
- The Adoption and Safe Families Act of 1997
- MDHHS FY 2016 Appropriations Act, 2015 Public Act 84, Article X

**PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES**

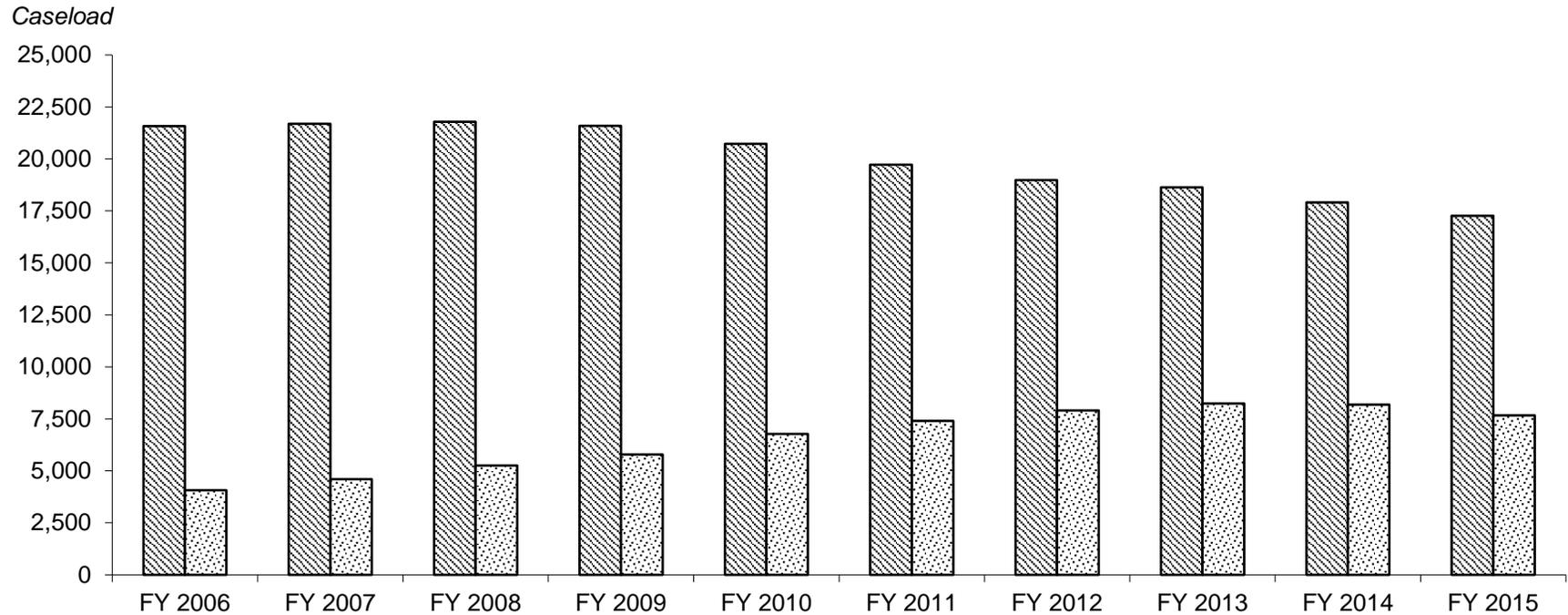
Federal law requires efforts be made to place a child in an adoptive home without assistance unless this is the only placement that can be made in the child's best interest. The adoptive parents must be informed about the program and must specifically request adoption assistance prior to the finalization of the child's adoption. Adoption assistance is available only for those children certified as children with special needs as detailed in 1939 PA 280, Sec. 400.115g.

The graph on the following page summarizes caseload data from FY 2006 through FY 2015.

# MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

## ADOPTION SUBSIDY ANNUAL AVERAGE CASELOADS

### FY 2006 - FY 2015



	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015
 Funded by Title IV-E	21,579	21,688	21,790	21,588	20,726	19,721	18,978	18,638	17,903	17,264
 Funded by TANF / State Funds	4,069	4,591	5,248	5,781	6,774	7,406	7,909	8,243	8,179	7,672
Total	25,648	26,279	27,038	27,369	27,500	27,127	26,887	26,881	26,082	24,936

**Note:** The average monthly Adoption Subsidy caseload decreased 9.3 percent (2,564 cases) from FY 2010 to FY 2015 and 4.4 percent (1,146 cases) from FY 2014 to FY 2015. **NOTE:** 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 2015 was 49 cases.

Department of Technology, Management, and Budget	<b>PROGRAM DESCRIPTION</b>	Fiscal Year 2017
Department: <b>Health and Human Services</b>	Appropriation Unit: <b>Children's Services Agency</b>	Program: <b>Division of Child Welfare Licensing</b>

**PROGRAM DESCRIPTION AND OVERVIEW**

The Division of Child Welfare Licensing (DCWL) protects vulnerable children by regulating and consulting with licensees. DCWL regulates this industry through initial licensure, original and renewal inspections, complaint investigations, approval of corrective action plans and taking disciplinary action as needed to protect individuals served. The DCWL mission is to provide protection for vulnerable children receiving services from licensed facilities.

**PROGRAM GOALS**

- Protect the health, safety and development of children in care and out-of-home care.
- License and regulate all child care institutions, child placing agencies, foster family and foster family group homes that meet licensing requirements.
- Provide care to children and appropriately respond when licensing standards are not met.
- Timely, competently and fairly meet all licensing responsibilities.

**MAJOR GOALS OF THE DIVISION OF CHILD WELFARE LICENSING**

- 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 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.

**SOURCES OF FINANCING:**

- Federal – Child Care and Development Fund Block Grant.
- Social Service Block Grant (Title XX).
- Title IV-E.
- State General Fund.

Department of Technology, Management, and Budget	<b>PROGRAM DESCRIPTION</b>	Fiscal Year 2017
Department: <b>Health and Human Services</b>	Appropriation Unit: <b>Children's Services Agency</b>	Program: <b>Division of Child Welfare Licensing</b>

**LEGAL BASIS**

- Child Care Organization Licensing Act, 1973 PA 116
- 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
- Michigan Zoning Enabling Act, Act 110 of the Public Acts of 2006
- Mental Health Code, 1974 PA 258
- Children's Product Safety Act, 2000 PA 219
- FY 2016 MDHHS Appropriations Act, FY 2015 PA 84, Article X

**DIVISION DESCRIPTION**

**DIVISION OF CHILD WELFARE LICENSING**

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.
- Court-Operated Facilities: Open or secure residential care facilities for children and youth. Facilities are operated by juvenile courts.

**PROGRAM EFFECTIVENESS/ PROGRAM OUTCOMES**

**DIVISION OF CHILD WELFARE LICENSING**

The Child Welfare Licensing division regulates 6,838 facilities. The total residential capacity is 22,620 children. In FY 2015, 2,844 complaints were received, 10 disciplinary actions were taken and no summary suspensions served.

The combined volume of responses to complaints, disciplinary actions and summary suspensions detailed in the following graphs, provide ample substantiation that DCWL continues to provide important work to protect vulnerable children by first regulating and consulting with licensees. The second graph details complaints and disciplinary actions across DCWL from FY 2006 - FY 2015. The second table details FY 2015 licensing activity.

**MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF CHILD WELFARE LICENSING**  
 Licensing Activity, Fiscal Year 2015

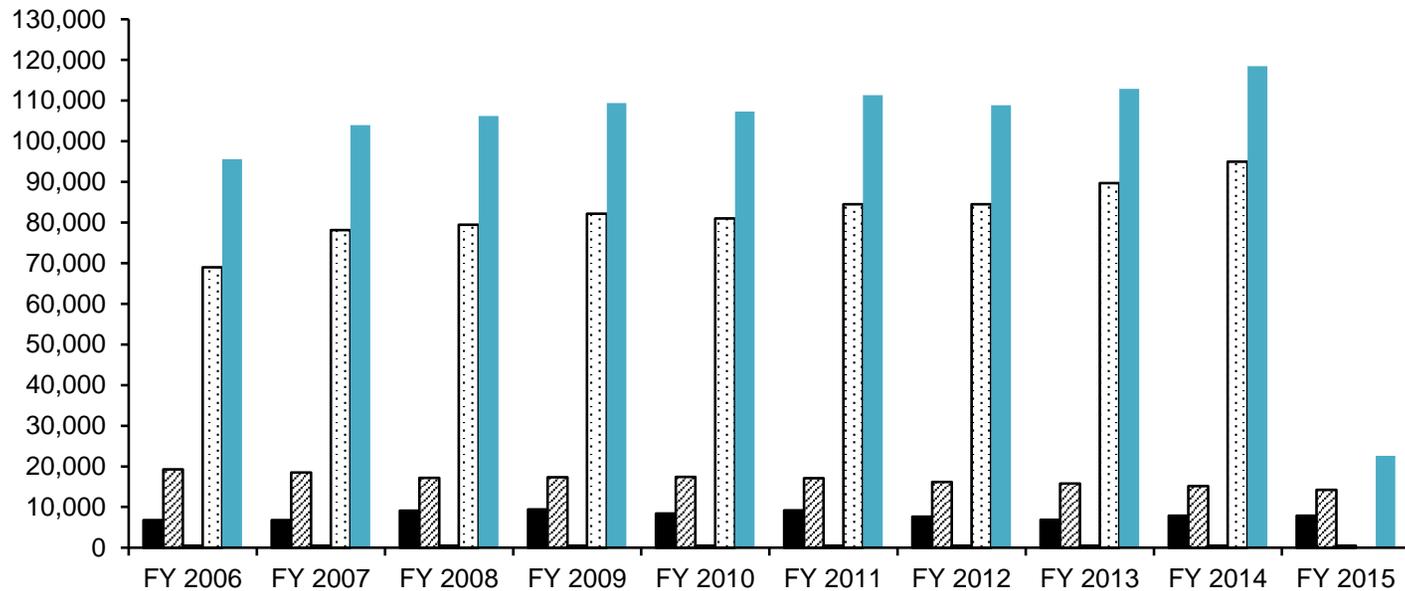
Licensing Activity By Division and Care Setting	Facilities	Capacity	Enrollments Received All Care Settings	License: Original Issues	License: Renewals Timely	Total Renewals Completed	Facilities Closed	Disciplinary Actions	Summary Suspensions
<b>TOTAL</b>	6,838	22,620	42	257	13	17	209	10	0
Child Placing Agencies	202	0							
Child Caring Institutions	197	8,361							
Foster Care Homes	6,439	14,259							

# MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

## DIVISION OF CHILD WELFARE LICENSING

### Total Number of Children in Care by Care Setting

#### FY 2006 - FY 2015



	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015
■ Child Care Institution	6,791	6,816	9,095	9,440	8,425	9,205	7,625	6,875	7,879	7,879
▨ Foster Care Placement	19,296	18,494	17,181	17,292	17,406	17,095	16,181	15,802	15,133	14,259
▩ Court-Operated Placement	498	506	506	506	506	482	482	482	482	482
▤ Camps	68,972	78,157	79,431	82,138	80,975	84,523	84,523	89,725	94,961	0
<b>Total</b>	<b>95,557</b>	<b>103,973</b>	<b>106,213</b>	<b>109,376</b>	<b>107,312</b>	<b>111,305</b>	<b>108,811</b>	<b>112,884</b>	<b>118,455</b>	<b>22,620</b>

**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 95,557 in FY 2006 to 118,455 (24%) in FY 2014. By executive order, the Camp program was transferred out of the Michigan Department of Health and Human Services to the Michigan Department of Licensing and Regulatory Affairs, resulting in a significant decrease for FY 2015.

Department of Technology, Management, and Budget		<b>PROGRAM DESCRIPTION</b>	Fiscal Year 2017
Department: <b>Health and Human Services</b>	Appropriation Unit: <b>Children's Services Agency</b>	Program: <b>Children's Foster Care</b>	

**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 MDHHS 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:

- 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.
- 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.
- 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 and practice 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.
- 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 caregivers; 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 47 percent of foster care case management 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 MDHHS 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.

Department of Technology, Management, and Budget		<b>PROGRAM DESCRIPTION</b>	Fiscal Year 2017
Department: <b>Health and Human Services</b>	Appropriation Unit: <b>Children's Services Agency</b>	Program: <b>Children's Foster Care</b>	

### **SOURCES OF FINANCING**

- Federal Social Security Act, Titles IV-E, IV-B, XX and Title XIX (Medicaid) for staffing costs only.
- State General Fund.
- County funds.
- Federal Temporary Assistance for Needy Families (TANF) Block Grant - for staff and foster care costs.
- Chafee Foster Care Independence Program for Youth in Transition and Educational Training Vouchers,
- Jim Casey Youth Initiative.
- Participation rate – parental collections.

### **LEGAL BASIS**

- Federal Individuals with 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
- Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Federal PL 104-193
- 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
- Adam Walsh Child Protection and Safety Act of 2006, Federal PL 109-248
- 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

Department of Technology, Management, and Budget	<b>PROGRAM DESCRIPTION</b>	Fiscal Year 2017
Department: <b>Health and Human Services</b>	Appropriation Unit: <b>Children's Services Agency</b>	Program: <b>Children's Foster Care</b>

- 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
- Preventing Sex Trafficking and Strengthening Families Act, Federal PL 113-183
- MDHHS FY 2016 Appropriations Act, 2015 PA 84, Article X

**PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES**

- The number of foster care program cases has been declining. As of September 30, 2015, Michigan was responsible for 13,097 children in foster care compared to 13,209 as of September 30, 2014.
- Among current living arrangements, 30 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 Fiscal Year 2015, 692 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 the 12-month period ending 9/30/2014, the median length of stay was 11.5<sup>i</sup> months, compared to 11.6 months for Fiscal Year 2009. 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 18<sup>th</sup> 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 the 12-month period ending 9/30/2014, 98.6<sup>ii</sup> percent of children were discharged to a permanent home prior to their 18<sup>th</sup> birthday, compared to 96.7 percent for Fiscal Year 2009.
- The number of children placed in residential care facilities continues to decrease. As of September 30, 2015, 856<sup>iii</sup> children were in residential care compared to approximately 1,200 in October 2008.

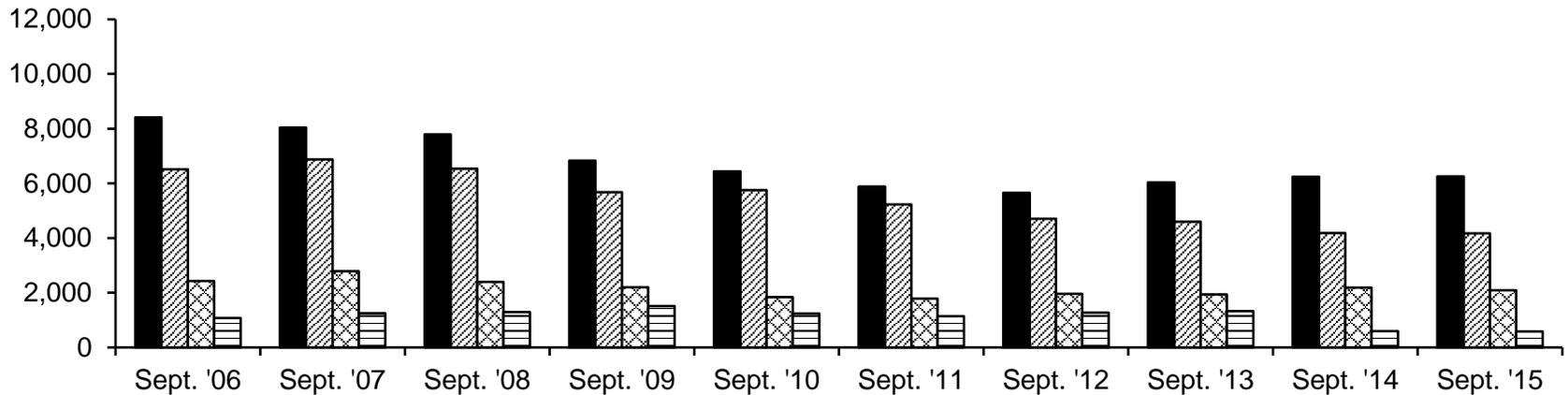
The following graph provides a ten year look back (September-over-September) of the total number of foster care placements by living arrangement. From September 2006 to September 2015, the Foster Care Program caseload dropped by 5,317 (28.9%).

<sup>i</sup> Michigan 2014ab Data Profile as of 4/15/15

<sup>ii</sup> Michigan 2014ab Data Profile as of 4/15/15

<sup>iii</sup> Children Services Administration-Fact Sheet-September 30, 2015

# MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES FOSTER CARE PLACEMENTS<sup>1</sup> September 2006 - September 2015



■ Out-of-Home Placements <sup>2</sup>	8,407	8,037	7,787	6,830	6,441	5,882	5,649	6,036	6,241	6,252
▨ Relative Placements <sup>3</sup>	6,511	6,878	6,539	5,674	5,750	5,231	4,704	4,597	4,184	4,169
▩ Own Home/ Legal Guardian <sup>4</sup>	2,421	2,781	2,399	2,193	1,836	1,787	1,956	1,941	2,184	2,090
▭ Other <sup>5</sup>	1,075	1,247	1,291	1,507	1,234	1,143	1,273	1,328	600	586
Total	18,414	18,943	18,016	16,204	15,261	14,043	13,582	13,902	13,209	13,097

Source: Product of Children's Services Agency, Division of Continuous Quality Improvement, Data Management Unit

<sup>1</sup> Excludes out-of-town inquiry (neglect) and non-ward (short-term detention) population.

<sup>2</sup> Out-of-Home Placements include: Adoptive Homes, Licensed Unrelated Foster Homes, Unrelated Caregiver, Emergency Shelter Home/Facility, Community Justice Center, Detention, Jail, Private Child Care Institution, MDHHS Training School, Mental Health Facility, Court Treatment Facility, Out-of-State - Foster Home, Out-of-State - Child Placement Agency, Out-of-State - Child Institution.

<sup>3</sup> Relative Placements include: Licensed/Unlicensed Relatives, Out-of-State - Unlicensed Relative, Out-of-State - Licensed Relative.

<sup>4</sup> Own Home/Legal Guardian Placements include: Parental Home, Out-of-State Parental Home, Legal Guardian.

<sup>5</sup> Other Placements include: Independent Living, Boarding School, etc. (other), AWOL. Excludes out-of-town inquiry (neglect) and non-ward (short-term detention) population.

Department;  
Health and Human Services

Appropriation Unit:  
Children's Services Agency

Program:  
Children's Protective Services (CPS)

## **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:**

- MDHHS has investigatory authority only. Enforcement authority is with the police and the family division of circuit court. All MDHHS intervention and services are voluntary unless done with police or court authority.
- CPS must obtain a written court order prior to removal of 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). MDHHS 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 and subsequent safety planning is continuous to assure the child's safety. If the child is unsafe, CPS must file a petition (Category I).

Department;

Appropriation Unit:

Program:

**Health and Human Services****Children's Services Agency****Children's Protective Services (CPS)**

- 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.
- Public Act 30 of 2014 was passed which impacted the MDHHS Central Registry database. Those placed on the central registry for egregious acts of abuse against a child (as identified in MCL 722.638 Section 18) will remain on the registry for life (unless removed following an internal review or through an administrative hearing). Those placed on for other types of abuse and neglect will remain on the Central Registry for 10-years from the date they were placed on the system.

#### **SOURCES OF FINANCING**

- Social Security Act, Titles IV-B, IV-E and XX.
- State General Fund.
- Child Abuse Prevention and Treatment Act.
- Federal Child Abuse and Neglect grant.
- Children's Justice Act.

