

Michigan Department of Health and Human Services

PROGRAM DESCRIPTIONS

FY 2018



Prepared by:
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Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Aging and Adult Services Agency	Appropriation Unit: Aging and Adult Services	Program: Aging and Adult Services Agency Overview (Community Services Programming, National Family Caregiver Program, Senior Centers, Preventive Services, Michigan Medicare / Medicaid Assistance Program, Long Term Care Ombudsman, Elder Abuse, Legal Services)	

AGING & ADULT SERVICES AGENCY INTRODUCTION AND COMMUNITY SERVICES OVERVIEW

The Aging & Adult Services Agency provides for a variety of federal and state-funded community-based and in-home programs to older adults and their caregivers. These programs are designed to promote the independence and dignity of Michigan's 2.0 million older adults; help maintain older adults in the least restrictive setting; and avoid premature nursing home placement. A total of 131,537 older adults and caregivers are served through nutrition, in-home, and caregiver programs available throughout the state. An additional 104,605 older adults benefited from a variety of community services determined locally through public hearings and needs assessments. Program effectiveness metric data is for Fiscal Year 2015.

- **Additional Community-Based Programs** - Other supportive services are available to assist older adults at the community level. Programs funded in this category include: Assistance to the Hearing Impaired (2,862 clients served); Counseling (133 clients served); Crisis Services Energy Assistance (602 clients served); Friendly Reassurance (140 clients served); Home Injury Control (1,588 clients served); Home Repair (136 clients served); Medication Management (3,695 clients served); Personal Emergency Response (1,878 clients served); Vision Services (1,499 clients served); and Wellness Center Support (4,340 clients served).

COMMUNITY SERVICES PROGRAMMING

Access Services – Access services are those that permit older adults and their families to gain entry into the array of services available at the local level. In FY 2015 there were 9,744 older adults served through case coordination and support and 17,291 older adults received assistance with transportation. A total of 112,022 units of outreach and 110,229 units of information and assistance were provided.

Care Management Program – Through assessment of individual needs and the brokering of services, the Care Management Program assists frail older adults at risk of nursing facility placement. The program locates, mobilizes and manages a variety of home care and other services necessary to support individuals in their desire to maintain independence in their home. In FY 2015 there were 3,824 individuals served this program.

In-Home Services – Older adults served by this program have functional, physical, or mental characteristics that prevent them from providing the service for themselves, and do not have available or sufficient informal support networks (i.e. family, friends, neighbors) to help meet their service needs. Growth of the older adult population, inflation, and reductions in Medicare reimbursement for home health services have all contributed to waiting lists for in-home services. In FY 2015 there were 3,569 older adults who were recipients of chore services; 8,632 received homemaker services; and 3,785 received personal care.

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

Six-percent of care management and home care clients served have daily activity limitations consistent with the Michigan Medicaid Nursing Home Level of Care Determination. Thirty-eight percent of care management and in-home clients are at or below the federal poverty level (FPL). Twenty-eight percent of care management and in-home clients live alone.

National Family Caregiver Support Program – Michigan received nearly \$4.6 million in FY 2015 for the National Family Caregiver Support Program created by the FY 2000 amendments to the Older Americans Act. Funds are allocated by formula to Michigan's 16 Area Agencies on Aging. Services in this category include: information and assistance; help in accessing services, counseling and support groups; caregiver training; respite; and supplemental services. Area Agencies on Aging are responsible for determining what caregiver services will be available in their respective regions, although each is required to establish at least one caregiver focal point in the region. Area Agencies on Aging must also budget an amount not less than \$25,000 or 5 percent (whichever is less), but no more than

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
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10 percent of the Title III-E allocation to support grandparent and other older relative caregivers. By establishing a baseline of the range of service categories funded in FY 2009 within each Area Agency on Aging and statewide, Aging & Adult Services Agency has determined that there is regional availability of the five kinds of services authorized by the National Family Caregiver Support Program in Michigan. During FY 2015, caregivers in Michigan received 13,114 units of service in the area of information and assistance; 8,604 units of outreach services; 11,977 units of counseling, support groups and training; and 1,014 units of supplemental services. A total of 5,898 caregivers received respite and adult day services. Of the 6,898 caregivers in 2015, 845 were grandparents and other older relatives raising dependent children under the age of 18 years. Aging & Adult Services Agency also continued to support the Tailored Caregiver Assessment and Referral Program in FY 2015. The Tailored Caregiver Assessment and Referral Program protocol helps care managers screen, assess, and identify the specific community resources that are most apt to be beneficial for and acceptable to those who are in a caregiver role.

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

- Seventy-one percent of caregivers provide hands on/daily care.
- Fifty-two percent of caregivers have been caregiving for three or more years.
- Forty-four percent of caregivers indicate there is “no other family member willing or able” to help provide care.
- Thirty-six six percent of work full or part-time.

Senior Centers – Senior centers provide a variety of services to help maintain senior independence and foster social interaction. Such services include information and assistance, congregate meals, health promotion, exercise programs, legal services, and numerous educational/enrichment programs. Local funds available through senior mileages and local governments are an integral part of the funding mix. A number of Area Agencies on Aging also provide federal Older Americans Act funds to support senior center activities in local communities. There are more than 300 centers located throughout Michigan.

Preventive Services - Eating better and getting more physical activity is the message being presented to older adults to help them have a higher quality of life. Self-management programs, nutrition education, and other health promotion services/information are provided at multi-purpose senior centers, congregate meal sites, and through home-delivered meal programs. The importance of these services is best demonstrated in the area of chronic diseases, the most prevalent, costly and preventable of all health problems. Some 80 percent of people over age 65 have at least one chronic illness and 50 percent have at least two. Although the risk of disease and disability increases with age, chronic illness is not an inevitable consequence of aging. Preventive services aid in helping older adults extend their healthy years and improve their quality of life. During FY 2015, health screening and disease prevention services were provided to 9,976 older adults.

Evidence-based programs refer to those that have been scientifically researched and tested with proven results, offering the benefits of self-efficacy and decreased health service utilization. They enable participants to adopt healthy self-management behaviors. The programs work best when participants are informed, motivated, and involved as partners in their own care. Programs offered through Michigan’s aging network include: Enhance Fitness, Matter of Balance, Chronic Disease Self-Management (known as “PATH”), and Diabetes Self-Management (known as “Diabetes PATH”). FY 2015 was the final year of a three-year grant from the Administration for Community Living called “Empowering Older Adults and Adults with Disabilities through Chronic Disease Self-Management Education.” The purpose of this grant was to help ensure that evidence-based self-management education programs are embedded into the state’s health and long-term care systems. This past year a new program was added to the available programs called “Cancer: Thriving and surviving.” It was created by Stanford University as part of the chronic illness series of workshops.

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PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

- 253 workshops on chronic disease self-management were held.
- 2,948 people participated in workshops, and of those 2,144 people completed at least four of six sessions – a 73 percent completion rate.

Michigan Medicare/Medicaid Assistance Program (MMAP) - Michigan Medicare/Medicaid Assistance Program's mission is to educate, counsel and empower Michigan's older adults and individuals with disabilities, and those who serve them, so they can make informed health benefit decisions. This program has 232 counseling locations statewide with over 700 trained and certified team members. These professionals are skilled volunteers who provide information and assistance on a variety of Medicare related items daily. Counseling topics include: Medicare and Medicaid eligibility, medical coverage, enrollments, claims, post-enrollment issues, grievances and appeals, fraud and abuse related to Medicare and Medicaid, managed care, Medigap, and long term care insurance products. In FY 2015, there were 96,405 Medicare beneficiaries served.

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

- 122,579 client contacts were made and 60,344 of them were individuals having an annual household income of \$23,895 or less.
- 28,047 contacts were made with beneficiaries enrolled in Medicare due to a disability.
- 1,234 presentations reached 47,578 individuals. Topics included Medicare eligibility and benefits, Medicare Part D plans and plan comparison, Medicaid eligibility, Medicare Savings Program, and Part D Low-Income Subsidy eligibility.
- 4,073 beneficiaries received enrollment assistance in a Medicare Prescription Drug Plan, Medicare Savings Program, or the Part D Low-Income Subsidy at 195 enrollment events.

Long Term Care Ombudsman - This program provides advocacy services designed to protect the rights, health, safety, and welfare of the estimated 97,000 residents of Michigan's licensed long term care facilities. Older adults and their family members are helped through services designed to assist with placement decisions and complaint investigation and resolution.

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

- Long-term care consultations were held with 3,180 individuals and 1,515 facility staff.
- 165 community education sessions were held.
- Ninety-three percent of complaints were made against nursing facilities; 7.5 percent were made against adult foster care homes or homes for the aged.
- 1,587 complaint cases on 3,099 complaint issues were closed.

Elder Abuse Programs - Aging & Adult Services Agency works in partnership with many organizations to provide training, technical assistance, and consulting services aimed at the prevention and treatment of abuse, neglect, and exploitation of older adults. In FY 2015 local programs funded through Aging & Adult Services Agency provided 6,412 units of service in elder abuse prevention.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
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Legal Services - Legal assistance in the form of information, advice/counsel, legal education, and direct representation is a priority service under Title III, Part B of the Older Americans Act. During FY 2015, Michigan's nine contracted legal service providers provided approximately 39,000 hours of service to more than 12,800 clients. The legal services providers also conducted 260 community education presentations. The types of cases most frequently dealt with relate to consumer finance and fraud, advance directives and wills/advance planning, and housing. FY 2015 saw continued demand for assistance with bankruptcy, reverse mortgages, mortgage and consumer fraud, financial exploitation, and access to public benefits. There was also 100 percent compliance with Michigan's best practice web-based legal services reporting system.

SOURCES OF FINANCING

Administration for Community Living/Administration on Aging

Federal Title III

Federal Title XIX

General Fund

Centers for Medicare & Medicaid Services (Michigan Medicare/Medicaid Assistance

LEGAL BASIS

- Older American's Act of 1965, as amended; Older Michiganians Act of 1981;
- Social Security Act; Federal Title XIX;
- Section 4320 Omnibus Budget Reconciliation Act of 1990; P.L. 101-508.
- MDHHS FY 2017 Appropriations Act, 2016 PA 268, Article X

Michigan Department of Health and Human Services	PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Aging and Adult Services Agency	Appropriation Unit: Aging and Adult Services	Program: Adult Community Placement Program

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

General Fund/General Purpose
Federal Title XIX of the Social Security Act
Federal Title XX of the Social Security Act

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 2017 Appropriations Act, 2016 PA 268, Article X

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

As tracked by Adult Services staff, in FY 2016 an average of 1,964 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 (\$1,068.42 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 increased in FY 17 to \$218.92. The SSI rate and Medicaid personal care supplement of \$218.92 equals \$1,068.42 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 \$218.92 paid by Medicaid.

Michigan Department of Health and Human Services	PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Aging and Adult Services Agency	Appropriation Unit: Aging and Adult Services	Program: Adult Protective Services Program

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, and 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 2016 Program and Client Characteristics

- 43,129 APS referrals received.
- 25,854 APS referrals investigated.
- 8,121 APS substantiated investigations.
- Fifty-eight percent of APS referrals were for individuals over age 60.
- 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.

SOURCES OF FINANCING

Social Services Block Grant (SSBG).
State General Fund.

LEGAL BASIS

- Social Welfare Act, 1939 PA 280
- Michigan Penal Code, 1931 PA 328, MCL 750.174a
- MDHHS FY 2017 Appropriations Act, 2016 PA 268, Article X

Michigan Department of Health and Human Services	PROGRAM DESCRIPTION	Fiscal Year 2018
Administration:	Appropriation Unit:	Program:
Aging and Adult Services Agency	Aging and Adult Services	Adult Protective Services

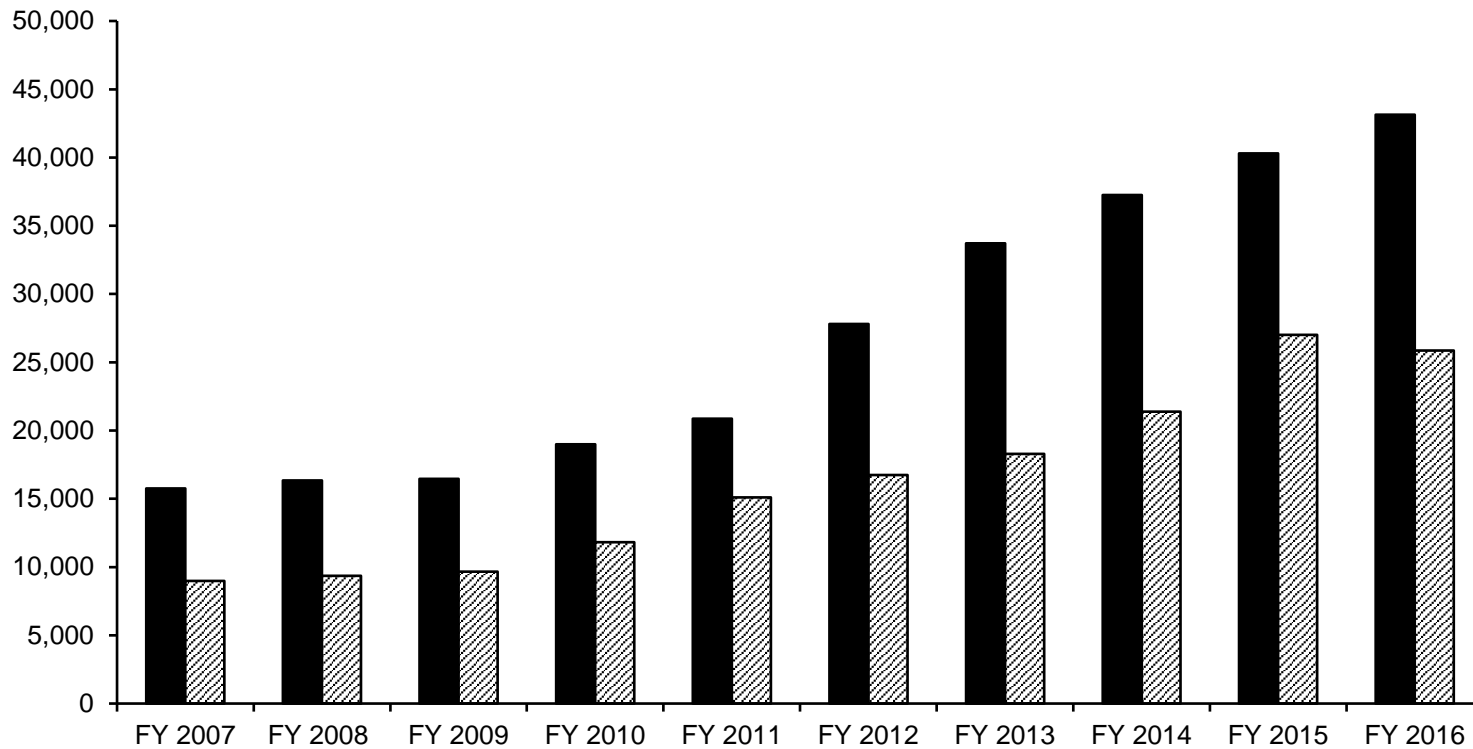
PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

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 2016 there were 43,129 APS referrals. During FY 2016, there were 25,854 referrals opened for investigation.