#### **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
- MDHHS FY 2016 Appropriations Act, 2015 PA 84, Article X

Department of Technology, Management, and Budget	<b>PROGRAM DESCRIPTION</b>	Fiscal Year 2017
Department; <b>Health and Human Services</b>	Appropriation Unit: <b>Children's Services Agency</b>	Program: <b>Children's Protective Services (CPS)</b>

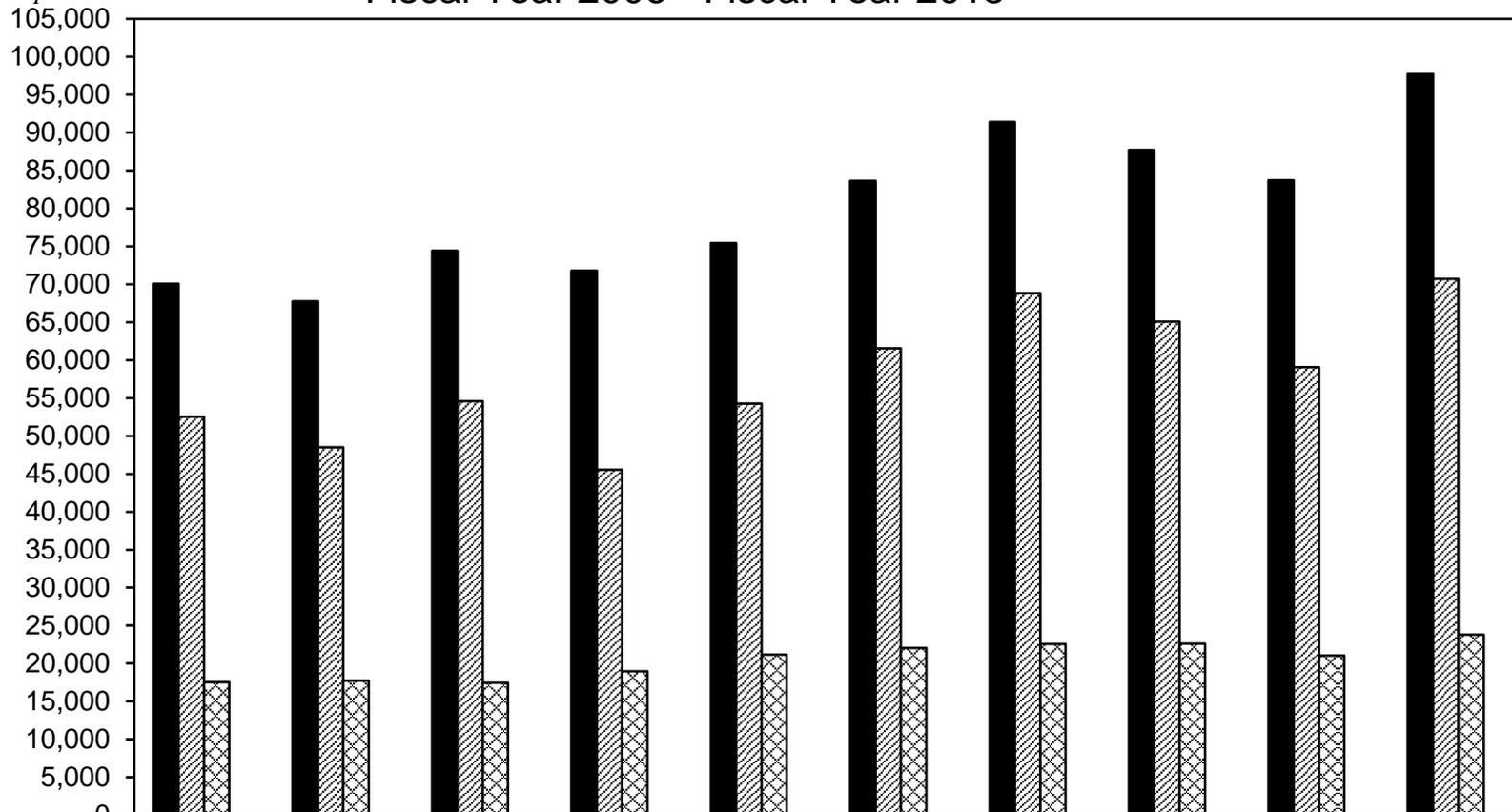
**PROGRAM EFFECTIVENESS/PROGRAM OUTCOMES**

- Since FY 2006, the number of complaints investigated has generally increased each year, with few exceptions. In FY 2006, 70,069 investigations were completed, and in FY 2015, 97,729 investigations were completed (39.5 percent increase). An increase in investigations has also led to an increase in the total number of substantiations during the time frame of FY 2006 – FY 2015 (36 percent increase). However, the substantiation rate over the time period of FY 2006 to FY 2015 has remained relatively steady. The substantiation rate in FY 2006 was at 25 percent and in FY 2015 less than 1 percent lower at 24.4 percent. These trends are presented in the graph on the following page.
- 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 MDHHS.
- CPS uses a forensic interviewing protocol to obtain truthful and accurate statements from children that will support fair decision-making in the criminal justice and child welfare systems.
- 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.

# MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES CHILDREN'S PROTECTIVE SERVICES - COMPLAINTS INVESTIGATED

Complaints

Fiscal Year 2006 - Fiscal Year 2015



	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015
■ Investigated	70,069	67,756	74,439	71,780	75,426	83,627	91,397	87,715	83,709	97,729
▨ Non-Substantiated	52,546	48,492	54,581	45,536	54,255	61,558	68,832	65,074	59,068	70,720
▩ Substantiated No.*	17,523	17,748	17,460	18,977	21,171	22,069	22,565	22,636	21,049	23,813
■ Substantiation Rate (%)	25.0%	26.2%	23.5%	26.4%	28.1%	26.4%	24.7%	25.8%	25.1%	24.4%

**NOTE:** FY 2014 data became available following the Department's transition to MiSACWIS. With the exception of FY 2014, the number of substantiated cases increased year-over-year since FY 2006. Over the last 10 years, the number of investigated and substantiated cases peaked at 23,813 in FY 2015. The FY 2015 substantiation rate was 24.4 percent.

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

Department of Technology, Management, and Budget		<b>PROGRAM DESCRIPTION</b>	Fiscal Year 2017
Department: <b>Health and Human Services</b>	Appropriation Unit: <b>Children's Services Agency</b>	Program: <b>Children's Trust Fund</b>	

**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 involvement with the Michigan Department of Health and Human Services (MDHHS) 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 board members are Michigan 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: Health and Human Services, Education, and Michigan State Police.<sup>1</sup> The CTF Board employs an executive director, 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 \$23 million CTF 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
- Income Tax Act, 281 PA 1967, MCL 206.440, MCL 206.475
- Child Abuse and Neglect Prevention Act, 1982 PA 250
- MDHHS FY 2016 Appropriations Act, 2015 PA 84, Article X

**PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES**

CTF supports the statewide prevention network while taking steps to increase 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 has increased the level of evidence-based and evidence-informed programs and practices it funds. 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. Additionally, since FY 2010, all new direct service grants have been required to use the Protective Factors Survey (PFS) as a pre/post measurement tool. Protective factors are research-based conditions or attributes of individuals or families that help to reduce or eliminate risk and decrease the likelihood of child maltreatment. In FY 2014, an additional 213 post-tests and 508 pretests were added to the aggregate CTF PFS database. The greatest increase in improvement was the domain of Social/Emotional Support followed by Family Functioning.

<sup>1</sup> The MDHHS maintains board representation from the former Department of Community Health and the Department of Human Services. Representatives were appointed by their respective department directors. Post merger protocols regarding appointments have not been modified.

Department of Technology, Management, and Budget	<b>PROGRAM DESCRIPTION</b>	Fiscal Year 2017
Department: <b>Health and Human Services</b>	Appropriation Unit: <b>Children's Services Agency</b>	Program: <b>Children's Trust Fund</b>

In FY 2013, CTF changed its year-end direct service reporting process to better capture evaluation activities and program outcomes with the introduction of a new supplemental, standardized report. Grantees use this tool to report on parent leadership, client satisfaction, special populations, and cultural competence. For example, all direct service grants are required to assess client satisfaction and submit annual information (including methodology, results, identified needs, and plans for using client feedback). All 21 direct service grants funded in 2015 submitted client satisfaction information to CTF. Out of these 21 programs, 21 reported using a Likert scale survey and 11 used open-ended surveys. In total, grantees reported distributing 894 surveys and receiving 697 surveys back, a 78 percent response rate. 248 grantees reported 100 percent overall program satisfaction; 15 grantees reported 98 percent satisfaction; 10 grantees reported 97 percent satisfaction; 52 grantees reported 90-94 percent satisfaction and 57 grantees reported 85-99 percent satisfaction. Grantees were also asked to categorize or describe participants' qualitative feedback. Overarching feedback identified increased knowledge of child development, parenting skills, great communication with agency staff, and connections to community resources.

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 FY 2013-2015 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 Section 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 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.

Department:

Appropriation Unit:

Program:

**Health and Human Services****Children's Services Agency****Children's Trust Fund**

In FY 2015, CTF funded 21 direct service grants that served 26 counties. Direct services were provided to 1,547 families. The unduplicated participant counts that programs reported serving were 1,852 adults (including 44 special needs adults) and 2,211 children (including 80 special needs children). The populations served by race for adults were 916 white or Caucasian (50%); 536 black or African American (29%); 104 Hispanic or Latino American (5.6%); 19 American Indian (1%); 12 Asian American (0.06%); 61 multi-racial (3.2%); and 204 other (11%). The populations served by race for children were 969 white or Caucasian (44%); 729 black or African American (33.1%); 120 Hispanic or Latino American (5.4%); 11 American Indian (.05%); 11 Asian American (0.05%); 162 multi-racial (7.3%); and 209 other. A snapshot of direct services provided in FY 2015 is provided in the following chart (note: each individual service delivery is counted as one prevention service).

<b>Type of Service Provided</b>	<b>Number of Services</b>
Home visits	3264
Parenting classes	643
Support groups	91
Group counseling	1
One-on-one counseling	155
Screening	619
Childcare Services	21
Respite Care Services	583
Transportation	630
Referrals	1,346
Resource coordination	544
Workshops (e.g., Parent Meetings)	36
Prenatal Services	52
<b>Number of Families Served</b>	<b>1,547</b>
<b>Number of Adults Served</b>	<b>1,852</b>
<b>Number of Children Served</b>	<b>2,211</b>

Department of Technology, Management, and Budget	<b>PROGRAM DESCRIPTION</b>	Fiscal Year 2017
Department: <b>Health and Human Services</b>	Appropriation Unit: <b>Children's Services Agency</b>	Program: <b>Children's Trust Fund</b>

**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 FY 2013, 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 2014<sup>2</sup>, local councils provided a number of programs and services to meet local needs. Highlights of local councils' public awareness and outreach activities included the following:

- 581 information booths and fairs that reached an estimated 297,927 people.
- 990 baby pantry days which reached an estimated 15,267 people.
- 25,994 new parent packets.
- 358 newspaper articles, 154 PSAs, 91 purchased ads, and 231 press releases.
- 416 public awareness events that reached 360,208 people.
- 149 fundraising events which raised approximately \$1,498,137.
- 227 mandated reporter trainings that reached 5,473 attendees.
- 164 professional development and training activities that reached 3,468 attendees.
- 7,373 referrals.

<sup>2</sup> FY '14 is the most recent year for which a full year of Local Council data is available.

Department of Technology, Management, and Budget		<b>PROGRAM DESCRIPTION</b>	Fiscal Year 2017
Department: <b>Health and Human Services</b>	Appropriation Unit: <b>Children's Services Agency</b>	Program: <b>Family Preservation and Family Support – Families First</b>	

**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 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. 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) Block Grant

**LEGAL BASIS**

- Adoption Assistance and Child Welfare Act of 1980, Federal PL 96-272
- Social Security Act of 1935, Title IV-B 2 (allows funding of Family Reunification and Family Preservation)
- Omnibus Budget Reconciliation Act of 1993, Social Security Act Amendment Title IV-B, adding subpart 2, Family Preservation and Support Services Act, Federal PL 103-66
- Adoption and Safe Families Act of 1997, PL 105-89
- Promoting Safe and Stable Families Act of 2001, Federal PL 107-133
- Child and Family Services Improvement Act of 2006, Federal PL 109-288
- DHHS 2016 Appropriations Act, 2015 PA 84, Article X

Department of Technology, Management, and Budget		<b>PROGRAM DESCRIPTION</b>	Fiscal Year 2017
Department: <b>Health and Human Services</b>	Appropriation Unit: <b>Children's Services Agency</b>	Program: <b>Family Preservation and Family Support – Families First</b>	

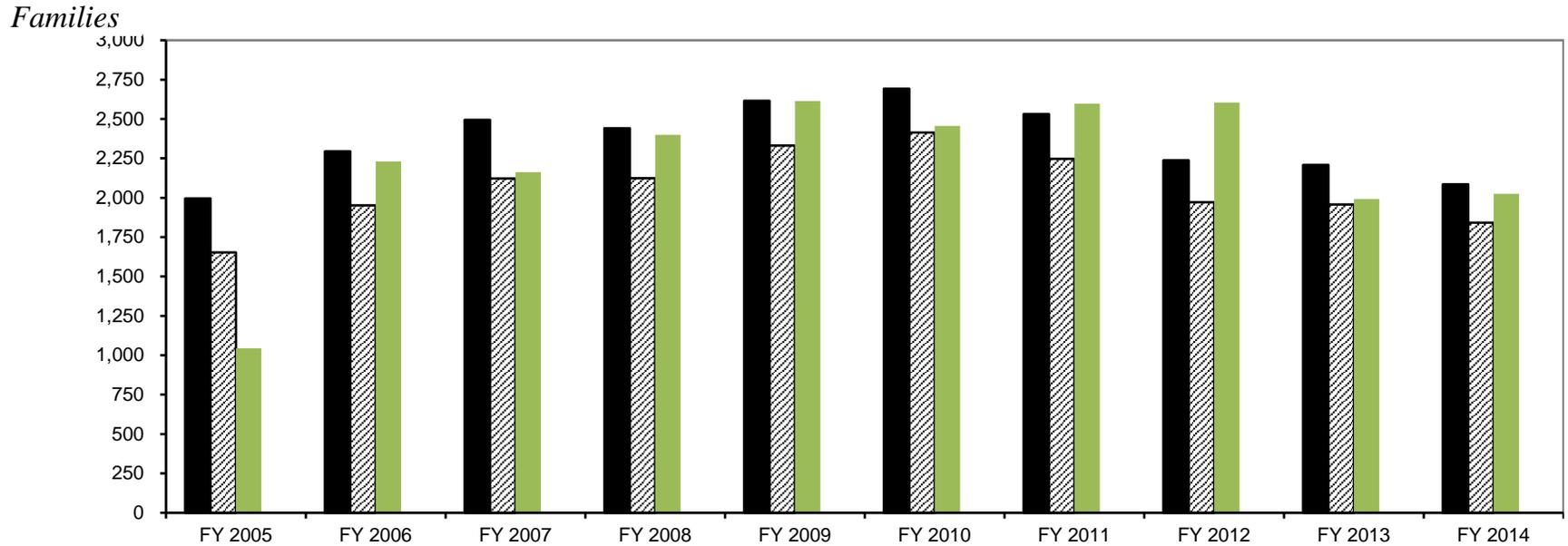
**PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES**

The program has exceeded its objective since 1992. As reflected in the graph on the following page, data for FY 2014 show 88.3 percent of families served were intact one year after service. More than 70,782 families have received services since the program's 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 MDHHS 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 \$4,800. The average cost per child for one year in foster care is \$27,085.

# MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES STATEWIDE FAMILIES FIRST SERVICES

Number/Percent of 12-Month Successful Program Outcomes: FY 2005 - FY 2014



 Families w/12 Mo. Placement data	2,294	2,494	2,441	2,615	2,693	2,531	2,238	2,209	2,085
 Number Successful Outcomes <sup>1</sup>	1,951	2,122	2,125	2,331	2,413	2,247	1,972	1,958	1,842
 12 Mo Follow-up / Unable to Locate	1,045	2,231	2,162	2,400	2,613	2,456	2,597	2,604	1,993
Percent Successful Outcomes <sup>2</sup>	85.0%	85.1%	87.1%	89.1%	89.6%	88.8%	88.1%	88.6%	88.3%

<sup>1</sup> "Successful outcome" is defined as those families where no child was placed in foster care during the 12-month follow-up period.

<sup>2</sup> Since 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 families.

Department of Technology, Management, and Budget		<b>PROGRAM DESCRIPTION</b>	Fiscal Year 2017
Department: <b>Health and Human Services</b>	Appropriation Unit: <b>Children's Services Agency</b>	Program: <b>Family Preservation and Family Support – Family Reunification Program</b>	

**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.
- The Family Reunification Program intervention is four months in duration. An extension of up to an additional two months may be requested by the referring foster care worker. Extensions are subject to joint approval by the referring worker, referring supervisor, FRP supervisor and FRP team members.

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 a combined minimum of 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 twelve 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) Block Grant

Department of Technology, Management, and Budget		<b>PROGRAM DESCRIPTION</b>	Fiscal Year 2017
Department: <b>Health and Human Services</b>	Appropriation Unit: <b>Children's Services Agency</b>	Program: <b>Family Preservation and Family Support – Family Reunification Program</b>	

**LEGAL BASIS**

- Adoption Assistance and Child Welfare Act of 1980, Federal PL 96-272
- Social Security Act of 1935, Title IV-B 2 (**NOTE:** The Social Security Act of 1935, Title IV-B 2, Provides the Legal Basis for Funding Family Preservation and Family Reunification Services)
- Adoption and Safe Families Act of 1997, PL 105-89
- Promoting Safe and Stable Families Act of 2001, Federal PL 107-133
- Child and Family Services Improvement Act of 2006, Federal PL 109-288
- MDHHS 2016 Appropriation Act, 2015 PA 84, Article X

**PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES**

During FY 2015, 952 families received FRP services. FRP is a specific model of intervention. The program employs an evidence-based evaluation process. The current rate of success for the FRP program is that 83 percent of families who have successfully completed FRP services for the period of twelve (12) following case closure, have remained safely reunified.

MDHHS has developed a data system to measure FRP program outcomes. The system development was completed during FY 2015 and the system received both internal and field testing during FY 2015. The system was launched on October 1, 2015 and providers have started to enter case information into the system. Further evaluation and testing is planned during FY 2016 to ensure proper data collection and reliability.

Department:  
**Health and Human Services**

Appropriation Unit:  
**Children's Services Agency**

Program:  
**Family Preservation and Family Support –  
Strong Families/Safe Children**

**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. MDHHS 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.
- 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.

<b>Strong Families Safe Children Allocations FY 2004 - FY 2016</b>	
FY 2004	\$12,652,879
FY 2005	\$13,100,000
FY 2006	\$13,978,581
FY 2007	\$13,716,709
FY 2008	\$12,774,935
FY 2009	\$13,173,846
FY 2010	\$13,268,289
FY 2011	\$12,871,390
FY 2012	\$12,120,259
FY 2013	\$12,350,100
FY 2014	\$12,350,100
FY 2015	\$12,350,100
FY 2016	\$12,350,100

Department of Technology, Management, and Budget		<b>PROGRAM DESCRIPTION</b>	Fiscal Year 2017
Department: <b>Health and Human Services</b>	Appropriation Unit: <b>Children's Services Agency</b>	Program: <b>Family Preservation and Family Support – Strong Families/Safe Children</b>	

**LEGAL BASIS**

- Adoption Assistance and Child Welfare Act of 1980, Federal PL 96-272
- Social Security Act of 1935, Title IV-B
- Omnibus Budget Reconciliation Act of 1993, Social Security Act Amendment Title IV-B, adding subpart 2, Family Preservation and Support Services Act, Federal PL 103-66
- 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 Act of 2006, Federal PL 109-288
- Child and Family Services Improvement and Innovation Act of 2011, Federal PL 112-34
- MDHHS FY 2016 Appropriation Act, 2015 PA 84, Article X

**PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES**

Program evaluation focuses on local client outcomes for the services approved in local plans. Local offices report annually to MDHHS central office. Reported outcomes for FY 2014:

- SF/SC served 9,905 customers.
- 80.3 percent of all reported outcomes met the intended service goal.
- 80.2 percent of service outcomes targeting child safety were achieved.
- 79.3 percent of service outcomes targeting permanency were achieved.
- 81.1 percent of service outcomes targeting improved family functioning were achieved.

Department of Technology, Management, and Budget	<b>PROGRAM DESCRIPTION</b>	Fiscal Year 2017
Department: <b>Health and Human Services</b>	Appropriation Unit: <b>Children's Services Agency</b>	Program: <b>Guardianship Assistance Program</b>

**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.
- 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 otherwise 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 home 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.

Michigan has extended GAP benefits to eligible children who enter guardianship at age 16 through 17, up until their 21<sup>st</sup> 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 also eligible for Education and Training Vouchers (ETV).

**SOURCES OF FINANCING**

- Federal Title IV-E of the Social Security Act.
- State General Fund.

**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
- MDHHS FY 2016 Appropriations Act, 2015 PA 84, Article X
- Federal Law
  - Public Law 105-89 and Public Law 109-248 and Public Law 110-351

Department of Technology, Management, and Budget	<b>PROGRAM DESCRIPTION</b>	Fiscal Year 2017
Department: <b>Health and Human Services</b>	Appropriation Unit: <b>Children's Services Agency</b>	Program: <b>Guardianship Assistance Program</b>

**PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES**

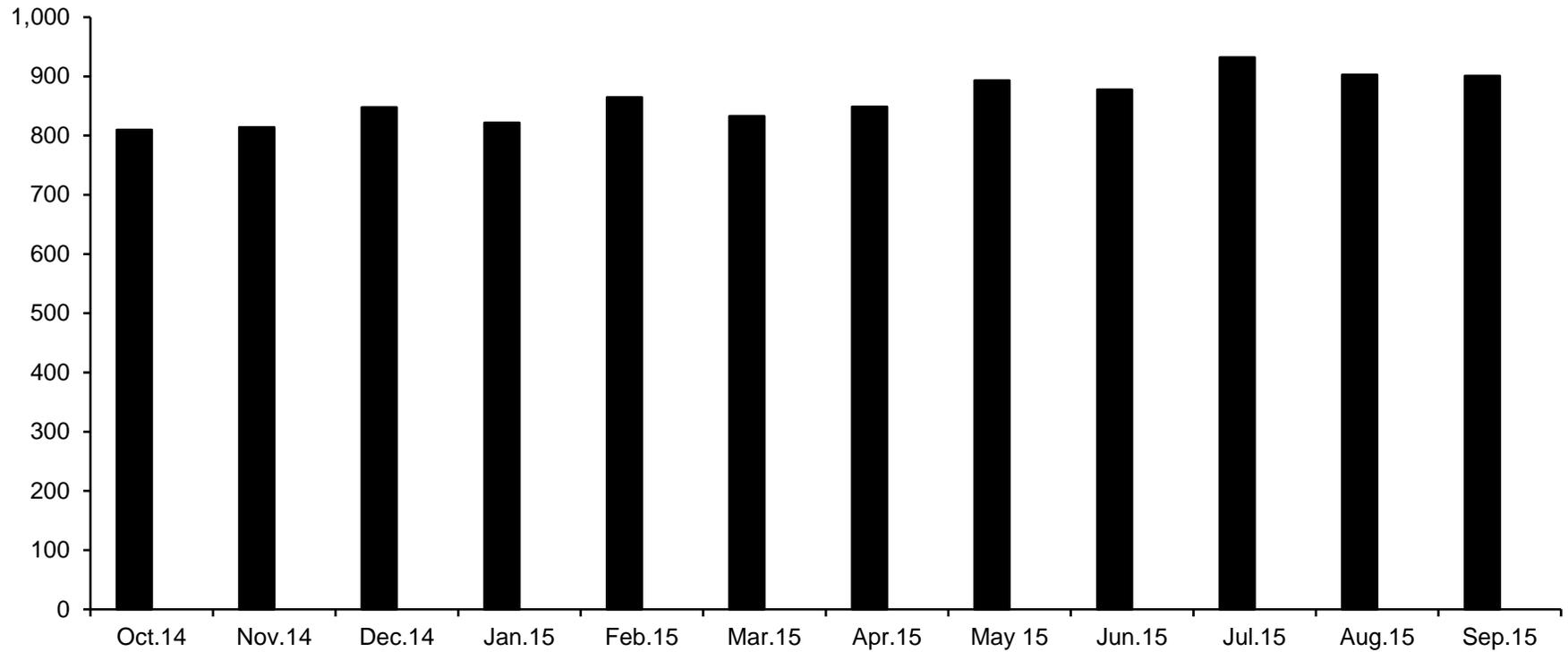
Michigan uses a public/private partnership to achieve permanency including guardianship for children in the child welfare system. Permanency planning decisions are child-focused and carefully consider the unique needs and circumstances of each child. Whenever possible, placements are made with families 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 by offering additional permanency options for children. GAP caseloads have increased month-over-month since FY 2011 and as of November 2015, the caseload was at an all-time highest level of 969 cases. The caseload is projected to increase year-over-year through FY 2018. The graph on the following page provides a month-over-month view of GAP caseload increases during FY 2015. **NOTE:** While program descriptions typically reflect 10 years of program caseload activity, GAP has only been an MDHHS program since FY 2011.

# MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

## GUARDIANSHIP ASSISTANCE PROGRAM (GAP)

### GAP Caseload Trends October 2014 - September 2015



■ Cases	810	814	848	822	865	833	849	893	878	932	903	901
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**Note:** The GAP caseload has grown year-over-year since FY 2011. The caseload average in FY: 2011 = 128; 2012 = 314; 2013 = 486; 2014 = 633 and 2015 = 862. In November 2015, the caseload was already at 968, the highest caseload in program history. The Department's 4th quarter projections show the caseload increasing to 1,000 in FY 2016 and to 1,200 in FY 2017.

Department of Technology, Management, and Budget	<b>PROGRAM DESCRIPTION</b>	Fiscal Year 2017
Department: <b>Health and Human Services</b>	Appropriation Unit: <b>Juvenile Justice, CSA</b>	Program: <b>Juvenile Justice Program</b>

**PROGRAM STATEMENT**

The Juvenile Justice Program office provides technical assistance, consultation, assessment services and training for community-based juvenile justice programs and supervision for juvenile justice youth referred or committed to MDHHS, and those 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 Justice Program division operates two secure residential facilities for youth.

**Secure Facilities:**

- **Bay Pines Center, Escanaba**

Capacity: 40 youth

Per Diem Rate: \$293.47

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: \$304.16

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.

**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

Department of Technology, Management, and Budget	<b>PROGRAM DESCRIPTION</b>	Fiscal Year 2017
Department: <b>Health and Human Services</b>	Appropriation Unit: <b>Juvenile Justice, CSA</b>	Program: <b>Juvenile Justice Program</b>

- 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
- Michigan Supreme Court Order 1985-5
- MDHHS FY 2016 Appropriations Act, 2015 PA 84, Article X

### **PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES**

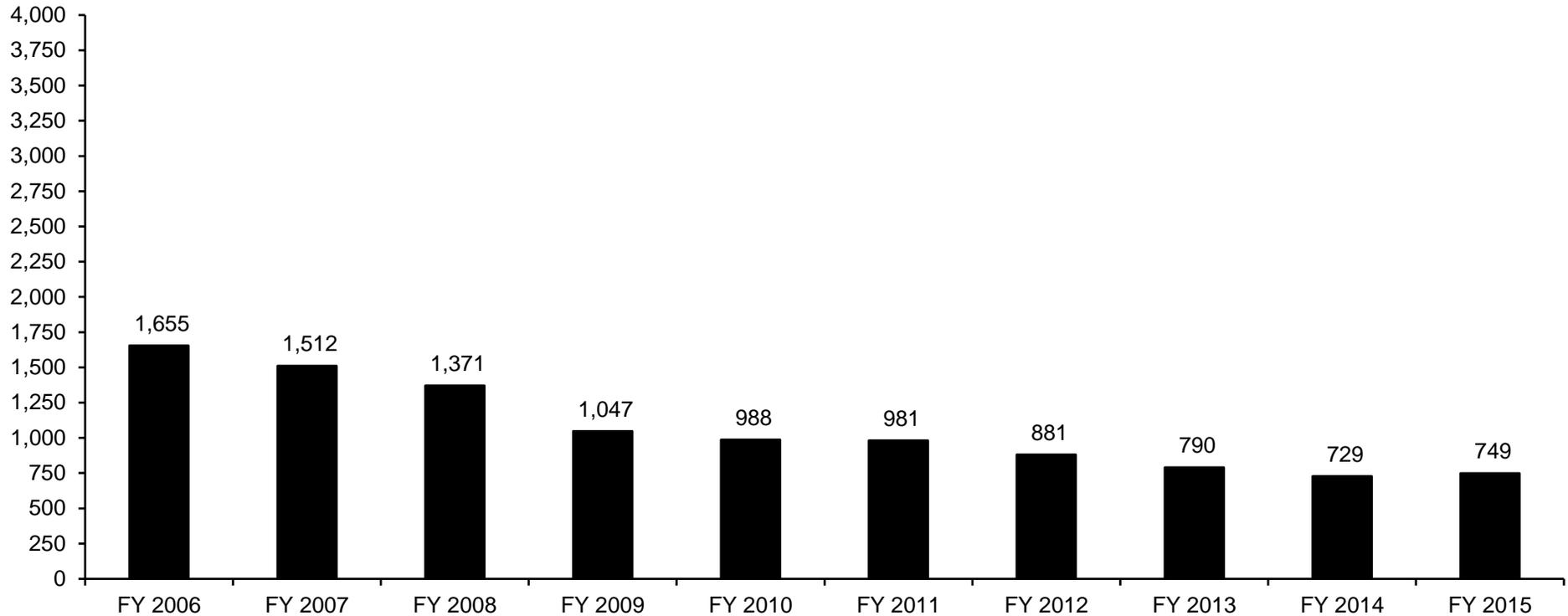
- The implementation of the Michigan Youth Reentry Initiative (MYRI), which employs a seamless system to transition youth placed in public and private residential facilities, from facility entry through community re-entry, has led to more effective programming, including more intensified treatment targeting criminogenic risk factors with evidence-based treatment. The re-entry program operates through a contract with Professional Consulting Services that employs a wraparound model of 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, 176 youth have transitioned back into their communities with MYRI services.
- The state provides most required care by contracting with private providers for services. Those services are augmented by a small number of residential treatment, short-term detention and assessment beds at two state operated secure facilities. In FY 2015, 181 youth were served in public facilities for short-term detention and assessment.
  - 1974 PA 150 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 Justice Program office, youth in need of residential placement are carefully screened, assessed and assigned to the program, -public or private - that is best equipped to meet their needs for treatment and security. The Juvenile Justice Assignment Unit received 394 referral packets for screening, assessment and referral in FY 2015.
- The office 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. In FY 2015, the RDSS program served youth in 57 eligible rural counties without secure detention facilities and Native American tribal jurisdictions.

Department of Technology, Management, and Budget		<b>PROGRAM DESCRIPTION</b>	Fiscal Year 2017
Department: <b>Health and Human Services</b>	Appropriation Unit: <b>Juvenile Justice, CSA</b>	Program: <b>Juvenile Justice Program</b>	

- The federal grants staff provide 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 MDHHS as the state agency responsible for the administration and support for the programs. Through these grants and executive orders, the Juvenile Justice Programs division provides support, resources, technical assistance and policy direction to juvenile justice stakeholders in Michigan, most notably the Michigan Committee on Juvenile Justice (MCJJ). In FY 2015, the MCJJ awarded nine grants to cities, counties and circuit courts, allowing them to serve youth in their respective locales.
- The office administers both the Interstate Compact on the Placement of Children (ICPC) and the Interstate Compact for Juveniles (ICJ). The ICPC unit oversees the legally-mandated procedure for the placement of children for foster care, adoption (public and private), parental and relative and residential placements (MDHHS, court and parental) in other states. In FY 2015, the ICPC unit handled 1,704 cases, 229 of which were for residential placement. The ICJ unit oversees the legally-mandated procedure for the placement of delinquent youth in other states. The ICJ unit also oversees the process for returning runaway and escaped youth. In FY 2015, the ICJ unit handled 217 cases, 157 of which were youth placements and 44 of which involved returning runaways.
- Caseload trends are reflected in the graph on the following page. The average monthly caseload has decreased year-over-year since FY 2006. From FY 2006 to FY 2015, the caseload dropped by 906 (54.7 percent). Caseload decreases are attributed to the implementation of community-based diversion programming in several counties across the state.

# MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES JUVENILE JUSTICE AVERAGE CASELOADS FY 2006 - FY 2015

*Average Monthly Caseload*



**Note:** *The average monthly Juvenile Justice caseload has decreased year-over-year since FY 2006. From FY 2006 to FY 2015 the caseload dropped by 906 (54.7 percent). Caseload decreases are attributed to the implementation of community-based diversion programming in several counties across the state. Reflected caseloads include only youth in public and private placements under the supervision of the Department.*

**Source:** *MDHHS Data Management Unit (DMU).*

Department of Technology, Management and Budget		<b>PROGRAM DESCRIPTION</b>	Fiscal Year 2017
Department: <b>Health and Human Services</b>	Appropriation Unit: <b>Children's Services Agency</b>	Program: <b>Michigan Youth Opportunities Initiative (MYOI)</b>	

**PROGRAM STATEMENT**

The Michigan Youth Opportunities Initiative (MYOI) is a partnership between MDHHS and the Jim Casey Youth Opportunities Initiative under the Annie E. Casey Foundation. 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, social relationships, community engagement and health. There are 36 MYOI sites located in 64 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, social connections and community engagement.
- Matches for youth. Each youth has an Individual Development Account (IDA), in which they are encouraged to save money. MYOI matches the IDA funds dollar for 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 Act of 1999
- Jim Casey Grant Funds
- State General Fund

**LEGAL BASIS**

- John H. Chafee Foster Care Independence Act of 1999, Federal PL 106-169
- MDHHS FY 2016 Appropriations Act, PA 84, Article X

**PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES**

As of September 30, 2015, the MYOI program achieved enrollment of 2,390 foster youths since it was first implemented. In FY 2015, there were more than 800 youth participating in MYOI programming in some capacity. Enrollment is initiated with youth from foster care completing financial literacy training through a banking institution or community partner at the local sites and opening an Individual Development Account (IDA).

Department of Technology, Management, and Budget		<b>PROGRAM DESCRIPTION</b>	Fiscal Year 2017
Department: <b>Health and Human Services</b>	Appropriation Unit: <b>Children Services Agency</b>	Program: <b>Michigan Youth Opportunities Initiative (MYOI)</b>	

Stipends are provided to youth for specific activities, with half of the stipend going to their IDA, which is used to make match purchases. Youth in MYOI have matched savings of over \$800,000 for major asset purchases in excess of a total of \$1.7 million. These assets assist youth to achieve more positive outcomes in the areas of community engagement, employment, housing, education, physical health, mental health, and permanency. The table below summarizes total dollars saved for asset purchases.

**Total Match Asset Purchases for MYOI Participants**  
**(As of October 1, 2015)**

<b>Asset Category</b>	<b>Total Dollars Saved for Asset Purchases</b>
Education & training costs	\$152,286.37
Housing down payment/rent deposit	\$177,324.85
Investments (stocks, 401(k), IRAs)	\$44,524.45
Medical & dental insurance & costs	\$16,608.25
Microenterprise	\$9,085.54
Vehicle	\$389,384.32
Credit Repair	\$3020.16
Participant-Specific	\$21,052.20
<b>TOTAL MATCHES</b>	<b>\$813,286.14</b>

Statewide, youth have been trained as peer advocates and participated in media training, Parent Resources for Information Development and Education (PRIDE) training, the Child Welfare Training Institute for new workers, and MYOI orientation and training for new expansion sites. Youth have also participated in policy focus groups regarding Lesbian, Gay, Transgender, Questioning (LGBTQ) Best Practice, Juvenile Justice and Abuse Neglect crossover policy development, Health Education Resource Team (HEART), MYOI Self Evaluation, Performance Based Funding, and Foster Care Bill of Rights. In November 2015, MDHHS developed and offered a Youth Leadership Institute to youth who applied to participate. This institute provided advanced leadership training to youth demonstrating strong capacity in this area. MYOI programming promotes opportunities for youth exiting foster care to develop self-sufficiency through increased financial stability and trainings to enhance well-being and permanency.

Department of Management and Budget	<b>PROGRAM DESCRIPTION</b>	Fiscal Year 2017
Department: <b>Health and Human Services</b>	Appropriation Unit: <b>Children's Services Agency</b>	Program: <b>Runaway and Homeless Youth Services</b>

**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 all but four counties of the state through a contracted provider. Homeless Youth Services are services provided to youth ages 16-21 that 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. Contracts were amended to require 25 percent of the youth served by transitional living programs to have been from foster care. In addition to the Runaway and Homeless Youth Services, MDHHS supports a transitional living program in the Upper Peninsula, which is funded through a federal Housing and Urban Development (HUD) grant. MDHHS 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**

- Federal Temporary Assistance to Needy Families (TANF) Block Grant.
- Federal Social Services Block Grant (SSBG).
- HUD Special Needs Assistance Program Grant.

**LEGAL BASIS**

- MDHHS FY 2016 Appropriations Act, 2015 PA 84, 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. MDHHS collaborates with the Michigan Coalition Against Homelessness (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 MDHHS 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. The Homeless Youth Runaway (HYR) contracted agencies are mandated to enter all data through HMIS using an identifier number for each youth receiving services. The identifier number is used to track services rendered for each youth in the agency's monthly electronic billing submission. In 2013 MDHHS began to track youth exiting foster care without an identified housing situation using the MDHHS-956 Youth Housing Referral Form. Youth are referred to an HYR contractor who provides housing supports and services to the youth.

In FY 2015 there was a change in the manner that foster care data is collected from the HYR providers which went into effect on January 1, 2015. More detail regarding a youth's prior experience in child welfare is now collected, which subsequently reflects lower numbers of youth from the child welfare system being served by HYR providers than previously reported.

Department of Management and Budget	<b>PROGRAM DESCRIPTION</b>		Fiscal Year 2017
Department: <b>Health and Human Services</b>	Appropriation Unit: <b>Children's Services Agency</b>	Program: <b>Runaway and Homeless Youth Services</b>	

In fiscal year 2015, there was a total of 3,517 unduplicated and 3,601 duplicated youth served under the age of 21 through the Homeless Youth and Runway Program. Of these, 78 were heads of household and accessed services with their child (ren). Approximately 9 percent of all youth seeking HYR services had a history of foster care. Of those youth receiving intensive services, specifically transitional living services, 12 percent had a history of foster care. Of the overall youth reporting a history of foster care, 72 reported involvement with the child welfare system due to abuse/neglect. The remaining 28 percent were involved with the juvenile justice system. Overall, 78 youth report that they were impacted by a disrupted or broken adoption and 23 youth reported that they were impacted by a disrupted or broken guardianship. The HMIS data reflects that 1,030 runaway and homeless youth exited basic care shelters to positive housing situations, and 980 were reunified with their family of origin. In fiscal year 2015, a total of 315 youth were reported in more than one category during this year, e.g. family or unaccompanied.