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 2007 - FY 2016



■ Referrals	15,752	16,348	16,450	19,001	20,856	27,796	33,710	37,242	40,302	43,129
▨ Invest.	8,986	9,346	9,671	11,814	15,099	16,738	18,289	21,390	27,011	25,854
Percent Investigated	57.0%	57.2%	58.8%	62.2%	72.4%	60.2%	54.3%	57.4%	67.0%	59.9%

Note: APS referrals increased 174 percent from FY 2007 through FY 2016. Of the FY 2016 record count of 43,129 referrals, nearly 60 percent were investigated.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Aging and Adult Services Agency	Appropriation Unit: Aging and Adult Services	Program: Michigan Senior Community Services and Employment Assistance Program	

PROGRAM STATEMENT

The Michigan Senior Community Service and Employment Program is authorized through Title V of the federal Older Americans Act. The program provides work experience and skill enhancement through subsidized, part-time assignments at community service agencies. Participants must be aged 55 or older and unemployed with a family income no greater than 125 percent of federal poverty income guidelines. Priority is given to veterans and those individuals 65 years of age or older with the greatest economic need.

The program provides participants with the opportunity to make a contribution to the community. Given the experience and confidence gained by participants, an additional goal of the program is to transition participants into unsubsidized employment, private or public sector employment. Aging and Adult Services Agency receives program funds from the U.S. Department of Labor that are matched with state and local resources. This training program is intended to serve as a bridge to unsubsidized employment opportunities. Each year the program strives to place a percentage of program participants into unsubsidized employment, with the ultimate goal of increasing their earnings. In FY 2015, 447 older workers participated in the program. Of those participants, 63 percent were aged 60 years or older; 71 percent of participants were female; 11 percent were veterans; 50 percent were Caucasian, 46 percent were African American, 2 percent Hispanic, 1 percent American Indian, and 16 percent had a disability.

SOURCES OF FUNDING

Federal - U.S. Department of Labor

LEGAL BASIS

- Older Americans Act of 1965, as amended
- MDHHS FY 2017 Appropriations Act, 2016 PA 268, Article X

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES:

- Nearly 44 percent successfully obtained unsubsidized employment.
- Participants on average accrued \$7,112 in earnings after transitioning to unsubsidized employment.
- Seventy-nine percent had family income at or below the poverty level; 67 percent were receiving public assistance; 27 percent had low literacy skills; and 78 percent had low employment prospects.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration:	Appropriation Unit:	Program:	
Aging and Adult Services Agency	Aging and Adult Services	Senior Nutrition Program	

PROGRAM STATEMENT

The Senior Nutrition Program is the mainstay of community-based programs available to the state's older adults. The longest running program developed to meet senior's needs, the Senior Nutrition Program annually serves more than 10.4 million meals to more than 109,900 adults throughout the state. The program is funded by Title III of the federal Older Americans Act, state funds, local dollars, senior contributions and a grant in lieu of agricultural commodities from the Administration on Aging.

In FY 2015, there were 2,156,131 meals provided in the congregate setting to 57,123 people, and 8,295,084 meals were delivered to 52,825 older adults in their homes. The Congregate Program provides at least one hot or other appropriate meal per day, five or more days a week. The home-delivered meal portion of the program offers at least one hot, cold, frozen, dried, canned, or supplemental food meal per day - five or more days a week - to those unable to participate in the congregate program due to physical or emotional disability.

Research has shown the Senior Nutrition Program has been successful in targeting the vulnerable older population, including the very old, individuals living alone, people below the poverty level, minority individuals, and individuals with significant health conditions and/or physical or mental impairments. Nutritional risk has been found to be the most important predictor of the total number of visits to a physician, visits to the emergency room, and the occurrence of hospital episodes.

The Congregate Nutrition program provides nutritious meals in a variety of community settings and helps combat social isolation by providing opportunities for interaction, access to community resources, and education. At the end of FY 2015, Michigan had 589 congregate dining sites (community facilities, churches, schools and senior centers). Typically, more than 50 percent of congregate meal program participants are 75 years of age or older and 22 percent is over the age of 85. More than 30 percent of congregate meal participants have income at or below the federal poverty level.

Home-delivered meals, often referred to as "meals on wheels," are provided to those persons who are unable, due to physical or emotional disabilities, to participate in the congregate nutrition program. Individual assessments of home-delivered meal recipients are conducted to determine eligibility for other supportive services. During FY 2015, 64 percent of home-delivered meal participants were 75 years of age or older, with 36 percent the age of age 85.

Senior Project FRESH provides coupons for unprocessed, Michigan-grown produce purchased at farmers markets or roadside stands. The program is available from June 1 through October 31 each year. The program is open to those who are at least 60 years of age, are at 185 percent of poverty or less, and live in a participating county. The program benefits both Michigan seniors and Michigan farmers. In 2015, there were over 55,000 individuals who participated in 82 counties across Michigan. All participants receive nutrition education, as well as information and referral to other nutrition and wellness programs. Additionally, nearly 300 markets and roadside stands participated, representing 3,109 farmers, and the program put \$500,000 into Michigan's agricultural economy.

Michigan Department of Health and Human Services	PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Aging and Adult Services Agency	Appropriation Unit: Aging and Adult Services	Program: Senior Nutrition Program

SOURCES OF FUNDING

Federal Title III

Administration on Aging in cooperation with the U.S. Department of Agriculture (USDA)

General Fund/General Purpose

Private

LEGAL BASIS

- Older Americans Act of 1965, as amended; Older Michiganians Act of 1981
- MDHHS FY 2017 Appropriations Act, 2016 Public Act 268, Article X

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

- Sixty-five percent of individuals served by the Home Delivered Meals Program (HDM) were at high nutritional risk according to the Federal Administration on Aging guidelines.
- Nearly 6.2 percent of HDM clients served had daily activity limitations consistent with the Michigan Medicaid Nursing Home Level of Care Determination.
- Thirty-eight percent of nutrition clients were at or below the federal poverty level (FPL).
- Fifty percent of nutrition clients live alone.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration:	Appropriation Unit:	Program:	
Aging and Adult Services Agency	Aging and Adult Services	Senior Respite Care Program	

PROGRAM STATEMENT

The Senior Respite Care Program was created through Public Act 171 of 1990, which allows the state to receive escheat funds from Blue Cross and Blue Shield of Michigan. Funds are distributed to Area Agencies on Aging annually, each receiving a minimum of \$25,000, and the remaining funds are distributed by the interstate funding formula. During FY 2015, the Aging and Adult Services Agency also administered nearly \$4.5 million in Merit Award Trust funds for respite services to caregivers of older and disabled adults over the age of 18. Merit Award Trust funds are distributed to Area Agencies on Aging by formula. All Medicaid Home and Community Based Services Waiver agents are eligible to receive Merit Award Trust funds.

- Respite Care programs allow family caregivers a break in their care giving responsibilities, often extending the family's ability to provide care. They provide supervision, socialization, and assistance to adults with cognitive or physical impairments during the absence of the caregiver. Respite can be provided in-home (the provider comes to the consumer's house) or in the community (the consumer attends an adult day care program). Funds may also provide respite to grandparents raising their grandchildren.
- In FY 2015, funding from the Aging and Adult Services Agency allowed 5,898 caregivers to receive 893,447 units of respite and adult day services. While most adult day care programs have participants with dementia or cognitive impairments, most programs need more information and training to effectively support people with moderate to severe cognitive deficits. Aging and Adult Services Agency also continues to advocate for more consumer-friendly programs that include expanded hours of day care operation to help working caregivers, overnight respite for times when the caregiver cannot be home, weekend programs, and programs with maximum flexibility to respond to caregivers in times of crisis. In FY 2008, Aging and Adult Services Agency was awarded a 3-year cooperative agreement under the Alzheimer's disease Demonstration Grants to the States program to implement the evidence-based program, Savvy Caregiver, to the aging network's array of services for family caregivers. The project, "Creating Confident Caregivers: Michigan's Dementia Project," developed a cadre of master trainers and group leaders to offer the six two-hour sessions, along with respite care, to family caregivers. A second Alzheimer's disease Demonstration Grant awarded in FY 2010 allowed expansion of the Savvy Caregiver program to an additional planning and Service Areas - making the program available statewide. Aging and Adult Services Agency was also awarded an 18-month cooperative agreement under the Administration on Aging Alzheimer's Disease Supportive Services program for innovative projects. The project builds on the Veterans Directed Home and Community Based Services Initiative and the Creating Confident Caregivers project. It provides a customized caregiver education program for family caregivers of veterans with dementia living at home.

SOURCES OF FINANCING

State Restricted Funds
Senior Respite Care Fund
Merit Award Trust Fund

LEGAL BASIS

- P.A. 171 of 1990
- MDHHS FY 2017 Appropriations Act, 2016 Public Act 268, Article X

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration:	Appropriation Unit:	Program:	
Aging and Adult Services Agency	Aging and Adult Services	Senior Respite Care Program	

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

- Seventy-one percent of participants were provided daily, hands-on care.
- Seventy-one percent have received been caregiving for more than one year and 52 percent for three or more years.
- Fifty-three percent of individuals providing care live with individuals they care for and 39 percent travel up to one hour to provide care.
- Forty-four percent of recipients Indicated there were “no other family members willing or able” to provide or help to provide care.
- Thirty-six percent of care providers were employed full or part-time.
- Twenty-seven percent describe their health as “fair” or “poor”.

Administration:
Aging and Adult Services Agency

Appropriation Unit:
Aging and Adult Services

Program:
Senior Volunteer Services Program

PROGRAM STATEMENT

Senior Volunteer Services provide for a variety of services for older adults, children, and local communities. Experience has shown that doing regular volunteer work, more than any other activity, dramatically increases life expectancy. At the same time, there are many areas of growing need in our communities where the time and talents of our growing older population fill gaps in service, enhance community life, and protect vulnerable populations. Aging and Adult Services Agency administers three older volunteer programs with state funds. Federal funds also flow into Michigan for volunteer programs through the Federal volunteer agency, the Corporation for National and Community Service. A total of 9,320 older adults participated in Michigan's three older adult volunteer programs in FY 2015.

Retired and Senior Volunteer Program - This program provides opportunities for people aged 55 and older to serve their communities, explore new interests, and stay active. Retired and Senior Volunteer Program volunteers serve without pay, but receive transportation assistance; excess auto, accident and liability insurance; training; and recognition. Retired and Senior Volunteer Program services in such areas as tutoring, literacy, public safety, homeland security, healthcare, and economic development are provided local projects.

Senior Companion Program - This program offers low-income men and women 55 years of age and older the opportunity to provide care and assistance to other older adults and adults with developmental disabilities, Alzheimer's disease, mental illness, and/or conditions that make them frail and at-risk. They also support other alternative care services funded by the Aging and Adult Services Agency such as care management and respite care that allow older adults to remain living in their own home. Senior Companions serve on average 20 hours per week and receive a stipend of \$2.65 per hour.

Foster Grandparent Program - This program provides opportunities for low-income men and women 55 years of age and older to assist children and youth who need personal attention and assistance in schools, hospitals, juvenile detention facilities, day care centers, community programs, and private homes. Foster Grandparents are involved in mentoring and tutoring, they offer emotional support to child victims of abuse and neglect, and they care for premature infants and children with physical disabilities and severe illness. Foster Grandparents serve on average 20 hours per week and receive an hourly stipend of \$2.65, which allows them to purchase groceries and other basic necessities, without which many of these older adults would be more dependent upon government-supported services.

SOURCES OF FUNDING

General Fund / General Purpose

The Corporation for National and Community Service

LEGAL BASIS:

- Serve America Act of 2009
- Older Michiganians Act of 1981
- MDHHS FY 2017 Appropriations Act, 2016 Public Act 268, Article X

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Aging and Adult Services Agency	Appropriation Unit: Aging and Adult Services	Program: Senior Volunteer Services Program	

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

- 7,703 Retired and Senior Volunteer Program volunteers provided service to 1,438 non-profit organizations, equating to 721,788 volunteer service hours of service to local communities.
- 502 Senior Companions served 2,690 adults in 997 different settings within 185 organizations.
- 1,115 Foster Grandparents served 5,267 children and youth with exceptional and special needs in 1,192 different settings within 347 non-profit organizations.

Michigan Department of Health and Human Services	PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Behavioral Health and Developmental Disabilities	Appropriation Unit: Behavioral Health Services	Program: Autism Program

PROGRAM STATEMENT

The Children and Adults with Autism Section supports the Medicaid Autism Applied Behavior Analysis (ABA) Benefit, the Michigan Autism Spectrum Disorders State Plan, the Michigan Autism Council, the Michigan Department of Health and Human Services autism contracts, and services provided throughout the state for individuals with Autism Spectrum Disorders.