The HYR contracted agencies responded to a cumulative total of 24,026 crisis calls during FY 2015, with each call averaging 32 minutes to resolve the crisis. A total of 27 MDHHS-956 Youth Housing referrals were made on behalf of youth who were without identified housing at case closure. Youth follow-up made at the 180 day interval resulted in 58 percent of youth completing follow up reports during this fiscal year.

The electronic payment request requires that all Homeless Youth and Runaway contractors prepare their billing submissions from data captured in HMIS. It further allows tracking services provided to each youth according to the HMIS data entered and allows MDHHS to see what services each youth receive from the agency during site monitoring visits.

Department of Technology, Management, and Budget		<b>PROGRAM DESCRIPTION</b>	Fiscal Year 2017
Department: <b>Health and Human Services</b>	Appropriation Unit: <b>Children's Services Agency</b>	Program: <b>Youth In Transition / Education &amp; Training Voucher Program</b>	

**YOUTH SERVICES OVERVIEW**

MDHHS 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 are intended to support youth from the foster care system and improve their outcomes by focusing on their physical, social, economic, psychological and educational needs. MDHHS engages in collaborative relationships with partners such as Annie E. Casey Foundation 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 self-sufficiency. 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 MDHHS.

**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, family connections, housing, transportation, money management, parenting and counseling.

**SOURCES OF FINANCING**

- John H. Chafee Foster Care Independence Act of 1999
- State General Fund

**LEGAL BASIS**

- John H. Chafee Foster Care Independence Act of 1999
- Social Security Act, Sec. 477
- MDHHS FY 2016 Appropriations Act, 2015 PA 84, Article X

**PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES**

The program goal is to assist youth in transitioning from foster care to independence, defined as the ability to take care of oneself physically, socially, economically and psychologically.

Monitoring of information, as required as part of the application for and use of Youth in Transition funds, occurs through data collection from local MDHHS offices. This information is compiled in a bi-annual federal submission of the National Youth in Transition Database Report. The report consists of two areas of data collection. First, the state collects information on each youth ages 14 to 21 who receive any independent living service

Department of Technology, Management, and Budget		<b>PROGRAM DESCRIPTION</b>	Fiscal Year 2017
Department: <b>Health and Human Services</b>	Appropriation Unit: <b>Children's Services Agency</b>	Program: <b>Youth In Transition / Education &amp; Training Voucher Program</b>	

or support paid for or provided by MDHHS. Secondly, the state collects foster youth outcome information from youth via the National Youth in Transition Database (NYTD) baseline or follow-up surveys. A survey cohort is established as the the baseline for youth 17 years of age and then follow up surveys are provided at age 19 and 21. The State of Michigan's first cohort began in Fiscal Year 2011, these youth were provided followed up surveys in Fiscal Year 2013 at 19, and Fiscal Year 2015 at 21. In FY 2015, the follow up survey was conducted with youth 21 years of age. Survey statuses were entered for 233 youth currently in care and youth formerly in care. Outcome data from this survey cohort noted 4,020 youth received independent living services during this fiscal year. The data snap shot for this reporting period is still pending compilation by NYTD on a federal level.

A second baseline cohort survey of 17 year old youth began in Fiscal Year 2014. The FY 2014 service data noted 2,586 youth had received independent living services. The data indicated of the 2,586 youth that received services:

- 30 percent of youth received five or more services,
- 39 percent received three or four services,
- 31 percent received one or two services.

The educational level for the majority of youth receiving services was 9<sup>th</sup> through 12<sup>th</sup> grade. Outcome data from the cohort two baseline survey, indicated the following:

- 14 percent of youth surveyed indicated full or part time employment,
- 1 percent indicated they had completed their high school diploma or GED at age 17,
- 95 percent were still attending school.

The 17 year olds surveyed also indicated in their lifetime they had experienced the following:

- 21 percent of surveyed youth indicated they had experienced homelessness,
- 30 percent indicated they had experienced incarceration,
- 5 percent indicated they had children,
- 22 percent indicated they had been referred to substance abuse treatment.

In FY 2015, in response to an identified need for mentoring, as voiced by current and former foster youth, a contract was developed to provide mentoring services throughout the state. The contract was designed to provide mentoring services to youth 14 and older who are current and former foster youth. Youth eligible for this contract are youth ages 14 to 21 and currently in foster care under an abuse or neglect court action and in an eligible placement, as well as youth aged 18 to 21 who have a closed foster care case and were eligible for Chafee funding while the case was open. The contract was posted for bid in April of 2015. Contracts were awarded to providers in Oakland, Livingston, and Marquette counties.

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. In addition, two community college IL skills coach contracts were added in 2015. The IL skills coaches

Department of Technology, Management, and Budget		<b>PROGRAM DESCRIPTION</b>	Fiscal Year 2017
Department: <b>Health and Human Services</b>	Appropriation Unit: <b>Children's Services Agency</b>	Program: <b>Youth In Transition / Education &amp; Training Voucher Program</b>	

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-12<sup>th</sup> grade will increase.

The chart below shows how many youth were served by the MDHHS contracts. The two community college programs that were added in mid-year 2015, had not recruited any students by July 1, 2015 and therefore they are not included in this list. Because the contracts are funded by Chafee, youth are able to be served until the 21st birthday. Most students in these programs have not yet completed a bachelor's degree by the time they turn 21. Several of the contractors continue to serve youth after their 21st birthday and use other funding for this. The number of youth served by these programs, but outside of the contract, are in parenthesis below:

<b>Institution</b>	<b>Number of youth being served (July 1, 2014 – December 31, 2014)</b>	<b>Number of youth being served (January 1, 2015 – June 30, 2015)</b>
Baker College of Flint	8 (3)	9 (3)
Eastern Michigan University	7 (10)	8 (4)
Ferris State University	11 (3)	12 (3)
Michigan State University	14 (2)	19 (78)
Saginaw Valley State University	14 (0)	6 (2)
University of Michigan – Flint	11 (3)	14 (3)
Wayne State University	13 (17)	13 (11)

In June 2011, an interagency agreement was signed between MDHHS 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. For the 2014 SYEP, one site was added, Northwest Michigan Council of Governments, which serves youth in the counties of Grand Traverse, Emmet, and Wexford. During the summer 2014, 315 youth began the program and 258 completed the program successfully. For the 2015 SYEP, 363 youth started the program and 250 completed the program successfully.

Department of Technology, Management, and Budget		<b>PROGRAM DESCRIPTION</b>	Fiscal Year 2017
Department: <b>Health and Human Services</b>	Appropriation Unit: <b>Children's Services Agency</b>	Program: <b>Youth In Transition / Education &amp; Training Voucher Program</b>	

**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 \$5,000 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 MDHHS-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 16<sup>th</sup> birthday. Youth must receive their first ETV grant prior to their 21<sup>st</sup> birthday. Once awarded, youth remain eligible until their 23<sup>rd</sup> 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 Act of 1999.
- State General Fund.

**LEGAL BASIS**

- John H. Chafee Foster Care Independence Act of 1999, Federal PL 106-169
- 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
- MDHHS FY 2016 Appropriations Act, 2015 PA 84, Article X

**PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES**

The goal of the 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 FY 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. Also in FY 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. Again in FY 2013, \$2,369,499 was awarded to youth, an increase of 10.9 percent from the \$2,136,754 awarded in FY 2012.

In FY 2014, 650 students were awarded; a decrease from 737 youth in FY 2013. In FY 2014, \$1,784,274 was awarded to youth, a decrease from FY 2013.

In FY 2015, 571 students were awarded a total of \$1,926,000. Although there were fewer students awarded in FY 2015 than FY 2014, youth were awarded a maximum of \$4,000 in FY 2014 vs. a higher amount of \$5,000 in FY 2015. Thus, awards were higher in FY 2015 while student participation was lower. A total of 67 URM youth were awarded in FY 2015.

Department of Technology, Management, and Budget		<b>PROGRAM DESCRIPTION</b>	Fiscal Year 2017
Department: <b>Health and Human Services</b>	Appropriation Unit: <b>Field Operations and Support Services</b>	<b>Program: Adult Community Placement</b>	

**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. MDHHS 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 General Fund.
- Federal Title XIX of the Social Security Act.
- Title XX.

**LEGAL BASIS**

- Adult Foster Care Facility Licensing Act, 1979 PA 218
- Social Security Act, Title XIX and Title XX
- 42 CFR 440.170(f)
- MDHHS FY 2016 Appropriations Act, 2015 PA 84, Article X

**PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES**

As tracked by Adult Services staff, in FY 2015 an average of 2,247 clients were served each month. ACP caseload levels are believed to have decreased year-over-year due to a payment disparity between the combined SSI and Medicaid Supplemental rates (\$1,050.42 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 \$203.92 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 \$203.92 paid by Medicaid.

Department:

Appropriation Unit:

Program:

Health and Human Services

Field Operations and Support Services

Adult Protective Services

**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 2014 Program and Client Characteristics**

- 40,302 APS referrals received.
- 27,011 APS referrals investigated.
- 64 percent of APS referrals were for individuals over age 60.
- 61 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 Services Block Grant (SSBG).
- Title XX.
- State General Fund.

**LEGAL BASIS**

- Social Welfare Act, 1939 PA 280
- Michigan Penal Code, 1931 PA 328, MCL 750.174a
- MDHHS FY 2016 Appropriations Act, 2015 PA 84, Article X

Department of Technology, Management, and Budget	<b>PROGRAM DESCRIPTION</b>	Fiscal Year 2016
Department: <b>Human Services</b>	Appropriation Unit: <b>Local Office Staff and Operations</b>	Program: <b>Adult Protective Services</b>

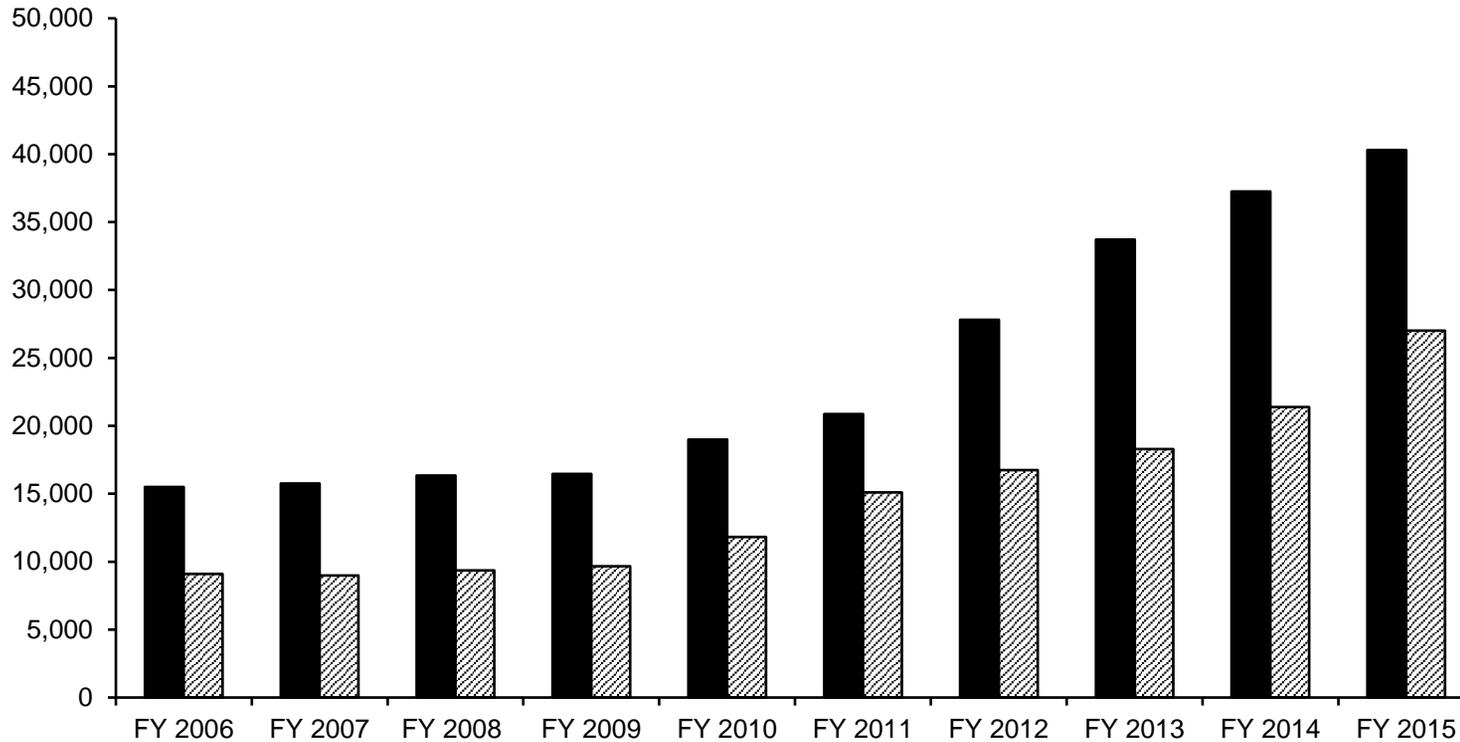
**PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES**

MDHHS 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 2015 there were 40,302 APS referrals, 9 percent increase from FY 2014. During FY 2015, 27,011 referrals were opened for investigation, an increase of 8 percent from FY 2014. Harm from abuse, neglect or and/or exploitation was substantiated in 32 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.

# MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES ADULT PROTECTIVE SERVICES

## Total Annual Referrals and Referrals Opened for Investigation FY 2006 - FY 2015



	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015
■ Referrals	15,488	15,752	16,348	16,450	19,001	20,856	27,796	33,710	37,242	40,302
▨ Invest.	9,099	8,986	9,346	9,671	11,814	15,099	16,738	18,289	21,390	27,011
% Investigated	58.7%	57.0%	57.2%	58.8%	62.2%	72.4%	60.2%	54.3%	57.4%	67.0%

**Note:** APS referrals increased 160 percent from FY 2006 through FY 2015. Of the FY 2015 record count of 40,302 referrals, over 67 percent were investigated.

Department of Technology, Management, and Budget		<b>PROGRAM DESCRIPTION</b>	Fiscal Year 2017
Department: <b>Health and Human Services</b>	Appropriation Unit: <b>Local Office Staff and Operations</b>	Program: <b>Community Resource Program</b>	

**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 MDHHS 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 MDHHS 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**

- Federal Social Services Block Grant (SSBG) Title XX
- State General Fund.

**LEGAL BASIS**

- MDHHS FY 2016 Appropriations Act, 2015 PA 84, Article X

**PROGRAM EFFECTIVENESS / FY 2012 PROGRAM OUTCOMES:**

- In FY 2015, more than 9,500 volunteers provided 312,000 hours of service to clients. The estimated value of volunteered hours was \$7.2 million.\*
- In addition to over \$7.2 million in volunteer hours in FY 2015, an additional \$2.4 million in cash and non-cash donations was received.
- CRP outlays for wages, salaries and other expenditures in FY 2015 totaled \$5.7 million.
- FY 2015 CRP return on investment was estimated to be about \$1.68 per dollar invested.

\*In calendar year 2015, the national Independent Sector Organization estimated the national average value of volunteer time at \$23.07 per hour. Annual value estimates are a means to acknowledge and quantify time, talents and energy afforded clients and charitable organizations.

Department:

Appropriation Unit:

Program:

**Health and Human Services**

**Community Services and Outreach**

**Community Services Block Grant**

**PROGRAM STATEMENT**

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 2016 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:

<b><i>Agency</i></b>	<b><i>Community Served</i></b>
Alger-Marquette Community Action Board .....	Alger, Marquette
Allegan County Resource Development Committee, Inc. ....	Allegan
Area Community Services Employment and Training Council.....	Kent
Baraga-Houghton-Keweenaw Community Action Agency, Inc. ....	Baraga, Houghton, Keweenaw
Capital Area Community Services, Inc. ....	Clinton, Eaton, Ingham, Shiawassee
Chippewa-Luce-Mackinac Community Action and Human Resources Authority, Inc. ....	Chippewa, Luce, Mackinac
Community Action Agency of South Central Michigan.....	Barry, Branch, Calhoun, St. Joseph
Community Action Agency of Jackson, Lenawee, Hillsdale.....	Hillsdale, Jackson, Lenawee
Dickinson-Iron Community Services Agency .....	Dickinson, Iron
Economic Opportunity Committee of St. Clair County .....	St. Clair
Eight CAP, Inc. ....	Gratiot, Ionia, Isabella, Montcalm
Five CAP, Inc.....	Lake, Manistee, Mason, Newaygo
Genesee County Community Action Resource Department.....	Genesee
Gogebic-Ontonagon Community Action Agency.....	Gogebic, Ontonagon
Human Development Commission .....	Huron, Lapeer, Sanilac, Tuscola
Kalamazoo County Community Action Bureau .....	Kalamazoo
Macomb County Community Services Agency .....	Macomb
Menominee-Delta-Schoolcraft Community Action Agency and Human Resource Authority .....	Delta, Menominee, Schoolcraft
Mid-Michigan Community Action Agency, Inc.....	Bay, Clare, Gladwin, Mecosta, Midland, Oscoda
Monroe County Opportunity Program .....	Monroe
Muskegon-Oceana Community Action Against Poverty, Inc.....	Muskegon, Oceana
Northeast Michigan Community Service Agency .....	Alcona, Alpena, Arenac, Cheboygan, Crawford, Iosco, Montmorency, Ogemaw, Oscoda, Otsego, Presque Isle
Northwest Michigan Community Action Agency.....	Antrim, Benzie, Charlevoix, Emmet, Grand Traverse, Kalkaska, Leelanau, Missaukee, Roscommon, Wexford
Oakland Livingston Human Services Agency .....	Livingston, Oakland
Ottawa County Community Action Agency .....	Ottawa
Saginaw County Community Action Committee, Inc.....	Saginaw
Southwest Michigan Community Action Agency .....	Berrien, Cass, Van Buren
Washtenaw County Human Services Department.....	Washtenaw
Wayne Metropolitan Community Action Agency .....	County of Wayne, including City of Detroit

Department of Management and Budget	<b>PROGRAM DESCRIPTION</b>	Fiscal Year 2017
Department: <b>Health and Human Services</b>	Appropriation Unit: <b>Community Services and Outreach</b>	Program: <b>Community Services Block Grant</b>

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 Community Services Block Grant (CSBG).

**LEGAL BASIS**

- MDHHS FY 2016 Appropriations Act, 2015 PA 84, Article X
- Community Services Block Grant Act of 1981, Public Law 97-35

**PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES**

The FY 2015 award total was \$24,622,763. The FY 2016 CSBG allocation is scheduled to be finalized in March 2016. The FY 2016 first quarter CSBG award was \$6,142,715. 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 \$800 million in additional federal, state, local and private funds. CAAs served over 182,000 low-income individuals in FY 2013. NOTE: Final FY 2014 client 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, Individual Development Accounts (IDAs), entrepreneurship training, budget counseling, and youth employment, and technology and infrastructure enhancement for agency accounting systems, reporting needs, and service expansion.

Department of Technology, Management, and Budget	<b>PROGRAM DESCRIPTION</b>	Fiscal Year 2017
Department: <b>Health and Human Services</b>	Appropriation Unit: <b>Community Services and Outreach</b>	Program: <b>MDHS Housing and Homeless Initiative</b>

**PROGRAM STATEMENT**

**MDHHS Division of Housing and Homeless Services**

Within the MDHHS Division of Housing and Homeless Services, the Housing and Homeless Services Initiative works to prevent and end homelessness and enhance community living resources in Michigan.