The Michigan Department of Health and Human Services contracts with 10 Prepaid Inpatient Health Plans for the Medicaid Autism Applied Behavior Analysis under the Medicaid State Plan Early and Periodic Screening, Diagnosis and Treatment Benefit. The Autism Applied Behavior Analysis Benefit provides services to children under the age of 21 who have a medical diagnosis of Autism Spectrum Disorder.

SOURCES OF FINANCING

General Fund/General Purpose,
Federal Title XIX of the Social Security Act

LEGAL BASIS

- Medicaid State Plan - Early and Periodic Screening, Diagnosis and Treatment Benefit
- MDHHS Appropriations Act, 2016 Public Act 268, Article X

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

3,535 youth were eligible to receive ABA services as of November 2, 2016.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Behavioral Health and Developmental Disabilities	Appropriation Unit: State Psychiatric Hospitals and Forensic Mental Health	Program: Center for Forensic Psychiatry	

PROGRAM STATEMENT

The Center for Forensic Psychiatry (CFP) provides forensic evaluation services to the criminal justice system and provides psychiatric treatment for criminal defendants adjudicated incompetent to stand trial (IST) and/or acquitted by reason of insanity (NGRI).

CFP's evaluation program conducts forensic evaluations, prepares court reports, and provides testimony to the criminal courts regarding issues of defendants' competency to stand trial and/or legal insanity. Most evaluations are conducted on an outpatient basis at CFP. Forensic evaluators also travel to Grand Traverse, Kent, and Marquette counties.

CFP's treatment program provides inpatient mental health treatment to persons with mental illness who are committed by the criminal courts as being either IST or NGRI and to those who are subsequently committed to CFP by the probate courts. CFP's NGRI Committee provides oversight for the treatment and movement of NGRI patients being treated at CFP, at other state hospitals and centers, and by the Community Mental Health Services Programs (CMHSP).

SOURCES OF FUNDING

Medicaid
United States Department of Agriculture
General Fund/General Purpose
1st/3rd Party Patient Reimbursement
10 percent county match

LEGAL BASIS

- MDHHS FY 2017 Appropriations Act, Public Act 268 of 2016, Article X
- PA 258 of 1974, Section 128

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

In FY 2014, the Center for Forensic Psychiatry's (CFP) Evaluation Unit completed approximately 3,701 forensic evaluations. The CFP inpatient program provided services to a daily average of 218 patients. Over 79,718 in-house days of care were provided. The October 2014 monthly average in-house census was 214. CFP has been accredited by The Joint Commission since 2000, and the Centers for Medicare and Medicaid Services (CMS) certified since 2010.

Michigan Department of Health and Human Services	PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Behavioral Health and Developmental Disabilities	Appropriation Unit: Behavioral Health Services	Program: Children's Waiver Program

PROGRAM STATEMENT

The Children's Waiver Program (CWP) is a Home and Community-Based Services (HCBS) waiver authorized under Sections 1915(c) and 1915(b)(4) of the Social Security Act. HCBS waivers allow states to provide services to individuals who without such services would require, or are at risk of, placement into an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), formerly called Intermediate Care Facility for the Mentally Retarded (ICF/MR). The CWP enables Medicaid to provide services for children up to age 18 with developmental disabilities and challenging behaviors and/or complex medical needs who live in the homes of their birth or legally adopted parents, regardless of their parent's income. In addition to being eligible to receive all state plan Medicaid funded services, children served by the CWP receive the following waiver services as identified in their plan of services and supports: fiscal management services, family training, non-family training, respite care, community living supports, specialty services (e.g., music, recreation, art and massage therapy), transportation, specialty medical equipment and supplies, and environmental accessibility adaptations. HCBS waivers are federally approved for up to five years. The CWP has begun the process of renewal for the five-year period October 1, 2015, through September 30, 2020. Additionally, the CWP is included in the proposed 1115 waiver for which Michigan is currently seeking the approval of CMS.

SOURCES OF FUNDING

General Fund/General Purpose, Medicaid – Title XIX

LEGAL BASIS

- Sections 1915(c) and 1915(b)(4) of the Social Security Act
- MDHHS FY 2017 Appropriations Act, 2016 Public Act 268, Article X

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

During FY 2016, a total of 469 children received CWP services

Michigan Department of Health and Human Services	PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Behavioral Health and Developmental Disabilities	Appropriation Unit: Behavioral Health Services	Program: Community Mental Health Medicaid Services

PROGRAM STATEMENT

Since 1998, the Department has operated a Medicaid prepaid specialty services managed care program through a 1915(b) managed care waiver for Medicaid specialty mental health, intellectual/developmental disability and substance use disorder services that operates concurrently with a 1915(c) Habilitation Supports Waiver. The Department contracts with 10 Prepaid Inpatient Health Plans (PIHPs) to manage all Medicaid specialty mental health, intellectual/developmental disabilities and substance use disorder services. The PIHPs receive funding for Medicaid covered specialty services in a prepaid capitated shared-risk arrangement. Service specifications, payment and actuarial soundness must comply with federal regulations for Medicaid managed care. Annually, the Habilitation Supports Waiver serves approximately 8,200 individuals with intellectual/developmental disabilities who would otherwise need the level of care provided in an Intermediate Care Facility for Intellectual and/or Developmental Disabilities Mental Retardation (ICF/IDD).

In Michigan, state statute requires that public mental health agencies use a person-centered planning process to develop an individualized plan of services and/or supports for all individuals served through the public system, including those seeking Medicaid specialty services. This process is for planning and supporting individuals and including them, family members or others in the decision making process based upon the consumer's preferences, choices and abilities. PIHPs are required to facilitate consumer involvement, honor consumer choices among service alternatives, and develop methods to promote successful person-centered planning (e.g., the opportunity to bring in an "external" person-centered planning "facilitator" to assure that consumer needs and preferences are clearly identified and fully explored).

The Department established a comprehensive quality management system for oversight of the specialty service managed care program implemented by the PIHPs. The multi-faceted system is designed to assure that the entities are compliant with state and federal standards, rules and regulations, and are responsive to the needs and concerns of their local stakeholders: consumers, families, advocates and others. Quarterly reports on 15 indicators describe performance of the entities on access, outcomes, and efficiency. Annual surveys are conducted on the satisfaction with their services of individuals served who have serious mental illness or serious emotional disturbance. An encounter data system collects consumer level demographic and service use data monthly for use in federal and state reporting and contract management. As required by the 1997 Balanced Budget Act, the Department contracts with an External Quality Review Organization to conduct annual reviews of the PIHPs' compliance with federal managed care rules.

SOURCES OF FINANCING

General Fund/General Purpose, Medicaid – Title XIX, Local

LEGAL BASIS

P.A. 258 of 1974, as amended;
Social Welfare Act (MCL 400.109f and 400.109g);
Title XIX of the Social Security Act;
Approved 1915(b) and 1915(c) Waivers

Michigan Department of Health and Human Services	PROGRAM DESCRIPTION	Fiscal Year 2018
Administration:	Appropriation Unit:	Program:
Behavioral Health and Developmental Disabilities	Behavioral Health Services	Community Mental Health Medicaid Services

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

The number of persons served in FY 2014 was 241,329. This reflects activity in both CMHSP Non-Medicaid services and PIHP Medicaid services. For additional information, see the annual report (Section 904) for the Legislature on Mental Health services and services for persons with mental illness or an intellectual/developmental disability that captures a wide variety of key indicators on persons served, costs by client group and service category, access, needs assessments and service outcomes.

[ANNUAL REPORT:](#)

Michigan Department of Health and Human Services	PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Behavioral Health and Developmental Disabilities	Appropriation Unit: Behavioral Health Services	Program: Community Mental Health Non-Medicaid Services

PROGRAM STATEMENT

Chapter 2 of the Mental Health Code establishes Community Mental Health Services Programs to provide services and supports to persons with mental illness or intellectual/developmental disabilities. Section 330.1202 states that the state shall financially support, in accordance with Chapter 3, community mental health services programs that have been established and that are administered pursuant to the provisions of the law. All counties (individually or jointly) have established Community Mental Health Services Programs. Non-Medicaid services are currently administered through 46 Community Mental Health Services Programs and Medicaid services are administered through 10 Prepaid Inpatient Health Plans.

The 1996 revisions to the Mental Health Code changed the way local Community Mental Health Services Programs can be organized and administered. Three arrangements are possible:

1. A county community mental health agency that is an agency of the county it represents and most closely reflects the structure of single county community mental health boards in place in 1996.
2. A community mental health organization that is a separate public government entity created by two or more counties under the Urban Cooperation Act, seven of which existed when the Mental Health Code was amended.
3. A community mental health authority that is created through an enabling resolution adopted by the board of commissions of each creating county. This is a separate public government entity that is independent of county government.

Public Act 258 of 1974 (the Mental Health Code) directed the Department to shift authority and funding for mental health and developmental disability services from the state to the county-sponsored Community Mental Health Services Programs whenever the county entities demonstrated the willingness and capability to assume these responsibilities.

The 46 Community Mental Health Services Programs (CMHSPs) cover all of Michigan's 83 counties, and serve as the single entry point for all public mental health services within their service area. Under the Mental Health Code, CMHSPs are required to direct their service efforts to those populations most in need: adults with serious mental illness; children and adolescents with serious emotional disturbance; individuals with an intellectual/developmental disability; and individuals with these conditions with urgent or emergency situations or circumstances. State law identifies a minimum array of services that must be available from each CMHSP.

CMHSP non-Medicaid services are supported by state general funds and certain required local matching funds. These funds are utilized to provide a variety of services to individuals within the priority populations who are not covered by Medicaid, or who require services that are not benefits under the state Medicaid plan. Administratively, each CMHSP is charged with annually planning to identify, assess and enunciate the mental health needs of its residents; developing and establishing arrangements for the effective coordination and integration of public mental health services; and monitoring and evaluation to determine the relevance, quality, effectiveness and efficiency of the services provided. All 46 CMHSPs have assumed "full management" responsibility under Section 116 of the Mental Health Code.

Michigan Department of Health and Human Services	PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Behavioral Health and Developmental Disabilities	Appropriation Unit: Behavioral Health Services	Program: Community Mental Health Non-Medicaid Services

SOURCES OF FINANCING

General Fund/General Purpose, Local funds

LEGAL BASIS

P.A. 258 of 1974, as amended.

MDHHS FY 2017 Appropriations Act, 2016 Public Act 268, Article X.

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

Please see the [Community Mental Health Medicaid Services Performance Annual Report](#) .

Michigan Department of Health and Human Services	PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Behavioral Health and Developmental Disabilities	Appropriation Unit: Behavioral Health Services	Program: Community Substance Abuse Prevention, Treatment and Recovery Program

PROGRAM STATEMENT

Based on data from the National Survey on Drug Use and Health (NSDUH) for 2013 and 2014, 7.7 percent of Michigan residents aged 12 and older experienced substance dependence or abuse in the past year. Substance dependence and use have a relationship to crime, homelessness, child abuse and neglect, communicable diseases, unintended pregnancy, the escalation of health care costs, chronic disease and injury. NSDUH data for 2013 to 2014 show that 11.7 percent of Michigan residents have used an illicit drug (including marijuana) in the past month; 4 percent have engaged in the non-medical use of pain relievers; and 24.6 percent have engaged in binge alcohol use (5 or more drinks on an occasion) at least once in the past month. The 2015 Michigan Youth Risk Behavior Survey reported that 14.8 percent of students tried alcohol for the first time before age 13 and 5.9 percent tried marijuana for the first time before age 13. The results of the 2015 Michigan Youth Risk Behavior Survey reported that 58.7 percent of students have used alcohol in their lifetime, with 25.9 percent reporting use in the last 30 days, 12.5 percent of those report binge drinking. Thirty-four percent of students report marijuana use in their lifetime, with 19.3 percent reporting use in the last 30 days. Twenty-five percent of students were offered, sold, or given an illegal drug on school property within the past 12 months.

The publicly funded substance use service delivery system admitted 61,173 persons for substance abuse treatment in FY 2014. **NOTE:** Data for FY 2015 and FY 2016 were not available for this release, but will be for the FY 2018 update. The majority of these treatment admissions (58 percent) were admitted on an outpatient basis, while 35 percent entered into residential programs for detoxification or treatment services. At admission, alcohol was the most common primary drug of abuse (37 percent), followed by heroin (22 percent), marijuana (16 percent), other opiates/synthetics (14 percent), and crack/cocaine (7 percent).

Treatment clients are likely to be male (60 percent), between 30 and 54 years old (53 percent of all admissions), unmarried (83 percent), and unemployed (60 percent); 69 percent of clients are white, 24 percent are African American, and 3 percent are Hispanic.

The 10 Prepaid Inpatient Health Plans (PIHPs) are responsible for comprehensive planning, review, data collection and contracting with licensed substance abuse providers for an array of substance abuse prevention treatment and recovery services. The treatment services required to be available include sub-acute detoxification, short and long term residential, outpatient services, and medication-assisted opioid treatment services. Other services in the continuum include access management services, specified capacities relative to communicable diseases, services to women, and prevention. Each coordinating agency must ensure the availability of services based on a local determination of need. Approximately 415 organizations receive state-administered substance abuse funding.

The Federal Substance Abuse Prevention and Treatment Block Grant contributes nearly \$57 million for public substance use services in Michigan. While states have considerable discretion over the use of block grant funds, there are minimum spending requirements: twenty-percent of the total award must be directed to prevention services; a \$5.6 million spending requirement for services to pregnant women and women with dependent children; and a state financial maintenance of effort amount (not quantified for this release). The block grant also specifies pregnant women and injecting drug users as priority populations for substance use treatment services. State law requires that admission priority be given to parents who are at risk of losing custody due to their substance abuse. There are extensive requirements on preventing youth access to tobacco with substantial financial penalties for not meeting federal goals. Specifically, the penalty for a state is loss of up to 40 percent of its Substance Abuse Prevention and Treatment (SAPT) Block Grant funds, or \$23 million.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Behavioral Health and Developmental Disabilities	Appropriation Unit: Behavioral Health Services	Program: Community Substance Abuse Prevention, Treatment and Recovery Program	

Prevention efforts in Michigan include providing services through evidence-based service models and “best-practice” methods. Prevention activities are increasingly aimed at creating large-scale, environmental change while also addressing individual community priorities and targeting high-risk populations. Michigan also provides training and assistance activities regarding alcohol, tobacco and other drug use by minors and other populations; conducting prevention efforts through evidence-based service models as well as interventions aimed at high-risk populations; the dissemination of materials; and use of media campaigns. In FY 2013, substance abuse prevention services were provided to more than 311,392 persons. **NOTE:** Fiscal year totals for FY 2014 through FY 2017 will be included in the FY 2019 program description.