**Strategic Priorities**

- Developing and administering services that target individuals and families experiencing homelessness with the goal of moving them into stable housing as quickly as possible and providing the supports needed to achieve permanent housing stability and overall well-being.
- Working to increase coordination of other MDHHS resources that support housing stability, including entitlement benefits such as Medicaid and food assistance, children’s services, and behavioral health.
- Focusing on improving care while reducing costs for complex households identified as super-utilizers.
- Collaborating with other state and local partners around housing and homelessness through coordination of resources across departments and alignment of efforts within local communities.
- Utilizing data to measure progress, identify gaps, and inform policy and program decisions.
- Providing training and technical assistance to community providers in order to build capacity and improve the quality of services delivered to those experiencing homelessness.
- Increasing economic security for individuals experiencing homelessness.

**Intervention Framework**

- **Outreach** - Face-to-face interaction with people living in the streets, in shelters, under bridges, or in other non-traditional settings to engage and connect them to services.
- **Prevention** - Assistance that aids households in preserving their current housing situation to avoid homelessness.
- **Diversions** - Assistance that helps households identify temporary housing outside of shelter while they receive services to stabilize their housing or help them move into permanent housing.
- **Sheltering** - Assistance that aids households in resolving their immediate housing crisis and prioritizes moving them into housing and connecting them to services.
- **Rapid Re-Housing** - Assistance that prioritizes moving households into housing quickly and providing short-term to medium-term supports.
- **Permanent Housing** - Assistance that prioritizes moving households that are most vulnerable into housing quickly and providing long-term supports

**Resources**

• **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.

Department of Technology, Management, and Budget	<b>PROGRAM DESCRIPTION</b>	Fiscal Year 2017
Department: <b>Health and Human Services</b>	Appropriation Unit: <b>Community Services and Outreach</b>	Program: <b>MDHS Housing and Homeless Initiative</b>

- **Rural Permanent Supportive Housing Initiative** - The Rural Permanent Supportive Housing Initiative (RPSH) is a permanent supportive housing program for homeless and disabled families. It provides long-term leasing assistance and housing case management to families, with priority given to families with a member that is a veteran.
- **Upper Peninsula Transitional Living Program** - The Upper Peninsula Transitional Living (UPTL) is a transitional housing program that provides up to 24 months of leasing assistance and supportive services to homeless youth age 16-21 years.
- **Family Re-Housing Program** - The Family Re-Housing Program (FRP) is a rapid re-housing program that targets households with children that are coming directly from the streets or emergency shelter. The FRP provides participants with housing case management and rental assistance for up to 18 months.
- **HUD Continuum of Care Program Grants**  
The HUD Continuum of Care (CoC) Program grants provide leasing assistance and, in some cases, housing case management to individuals and families who are homeless due to lack of resources in eligible rural counties.
- **Housing Opportunities for Persons with AIDS** - The Housing Opportunities for Persons with AIDS (HOPWA) program provides housing assistance and related supportive services for low-income persons living with HIV/AIDS and their families.
- **Projects for Assistance in Transition from Homelessness** - The PATH program supports the delivery of outreach and access to mental health services and housing services to individuals with serious mental illnesses and those with co-occurring substance use disorders who are experiencing homelessness or are at imminent risk of homelessness.
- **Cooperative Agreements to Benefit Homeless Individuals** - CABHI services are to ensure that the most vulnerable individuals who are chronically homeless receive access to sustainable permanent housing, treatment, and recovery supports through mainstream funding sources.
- **SSI/SSDI Outreach, Access, and Recovery (SOAR)** - SOAR is a program designed to increase access to Supplemental Security Income (SSI)/Social Security Disability Insurance (SSDI) for eligible adults who are experiencing or at risk of homelessness and have a mental illness, medical impairment, and/or a co-occurring substance use disorder.
- **State of Michigan Leasing Assistance Program**  
This is a leasing assistance program for persons who are chronically homeless. It derives from recommendations of the Governor's Mental Health and Wellness Commission and is funded through the Mental Health and Wellness Commission FY 2015 Approved Work Project.

#### **SOURCES OF FINANCING**

State General Fund  
Federal Temporary Assistance for Needy Families (TANF) Block Grant  
Federal U.S. Department of Housing and Urban Development  
Federal Substance Abuse and Mental Health Services Administration (SAMHSA)

Department of Technology, Management, and Budget	<b>PROGRAM DESCRIPTION</b>	Fiscal Year 2017
Department: <b>Health and Human Services</b>	Appropriation Unit: <b>Community Services and Outreach</b>	Program: <b>MDHS Housing and Homeless Initiative</b>

**LEGAL BASIS**

The Social Welfare Act, 1939 PA 180  
 HEARTH Act of 2009  
 MDHHS FY 2016 Appropriations Act, 2015 PA 84, Article X  
 U.S. Public Health Service Act Section 521 and following  
 AIDS Housing Opportunity Act of 1990

**PROGRAM EFFECTIVENESS/PROGRAM IMPACTS**

**FY 2015 Results**

- Number of people engaged in outreach services = 4,764
- Number of emergency shelter bed nights provided = 768,556
- Average length of stay (days) in emergency shelter = 79.26
- Assisted 35,183 through various housing programs and services
- Provided housing for 2,400 individuals

Department of Technology, Management, and Budget		<b>PROGRAM DESCRIPTION</b>	Fiscal Year 2017
Department: <b>Health and Human Services</b>	Appropriation Unit: <b>Field Operations and Support Services</b>	Program: <b>Employment Training Programs Overview</b>	

**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 to participate. 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 MDHHS, or until they are referred back to MDHHS due to failure to participate or have met deferral criteria. MDHHS 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 MDHHS and the Workforce Development Agency (WDA). Local workforce boards, the MWAs and local MDHHS 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 MDHHS and the MWAs to support FIP recipients’ participation in employment and training activities. ESS are available from MDHHS 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. Examples of services include: transportation, one-time expenses such as those associated with professional licenses, books / training manuals / tools, and clothing for job interviews.
  - Family Support Services: Family support services are available through MDHHS for FIP recipients who are participating in PATH or are participating with the local MDHHS office. Family support services are also available to families for a maximum of four consecutive

Department:

Appropriation Unit:

Program:

Health and Human Services

Field Operations and Support Services

Employment Training Programs Overview

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):

WORK PARTICIPATION RATES - UNADJUSTED			
All Families		Two-Parent Families	
FY 1997	25.0%	FY 1997	75.0%
FY 1998	30.0%	FY 1998	75.0%
FY 1999	35.0%	FY 1999 (and onward)	90.0% <sup>1</sup>
FY 2000	40.0%		
FY 2001	45.0%		
FY 2002 (and onward)	50.0%		

- 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.

<sup>1</sup> Two-parent families have been state-funded effective FY 2007. The 90 percent participation rate does not apply.

Department of Technology, Management, and Budget		<b>PROGRAM DESCRIPTION</b>	Fiscal Year 2017
Department: <b>Health and Human Services</b>	Appropriation Unit: <b>Field Operations and Support Services</b>	Program: <b>Employment Training Programs Overview</b>	

**SOURCES OF FINANCING**

- Federal Temporary Assistance for Needy Families (TANF) Block Grant.
- Federal Supplemental Nutrition Assistance Program – 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
- Talent and Economic Development (TED), FY 2016 Appropriations Act, 2015 PA 84
- MDHHS FY 2016 Appropriations Act, 2015 PA 84 of 2015, Article X

**PROGRAM EFFECTIVENESS**

With Michigan’s 2015 unemployment at 5.4 percent (according to the Bureau of Labor Statistics), moving recipients off temporary assistance remains a statewide challenge. In an effort to increase Michigan’s success in meeting federal participation rates, Michigan continues to implement the successful Partnership. Accountability. Training. Hope. (PATH) employment and training program (effective January 1, 2013). The following table provides a summary of Michigan’s past and current work participation rates.

# MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

## TEMPORARY ASSISTANCE FOR NEEDY FAMILIES WORK PARTICIPATION RATES

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

Fiscal Year	FEDERAL TARGET		MICHIGAN				
	All Families Percent	Two-Parent Families Percent	ADJUSTED TARGET <sup>1</sup>		ACTUAL PARTICIPATION RATES		
			All Families Percent	Two-Parent Families Percent	All Families Percent	Two-Parent Families Percent	Met Adjusted Rate
2000	40%	90%	0.0%	4.1%	36.4%	61.7%	Yes
2001	45%	90%	0.0%	5.0%	33.8%	53.5%	Yes
2002	50%	90%	0.0%	4.6%	28.9%	46.5%	Yes
2003	50%	90%	0.0%	6.4%	25.3%	36.2%	Yes
2004	50%	90%	0.0%	6.0%	24.5%	35.7%	Yes
2005	50%	90%	0.0%	7.6%	22.0%	30.4%	Yes
2006 <sup>2</sup>	50%	90%	0.0%	8.2%	21.6%	26.2%	Yes
2007	50%	N/A	30.5%	N/A	28.0%	N/A	No
2008	50%	N/A	50.0%	N/A	33.6%	N/A	No
2009	50%	N/A	27.8%	N/A	27.9%	N/A	Yes
2010	50%	N/A	25.2%	N/A	22.8%	N/A	No
2011	50%	N/A	27.8%	N/A	26.6%	N/A	No
2012	50%	N/A	37.5%	N/A	43.1%	N/A	Yes
2013	50%	N/A	20.6% <sup>4</sup>	N/A	53.3% <sup>3,5</sup>	N/A	Not Yet Final
2014	50%	N/A	11.1% <sup>6</sup>	N/A	62.3% <sup>3,7</sup>	N/A	Not Yet Final
2015 <sup>8</sup>	50%	N/A	0.0% <sup>9</sup>	N/A	69.4% <sup>8</sup>	N/A	Not Yet Final

**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.
  - <sup>1</sup> Adjusted targets are those that states must meet. An adjusted target rate is the federal target rate reduced by a state's caseload reduction credit.
  - <sup>2</sup> Original TANF participation rates and caseload credits remained in effect until 9-30-2006. Reauthorization of the original TANF legislation occurred on 10-01-2006.
  - <sup>3</sup> Actual federally approved participation rates for FY 2013 and FY 2014 are not yet finalized.
  - <sup>4</sup> The FY 2013 adjusted target is the 50% Federal Target minus a 29.4% caseload reduction credit = 20.6% adjusted target. These rates are under review by federal Health & Human Services.
  - <sup>5</sup> The FY 2013 participation rate (53.3%) is a state-reported rate as of 8-6-15 subject to change by federal Health & Human Services review.
  - <sup>6</sup> The FY 2014 adjusted target is the 50% Federal Target minus a 38.9% caseload reduction credit = 11.1% adjusted target. These rates are under review by federal Health & Human Services.
  - <sup>7</sup> The FY 2014 participation rate (62.3%) is a state-reported rate as of 8-6-15 subject to change by federal Health & Human Services review.
  - <sup>8</sup> The FY 2015 participation rate (69.4%) is a state-reported rate based on October 2014-September 2015 case reviews as of 12-10-15. This rate is subject to change by federal Health & Human Services review.
  - <sup>9</sup> The FY 2015 adjusted target is the 50% Federal Target minus a 57.3% caseload reduction credit = 0.0% adjusted target. These rates are under review by federal Health & Human Services.

Department of Technology, Management, and Budget		<b>PROGRAM DESCRIPTION</b>	Fiscal Year 2017
Department: <b>Health and Human Services</b>	Appropriation Unit: <b>Field Operations &amp; Support Services</b>	Program: <b>Employment and Training Programs - Employment-Related Activities</b>	

**PROGRAM STATEMENT**

MDHHS encourages all applicants and recipients to engage in activities that lead to self-sufficiency. Adult Family Independence Program (FIP) recipients must participate in employment-related activities unless they are deferred. Food Assistance-only recipients are encouraged to participate in employment related activities and must comply with work registration requirements.

**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 MDHHS:**

- 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.
- Applicants and recipients work ready with limitations at MDHHS

**SOURCES OF FINANCING**

- Federal Temporary Assistance for Needy Families (TANF) Block Grant.
- Federal Supplemental Nutrition Assistance Program - 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
- Talent and Economic Development Department FY 2016 Appropriation Act, 2015 PA 84, Section 1060-1061
- MDHHS FY 2016 Appropriations Act, 2015 PA 84 of 2015, Article X

Department of Technology, Management, and Budget		<b>PROGRAM DESCRIPTION</b>	Fiscal Year 2017
Department: <b>Health and Human Services</b>	Appropriation Unit: <b>Field Operations &amp; Support Services</b>	Program: <b>Employment and Training Programs - Employment-Related Activities</b>	

**PROGRAM EFFECTIVENESS**

With Michigan’s 2015 unemployment at 5.4 percent (according to the Bureau of Labor Statistics), moving recipients off temporary assistance remains a statewide challenge. In an effort to increase Michigan’s success in meeting federal participation rates, Michigan continues to implement the successful Partnership. Accountability. Training. Hope. (PATH) employment and training program (effective January 1, 2013). Implementation of these improvements will continue in the new fiscal year. The table on page 101 provides a summary of Michigan’s past and current work participation rates.

Department of Technology, Management, and Budget		<b>PROGRAM DESCRIPTION</b>	Fiscal Year 2017
Department: <b>Health and Human Services</b>	Appropriation Unit: <b>Field Operations and Support Services</b>	Program: <b>Employment and Training Programs - Employment Support Services</b>	

**PROGRAM STATEMENT**

MDHHS 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 MDHHS. 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 Temporary Assistance for Needy Families (TANF) Block Grant.
- Federal Supplemental Nutrition Assistance Program - Employment and Training funds.

**LEGAL BASIS**

- Federal Social Security Act
- 45 CFR Part 400.72, 401
- Social Welfare Act, 1939 PA 280
- 7 CFR 273.7
- Talent and Economic Development (TED), FY 2015 Appropriations Act, 2015 PA 84
- MDHHS FY 2016 Appropriations Act, 2015 PA 84 of 2015, Article X

**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. MDHHS and the MWAs collaborate to provide support services in an effort to reduce barriers associated with employment maintenance and participation in employment-related activities. MDHHS 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. MDHHS and the MWAs will continue to provide these services in 2016.

Department of Technology, Management, and Budget		<b>PROGRAM DESCRIPTION</b>	Fiscal Year 2017
Department: <b>Health and Human Services</b>	Appropriation Unit: <b>Field Operations and Support Services</b>	Program: <b>Employment and Training Programs - Employment and Training Program for Food Assistance Recipients</b>	

**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**

- Federal Supplemental Nutrition Assistance Program - 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 2014 there were 3,090 voluntary referrals, of which 1,463 attended an activity and 418 clients completed program objectives. There were 683 episodes of job search, 584 episodes of education and training and 780 episodes of employment that led to job retention services.

**LEGAL BASIS**

- Food and Nutrition Act of 2008
- 7 CFR 273
- MDHHS FY 2016 Appropriations Act, 2015 PA 84, Article X

**PROGRAM EFFECTIVENESS**

Participation in employment-related activities for persons who only receive food assistance is a voluntary program. Recipients who chose to participate in employment activities offered by the Food Assistance Employment and Training Program increase employment skills and economic independence.

Department of Technology, Management, and Budget		<b>PROGRAM DESCRIPTION</b>	Fiscal Year 2017
Department:	Appropriation Unit:	Program:	
<b>Health and Human Services</b>	<b>AIDS Prevention, Testing and Care Programs</b>	<b>HIV/AIDS Support Services</b>	

**PROGRAM STATEMENT**

The MDHHS HIV/AIDS Support Services program provides information and advocacy for anyone in Michigan infected by HIV and administers the MDHHS 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 MDHHS – Michigan AIDS DRUG Assistance Program). The HIV/AIDS Support Services Program provides information (eligibility requirements, accessing services, coverage, etc.) on MDHHS public assistance benefits, Social Security Administration program benefits and Veterans’ Administration benefits.

**SOURCES OF FINANCING**

- IAP – State Medicaid Offset funds.

**LEGAL BASIS**

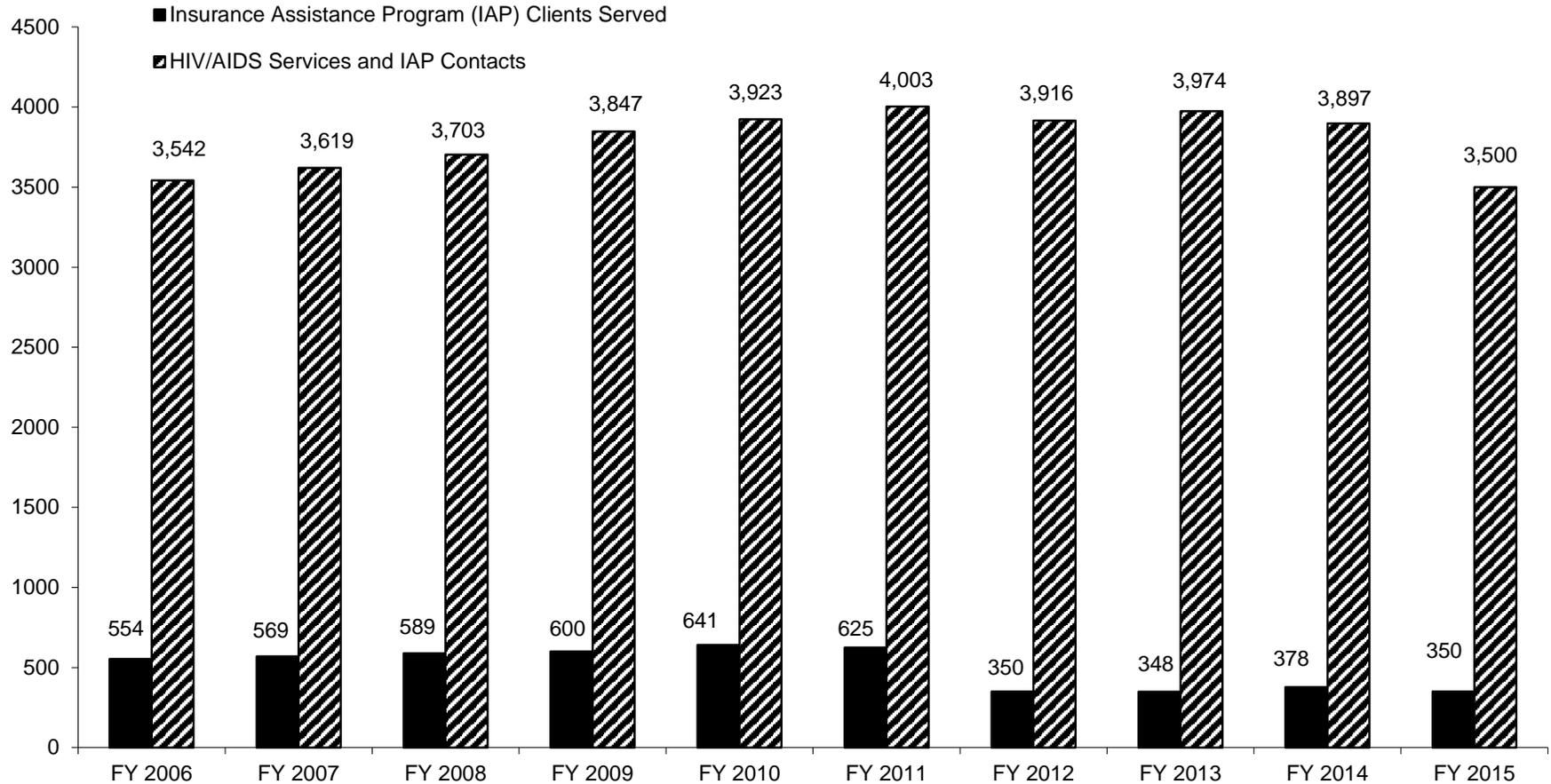
- MDHHS FY 2016 Appropriations Act, 2015 PA 84, Article X

**PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES**

Over 3,500 HIV/AIDS Services and IAP contacts were accomplished in FY 2015. Additionally, 350 IAP clients were served through this program.

NOTE: HIV/AIDS services and IAP contacts and clients served (FY 2006 through FY 2015) are summarized in the following graph. In each case, contacts, HIV/AIDS services and IAP clients served essentially increased year-over-year from FY 2006 through FY 2011, before IAP clients served dropped by 46 percent in FY 2012 and 2013. The drop in client activity was directly linked to the transfer of IAP+ to the former DCH in March 2012. Before that date, the former DHS administered both IAP and IAP+. Still, DHS HIV/AIDS clients served remained at near-record levels in FY 2014. Most recently, the merger of DCH and DHS into MDHHS has brought IAP+ and IAP back into the same administration. While merged counts of IAP and IAP+ remain unavailable from FY 2012 through FY 2015, those totals have been requested.

# MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES INSURANCE ASSISTANCE PROGRAM (IAP) CLIENTS SERVED & HIV/AIDS SERVICES AND IAP CONTACTS FY 2006 - FY 2015



**Note:** When totaled, the number of "contacts" and "clients served" increased year-over-year from FY 2006 through FY 2011. The Insurance Assistance Program earlier consisted of two programs: 1) The Insurance Assistance Program (IAP) and 2) the Insurance Assistance Program Plus (IAP+). As of March 1, 2012, IAP+ was transferred from the Michigan Department of Human Services to the Michigan Department of of Community Health. Therefore, from FY 2012 forward, above totals reflect just the number of clients of the Insurance Assistance Program (IAP). IAP served 350 clients in fiscal year 2014. Since that time, the merger of DCH and DHS into MDHHS has once again brought the IAP+ and IAP back into the same department administration. Merged counts of IAP and IAP+ remain unavailable from FY 2012 - FY 2015 but have been requested.

Department:  
Health and Human Services

Appropriation Unit:  
Field Operations and Support Services

Program:  
Independent Living Services

### **PROGRAM STATEMENT**

The goal of 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. ILS is part of Michigan's overall strategy to increase community-based alternatives. ILS reduces dependence on institutional care settings such as adult foster care and nursing homes. ILS 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 ILS eligibility requirements. The ILS program is the largest Medicaid long-term care program in the state.

<b>AGE OF ILS RECIPIENTS (Average Age Distribution Trend)</b>	
<b>AGE</b>	<b>PERCENT</b>
0-20	2.3%
21-30	11.29%
31-40	11.05%
41-50	15.47%
51-60	23.88%
61-64	8.52%
65-74	14.21%
75-84	8.78%
85-94	4.13%
95-104	0.36%
105+	0.01%
<b>TOTAL</b>	<b>100.00%</b>

Department:  
**Health and Human Services**

Appropriation Unit:  
**Field Operations and Support Services**

Program:  
**Independent Living Services**

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

<b>Activities of Daily Living (ADL)</b>		
• Eating	• Dressing	• Mobility Assistance
• Toileting	• Grooming	• Transferring
• Bathing		

<b>Instrumental Activities of Daily Living (IADL) Must have an ADL in order to receive IADL Services, Eff. Oct. 1, 2011</b>	
• Taking Medication	• Housework
• Shopping/Errands	• Meal Preparation/Cleanup
• Laundry	

**SOURCES OF FINANCING**

- Title XIX of the Social Security Act (Medicaid).<sup>1</sup>
- State General Fund.

**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
- MDHHS FY 2016 Appropriations Act, 2015 PA 84, Article X

**PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES**

ILS serves a rapidly increasing number of elderly and disabled adults in independent settings. The caseload continues to grow, increasing 27 percent since FY 2003, while Adult Services staff dropped 29 percent. There were 67,475 unduplicated clients served in FY 2015 by 335 adult services workers. ILS services cost an average of \$440 a month to maintain client services in independent living settings. The 67,475 clients served in FY 2015 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 of the ILS program receive services paid by Medicaid, which allows them to receive services in their own residences and enables them to age in place.

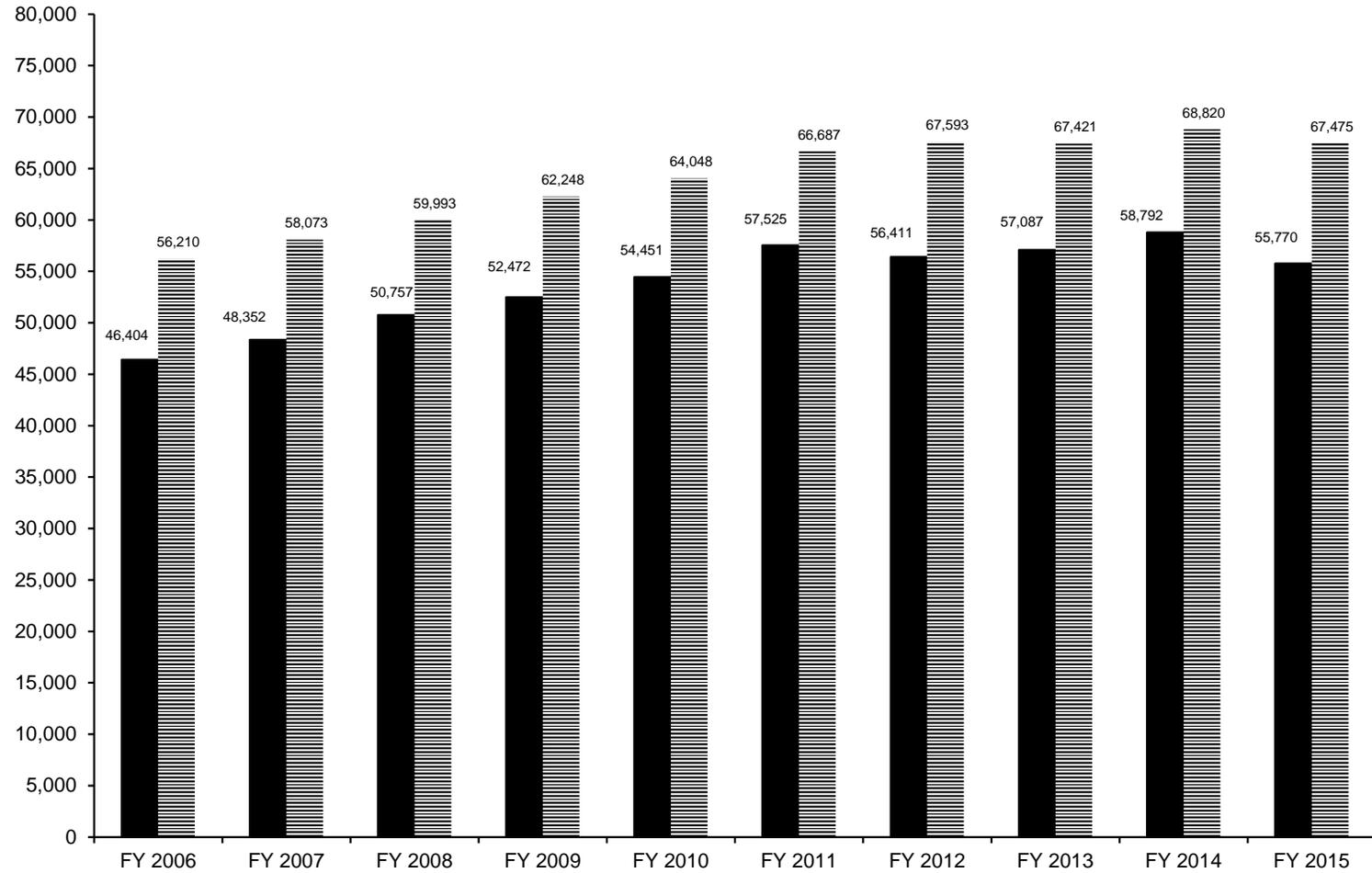
<sup>1</sup> The federal Medicaid program participates in the cost of direct service payments and the cost of case management services provided by MDHHS Adult Services workers at the federal match rate.

# MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

## INDEPENDENT LIVING SERVICES CASELOADS

Fiscal Year Average Monthly Caseloads (Dark Bar) and Unduplicated Annual Caseloads (Light Bar) / FY 2006 - FY 2015

*FY Average ILS Cases &  
Unduplicated Annual Caseloads*



**Note:** The average monthly number of ILS cases (dark bar) increased 20.2 percent from FY 2006 to FY 2015, while the count of annual unduplicated cases (light bar) increased as well by 20.0 percent.

Department:

Appropriation Unit:

Program:

Health and Human Services

Community Services and Outreach

Michigan Community Service Commission

**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 2016, the MCSC will grant more than \$7.8 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 30 AmeriCorps programs and four Volunteer Generation Fund grantees. The Governor's Service Awards and Mentor Michigan are also MCSC programs. In FY 2016, the state fund investment of \$932,400 will leverage more than \$13 million in federal funds, including AmeriCorps education awards. 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 2016, nearly 800 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. 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 supports four grantees 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/Youth Initiatives:** Mentor Michigan/Youth Initiatives: As the lead state agency for volunteerism, MCSC is supporting youth-serving organizations to develop collaborative models and enhance programming to make lasting change for youth through utilization of volunteers and mentors. Initiatives, including Mentor Michigan, My Brother's Keeper – Michigan (MBK) and Volunteer Generation Fund grants, are supporting cradle-to-career strategies at nonprofits and communities around the state.
- **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, as well as developing coordination strategies to respond to, recover from, and prepare for disasters and emergency situations that require volunteer support. We

Department of Technology, Management, and Budget		<b>PROGRAM DESCRIPTION</b>	Fiscal Year 2017
Department: <b>Health and Human Services</b>	Appropriation Unit: <b>Community Services and Outreach</b>	Program: <b>Michigan Community Service Commission</b>	

work closely with other MDHHS offices, volunteer groups (national, state, and local), and emergency management personnel (national, state, and local) to coordinate these efforts. MCSC set up and ran the Recovery Coordination Center in response to the Southeast Michigan Flooding Disaster in August 2014. In addition, MCSC leveraged hundreds of state and national AmeriCorps members to assist the residents affected by the historic floods, starting in August of 2014 through current recovery phase operations in 2015. MCSC has supported long-term recovery group operations to coordinate volunteer committee efforts and National Voluntary Organizations in Disaster (VOAD) operations, overall logistics/coordination for the group and has provided leadership/expertise to develop the executive committee

**SOURCES OF FINANCING**

- Federal Corporation for National and Community Services (AmeriCorps, Volunteer Generation Fund, and Commission Administration Grants).
- Private Donations.
- State General Fund.

**LEGAL BASIS**

- The MCSC was established by Executive Order in 1991.
- Michigan Community Service Commission, PA 219 of 1994
- MDHHS FY 2016 Appropriations, PA 84 of 2015, Article X

**PROGRAM EFFECTIVENESS / RESULTS:**

In FY 2015, the MCSC granted more than \$6.8 million in federal funds to local communities for volunteer programs and activities.

**Michigan’s AmeriCorps:** In 2014-2015, members recruited, placed and supported more than 18,000 community volunteers; members also earned more than \$4 million in education awards. In addition, members performed the following services in communities across Michigan:

- Impact on Literacy and Education- 12,801 students improved academic performance
- Impact on Veterans - 516 veterans were served
- Disaster Services – 35,991 individuals were educated regarding disaster preparedness
- Environmental Stewardship - 900 acres of public land improved
- Economic Opportunity – 3,462 individuals received housing placement services
- Youth – 50,554 disadvantaged youth were served; 2,023 were volunteers themselves

**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.

Department of Technology, Management, and Budget		<b>PROGRAM DESCRIPTION</b>	Fiscal Year 2017
Department:	Appropriation Unit:	Program:	
<b>Health and Human Services</b>	<b>Community Services and Outreach</b>	<b>Michigan Community Service Commission</b>	

- 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.

**Disaster Response:** MCSC set up and ran the Recovery Coordination Center in response to the Southeast Michigan Flooding Disaster in August 2014. In addition, MCSC leveraged hundreds of state and national AmeriCorps members to assist the residents affected by the historic floods, starting in August of 2014 through current recovery phase operations in 2015. MCSC has supported long-term recovery group operations to coordinate volunteer committee efforts and VOAD operations, overall logistics/coordination for the group, and has provided leadership/expertise to develop the executive committee.

Volunteering is critical to Michigan. As part of the most recent Volunteering in America research, it was found that in 2013 nearly 2.2 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 2014, nearly 25,000 Michigan citizens were engaged in over 100 service projects on National Days of Service.

Department of Technology, Management, and Budget		<b>PROGRAM DESCRIPTION</b>	Fiscal Year 2017
Department: <b>Health and Human Services</b>	Appropriation Unit: <b>Community Services and Outreach</b>	Program: <b>Michigan Domestic and Sexual Violence and Treatment Board</b>	

**PROGRAM STATEMENT**

The Michigan Domestic and Sexual Violence Prevention and Treatment Board (MDSVPTB), 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), 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 Health and 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 senate.

**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, and sexual assault nurse examiner 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 2015 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 19 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.

Department:

Appropriation Unit:

Program:

Health and Human Services

Community Services and Outreach

Michigan Domestic and Sexual Violence and Treatment Board

- Transitional Supportive Housing: The board currently funds 14 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 26 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 2014*** (latest complete data available) indicates that 91,147 domestic violence victims and 3,016 sexual assault/abuse victims were reported. Data on these victims include:

DOMESTIC VIOLENCE				SEXUAL ASSAULT			
Age of Victim		Race of Victim		Age of Victim		Race of Victim	
19 Or Under	19.6%	White	55.5%	19 Or Under	65.1%	White	71%
20 – 29	30%	Black	40.5%	20 – 29	19.2%	Black	21.3%
30 – 39	20.9%	Other/Unknown	4%	30 – 39	7.4%	Other/Unknown	7.7%
40+/Unknown	29.4%			40+/Unknown	8.3%		

**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).
- Temporary Assistance for Needy Families (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.
- State General Fund.
- Michigan State Housing Development Authority (MSHDA).

**LEGAL BASIS**

- Michigan Domestic Violence, 1978 PA 389
- Federal Family Violence Prevention and Services Act 42 USC 10401
- Federal Violence Against Women Act of 2005 and 2013, 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)
- MDHHS FY 2016 Appropriations Act, 2015 PA 84, Article X

Department:

Appropriation Unit:

Program:

**Health and Human Services**

**Community Services and Outreach**

**Michigan Domestic and Sexual Violence and Treatment Board**

**PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES**

**Domestic Violence:**

All 83 counties receive services from 44 nonprofit domestic violence programs. The following figures are from FY 15

<b>Number Served (Domestic Violence):</b>	
Residential adults and children	10,170
Non-residential adults and children	24,755

<b>Services Provided:</b>	
Nights of shelter	276,621
Crisis calls answered, includes information and referral calls	78,767

In 2014, MSP crime statistics show that there were 125 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 19 nonprofit sexual assault programs, including eight sexual assault nurse examiner (SANE) programs. The following figures are from FY 2015:

<b>SACS Number Served:</b>	
Adults and children	5,598

<b>SANE Number Served:</b>	
Adults and children	1,926

<b>Services Provided:</b>	
Hours of Counseling	16,188
Crisis calls answered (includes information and referral calls)	12,649

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.

Department:  
**Health and Human Services**

Appropriation Unit:  
**Community Services and Outreach**

Program:  
**Michigan Domestic and Sexual Violence and Treatment Board**

**Transitional Supportive Housing (TSH):**

Fourteen grants were awarded to nonprofit domestic violence transitional supportive housing service providers. The following figures are from FY 2015:

<b>TSH Number Served:</b>		<b>Services Provided:</b>	
Adults and children	1,194	Nights of housing	213,876

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 27 with services from 23 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.

<b>CAC Number Served *</b> <b>10/1/14 – 9/30/15:</b>		<b>Children’s Services Provided</b> <b>*10/1/14 – 9/30/15:</b>	
Children – Victims of Sexual Abuse	4,717	Forensic Interviews	7,577
Non Offending Family Members	6,691	Child Therapy Hours	6,524

\*estimated

Department of Technology, Management, and Budget		<b>PROGRAM DESCRIPTION</b>	Fiscal Year 2017
Department:	Appropriation Unit:	Program:	
<b>Health and Human Services</b>	<b>Community Services and Outreach</b>	<b>Michigan Domestic and Sexual Violence and Treatment Board</b>	

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.

Department of Technology, Management, and Budget	<b>PROGRAM DESCRIPTION</b>	Fiscal Year 2017
Department: <b>Health and Human Services</b>	Appropriation Unit: <b>Field Operations And Support Services</b>	Program: <b>Michigan Rehabilitation Services</b>

**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. MRS serves two customers: (1) applicants with disabilities who are seeking employment, and (2) the business customer – MRS is able to provide customized services to assist businesses in hiring and retention services.

**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.

**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.

**SOURCES OF FINANCING**

- Federal Rehabilitation Services Administration, Vocational Rehabilitation Grant, Title I.
- Federal Rehabilitation Services, Vocational Rehabilitation Grant, Supported Employment, Title VIB.
- Federal Rehabilitation Services Administration, Vocational Rehabilitation Grant, Independent Living, Title VIIB
- Federal Rehabilitation Services Administration, Vocational Rehabilitation and PELL Grants, Title IVA (Subpart 1)
- Federal Rehabilitation Services Administration, Vocational Rehabilitation Grant, SEOG, Title IVA (Subpart 3)
- State General Fund.
- Restricted Funds
- Private Gifts, Bequests, Donations
- Second Injury Funds
- Local Vocational Rehabilitation Match
- Federal Supplemental Security Income

Department:

Appropriation Unit:

Program:

Health and Human Services

Field Operations And Support Services

Michigan Rehabilitation Services

**LEGAL BASIS**

- 1) 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 statutes 395.81 through 395.90. The federal enabling legislation is the Rehabilitation Act of 1973, as amended. Compliance with U.S. Department of Education General Regulations (EDGAR) and U.S. Office of Management and Budget (OMB) Circulars and policy is required.
- 2) Michigan Codified law, Miscellaneous Statutes, 395.81 through 395.90. Specific program authorization: Senate Concurrent Resolution No. 822 of 1984.
- 3) 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 Health and Human Services).
- 4) 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 2015 results are summarized below.
- 5) MDHHS FY 2016 Appropriations Act, 2015 PA 84, Article X

**MRS Performance on Federal Evaluation Standards and Performance Indicators – FY 2015**

Performance Measures	Federal Standards	MRS Performance
Number Employment Outcomes	Michigan Benchmark = <b>6,695</b>	<b>6,653</b>
Percent Employed	≥55.8%	<b>57.9%</b>
Employed Competitively	≥72.6%	<b>93.8%</b>
Significantly Disabled	≥62.4%	<b>83.5%</b>
Earnings Ratio	≥0.52	<b>0.6%</b>
Self-Support	≥53.0%	<b>70.0%</b>
Minority Ratio	≥0.80	<b>0.84</b>

Department of Technology, Management, and Budget		<b>PROGRAM DESCRIPTION</b>	Fiscal Year 2017
Department: <b>Health and Human Services</b>	Appropriation Unit: <b>Field Operations And Support Services</b>	Program: <b>Michigan Rehabilitation Services</b>	