Michigan is in the process of transforming the substance use disorder service system to a recovery-oriented system of care. This system of care views addiction as a chronic disorder and provides services and supports in an effort to help individuals manage their disorder. Recovery support services are provided in a variety of methods to meet the individual needs of those being served. Recovery services are designed to support treatment for acute episodes of care and to provide ongoing support to individuals after treatment services have ended. Michigan utilizes recovery coaches, individuals who are themselves in recovery from a substance use disorder, to provide intensive, one-on-one, support. Also used are recovery centers where a variety of services are provided to assist individuals with needs involving housing, employment, education, healthcare and a variety of group support services. Tobacco use is a cross-cutting public health issue that impacts pregnant women, persons in recovery from other drugs, environmental policies, high-risk populations and primary prevention for minors. Given its significant potential for fiscal loss also, laws and programs should be implemented to strengthen prevention effectiveness.

SOURCES OF FUNDING

Substance Abuse Prevention and Treatment Block Grant
General Fund/General Purpose
Substance Abuse License Fees/Fines

LEGAL BASIS

- MDHHS FY 2017 Appropriations Act, Public Act 268 of 2016, Article X
- PA 500, 501 and PA 258 of 1974 as amended

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

The client population receiving services showed significant improvement on the four main outcome criteria that have been adopted in Michigan and nationally. These criteria are abstinence, employment, housing, and arrests. In FY 2015, discharges totaled 50,586 (including Medicaid). For these discharges, there was a 74 percent reduction in persons reporting any use of their primary drug, an increase of 1,325 persons in full- or part-time employment, a 15.7 percent reduction of persons reporting homelessness, and a 76 percent reduction in persons arrested. **NOTE:** The data reported for performance is a best estimate, given that final amounts have not yet been published.

Michigan Department of Health and Human Services	PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Behavioral Health and Developmental Disabilities	Appropriation Unit: Departmentwide Administration	Program: Developmental Disabilities Council

PROGRAM STATEMENT

The Developmental Disabilities Council (DD Council) was established by Executive Order 2016-20 and operates under the authority of the Developmental Disabilities and Assistance Bill of Rights Act of 2000 (DD Act). The fundamental goal of the DD Council is to ensure individuals with intellectual and/or developmental disabilities (I/DD) have opportunities and support to achieve their full potential. The DD Council consists of 21 Michigan residents appointed by the Governor. It is funded with federal funds and a 25 percent match, mostly at the local level. The federal grant requires a minimum of 70 percent of those funds be used for advocacy, capacity building, and systemic change activities on behalf of Individuals with Developmental Disabilities (I/DD) and their families. The DD Council funds pilot or demonstration project grants in communities around the state to promote systemic change.

Program goals include enhancing self-determination, independence, and community inclusion of individuals with I/DD. The DD Council provides funding and leadership statewide to Regional Inclusive Community Coalitions (RICCs), which are local/community based advocacy groups empowered to promote local advocacy, community capacity building, and systemic change. Local advocacy assists the DD Council in carrying out fundamental mandates of the DD Act.

ACTIVITIES OF THE DEVELOPMENTAL DISABILITIES COUNCIL

- Public Policy – monitoring legislation and analyzing policies impacting individuals with I/DD.
- Education and Early Intervention – to ensure individuals with I/DD are able to access appropriate supports and modifications when necessary, to maximize their educational potential, to benefit from lifelong educational activities, and to be integrated and included in all facets of student life.
- Child Care – including before school, after school, and out-of-school services in communities across the state.
- Health Care – access to and use of, coordinated health, dental, mental health, and other human and social services, including prevention activities, in Michigan communities.
- Employment – acquiring, retaining, or advancing in paid employment, including supported employment or self-employment in integrated community settings.
- Housing – promote availability of safe, affordable, accessible housing of a person's choosing, plus needed supports wherever they choose to live.
- Transportation – increased availability of accessible transportation.
- Recreation – access to and use of recreational, leisure, and social activities in their communities.
- Community Support – produce formal and informal efforts for people with developmental disabilities across a wide-spectrum of local and personal choices, including integration, accommodations, and accessibility to promote community living.

SOURCE OF FINANCING

Federal
General Fund/General Purpose

Michigan Department of Health and Human Services	PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Behavioral Health and Developmental Disabilities	Appropriation Unit: Departmentwide Administration	Program: Developmental Disabilities Council

LEGAL BASIS

PL 106-402; Executive Order 2016-20

MDHHS FY 2017 Appropriations Act, 2016 Public Act 268, Article X

PROGRAM EFFECTIVENESS / PROGRAM PERFORMANCE

In the past year, the Developmental Disabilities Council (DD Council) funded programs that improve lives of individuals with intellectual and developmental disabilities (I/DD). The DD Council and its programs have achieved accomplishments in the following areas:

- Michigan Partners for Freedom (MPF), a grassroots coalition of individuals with I/DD, family members, advocates, service providers, Community Mental Health (CMH) organizations, and other allies. Last year, 15 advocacy group presentations were done, along with conferences and trainings for over 600 people. Of those 600 people, 142 were individuals with I/DD, 20 were family members, 308 were CMH staff, seven were Prepaid Inpatient Health Plan (PIHP) individuals, while 10 were staff, and 135 others were community members. Some specific venues included the special education transition conference held each year in Frankenmuth, Leaders in Policy Advocacy sessions, MDHHS' State Developmental Disabilities (S-D) Leadership series, S-D 101 presentations, one S-D budgeting presentation, a Person Centered Plan (PCP) presentation for the Capital Area Regional Inclusive Community Coalition (RICC), additional DD Council Workgroup meetings and the RICC Summit. As a result of one of the presentations to one of the S-D Leadership Seminars, Michigan Partners for Freedom (MPF) developed a mailing list of support coordinators interested in learning more about independent facilitation of Primary Care Providers (PCPs). Information will be shared and support given periodically during next year. Seventeen MPF and local leaders completed 45 different outreach activities for 1,695 people. This number included 421 individuals with I/DD, 128 family members, 250 CMH staff, 242 students with I/DD, and 654 other community members, including special education personnel, non-CMH disability organization staff, Dow Chemical, and other university staff and students. Seventeen local leaders assisted provision of outreach, and 38 (including the 17) were active in local community and statewide advocacy.
- Peer Mentors offer the benefit of their experiences, passing along encouragement and support to help others construct their own advocacy to bring about changes they want for their lives. Peer Mentors assist with person-centered planning goals, build bridges to people and resources in the community, involve the person's circle of support, and assist others in building their own independent lives. Peer Mentors work in partnership with the case manager. Through their combined and varied experience, they are able to provide a wealth of assistance and information for the individuals they serve. The training provides Peer Mentors with tools to guide peers to become better self-advocates, make their own choices, and develop leadership skills so that they may lead self-directed lives. Eight new individuals were trained in FY 2015. Currently, there are 26 Certified Peer Mentors in Michigan. Four individuals were certified in FY 2015. Certified Peer Mentors are working at, or have contracted with their local CMH agency to provide peer mentoring services to others with I/DD. Peer Mentoring is a Medicaid covered service and peer mentors may mentor in housing, transportation, employment, post-secondary education, community inclusion and participation, and moving towards independence.

Michigan Department of Health and Human Services	PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Behavioral Health and Developmental Disabilities	Appropriation Unit: Departmentwide Administration	Program: Developmental Disabilities Council

- The Individual and Family Support Education and Advocacy (IFSEA) work group continued its partnership with Michigan Family Voices by working with them to sponsor learning opportunities for families of children with I/DD. This partnership allowed families to receive correct and timely information so they can navigate the system with ease. In 2015 IFSEA sponsored three collaborative learning opportunities 1) Human Sexuality, 2) “Dream It, Achieve It: Social Security” and 3) “Disability Pride: A Journey to Self-Acceptance.”
- Housing Work Group members in conjunction with Michigan State Housing Development Authority (MSHDA) and MDHHS worked on the HUD 811 application. As a result, MSHDA received \$5.5 million toward HUD 811 vouchers, which are specific housing subsidies for individuals with I/DD under the age of 62. The \$5.5 million will be used towards rental assistance One-hundred seventy-four families. 174 families will be on the HUD 811 vouchers, which are specifically for individuals with I/DD under the age of 62, and are project based. This means the voucher is tied to a specific development/project. One-hundred families will be on the housing choice vouchers (HCV) which can be used anywhere. This means that people can use this voucher at any place that will take the housing choice voucher.
- Advocacy: The DD Council worked with Michigan Protection and Advocacy Services (MPAS) and staff with the National Disability Institute (NDI) to advocate for the introduction and subsequent passage of Achieving a Better Life Experience (ABLE) legislation. The role of the DD Council was to help with advocacy efforts throughout Michigan, as well as keep all DD Council members, collaborative partners, and stakeholders up to date on the current standing of the ABLE legislation. In conjunction with following and advocating for the development of Michigan’s ABLE legislation, the DD Council was responsible for submitting a response to the Notice of Proposed Rule Making (NPRM) released by the Internal Revenue Service and the Department of Treasury. Collaborating with local and national partners, the DD Council provided detailed responses to the federal departments request for comments on the NPRM. Several benefits arose due to the collaboration. Partnering with MPAS and with guidance from NDI staff, Michigan’s ABLE legislation was the first in the nation to include a “financial literacy” component. This mandated that all investment information regarding risk, return, and investment strategy must be produced and provided to the beneficiary of the ABLE account. Another component of success through this collaboration was securing a threshold for 529 and 529(a) accounts of \$500,000; this is the highest level of deposits allowed for these types of tax-advantaged savings accounts in the nation.
- Since its implementation in Fiscal Year 2015, the Michigan Employment First State Leadership Mentor Program (EFSLMP) has provided over 526 hours in intensive technical assistance training from subject matter experts which has led to the following results:
 - Forty front-line direct service professionals trained in customized employment strategies and other effective practices that lead to increased competitive, integrated employment outcomes for individuals with I/DD.
 - Eight provider organizations receiving executive leadership consulting to guide them in transitioning their business focus from the provision of segregated service delivery models to approaches that lead to integrated employment and other community-based outcomes for individuals with I/DD. The participating providers are the following: Community Enterprises of St. Clair County – Port Huron; Do-ALL- Bay City; Goodwill Industries of West Michigan – Muskegon; Goodwill Industries of SE Michigan – Adrian; MMI Industries - Mount Pleasant; MRC Industries-Kalamazoo; ROOC Inc. - Roscommon; and TRICO Industries – Iron Mountain.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Behavioral Health and Developmental Disabilities	Appropriation Unit: Departmentwide Administration	Program: Developmental Disabilities Council	

- Over 313 individuals with I/DD who were either participating in or at risk of being placed into a facility-based day or work program were placed in a competitive, integrated employment opportunity at minimum wage or higher in the first six months of 2016, through the eight provider organizations receiving Office of Disability Employment Policy Technical Assistance.
- A ‘Super’ Memorandum of Understanding (MOU), the first of its type in the nation, was signed with the goal to increase the number of students and youth with I/DD transitioning from school to employment, as well as post-secondary education intended to lead to employment. Signatories included Michigan Department of Health and Human Services (Behavioral Health and Developmental Disabilities Administration, and Michigan Rehabilitation Services), the Workforce Development Agency, the Michigan Department of Licensing and Regulatory Affairs (Bureau of Services for Blind Persons), Michigan Department of Education, and, the DD Council. The MOU is the framework for the work that will occur in local communities.
- Four local sites began the implementation of a “Seamless Transition to Employment” pilot, where local interagency teams are collaborating to provide early intensive services and supports for students with I/DD, leading to competitive employment or post-secondary training at school exit.
- Public Policy: The DD Council holds an annual Legislative Day, which all legislative officials in Michigan are invited to meet their constituents and learn about the policy issues affecting individuals with I/DD. In 2016, 128 RICC members (including individuals with I/DD), and 63 legislators attended the event.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Behavioral Health and Developmental Disabilities	Appropriation Unit: Behavioral Health Program Administration and Special Projects	Program: Federal Community Mental Health Services Block Grant	

PROGRAM STATEMENT

The Federal Community Mental Health Services Block Grant is used to develop and improve Michigan's community-based system of mental health care. Approximately two-thirds of funds are awarded for services for adults with serious mental illness. Approximately one-third are awarded for services to children with serious emotional disturbance.

SOURCES OF FINANCING

- Federal

LEGAL BASIS

MDHHS FY 2017 Appropriations Act, 2016 Public Act 268, Article X
Section 1911 of Title XIX, Part B, Sub Part I and III of the Public Health Act

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

- **Adult Performance**

Community Mental Health Services Block Grant funds for adult services are used to drive a transformation of the public community mental health system to one that is centered in the principle of recovery. Block grant funds support development and statewide implementation of evidence-based practices. These services have been shown to have positive results when used with fidelity to the model. Start-up block grant funding has resulted in Family Psychoeducation and Co-occurring Disorders: Integrated Dual Disorder Treatment being available in nearly all regions of the state. Other evidence-based practices that have increased and improved in quality are Dialectical Behavior Therapy, Motivational Interviewing, Supported Employment, and Assertive Community Treatment.

Block grant funds are awarded to Prepaid Inpatient Health Plans and Community Mental Health Services Programs to provide services to individuals who have no health insurance or other source of funding to support their treatment. Innovative services include, but are not limited to: peer support specialist incorporation; improving the person-centered planning process; integrated employment expansion; goal progression; trauma-informed systems/services; expertise and resource partnerships; dementia services; evidence-based practice availability; innovative and promising practices; recovery-oriented case management; group counseling services to allow additional access to services; change agent team support; integration of mental health, substance use, and physical health care; improving consumer-run services; housing supports; increasing diversity; and motivational interviewing.

Block grant funds are used to provide training for consumers, including peer support specialists, clinicians, and administrators to promote knowledge and understanding of model practices and to assure sustainability of the evidence-based practices with model fidelity. Trainings are conducted in the areas of improving practices, co-occurring disorders, supported employment, motivational interviewing, cultural competency, dialectical behavior therapy, peer support specialist training, assertive community treatment, family psychoeducation, clubhouses, and integrated healthcare.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Behavioral Health and Developmental Disabilities	Appropriation Unit: Behavioral Health Program Administration and Special Projects	Program: Federal Community Mental Health Services Block Grant	

- **Children's Performance**

The children's portion of the Federal Community Mental Health Services Block Grant is used to fund projects through the CMHSPs and the PIHPs that focus on transforming the mental health system by improving outcomes for children with serious emotional disturbance and their families. In an attempt to continue to introduce and support evidence-based, innovative and promising practices in Michigan, block grant funds are used to continue access to the Parent Management Training - Oregon Model across the state, to continue Trauma-Focused Cognitive Behavior Therapy training cohorts, to sustain wraparound programs, training and fidelity, to support collaborative mental health and juvenile justice projects and to continue the development of family and youth advocacy and peer programs and to support the development of systems of care for children with serious emotional disturbance in local communities. Block grant funds are also used to support the Michigan Level of Functioning Project through Michigan State University, which compiles and analyzes Child and Adolescent Functional Assessment Scale (CAFAS) and Preschool and Early Childhood Functional Assessment Scale (PECFAS) data on children served in the public mental health system statewide. The data is used to assess how effective services are on every level, from one individual child to the system as a whole. Block grant funds also provided CMHSP staff with access to a web-based version of the CAFAS and PECFAS which offers access to real time outcome data to assist with treatment planning and program management. Finally, a required 10 percent set-aside is also used for First Episode Psychosis training, infrastructure, and services for youth and young adults.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Behavioral Health and Developmental Disabilities	Appropriation Unit: Behavioral Health Program Administration and Special Projects	Program: Food and Drug Administration Contract to Inspect Tobacco Retailers	

PROGRAM STATEMENT

Most recently, Michigan applied for and was awarded a three year contract (August 17, 2017 through August 16, 2020) to conduct tobacco inspections in retail establishments that sell and advertise cigarettes and smokeless tobacco products to determine compliance with the provisions of the Tobacco Control Act. Earlier contracts covered the three year periods between August 17, 2011, and August 16, 2014, and then the three year period between August 17 2014, and August 16, 2017.

The Tobacco Control Act:

- MDHHS FY 2017 Appropriations Act, Public Act 268 of 2016, Article X.
- Family Smoking and Tobacco Control Act, HR 1256.
- Restricts Tobacco Marketing and Sales to Youth.
- Requires Smokeless Tobacco Product Warning Labels.
- Ensures “Modified Risk” Claims are supported by Scientific Evidence.
- Requires Disclosure of Ingredients in Tobacco Products.
- Preserves State, Local, and Tribal Authority.

SOURCES OF FUNDING

On June 22, 2009, the Family Smoking Prevention and Tobacco Control Act (Tobacco Control Act) became law granting the Food and Drug Administration (FDA) authority to regulate the manufacture, marketing, and distribution of tobacco products to protect the public health generally and to reduce tobacco use by minors. Currently the law applies to cigarettes, smokeless tobacco and cigarette tobacco

LEGAL BASIS

- MDHHS FY 2017 Appropriations Act, Public Act 268 of 2016, Article X
- Family Smoking and Tobacco Control Act, HR 1256

PROGRAM EFFECTIVENESS / PROGAM OUTCOMES

Program impact data are in development.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Behavioral Health and Developmental Disabilities	Appropriation Unit: Behavioral Health Program Administration and Special Projects	Program: Gambling Addiction	

PROGRAM STATEMENT - GAMBLING ADDICTION

The legislation for lottery, horseracing, and casinos provides that a specific level of fees and revenue be set aside in the Compulsive Gambling fund to be used for treatment, prevention, education, training, research, and evaluation of pathological gamblers and their families; and to fund the toll-free compulsive gambling helpline. The services provided include a 24-hour toll-free helpline, statewide outpatient treatment program, and a public service media campaign, emphasizing prevention and promoting the helpline. The Problem Gambling Program continues to implement the Problem Gambling Diversion Program and additional opportunities to expand problem gambling services.

SOURCES OF FINANCING

State Restricted-Compulsive Gambling Fund

LEGAL BASIS

- PA 69 of 1997; PA 70 of 1997; PA 72 of 1997; PA 73 of 1997
- MDHHS Appropriations Act, 2016 Public Act 268, Article X
- Michigan Gaming Control and Revenue Act
- Compulsive Gaming Prevention Act
- McCauley-Traxler—Law-Bowman-McNeely Lottery Act (MCL 432.13)
- Horse Racing Law of 1995 (MCL 431.309a)

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

- During FY 2015, the Problem Gambling Program provided assistance to 1,356 individuals, including 582 who received treatment.
- Media campaign efforts provided 42,470,764 internet impressions, including the Gamble Responsibly Self-Assessment Quiz which received more than 145,995 visits.
- Geo-Fencing accounted for 6,317,053 impressions.
- There were 48 weeks of television and radio spots broadcasted through the Michigan Cable Telecommunications Association and Michigan Association of Broadcasters.

Michigan Department of Health and Human Services	PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Behavioral Health and Developmental Disabilities	Appropriation Unit: Behavioral Health Services	Program: Healthy Michigan Plan

PROGRAM STATEMENT

The Healthy Michigan Plan is an expanded Medicaid program approved for implementation in March of 2014. The program began enrolling new beneficiaries April 1, 2014. The Healthy Michigan Plan is available to adults ages 19-64 with incomes up to 133 percent (Federal Poverty Limit) who do not have and are not eligible for Medicare. Note: Enrollees can have other types of insurance coverage. This plan replaced the enrollment-limited Adult Benefit Waiver program and began to serve approximately 60,000 beneficiaries (of that program) on April 1, 2014.

The Healthy Michigan Plan is a defined benefit program that provides medically necessary support and services that conform to professionally accepted standards of care consistent with the Mental Health Code and the Public Health Code for mental health and substance use disorder services. In addition to continuing to provide the mental health inpatient, outpatient, and recovery support services that are available through other Medicaid funded programs, the Healthy Michigan Plan provides additional substance use disorder services to enrollees. All services that have traditionally only been available to those with a mental health disorder, have been opened to include those with a substance use disorder. These additional services include crisis intervention (community and residential based), community living supports, targeted case management, support and service coordination, peer delivered services and supports, and various other services that will support recovery.

SOURCES OF FUNDING

Medicaid Title XIX under an 1115 Waiver of the Social Security Act

LEGAL BASIS

- Affordable Care Act of 2010 as codified under 1902(a)(10)(A)(i)(VIII) of the Social Security Act and in compliance with the Michigan Public Act 107 of 2013,
- MDHHS FY 2017 Appropriation Act, Public Act 268, Article X

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

The Healthy Michigan program continued significant month-over-month and year-over-year caseload increases. From October 2012 through September 2016, the Healthy Michigan caseload increased from 68,389 to 567,450, an overall increase of 499,061.

In FY 2016, monthly Healthy Michigan Plan cases averaged 563,473. The recipient average was 620,996 recipients. The total unduplicated caseload count in FY 2016 was 859,844. The unduplicated recipient count was 937,707.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration Behavioral Health and Developmental Disabilities	Appropriation Unit: Behavioral Health Services	Program: Home and Community-Based Waiver for Children With Serious Emotional Disturbance	

PROGRAM STATEMENT

The Home and Community-Based Waiver for Children with Serious Emotional Disturbance (SEDW) is designed to provide in-home services and supports to children with serious emotional disturbance (SED) who meet the criteria for admission to a state inpatient psychiatric hospital and who are at risk of hospitalization if waiver services were not provided. The SEDW provides services that are enhancements or additions to Medicaid State Plan services for children up to age 21 who have demonstrated serious functional limitations that have impaired their ability to function in the community.

The SEDW is limited to children residing in 37 counties, served by 25 Community Mental Health Services Programs (CMHSP) that have agreements with the Michigan Department of Health and Human Services. These CMHSPs have demonstrated strong collaboration with essential community partners, the capacity to provide intensive community-based services, and the fiscal capacity to manage interagency funding. The SEDW provides a mechanism for maximizing local funds by blending or braiding funding to earn federal Medicaid dollars for services provided to this population. The CMHSPs approved to offer the SEDW are: CMH of Central Michigan (Clare, Gladwin, Isabella, Mecosta, Midland and Osceola); CMH Services of Muskegon County; Detroit-Wayne County CMH Agency; CMH Authority of Clinton-Eaton-Ingham Counties; Kalamazoo CMH and Substance Abuse Services; Genesee County CMH Services; Livingston County CMH Authority; Macomb County CMH Services; Newtork 180 (Kent County); Northern Lakes CMH Authority (Grand Traverse, Leelanau, Wexford, Roscommon and Leelanau); Oakland County CMH Authority; Saginaw County CMH Authority; VanBuren CMH Authority; Washtenaw County Health Organization; Allegan County CMH Services; Bay-Arenac Behavioral Health (Bay and Arenac); Berrien Mental Health Authority; Lifeways (Jackson and Hillsdale); Newaygo County Mental Health Center; St. Clair County Mental Health Authority; Summit Pointe (Calhoun); West Michigan Community Mental Health System (Oceana); and Woodlands Behavioral Health Network (Cass). The total number of SEDW slots approved by the Centers for Medicare and Medicaid Services for FY 2016 is 969. The SEDW renewal application was approved in September 2013 for a five-year period through September 30, 2018.

Beginning in FY 2011, the SEDW piloted a child welfare project to provide mental health services to children in foster care. Since FY 2011, the partnership with the Children's Services Agency has enabled expansion to additional counties and funded services to hundreds of children in foster care and adopted through Michigan's child welfare system.

SOURCES OF FUNDING

Medicaid – Title XIX

General Fund/General Purpose

LEGAL BASIS

- Sections 1915(c) and 1915(b)(4) of the Social Security Act
- MDHHS FY 2017 Appropriations Act, Public Act 268 of 2016, Article X

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

537 children were served by the SEDW during FY 2016. Waiver services had a positive impact on school performance, relationships with family members and peers, personal social/emotional growth and self-reliance, and the ability to function in the community.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Behavioral Health and Developmental Disabilities	Appropriation Unit: State Psychiatric Hospitals and Forensic Mental Health	Program: IDEA, Federal Special Education	

PROGRAM STATEMENT

The state annually receives federal funds to cover services for persons with mental illness in special education programs in state psychiatric hospitals. Allocations are determined by federal formulas based on annual counts of students aged five through 26. Funds are used to supplement special education services through providing equipment, professional development, supplies, art/music instruction, etc.

SOURCES OF FUNDING

Department of Education - Title I IDEA

LEGAL BASIS

- MDHHS FY 2017 Appropriations Act, Public Act 268 of 2016, Article X
- PA 258 of 1974, as amended (Mental Health Code)

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

Data Reporting: Pending.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Behavioral Health and Developmental Disabilities	Appropriation Unit: Behavioral Health Program Administration and Special Projects	Program: Jail Diversion Program	

PROGRAM STATEMENT

Executive Order No. 2013-7 created the Mental Health Diversion Council, charged to adopt and implement a diversion Action Plan to improve efforts to divert individuals with mental illness, intellectual/developmental disabilities (including co-morbid abuse disorders) from criminal justice involvement to appropriate treatment. From that Action Plan, the position of Diversion Administrator was created. The role of this position is to act as curator of the Action Plan and support the Mental Health Diversion Council in monitoring any and all of the Diversion Council's subcommittees' involvement in recommending action steps, milestone dates and deliverable outcomes of the Action Plan.

SOURCES OF FUNDING

GF/GP

LEGAL BASIS

- Act 268 of 2016, Article X
- MDHHS FY 2017 Appropriations Act, Public Governor's Executive Order no. 2013-7

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

Ten Michigan counties (11 pilots in all) currently provide innovative jail diversion "intercept point" programming in local communities. The following counties / localities participate:

- Barry County, Community Mental Health (CMH).
- Berrien County, CMH.
- Kalamazoo County, CMH.
- Kent County, Network 180.
- Livingston County, CMH.
- Marquette County CMH.
- Monroe County, CMH.
- Oakland County, CMH.
- Saint Joseph County, CMH.
- Wayne County (Detroit Central), and South West Detroit Hispanic Development Corporation.

Michigan State University provides "Evaluation Consultation for Diversion Council Pilots."

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Behavioral Health and Developmental Disabilities	Appropriation Unit: Behavioral Health Services	Program: Medicaid Substance Abuse Services	

PROGRAM STATEMENT

The Department contracts with 10 Prepaid Inpatient Health Plans (PIHPs) for Medicaid substance abuse services under authority of the 1915(b) waiver, on a prepaid capitated shared-risk basis.

Covered Medicaid substance abuse services under the waiver are: 1) screening, assessment, referral; 2) outpatient treatment; 3) medication-assisted treatment; 4) sub-acute detoxification and 5) residential treatment. One Medicaid substance abuse benefit - acute hospital-based detoxification services – remains outside the 1915(b) specialty services waiver and is provided through the Medicaid medical services program

SOURCES OF FUNDING

Medicaid Title XIX

General Fund/General Purpose

LEGAL BASIS

- MDHHS FY 2017 Appropriations Act, Public Act 268 of 2016, Article X
- Federal 1915b Waiver

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

The MDHHS has established a comprehensive quality management system for oversight of the specialty service managed care program implemented by the PIHPs. The effectiveness of Medicaid-funded addiction treatment providers is also measured by the same outcome criteria as are other treatment providers. Outcomes for Medicaid beneficiaries are similar to the treatment population as a whole, showing major improvements in the four outcome criteria stated above. In FY 2015, 47,295 Medicaid beneficiaries received treatment for substance use disorders.