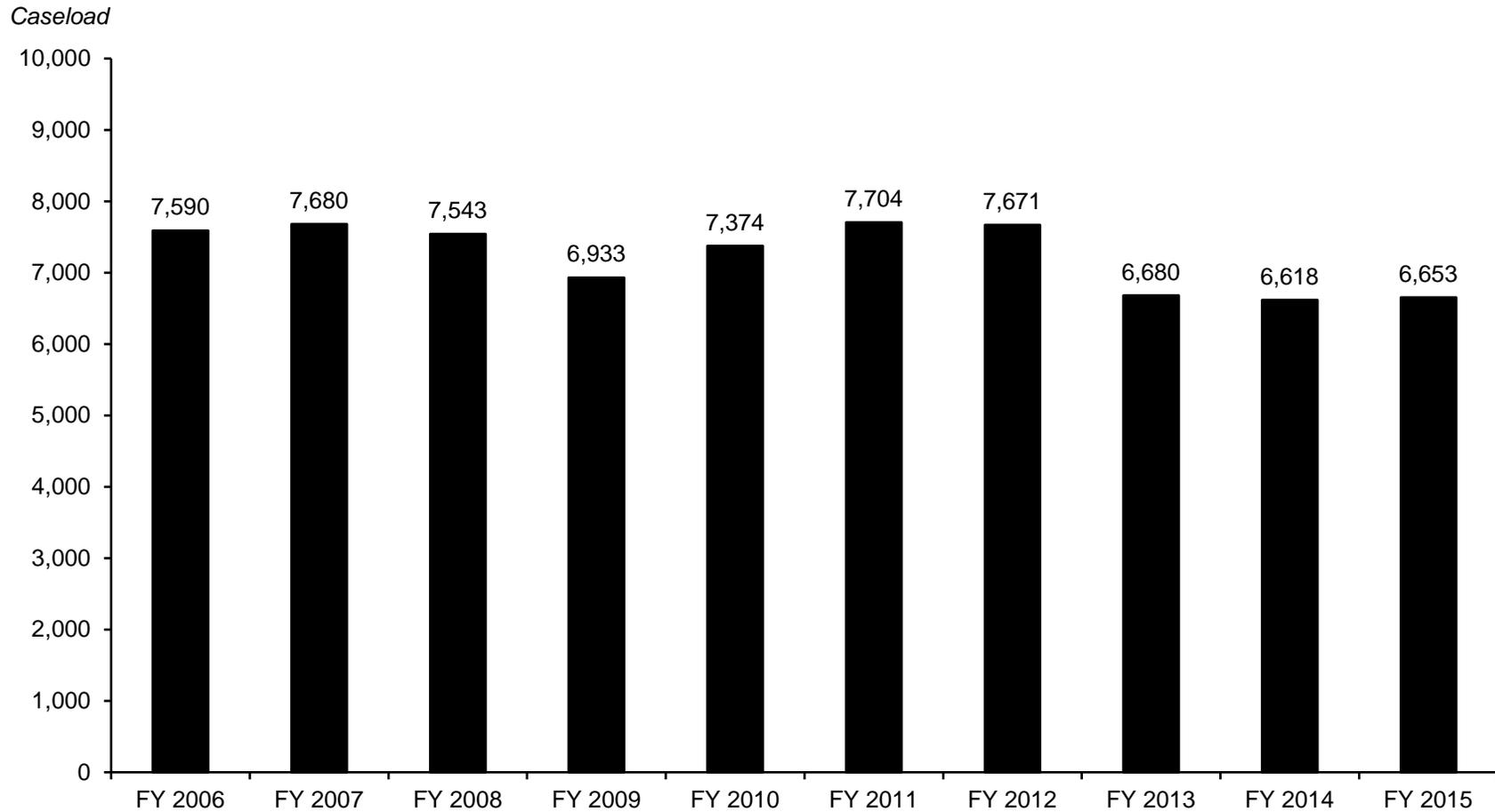
**PROGRAM EFFECTIVENESS/PROGRAM OUTCOMES**

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 2006 - FY 2015, MRS achieved an average of 7,245 employment outcomes. In FY 2015 the MRS’ employment outcome increased from the FY 2014 level. In FY 2013, MRS ranked fifth in the nation on this variable among the 24 state general rehabilitation agencies. The FY 2014 performance ranking has not been posted. Michigan data for FY 2006 through FY 2015 are summarized in the following graph.

Another key measurement of the agency’s effectiveness is “customer satisfaction rate,” based on responses to nine questions asked MRS customers. Questions range from “customers’ involvement in setting employment goals” to “satisfaction raters” with services received. As shown in the second graph from FY 2005 through FY 2014, satisfaction rates averaged 83.4 percent. In FY 2014 MRS’ the customer satisfaction rate was 86.2 percent. The customer satisfaction rate is the proportion of respondents who rated their overall MRS experience as one in which they were “very satisfied” or “satisfied.”

# MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES MICHIGAN REHABILITATION SERVICES (MRS)

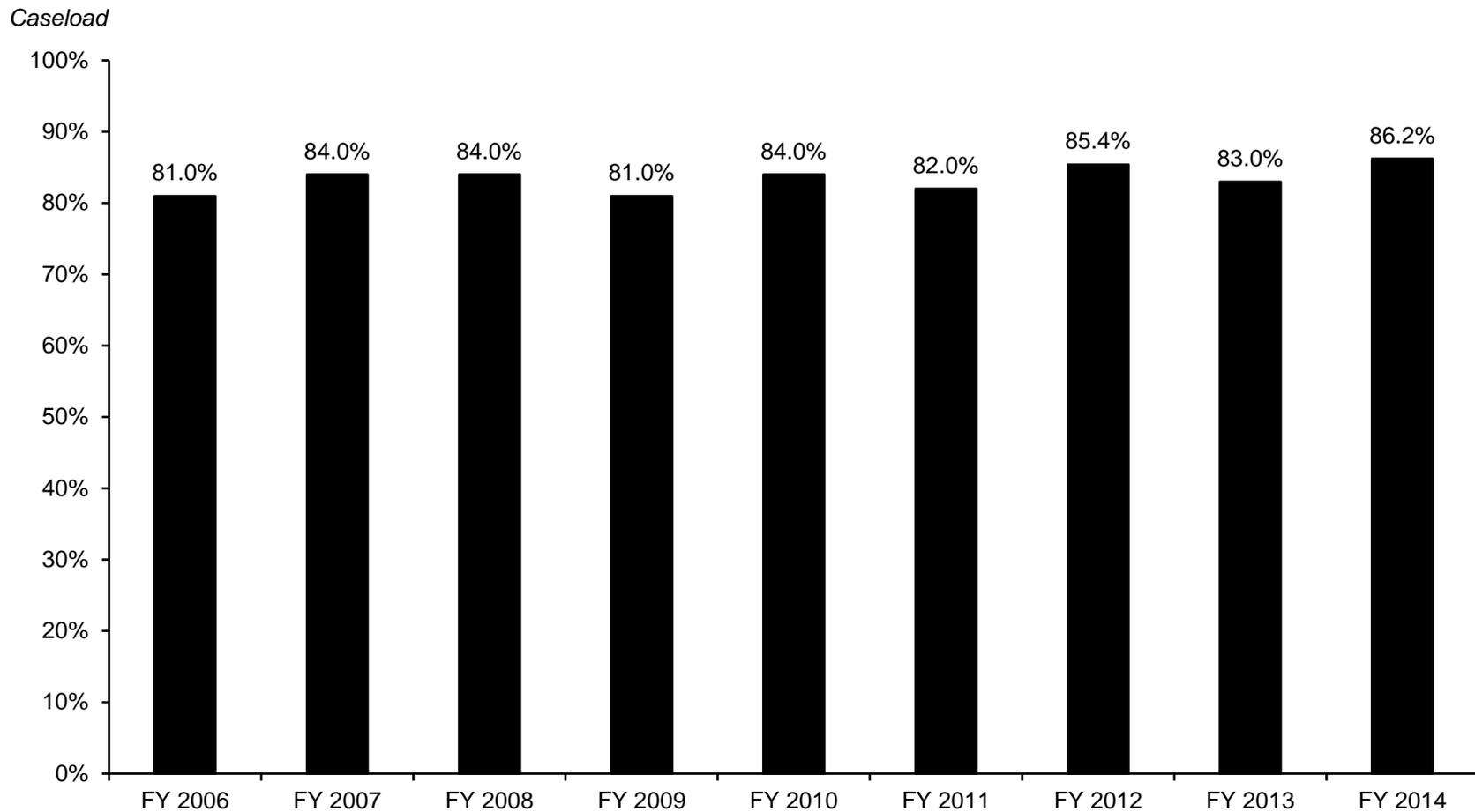
## Employment Outcomes<sup>1</sup> FY 2006 - FY 2015



<sup>1</sup> 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).

# MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES MICHIGAN REHABILITATION SERVICES (MRS)

## Customer Satisfaction Rates<sup>1</sup> FY 2006 - FY 2014



<sup>1</sup> Percentage of respondents who rated their overall MRS experience to be "Satisfied" or "Very Satisfied."

Department of Technology, Management, and Budget		<b>PROGRAM DESCRIPTION</b>	Fiscal Year 2017
Department: <b>Health and Human Services</b>	Appropriation Unit: <b>Field Operations and Support Services</b>	Program: <b>Migrant Affairs</b>	

**PROGRAM STATEMENT**

MDHHS 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. DHHS 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 DHHS staff of 49 seasonal and full-time bilingual (English/Spanish) workers. This staff is housed in 12 counties and provides outreach and services to 35 counties.

**OMA enhances the delivery of DHHS services to migrant families by:**

- Analyzing, recommending and advocating improvements in MDHHS program policies and procedures that affect migrant families.
- Coordinating the allocation, recruitment, testing, hiring and training of MDHHS 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**

- Population (based on the 2013 Farmworker Enumeration Study): more than 94,000 farmworkers, non-working family members and dependents. More than 42,000 children and youth ages 0-19.
- Michigan has the sixth-largest farmworker population registered with the state for agricultural employment.
- In calendar year 2014, MDHHS increased by 5% to 15,681 the number of migrant farmworkers and family members who were provided program-based assistance in 4,085 family cases.

**SOURCES OF FINANCING**

- United States Department of Agriculture Food and Nutrition Act of 2008.
- Social Security Act Title XX (Social Services Block Grant).
- Social Security Act Title XIX (Medicaid Program).
- Community Services Block Grant Program Act 1991.
- Title VI of the Omnibus Budget Reconciliation Act of 1981 – PL 97-35.

Department of Technology, Management, and Budget		<b>PROGRAM DESCRIPTION</b>	Fiscal Year 2017
Department: <b>Health and Human Services</b>	Appropriation Unit: <b>Field Operations and Support Services</b>	Program: <b>Migrant Affairs</b>	

**LEGAL BASIS**

- Federal Social Security Act of 1935
- MDHHS FY 2016 Appropriations, 2015 PA 84, Article X

**PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES (FY 2014)**

- The monthly average number of migrant farmworkers applying for public assistance was down by 20 from 469 in FY 2014 to 449 in FY 2015. This may be due to decreases in applications for Food Assistance and Child Day Care.
- In contrast to this decrease, the monthly average number of migrant and seasonal farmworker ongoing cases increased by 1% from 1,891 in FY 2014 to 1,905 in FY 2015. This is most likely due to continued increases in the number of Medicaid and Healthy Michigan Plan (HMP) cases.
- The standard of promptness (SOP) for migrant applications was down slightly from 96.55% in FY 2014 to 96.36% in FY 2015.
- The Office of Migrant Affairs developed a spreadsheet that tracked local office migrant program outreach activity. This spreadsheet allowed for self-reporting of outreach hours, activities, and referrals. The intention for this spreadsheet was to provide a means for more oversight of local outreach activity, to analyze outreach patterns and trends, and to provide Field Operations, the Business Service Centers, and local administrators with outreach compliance information. This spreadsheet was piloted in a few counties beginning in April 2014 but was not implemented statewide until June 2014. During the last four months of FY 2014, migrant program staff performed 3,132 hours of outreach for an average of 783 hours per month and 21 hours per worker. During first full year, FY 2015, migrant program staff performed 13,833 hours of outreach for an average of 1,153 hours per month and 35 hours per worker per month. These averages represent a considerable improvement from the pilot year and reflect emphasis and reinforcement of the importance of outreach and increased outreach activity by the Field Operations Administration (FOA), the Business Service Centers (BSC's) and local MDHHS management.
- OMA collaborated with MDHHS Communications to release the OMA website in 2015, giving the office an online presence for informing service providers and farmworkers about our services for migrant and seasonal farmworkers as well as a page for the IMSC, its subcommittees and task forces, and the Migrant Resource Councils (MRC). In the short time the pages have been live, they have generated traffic and inquiries to OMA from growers, individuals interested in being connected with an MRC, and out-of-state service providers working with farmworker families in Florida requesting assistance in closing their cases in Michigan.
- OMA entered into a Memorandum of Understanding (MOU) with the Workforce Development Agency (WDA) and the Telamon Corporation's National Farmworker Jobs Program (NFJP) to expand opportunities for collaboration, training, and cross-referral with the expectation that this would allow all three agencies to more comprehensively serve migrant farmworkers. For MDHHS, this MOU helped us to expand the number of migrant farmworker families that we serve.
- OMA provided training for Migrant Program staff and supervisors. OMA worked with OWDT to revise the one-day Migrant Policy and Bridges training for experienced Migrant Program staff based on current policies and to develop job aids, as well as to create a new, two-day training for new Migrant Program Specialists. OMA held two one-day trainings and one two-day training on MDHHS migrant and seasonal farmworker policy, eligibility screening, and migrant benefits case management. OMA conducted 12 site visits to provide further technical assistance to staff. In addition, there was a one-day joint cross-training with the WDA and Telamon NFJP as a result of the MOU between the organizations. A post-season meeting was added for Migrant Program Supervisors to recap the 2015 season and look ahead to 2016.

Department of Technology, Management, and Budget		<b>PROGRAM DESCRIPTION</b>	Fiscal Year 2017
Department: <b>Health and Human Services</b>	Appropriation Unit: <b>Field Operations and Support Services</b>	Program: <b>Migrant Affairs</b>	

**PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES (FY 2014)**

- OMA continued to carry out a goal of strengthening the nine regional Migrant Resource Councils (MRCs) throughout the state. OMA held two meetings for MRC officers, a pre-season meeting to train officers and educate about MRC policy and an end of season meeting to discuss the successes and challenges of the season, share best practices and look ahead to 2016. OMA visited each of the nine MRCs and attended most of their farmworker events. At each MRC meeting, OMA reviewed the MDHHS merger and policy changes, the Department’s MOU with WDA and Telamon-NFJP, and demonstrated the OMA website. OMA began production of a newsletter to communicate with MRC members and other community migrant service providers regarding statewide activities and initiatives that will affect local service delivery and will also highlight activities that individual MRCs are performing. Although a couple editions of this newsletter were issued, staffing resources did not allow it continue for the whole year.
- OMA chaired Interagency Migrant Services Committee meetings each month and helped to develop a Policy and Advocacy subcommittee that focuses on issues that need to be addressed on behalf of farmworkers.
- OMA co-chaired the IMSC’s MI Migrant Child Task Force with Telamon-Head Start, a partner nonprofit. OMA coordinated outreach visits to approximately 25 migrant labor camps and distribution of 58 car seats and booster seats; 182 family packets with first aid kits, sanitizers, and water bottles; 102 packets of diapers and wipes; 137 backpacks; 150 toys/soccer balls; and 322 children’s books.
- OMA chaired the IMSC’s Outreach and Education Subcommittee, which provided two educational events for outreach workers. The *Breaking the Barriers; 2015 Farm Workes Summit* provided a platform for service providers across the state to convene and learn about barriers farmworkers face such as access to child care and health care, Limited English Proficiency, and worker and employment rights and participate in professional-led facilitated groups to discuss ways to eliminate barriers, which the subcommittee and the IMSC can use as feedback for strategic planning. The subcommittee also coordinated an in-person, one-day training for outreach workers across the state that included topics such as camp access, personal safety, farmworker health and safety and legal rights, immigration, child care assistance, and included a farmworker in attendance to give a testimonial of how best to reach farmworkers. Approximately 64 participants represented organizations such as MDHHS, Migrant Education, Migrant Health Clinics, Farmworker Legal Services, and more. Feedback from evaluations for both events indicated that they were a success.
- OMA continued to implement Bilingual Task Force recommendations that seek to increase the number of bilingual applicants for MDHHS positions by sharing job posting information with 180 organizations that forward this information on to networks of potential job applicants with skills in Spanish, Arabic, Chinese, and other languages.
- To ensure that migrant program staff have the knowledge and ability to communicate fluently in Spanish, OMA instituted a uniform written test that prospective hires must pass before being appointed.

Department of Technology, Management, and Budget		<b>PROGRAM DESCRIPTION</b>	Fiscal Year 2017
Department: <b>Health and Human Services</b>	Appropriation Unit: <b>Field Operations and Support Services</b>	Program: <b>Migrant Affairs</b>	

**PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES (Ongoing)**

- In order to encourage migrant farmworkers to annually return to Michigan, OMA will continue pursue the expansion of the number of migrant farmworkers being served, will continue to pursue local office compliance with outreach and SOP expectations, and will continue to advocate on behalf of migrant farmworkers.
- OMA will work with the Michigan Department of Education, local MDHHS offices, and with community partners to implement the restoration of categorical eligibility for migrant child care. This policy change is expected to greatly increase the number of migrant farmworker families eligible for and receiving child care assistance.
- The Office of Migrant Affairs is refining the Migrant Program training content and setting the 2016 training schedule, which will again include a two-day Migrant Policy & Bridges training for new staff. OMA is coordinating with Child Welfare to offer a child welfare cross-training in 2016. This training will enable Migrant Program staff to spot signs of potential abuse or neglect, human trafficking, or domestic violence when conducting outreach at migrant labor camps. OMA is also adding a new one-day training in 2016 for all Migrant Program staff to enhance service delivery by reviewing effective outreach strategies, referral activities, and new resources.
- To ensure better service provision for those with Limited English Proficiency (LED), OMA is planning to conduct an assessment of LEP assets and needs that will incorporate LEP data that began to be collected in Bridges on January 1, 2014.
- OMA will hold spring and fall Migrant Resource Council (MRC) officers meetings again in 2016, and plans to attend at least one meeting of each one of the MRCs and their special events.
- OMA hopes to be able to work with the MDHHS Bridges Information Management Mart team to create a database to pull migrant and seasonal farmworker reports. Data will be pulled from the data warehouse as available. Reports include caseloads, case details, and registrations. This activity has been stymied by delays in expanding data warehouse functionality.
- OMA will partner with Michigan State University's Migrant Student Services CAMP program to establish a paid Student Assistant internship that will assist our Department with our LEP, MRC newsletter, and with planning our biannual statewide end-of-season migrant conference.

Department of Technology, Management, and Budget	<b>PROGRAM DESCRIPTION</b>	Fiscal Year 2017
Department: <b>Health and Human Services</b>	Appropriation Unit: <b>Children's Services Agency</b>	Program: <b>Native American Affairs</b>

**PROGRAM STATEMENT**

Native American Affairs (NAA) delivers a broad range of services to Michigan's approximate 130,000 American Indian population and MDHHS 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 American Indians/Alaska Native people), serving as department tribal liaison, and facilitating tribal consultation. Service elements include:

- NAA is located in the Department of Health and Human Services, Children's Services Agency, Central Office.
- Indian Outreach Services (IOS), 12 Indian Outreach Workers (IOWs) 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 MDHHS staff focusing on Indian child welfare and the implementation of the Indian Child Welfare Act of 1978.
- Urban Indian State Partnership (UISP) – A collaborative body of urban Indian organizations, tribal representatives, state/private agencies; and MDHHS staff focusing on the unique challenges facing tribal at-large membership and point-of-entry for MDHHS services.
- Michigan Tribal Child Care Task Force – A collaborative body of tribal child care and tribal education directors, Michigan Department of Education and MDHHS 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.
- Office of Workforce Development and Training (OWDT) – Assists department training department with ICWA/MIFPA (Michigan Indian Family Preservation Act) training for new Child Welfare and supervisory staff.
- State Court Administrator's Office (SCAO), Court Improvement Program (CIP), Statewide Task Force and Tribal Court Relations Subcommittee Member – Advocating on behalf of tribal families.

**SOURCES OF FINANCING:**

- Social Services Block grant (SSBG).