Michigan Department of Health and Human Services	PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Behavioral Health and Developmental Disabilities	Appropriation Unit: Behavioral Health Services	Program: Mental Health and Substance Abuse Services

PROGRAM STATEMENT – Mental Health

MDHHS is charged with ensuring that "adequate and appropriate mental health services are available to all citizens throughout the state." Programmatically, to assure accountability in the service provision system, the Department is responsible for assessing services to individuals who have a serious mental illness, intellectual/developmental disability, or serious emotional disturbance:

- Planning to identify, assess, and enunciate the mental health needs of the state.
- Developing and establishing arrangements for the effective coordination and integration of all public mental health services for effective cooperation between public and non-public services.

Monitoring and evaluating the relevance, quality, effectiveness and efficiency of all public mental health services provided and ensuring the review and evaluation of mental health services provided by Community Mental Health Services Programs.

- **Mission statement for the Public Mental Health System:**

Michigan's public mental health system will serve citizens by diminishing the impact and incidence of intellectual/developmental disability, emotional disturbance, and mental illness.

Article 8, Section 8, of the Michigan Constitution establishes state responsibility for assuring that services for care, treatment, education, or rehabilitation are available to individuals with physical, mental, and other serious disabilities. Mental health services within the Michigan Department of Health and Human Services have been established (P.A. 258 [1974] as amended), to ensure that adequate and appropriate mental health services are available throughout the state. In order to implement these responsibilities, the Mental Health Code delineates the powers and duties of the Michigan Department of Health and Human Services with respect to persons with mental illness, serious emotional disturbance, or an intellectual/developmental disability.

Pursuant to the provisions of the Mental Health Code, the Department provides policy and administrative direction to the mental health system in accordance with state and federal statutes, gubernatorial directives, and legislative directives. Policy development and implementation, as well as necessary administrative functions, are carried out by the Central Office of the department and the management staff of state hospitals and centers.

SOURCES OF FUNDING

Federal, General Fund/General Purpose,
State Restricted, and Private Funds

LEGAL BASIS

- Mental Health Code; Michigan Liquor Control Code
- MDHHS FY 2017 Appropriations Act, 2016 Public act 268, Article X

Michigan Department of Health and Human Services	PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Behavioral Health and Developmental Disabilities	Appropriation Unit: Behavioral Health Services	Program: Mental Health and Substance Abuse Services

PROGRAM STATEMENT – Substance Abuse Services

Mission statement for public substance abuse prevention, treatment and recovery activities: *Michigan's public substance abuse prevention and treatment system will promote wellness, strengthen communities, and facilitate recovery for the people of Michigan.*

To accomplish this mission, the Department administers state and federal funds; develops human, programmatic, and financial resources; and engages in comprehensive and collaborative prevention, treatment, and recovery efforts.

The Department's responsibilities with regard to the administration of substance use disorder services include:

- Identification and designation of community mental health entities that shall coordinate the provision of substance use disorder services in their region and shall ensure that services are available for individuals with substance use disorders.
- Administration and coordination of public funds for substance use disorder treatment, rehabilitation services, and substance use disorder prevention services.
- Utilization of appropriated revenues from taxes imposed by the Michigan Liquor Control Code of 1998 (PA 58 of 1998) exclusively for purposes provided in the act.
- Provision of technical assistance to designated community mental health entities, Community Mental Health Services Programs and to treatment, rehabilitation, and prevention agencies for the purpose of program development, administration, and evaluation.
 - Development of an annual state plan through the use of federal, state, local, and private resources of adequate services and facilities for the prevention and control of substance use disorder and the diagnosis, treatment, and rehabilitation of individuals with substance use disorders.
 - Performance of an evaluation in cooperation with appropriate state departments and agencies of the effectiveness of substance use services in the state, funded by federal, state, local, and private resources.
- Annual submission of a summary report and detailed evaluation to the Governor and the legislature during the month of November.

Statutory responsibilities include contracting for service delivery, establishing a statewide data collection and management information system, public education, training programs, and designating community mental health entities that are responsible for prevention, treatment, and recovery services.

LEGAL BASIS - SUBSTANCE ABUSE SERVICES

- Mental Health Code (1974 PA 258)
- MDHHS FY 2017 Appropriations Act, 2016 Public Act 268, Article X

Michigan Department of Health and Human Services	PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Behavioral Health and Developmental Disabilities	Appropriation Unit: Public Assistance	Program: Mental Health Services for Special Populations

PROGRAM STATEMENT

In FY 2016, Mental Health Services for Special Populations funding consisted of two components. The first was for direct, separate contracts with the Jewish Federation of Metropolitan Detroit, the Chaldean Community Foundation and the Inter-Tribal Council of Michigan. There was also an Inter-Agency agreement with the Department of Civil Rights. The Jewish Federation of Metropolitan Detroit subcontracts for a variety of services encompassing the provision of case management, mental health counseling, psychiatric evaluations, transportation, and translation services. Other services included: therapeutic home visits for children with disabilities and their families; group programs for children with disabilities; specialized programming for aging adults with developmental disabilities; nursing/medical supports; respite care; socialization and recreation; school advocacy; outreach services; psychiatric evaluations; medication reviews; employment support services; dementia support services; and mental health support group meetings for Holocaust survivors. This program also provided support for the Kids All Together, Teens All Together, and Special Needs Adventure Program camps for children with developmental disabilities. Barriers encountered included staffing constraints, access to and receipt of public entitlements, funding cuts from CMHSPs, limited resources for public transportation and employment, and limited inpatient and outpatient mental health services for persons with co-occurring disorders (mental illness and substance abuse or mental illness and developmental disabilities).

The contract with the Chaldean Community Foundation included partnering with the Chaldean Federation of America, Chaldean American Association of Health Professionals, and Macomb Community College to provide Refugee Mental Health and Acculturation Services. Services included trilingual, bicultural clinical and medical services, community education and outreach to refugees, consultation and educational training to mental health professionals and acculturation programs. These were provided through outreach, health awareness, prevention and treatment strategies, advertising, education, case management, and transportation. In addition, legal consulting services, citizen instruction, breaking barriers, and English as a Second Language (ESL) courses were provided as well as permanent housing solutions and job placement. Barriers encountered included an immense client load, language obstacles, lack of job training programs/resources, civil rights issues, long-term housing solutions for refugees, and refugees that were of age for Medicare, but had not resided long enough in the United States to be eligible for Medicare.

The Inter-Tribal Council of Michigan, Inc. provides financial support to seven federally recognized tribes. These resources facilitated the provision of mental health services in an ethnically sensitive manner based on their cultural needs. The project supports reservation-based mental health workers and clinicians who provide a broad range of services, including Talking Circles with Elders, outreach/prevention services, education sessions, chronic disease social support groups, counseling/therapeutic services, case management, crisis intervention, medication reviews, community awareness, outreach, and training of provider staff. Barriers encountered include lack of funding for full-time psychiatrists, transportation issues, and the ability to only provide funding through this initiative to seven of the 12 federally-recognized tribes.

The Department of Civil Rights partners with the MDHHS and the Social Services Center in Detroit, Centro Multicultural La Familia in Pontiac, and Cristo Rey Community Center in Lansing. Services include, but are not limited to, promoting the benefit of mental health services to the Hispanic community; translation; transportation; wraparound; mental health therapy; outreach; case management; prevention and treatment of substance use disorders.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Behavioral Health and Developmental Disabilities	Appropriation Unit: Public Assistance	Program: Mental Health Services for Special Populations	

The second component of Mental Health Multicultural funding is allocated to Community Mental Health Services Programs for mental health programs focused on Chinese, Native American, Asian, Hispanic, Arab/Chaldean and Vietnam Veteran consumers. Funding is allocated to the CMHSPs.

SOURCES OF FINANCING

General Fund/General Purpose

LEGAL BASIS

MDHHS FY 2017 Appropriations Act, 2016 Public Act 268, Article X

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

Services provided include: psychiatric assessments; medication reviews; case management; supports coordination; crisis intervention; community living supports; outpatient therapy; home-based services; preadmission screening; psychiatric inpatient care; skill building, interpretation; individual, group, and family counseling; substance abuse prevention and treatment; cultural competency and sensitivity training; interpretation; and psychosocial rehabilitation. Barriers encountered include lack of funding for homeless assistance and a high volume of consumers coupled with staffing shortages.

Michigan Department of Health and Human Services	PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Behavioral Health and Developmental Disabilities	Appropriation Unit: Behavioral Health Services	Program: Nursing Home Pre-Admission Screening and Resident Review

PROGRAM STATEMENT

The federal Omnibus Budget Reconciliation (OBRA) Act of 1987 required that states, as a condition of participation in the Medicaid program, establish a program for the evaluation of persons who are seriously mentally ill, intellectually/developmentally disabled, or related condition and who are seeking admission to a nursing facility or currently reside in a nursing facility and are due for an annual resident review. This program, based on clinical evaluations prescribed in federal rules, makes a determination of whether the person needs nursing facility services, requires mental health services, and if these services can be appropriately provided in the nursing facility. The clinical evaluations are done by community mental health agencies under contract with the Department. The evaluations are reviewed for determination by staff of the OBRA office. OBRA staff handle the appeals of the determination and reimbursement issues as nursing facilities cannot receive Medicaid reimbursement without a preadmission screening.

SOURCES OF FINANCING

Title XIX – Medicaid, General Fund/General Purpose

LEGAL BASIS

The Omnibus Budget Reconciliation Act of 1987 (or OBRA-87) was federal law that was enacted by the 100th United States Congress MDHHS FY 2017 Appropriations Act, Public Act 268, Article X

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

During FY 2016, 808 preadmission screens and 3,991 annual resident reviews were completed.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Behavioral Health and Developmental Disabilities	Appropriation Unit: State Psychiatric Hospitals and Forensic Mental Health Services	Program: Purchase of Medical Services for Patients of Hospitals and Centers	

PROGRAM STATEMENT

State hospitals and centers do not have the capacity to provide surgery, acute medical intervention, or other general inpatient hospital services. The Department pays for special, emergency, and other medical related inpatient services rendered off-site from the state facility for patients without insurance or ability to pay.

SOURCES OF FUNDING

General Fund/General Purpose

LEGAL BASIS

- MDHHS FY 2017 Appropriations Act, Public Act 268 of 2016, Article X
- Public Act 258 of 1974, as amended (Mental Health Code)

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

Expenditures are dependent on the number of uninsured residents who are medically in need of hospital inpatient services.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Behavioral Health and Developmental Disabilities	Appropriation Unit: State Psychiatric Hospitals and Forensic Mental Health Services	Program: Revenue Recapture Program	

PROGRAM STATEMENT

Revenue Recapture is intended to follow-up on outstanding hospitals/centers accounts receivable and to finance improvements to the reimbursement management functions and costs associated with collecting funds from first/third party payers.

SOURCES OF FUNDING

State Appropriations Act, Section 601
General Fund/General Purpose

LEGAL BASIS

- MDHHS FY 2017 Appropriations Act, Public Act 268 of 2016, Article X

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

This account finances efforts to reduce hospitals/centers billing backlog, to reduce first/third party receivables, and support required reimbursement management functions to maintain or increase reimbursement.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Behavioral Health and Developmental Disabilities	Appropriation Unit: Behavioral Health Program Administration and Special Projects	Program: Services for Veterans Program	

PROGRAM STATEMENT

In 2015, one FTE was established within the Behavioral Health and Developmental Disabilities Administration to serve as the primary link among the Michigan Department of Health and Human Services (MDHHS) Behavioral Health and Developmental Disabilities Administration (BHDDA), the Michigan Veterans Affairs Agency (MVAA), and all veterans-related activities throughout the state of Michigan. This position is responsible for overseeing all BHDDA-related action plans resulting from the “Michigan Service Members, Veterans and Families Action Plan.” It is further intended to complete or oversee a variety of professional research and analysis assignments for the purpose of evaluation, assessment, planning, development, and implementation of various veterans-related activities throughout the state. The overarching goal of this position is to assist in creating a system that will ensure veterans, military members, and their families receive efficient, comprehensive, and sustained behavioral health services in the publicly funded network, which includes access to other community resources to address their identified needs.

SOURCES OF FUNDING

General Fund/General Purpose

LEGAL BASIS

- MDHHS FY 2017 Appropriations Act, Public Act 268 of 2016, Article X

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

The establishment of this position is intended to be a coordinated and collaborative statewide with a focus on assisting veterans faced with various challenges as they attempt to seek services for behavioral health problems, substance use disorders, homelessness, and/or unemployment.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Behavioral Health and Developmental Disabilities	Appropriation Unit: Behavioral Health Services	Program: State Disability Assistance Substance Abuse Services	

PROGRAM STATEMENT

This program provides room and board for persons who meet eligibility criteria, including very low income, and who are residing in a residential facility for purposes of receiving substance abuse treatment services

SOURCES OF FUNDING

General Fund/General Purpose

LEGAL BASIS

- MDHHS FY 2017 Appropriations Act, Public Act 268 of 2016, Article X
- PA 500, PA 258 as amended (Mental Health Code)

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

In recent years, the fiscal year appropriation has remained the same. That is, for FY 2014 through FY 2016 the appropriation remained at \$2,018,800. Of that amount, in FY 2014, \$1,910,365 (94.6 percent) was expended to support room and board for persons admitted to residential treatment. Expended funds in FY 2015 totaled \$1,913,956 (94.8 percent) of the appropriation, before falling to \$1,834,738 (90.9 percent) of the appropriation in FY 2016.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Behavioral Health and Developmental Disabilities	Appropriation Unit: State Psychiatric Hospitals and Forensic Mental Health Services	Program: State Psychiatric Hospitals and Centers for Persons with Intellectual or Developmental Disabilities	

PROGRAM STATEMENT

The Department operates three inpatient psychiatric hospitals for mentally ill adults: Caro Center, Kalamazoo Psychiatric Hospital, and the Walter P. Reuther Psychiatric Hospital. The Department also operates the Hawthorn Center, an inpatient psychiatric hospital for children and adolescents ages 5-17.

State psychiatric hospital services for adults are organized on a geographic basis to facilitate coordination of services between the hospital and the community mental health system. Due to bed capacity and demand for services, there are occasions when an exception to the geographical organization is required to ensure that the individual receives appropriate treatment in a state-operated facility. The Hawthorn Center catchment area is statewide. All of these hospitals and centers are accredited by the Joint Commission and are certified by the Centers for Medicare and Medicaid Services (CMS).

Programs provided through hospitals and centers include:

- **Admissions/Discharges – All Hospitals and Centers**
Individuals enter the hospital or center through a single entry/exit system through the mental health authority in the individual's county of residence or county where the individual lives. For each admission, an initial comprehensive physical, mental and psychosocial assessment is made which serves as the basis for the development of the individual's plan of service. Mental Health services are provided based on the individual's condition and the written plan of service based upon person-centered planning principles. Treatment is provided within the least restrictive environment in the briefest period of time with return to community programs an integral treatment goal and coordinated with the community mental health authority.
- **Specialized Medical Services – All Hospitals and Centers**
Staff physicians provide short-term medical, pre-operative and post-operative care and other basic medical services. For children and adolescents, staff pediatricians provide pediatric services. Emergency services and specialty medical services are provided in the community by contract. The hospital continues to provide psychiatric services if it is necessary for the individual to be hospitalized for medical reasons in a community hospital.
- **Specialized Services – All Hospitals and Centers**
Special population services and programs include geriatric psychiatry, hearing impaired, physically challenged and non-English speaking or other special services. Services may be provided by specially trained staff at the hospital or by individuals or organizations with whom the hospital contracts to provide services. Where cultural, religious, or ethnic knowledge or sensitivity is needed, hospital staff receive training and consultation services to assist in the understanding of the individual, his/her treatment needs, and continuing treatment needs in the community.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration:	Appropriation Unit:	Program:	
Behavioral Health and Developmental Disabilities	State Psychiatric Hospitals and Forensic Mental Health Services	State Psychiatric Hospitals and Centers for Persons with Intellectual or Developmental Disabilities	

- **Psychiatric Programs for Children and Adolescents**

Diagnostic evaluations, intensive individual therapy, group therapy, play therapy, speech and hearing therapy, pharmacology, and education programs are provided based upon an individualized treatment program utilizing person-centered planning principles. Special Education programs are provided by hospital staff and integrated into the clinical treatment plan.

- **Psychiatric Programs for Adults**

Short-term intensive and longer-term psychiatric treatment is provided. Treatment and structured rehabilitation programs are provided to persons who have not responded to brief intensive psychiatric interventions. All treatment programs are directed at the individual understanding the illness and coping mechanisms to assist the individual's return to the community. After the diagnostic evaluation, treatment may include medical services, individual and group psychotherapy, pharmacology, occupational/physical activity, speech and hearing therapies, and psychosocial training such as medication education, activities of daily living and self-care skills, socialization skill development, and pre-vocational and vocational training. For individuals determined to be eligible, they may also participate in the special education program activities provided at the facilities.

- **Program for Persons with Intellectual/Developmental Disabilities (I/DD)**

With the closure of the Mt. Pleasant Center (MPC) in October 2009, there are no Intermediate Care Facilities for Mental Retardation (ICF/MRs) operated by the Department. There were a number of individuals residing at MPC that did not meet ICF/MR criteria, but were diagnosed as mentally ill/intellectually developmentally disabled. To ensure continuity of service and treatment for this population, several of whom were individuals referred under a judicial order to the MPC due to their status as an individual found to be Incompetent to Stand Trial (IST) and in need of training to restore their competency to stand trial, a unit was established at the Kalamazoo Psychiatric Hospital (KPH). Upon the transfer of these remaining non-ICF/MR individuals to the KPH unit, including those with IST status, the use of this unit has continued in order to meet the needs of this population. In FY 2014, a second unit was established at KPH to meet the needs of this population.

The program includes residential services in the facility for individuals functioning at various levels of both mental illness and developmental disability. Many individuals may also have secondary handicaps such as hearing and visual impairments, motor skill deficits, epilepsy, and cerebral palsy. Training in competency restoration, self-care, socialization, communication, and other basic skills leading toward increased independence are provided based on individual treatment plans. If determined to be eligible, individuals may also participate in the special education program activities provided at the facility.

Individuals with severe behaviors are served through the behavior management programs that retrain individuals in more acceptable adaptive conduct. Behaviors such as serious physical aggression toward others, self-injurious behaviors and verbal aggression to others are addressed through specialized, individualized programs that lead to the individual's ability to participate in the facility's other programs. Specialized clinicians, internal and external to the center, intensive staffing, and psychosocial rehabilitative programs are utilized to reduce dangerous and self-injurious behaviors.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Behavioral Health and Developmental Disabilities	Appropriation Unit: State Psychiatric Hospitals and Forensic Mental Health Services	Program: State Psychiatric Hospitals and Centers for Persons with Intellectual or Developmental Disabilities	

Some of the individuals remaining in this program have long standing, persistent diseases and disabilities which require complex medical diagnoses and treatment including medical surveillance, 24 hour nursing care, physical exercise, physical therapy, occupational therapy, speech and hearing therapy, and other medical services. Emergency services and specialty medical services are provided by contract in the community.

SOURCES OF FUNDING

Medicaid, Title XIX
United States Department of Agriculture
1st/3rd Party Patient Reimbursement
Ten Percent County Match
Local School Aid
Local Purchase of State Services,
Private

LEGAL BASIS

- MDHHS FY 2017 Appropriations Act, Public Act 268 of 2016, Article X
- Chapters 3, 4, and 4A of the Mental Health Code governs the commitment criteria for persons with mental illness and children with serious emotional disturbances;
- Chapter 5 of the Mental Health Code governs the commitment and admission criteria for persons with developmental disabilities;
- 330.1001-330.1164, Chapter 1 of the Mental Health Code establishes basic authority

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

In FY 2014, the total number of days of in-house services delivered / average census in state-operated facilities was 184,372 days/ 506 census, as follows: 166,125 days / 456 census for MI-Adults; 18,247 days / 50 census for MI-Children.

Available data for FY 2014 indicate there were 484 MI-Adult admissions / readmissions/ transfers-into the regional psychiatric hospitals; 547 admissions / readmissions / transfers-in for MI-Children and Adolescents. **NOTE:** Data for FY 2015 forward will be included in next year's program descriptions.

The October 2014 monthly average in-house census was 464 for adult regional psychiatric hospitals, and 51 for the Hawthorn Center.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Behavioral Health and Developmental Disabilities	Appropriation Unit: Behavioral Health Program Administration and Special Projects	Program: Strategic Prevention Framework Partnerships for Success Grant 2015 – 2020	

PROGRAM STATEMENT

In September 2015, Michigan was awarded a five-year cooperative agreement grant to address two of the nation's top substance abuse prevention priorities: 1) underage drinking among persons aged 12 to 20, and 2) prescription drug misuse and abuse among persons aged 12 to 25. Michigan received \$8.2 million (about \$1.6 million per year) to address these priorities. The Strategic Prevention Framework – Partnerships for Success Grant 2015-2020 (SPF-PFS) allows Michigan to continue building or expanding capacity in eight high need communities by implementing comprehensive, data-driven substance abuse prevention strategies, that will: 1) prevent the onset and reduce the progression of substance abuse, 2) reduce substance abuse-related problems, 3) strengthen prevention capacity/infrastructure at the state and community level, and 4) leverage, redirect, and align statewide funding streams and resources for prevention.

Targeted counties and/or cities include: Lake, Oceana, Bay, Genesee, Saginaw, Muskegon, Cass, Macomb and Wayne counties (including the City of Detroit). Corresponding Prepaid Inpatient Health Plans for each of these counties or jurisdictions is the identified subrecipient community for this project. Coalitions in each county or jurisdiction will select one of two approved evidence-based programs: They are: 1) Communities that Care or 2) Community Trials. These programs strengthen collaborative partnerships with federally qualified health centers, local public health departments, Indian Health Services and community college and university health and/or counseling centers.

Collaborative partners will assist in identifying and referring appropriate individuals and families to participate in one of the following programs. Strengthening Families or Prime for Life. National Outcome Measures to be monitored are: 1) Past 30-day use of alcohol, 2) past 30-day use of prescription drug misuse and abuse, and 3) family communication around drug use.

SOURCES OF FUNDING

Federal, Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (HHS/SAMHSA)

LEGAL BASIS

- MDHHS FY 2017 Appropriations Act, Public Act 268 of 2016, Article X
- PA 500 and PA 258 of 1974, as amended (Mental Health Code)

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

The PFS project strengthens and expands the Strategic Prevention Framework five-step, data-driven process. It enhances community-level infrastructure to link with primary care, which in turn helps to foster change. It does so in targeted communities that are underserved, and in high need of evidence-based programs to address underage drinking among persons age 12-20, prescription drug misuse, and abuse among persons age 12-25. Counties that meet this high need and are underserved include: Muskegon, Mason, Oceana, Saint Joseph, Bay, Wayne, Macomb, and Genesee counties. The current program grant extends from September 30, 2015, through September 29, 2020. Annual funding is \$1,648,188, with total anticipated funding of \$8,240,940.

Michigan Department of Health and Human Services	PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Michigan Children's Services Agency	Appropriation Unit: Children's Services Agency	Program: Adoption Assistance Program

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. 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 2.¹ 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
- General Fund/General Purpose
- Temporary Assistance to Needy Families Block Grant (TANF)

¹ Every adoption assistance 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.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration:	Appropriation Unit:	Program:	
Michigan Children's Services Agency	Children's Services Agency	Adoption Assistance Program	

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 2017 Appropriations Act, 2016 Public Act 268, Article X

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

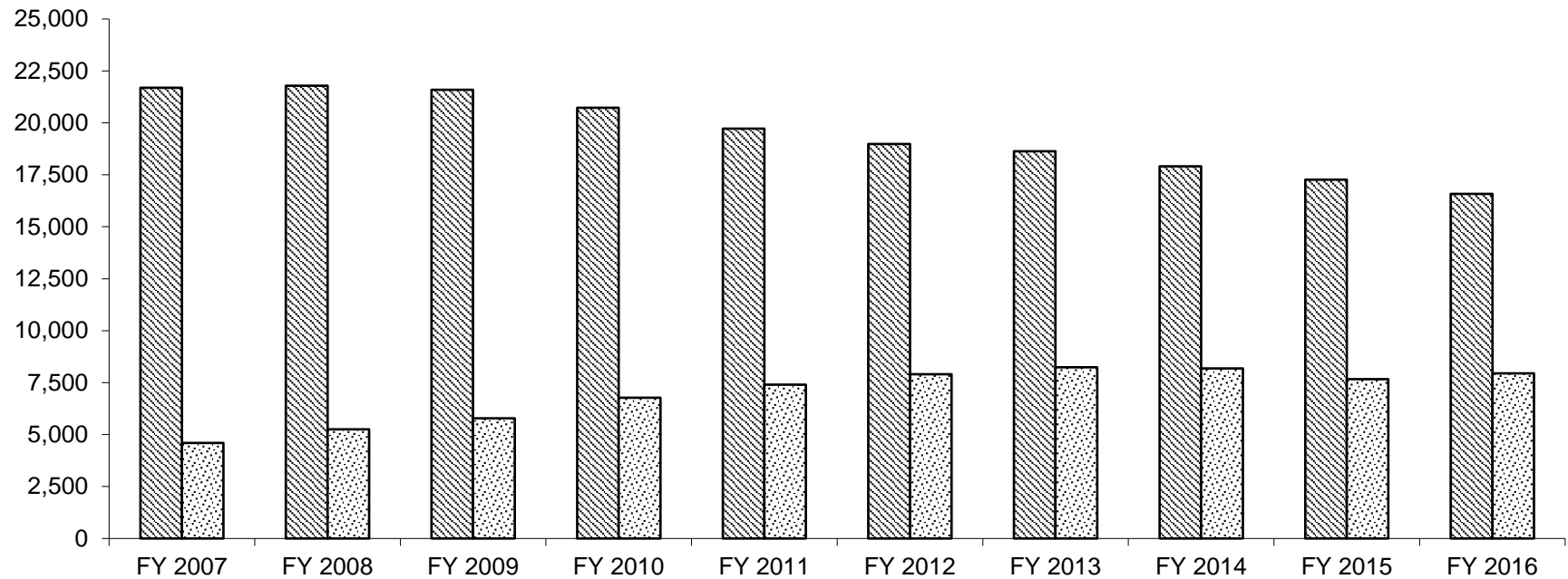
Federal law requires efforts be made to place a child in an adoptive home without assistance unless this is the only placement that can be made in the child's best interest. The adoptive parents must be informed about the program and must specifically request adoption assistance prior to the finalization 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 2016.

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

ADOPTION SUBSIDY ANNUAL AVERAGE CASELOADS

FY 2007 - FY 2016



	Funded by Title IV-E	21,688	21,790	21,588	20,726	19,721	18,978	18,638	17,903	17,264	16,583
	Funded by TANF / State Funds	4,591	5,248	5,781	6,774	7,406	7,909	8,243	8,179	7,672	7,943
	Total	26,279	27,038	27,369	27,500	27,127	26,887	26,881	26,082	24,936	24,526

Note: The average monthly Adoption Subsidy caseload decreased -10.8 percent (-2,974 cases) from FY 2010 to FY 2016 and -1.64 percent (-410 cases) from FY 2015 to FY 2016. **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 2016 was 34 cases.