**LEGAL BASIS:**

- Federal Indian Child Welfare Act of 1978 (ICWA), Public Law 95-608.
- Federal Indian Child Protection and Family Violence Protection Act, Public Law 101-630.
- Michigan Juvenile Court Rules-subchapter 3.980.

Department of Technology, Management, and Budget		<b>PROGRAM DESCRIPTION</b>	Fiscal Year 2017
Department: <b>Health and Human Services</b>	Appropriation Unit: <b>Children's Services Agency</b>		Program: <b>Native American Affairs</b>

- Presidential Memorandum on Tribal Consultation (2009).
- Governor Granholm Executive Directive 2004-5.
- Governor Snyder Executive Directive 2012-2.
- Michigan Indian Family Preservation Act (MIFPA), MCL 712B. 1-41.
- MDHHS FY 2016 Appropriation Act, 2015 PA 84, Article X.

**PROGRAM EFFECTIVENESS:**

Quality assurance for Native American Affairs 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 ICWA compliance is assessed through Office of Workforce Development Training and ICWA training exams, child welfare case reviews 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 the ICWA and related reductions in barriers to MDHHS 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).

Department of Technology, Management, and Budget		<b>PROGRAM DESCRIPTION</b>	Fiscal Year 2017
Department: <b>Health and Human Services</b>	Appropriation Unit: <b>Department Wide Administration</b>	Program: <b>Office of Inspector General</b>	

**PROGRAM STATEMENT**

The Office of Inspector General (OIG), created in 1972, is a criminal justice agency in the Michigan Department of Human Services (MDHHS) under Michigan Compiled Law 400.43b and Executive Order No. 2015-4. The primary duty of the OIG is to investigate cases of suspected fraud involving MDHHS assistance programs.

**OIG MISSION STATEMENT**

The mission of the OIG is to assist MDHHS 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.

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. As a result of OIG’s efforts, Michigan is a leader in battling fraud, waste and abuse in public benefit programs. The OIG is responsible for investigating instances of alleged fraud in all programs administered by MDHHS as well as reviewing administrative policies and procedures and recommending ways of improving accountability, fraud deterrence and detection. This includes investigations of non-Medicaid vendor fraud as well as department employees alleged to be involved in program fraud. All investigations found to contain the elements of fraud are forwarded to the appropriate authority for criminal disposition or are forwarded to the appropriate MDHHS program area for administrative action.

**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 MDHHS field staff has requested an investigation when assistance applications or other submitted documentation appear to contain suspicious or error-prone information. Fraud investigations target cases in which MDHHS field staff and recoupment specialists have strong supporting documentation of an over issuance to warrant a full investigation.

In focusing on fraud prevention through FEE, OIG conducted 43,822 program investigations in FY 2015 and identified over \$103 million in cost savings. This was a result of 64,545 investigative hours, or \$1,601 per FEE investigation hour. Through efforts in fraud detection, OIG determined over \$23.5 million in fraud during FY 2015 within multiple Michigan public assistance program areas. During FY 2015, 301 felony warrants were authorized by county, state and federal prosecutors.

**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 MDHHS to deter or detect fraud through internal control development and departmental policies and procedures.

Department:  
**Health and Human Services**

Appropriation Unit:  
**Department Wide Administration**

Program:  
**Office of Inspector General**

**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:

<ul style="list-style-type: none"> <li>• Enterprise Fraud Detection System (EFDS)</li> <li>• Out-of-State Bridge Card [EBT] Transaction Project</li> <li>• Public Assistance Reporting Information System (PARIS) Match Fraud Referrals</li> <li>• Internet Protocol (IP) Address Locator Project</li> <li>• County Jail Match Analysis</li> <li>• Multiple Bridge Card Replacement Analysis</li> <li>• Food Assistance Program Trafficking Data Mining</li> <li>• Medicaid Fraud, Waste and Abuse Data Mining</li> </ul>	<ul style="list-style-type: none"> <li>• Social Media Data Mining</li> <li>• Food and Nutrition Service (FNS) Client Integrity Referral Analysis</li> <li>• Internal Audits on Fraud Investigation Dispositions</li> <li>• FNS Management Evaluation Analysis/Liaison</li> <li>• Freedom of Information Act Request Liaison</li> <li>• Office of the Auditor General (OAG) Audit Liaison</li> <li>• Management Reports for Performance Measurement</li> <li>• Executive Office Reports – Scheduled and Upon Demand</li> </ul>
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**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.

**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.

**Cooperative Disability Investigations (CDI) Unit**

The CDI, partnered with Social Security Administration’s OIG, investigates questionable statements and activities of claimants, medical providers, interpreters or other service providers who facilitate or promote disability fraud. The CDI unit supports the strategic goal of ensuring integrity of the Social Security programs with zero tolerance for fraud and abuse.

**SOURCES OF FINANCING**

Federal Funds (cost allocated)  
State Funds

Department of Technology, Management, and Budget		<b>PROGRAM DESCRIPTION</b>	Fiscal Year 2017
Department: <b>Health and Human Services</b>	Appropriation Unit: <b>Department Wide Administration</b>	Program: <b>Office of Inspector General</b>	

**LEGAL BASIS**

MDHHS FY 2016 Appropriations Act, 2015 PA 84, Article X

OIG is statutorily required under MCL 400.43b of the Social Welfare Act and Executive Order No. 2015-4 to perform the following activities:

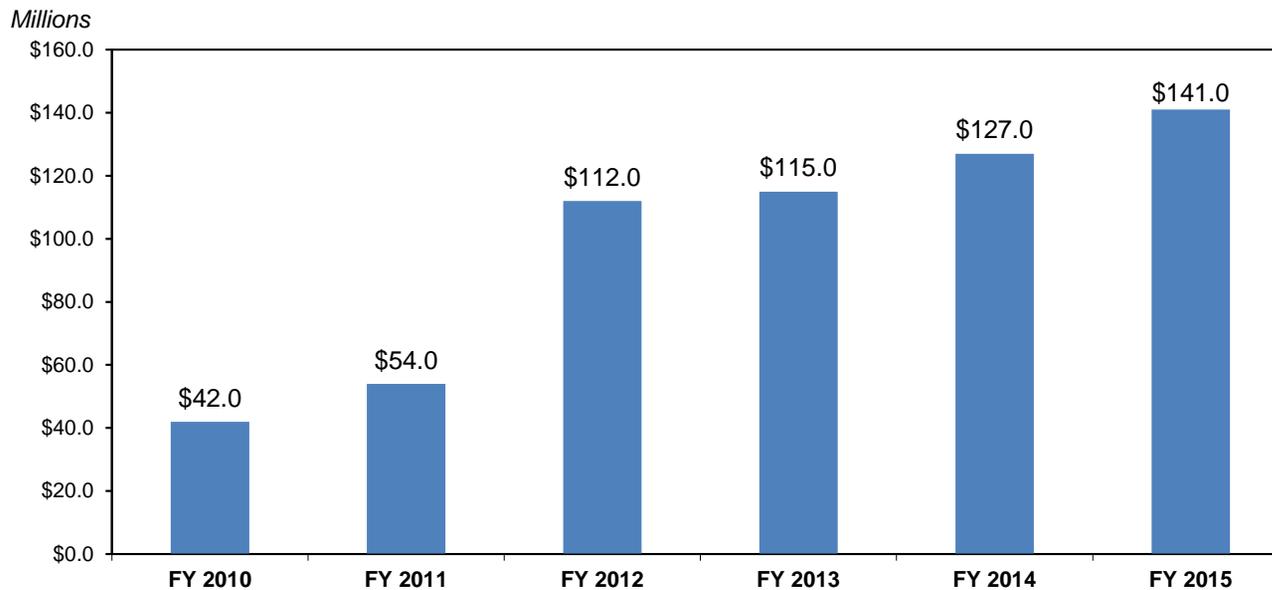
- Make referrals for prosecution and disposition of appropriate cases as determined by OIG.
- Review administrative policies, practices and procedures.
- Make recommendations to improve program integrity and accountability.

**PROGRAM EFFECTIVENESS / PROGRAM IMPACTS**

**In FY 2015, OIG agents:**

- Determined \$141.0 million of fraud, cost savings, and established program disqualifications.
- Identified \$103.3 million in cost avoidance in FEE investigations (a 10% increase over FY 2014).
- Identified \$23.5 million of program fraud.
- Established \$22.2 million in receivables.

**OFFICE OF INSPECTOR GENERAL (OIG)  
Fraud Found, Disqualification Value and Cost Avoidance Totals  
Fiscal Year 2010 - Fiscal Year 2015**



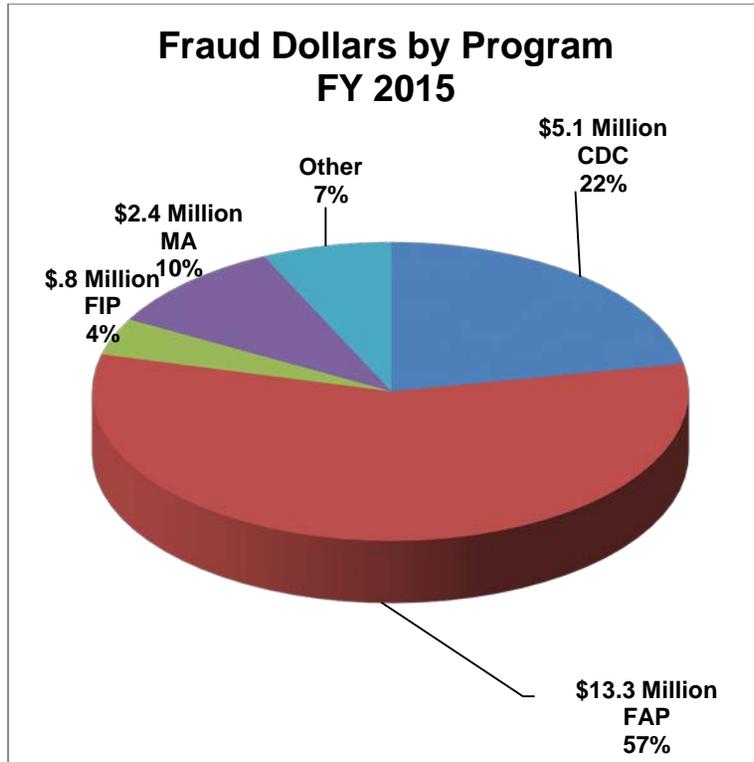
Source: Michigan Inspector General System (MIGS) database.

Department:  
Health and Human Services

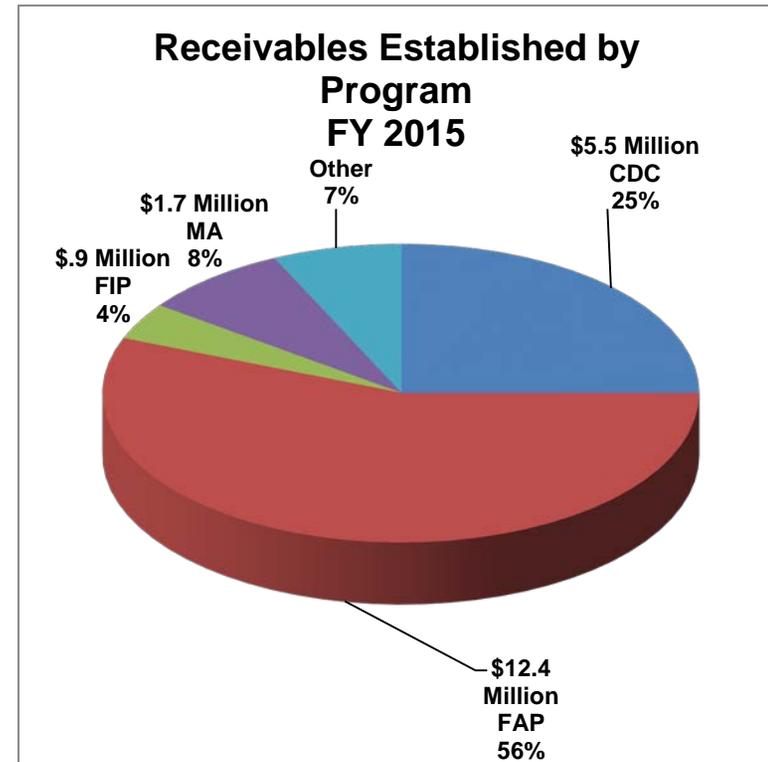
Appropriation Unit:  
Department Wide Administration

Program:  
Office of Inspector General

**PROGRAM EFFECTIVENESS / PROGRAM IMPACTS**



Over \$23.5 million in fraud was identified during FY 2015 within multiple Michigan public assistance program areas. OIG identified \$13.3 million in fraud for the FAP program alone, which accounts for 57 percent of all program fraud for FY 2015.



There were \$22.2 million of fraud receivables established for FY 2015. OIG established \$12.4 million in fraud receivables for the FAP program alone, which accounts for 56 percent of all receivables posted for FY 2015.

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 of Technology, Management, and Budget	<b>PROGRAM DESCRIPTION</b>	Fiscal Year 2017
Department: <b>Health and Human Services</b>	Appropriation Unit: <b>Department wide Administration</b>	Program: <b>Recoupment and Debt Reconciliation</b>

**PROGRAM STATEMENT**

The Recoupment and Debt Reconciliation Division is responsible for the establishment and recovery of overissued program benefits. Recovery of overissued Food Assistance Program benefits is federally mandated. Recovery of overissued Cash Assistance program benefits is governed under state law, 1959 PA43, MCLA 12.41;MSA 3.140(1) which grants the Michigan Department of Treasury the authority to adjust and settle claims of all persons indebted to the state.

The division is comprised of two sections. The Field Recoupment Section is responsible for claims establishment and the forwarding of those claims of higher severity to other Office of Inspector General (OIG) investigative staff for further action and disposition. The Reconciliation and Recoupment Section is responsible for assurance of debtor due process, resolution of debtor disputes, monitoring for debtor compliance, and reconciliation of collection data overall.

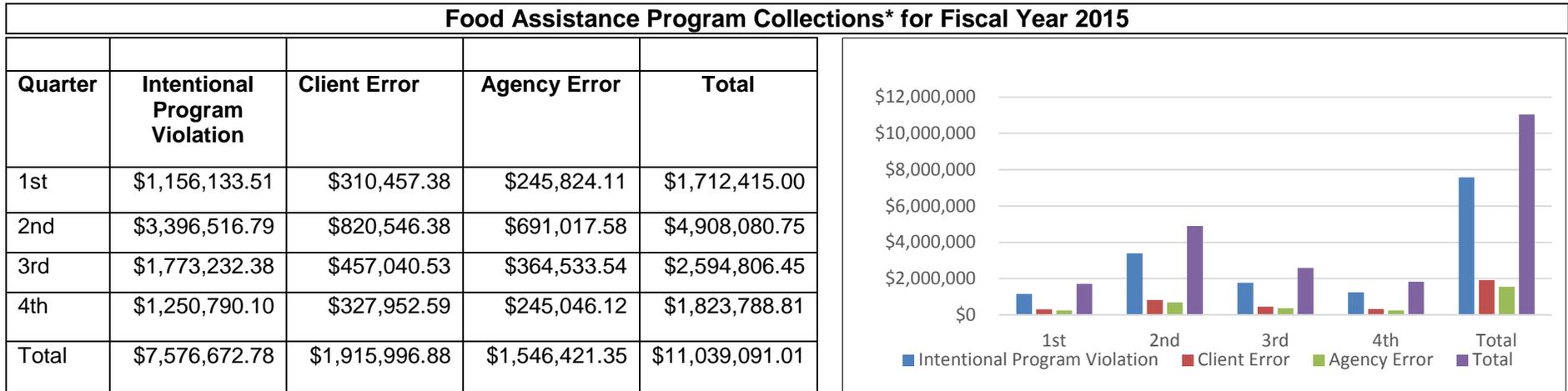
**SOURCES OF FINANCING**

Federal Funds (cost allocated)  
State Funds

**LEGAL BASIS**

- 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 Treasury Offset Program 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 Financial Management Services (FMS) for debt collection services on behalf of the Food and Nutrition Service. 31 U.S.C. §§ 3711(g) and 3716(c).
- MDHHS FY 2016 Appropriations Act, 2015 PA 84, Article X

**PROGRAM EFFECTIVENESS / PROGRAM IMPACTS**



Source: FNS-209 Status of Claims Against Households Report

\* Collections reach peak recovery status during the federal income tax refund filing season occurring from January through March. The federal Treasury Offset Program is the primary source of collections overall.

Department:

Appropriation Unit:

Program:

Health and Human Services

Community Services and Outreach

Weatherization Assistance

**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 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
- MDHHS FY 2016 Appropriations Act, 2015 PA 84, 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 2014 program year<sup>1</sup> 1,761 low-income Michigan households received weatherization services. 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.

<sup>1</sup> The U.S. Department of Energy program year runs July 1 through June 30.

Department:

Appropriation Unit:

Program:

**Health and Human Services**

**Community Services and Outreach**

**Weatherization Assistance**

***Agency***

***Community Served***

Alger-Marquette Community Action Board.....	Alger Marquette
Allegan County Resource Development Committee, Inc.....	Allegan
Area Community Services Employment and Training Council.....	Kent
Baraga-Houghton-Keweenaw Community Action Agency, Inc.....	Baraga, Houghton, Keweenaw
Blue Water Community Action Agency.....	St. Clair
Capital Area Community Services, Inc.....	Clinton, Eaton, Ingham, Shiawassee
Chippewa-Luce-Mackinac Community Action and Human Resources Authority, Inc.....	Chippewa, Luce, Mackinac
Community Action Agency of South Central Michigan.....	Barry, Branch, Calhoun, St. Joseph
Community Action Agency of Jackson, Lenawee, Hillsdale.....	Hillsdale, Jackson, Lenawee
Dickinson-Iron Community Services Agency.....	Dickinson, Iron
Downriver Community Conference .....	Various Wayne County areas
Eight CAP, Inc. ....	Gratiot, Ionia, Isabella, Montcalm, Muskegon, Oceana
Five CAP, Inc. ....	Lake, Manistee, Mason, Newaygo
Genesee County Community Action Resource Department.....	Genesee
Gogebic-Ontonagon Community Action Agency.....	Gogebic, Ontonagon
Human Development Commission.....	Huron, Lapeer, Sanilac, Tuscola
Kalamazoo County Community Action Bureau.....	Kalamazoo
Macomb County Community Services Agency.....	Macomb
Menominee-Delta-Schoolcraft Community Action Agency and Human Resource Authority .....	Delta, Menominee, Schoolcraft
Mid-Michigan Community Action Agency, Inc.....	Bay, Clare, Gladwin, Mecosta, Midland, Oscoda
Monroe County Opportunity Program.....	Monroe
Northeast Michigan Community Service Agency .....	Alcona, Alpena, Arenac, Cheboygan, Crawford, Iosco Montmorency, Ogemaw, Oscoda, Otsego, Presque Isle
Northwest Michigan Community Action Agency.....	Antrim, Benzie, Charlevoix, Emmet, Grand Traverse Kalkaska, Leelanau, Missaukee, Roscommon, Wexford
Oakland Livingston Human Services Agency.....	Livingston, Oakland
Ottawa County Community Action Agency .....	Ottawa
Saginaw County Community Action Committee, Inc.....	Saginaw
Southwest Michigan Community Action Agency.....	Berrien, Cass, Van Buren
Washtenaw County Human Services Department.....	Washtenaw
Wayne Metropolitan Community Action Agency.....	County of Wayne, excluding Downriver Community Conference communities Including the City of Detroit

## MDHHS Human Services Program Descriptions, January 2016

Michigan Department of Health and Human Services  
MDHHS Human Services Budget Division, Suite 1503  
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P.O. Box 30037  
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517-373-7904

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