Michigan Department of Health and Human Services	PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Michigan Children's Services Agency	Appropriation Unit: Children's Services Agency	Program: Adoption Services Program

PROGRAM STATEMENT

The Adoption Services Program provides 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 placement 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 adoption purchase of service contracts with over 60 private Michigan child-placing agencies or by local MDHHS 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/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

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration:	Appropriation Unit:	Program:	
Michigan Children's Services Agency	Children's Services Agency	Adoption Services Program	

- Preventing Sex Trafficking and Strengthening Families Act, H.R. 4980
- MDHHS FY 2017 Appropriations Act, 2016 Public Act 268, Article X

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

Michigan effectively utilizes a public/private partnership to achieve permanency through adoption for waiting children. Permanency planning decisions are child-focused and carefully consider the unique needs and circumstances of each child. Whenever possible, placements are made with families who have an existing relationship or attachment to the child. Additionally, efforts are made to provide an adoptive home where siblings may stay together. To increase program effectiveness and outcomes, timeliness benchmarks for procedural processes have been established in adoption policy. They are "process and timeliness" outcomes for the "placement of foster care children, with the goal of adoption." In FY 2016, preliminary data indicates 2,015 children were adopted from foster care.

Michigan's performance-based adoption contracts provide financial support to private contractual agencies. The financial support 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 payment portion 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, 2017, not less than 80 percent of children with a goal of adoption that are legally free for adoption on September 30, 2016 shall have adoptions finalized.
4. By September 30, 2017, not less than 80 percent of the number of children with a goal of adoption that are legally free for adoption on September 30, 2016, will have the adoption petition filed with the court.

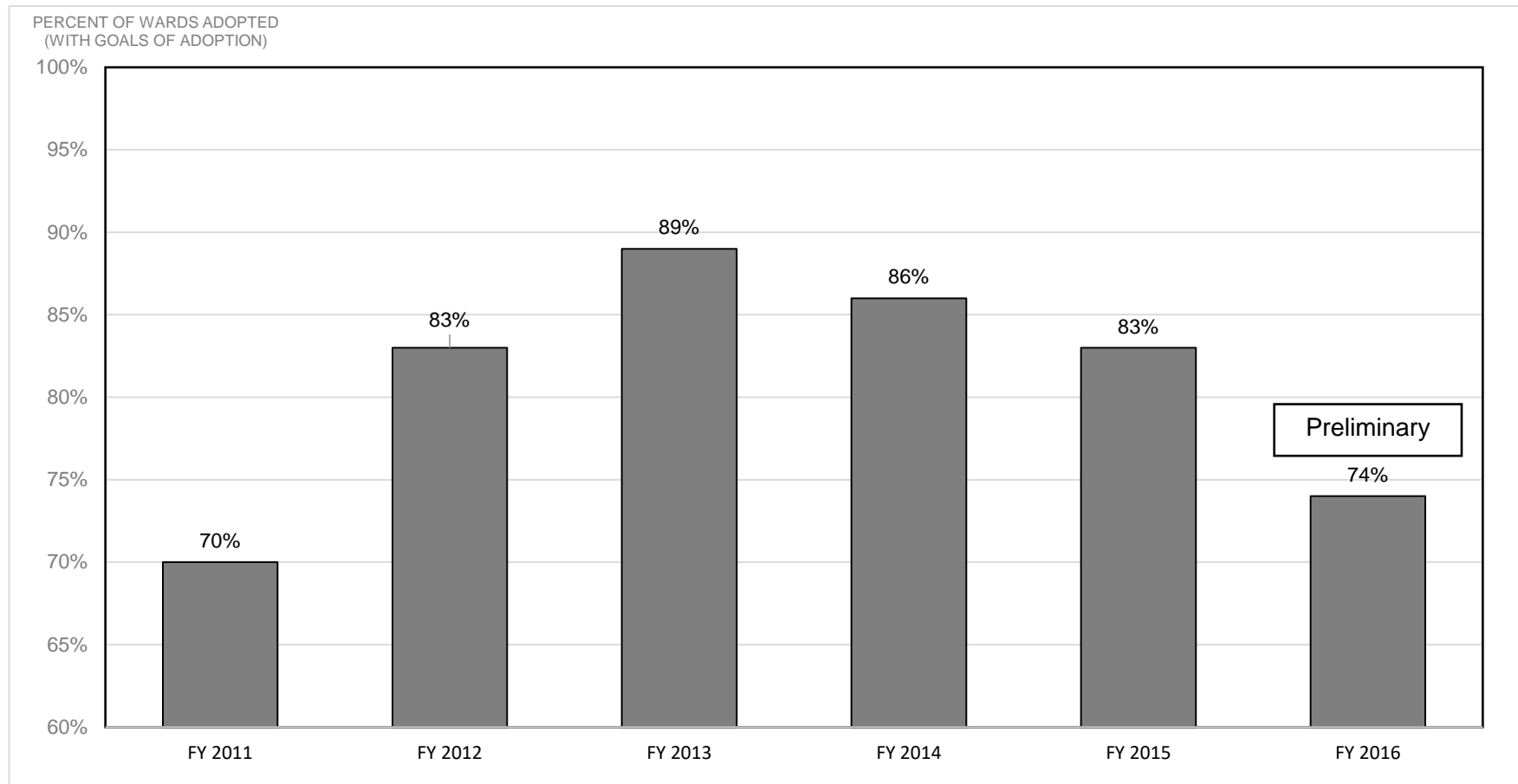
Adoption Outcomes

As reflected in the following graph, preliminary FY 2016 Michigan Statewide Automated Child Welfare Information system (MiSACWIS) data indicates finalized adoptions increased by 200 adoptions from FY 2015. As final data for FY 2016 becomes available, the number of finalized adoptions is expected to increase. The percentage of children "adopted" compared to the number of children who had a foster care goal of adoption at the beginning of FY 2016 (2,738 children) currently stands at 74 percent.

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

Adoption Services Program

Annual Adoption Percentage for Youth With the Goal of Adoption FY 2011 - FY 2016



NOTE: Adoption percentages reflect the proportion of all children adopted who had a foster care "Adoption Goal". In FY 2011, 3,558 children in foster care had an "Adoption Goal"; 2,506 or 70 percent were adopted. In FY 2012, 3,069 children in foster care had an "Adoption Goal"; 2,554 or 83% were adopted. In FY 2013, 2,651 children in foster care had an "Adoption Goal"; 2,361 or 89 percent were adopted. In FY 2014, 2,536 children in foster care had an Adoption Goal; 2,185 or 86% were adopted. In FY 2015, 2,182 children in foster care had an "Adoption Goal"; 1,815 or 83% were adopted. In FY 2016, 2,738 children in foster care had an "Adoption Goal"; preliminary data indicates that 2,015 or 74% were adopted, which is anticipated to increase as final data becomes available.

Source: Product of Children's Services Data Management Unit

Michigan Department of Health and Human Services	PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Michigan Children's Services Agency	Appropriation Unit: Children's Services Agency	Program: Child Welfare Licensing

PROGRAM DESCRIPTION AND OVERVIEW

The Division of Child Welfare Licensing (DCWL) protects vulnerable children by regulating and consulting with child welfare 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.
- 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.
- Provide placement assistance and process placement exception requests.

SOURCES OF FINANCING:

- Social Services Block Grant (Title XX)
- Title IV-E
- General Fund/General Purpose

Michigan Department of Health and Human Services	PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Michigan Children's Services Agency	Appropriation Unit: Children's Services Agency	Program: Child Welfare Licensing

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
- MDHHS FY 2017 MDHHS Appropriations Act, 2016 Public Act 268, Article X

PROGRAM STATEMENT - 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 policy compliance, and licenses the following:

- Child Caring Residential Institutions: Provide maintenance and supervision.
- Child Placing Agencies: Government and nonprofit organizations who 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.

PROGRAM EFFECTIVENESS/ PROGRAM OUTCOMES

The Child Welfare Licensing Division regulates 6,496 facilities. The total residential capacity is 18,476 children. In FY 2016, 2,600 complaints were received, 60 disciplinary actions were taken and no summary suspensions served.

The combined volume of licensing actions detailed in the following graph provides confirmation that DCWL continues to provide important work to protect vulnerable children by monitoring and consulting with licensees.

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
CHILD WELFARE LICENSING
 Licensing Activity, Fiscal Year 2016

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
Child Placing Agencies (CPA)	198	N/A							
Child Caring Institutions (CCI)	174	4,965							
Foster Care Homes (FH)	6,124	13,511							
TOTAL	6,496	18,476	2,462 (FH)	1,730	203(CPA/CCI)	203 (CPA/CCI)	9	60	0

*The "Facilities Closed" total of 9 is the number of foster homes (Child Care Institutions / CCIs ~ also known as facilities) out of 179 that were closed in FY 2016.

Michigan Department of Health and Human Services	PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Michigan Children's Services Agency	Appropriation Unit: Children's Services Agency	Program: Children's Foster Care Program

PROGRAM STATEMENT

The 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 into 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 48 percent of foster care case management services are purchased. The foster care program is closely tied to the children's protective services (CPS) program, family preservation initiatives, and the adoption program. CPS and the courts function as the entry point to the foster care 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 order the removal of a child from his/her home, and the court refers the child to MDHHS for placement, care, and supervision. 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.

Michigan Department of Health and Human Services	PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Michigan Children's Services Agency	Appropriation Unit: Children's Services Agency	Program: Children's Foster Care Program

SOURCES OF FINANCING

- Federal Social Security Act, Titles IV-E, IV-B, XX and Title XIX (Medicaid) for staffing costs only
- General Fund/General Purpose
- County funds
- Federal Temporary Assistance for Needy Families (TANF) Block Grant
- Chafee Foster Care Independence Program for Youth in Transition and Educational Training Vouchers
- Jim Casey Youth Initiative
- 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
- 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

Michigan Department of Health and Human Services	PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Michigan Children's Services Agency	Appropriation Unit: Children's Services Agency	Program: Children's Foster Care Program

- 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 2017 Appropriations Act, 2016 Public Act 268, Article X

PROGRAM EFFECTIVENESS/PROGRAM OUTCOMES

- The number of foster care program cases has been declining. As of September 30, 2016, Michigan was responsible for 12,666 children in foster care compared to 13,097 as of September 30, 2015.
- Among current living arrangements, 32 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 2016, 678 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 was 12.3ⁱ months for the 12-month period ending September 30, 2016.
- Of all children who were discharged from foster care, and who were legally free for adoption at the time of discharge, the percent discharged to a permanent home prior to their 18th birthday continues to increase. A permanent home is defined as having a discharge reason of adoption, guardianship or reunification, including living with relative. As of the 12-month period ending 9/30/2016, 98.4ⁱⁱ percent of children were discharged to a permanent home prior to their 18th birthday, compared to 96.7 percent for Fiscal Year 2009.
- The number of children placed in residential care facilities remains lower than previous years. As of September 30, 2016, 928ⁱⁱⁱ 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 2007 to September 2016, the foster care program caseload dropped by 6,277 (33%).

ⁱ Children Services Agency-Data Management Unit as of 11/1/16

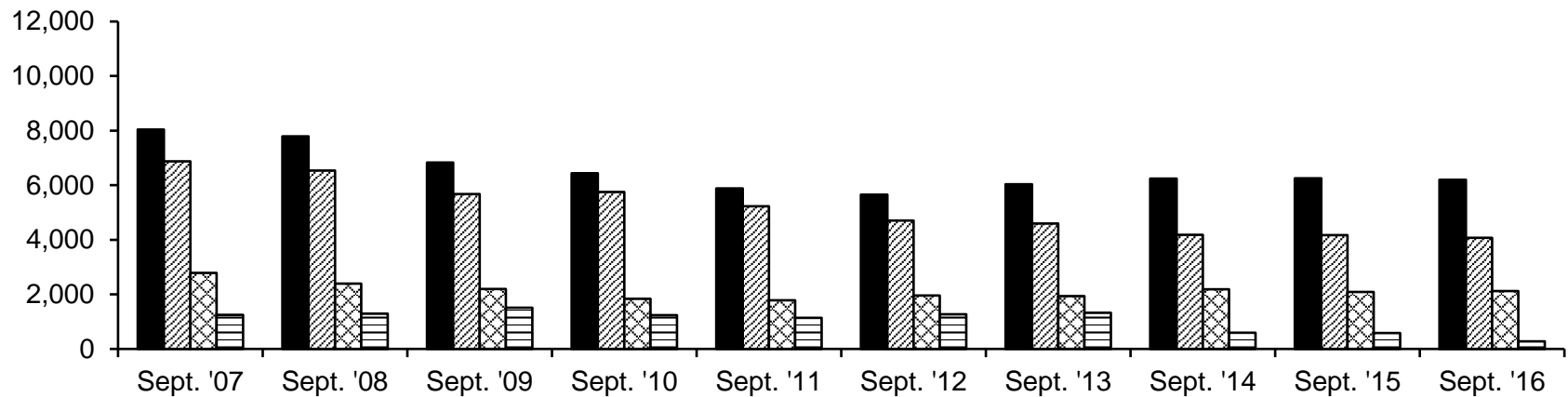
ⁱⁱ Children Services Agency-Data Management Unit as of 11/11/16

ⁱⁱⁱ Children Services Agency-Data Management Unit - Fact Sheet-September 30, 2016

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

CHILDREN'S FOSTER CARE PLACEMENTS¹

September 2007 - September 2016



■ Out-of-Home Placements ²	8,037	7,787	6,830	6,441	5,882	5,649	6,036	6,241	6,252	6,199
▨ Relative Placements ³	6,878	6,539	5,674	5,750	5,231	4,704	4,597	4,184	4,169	4,071
▩ Own Home/ Legal Guardian ⁴	2,781	2,399	2,193	1,836	1,787	1,956	1,941	2,184	2,090	2,120
▤ Other ⁵	1,247	1,291	1,507	1,234	1,143	1,273	1,328	600	586	276
Total	18,943	18,016	16,204	15,261	14,043	13,582	13,902	13,209	13,097	12,666

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

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

² 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.

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

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

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

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 by 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, Public Act 238 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. If after monitoring the case and the provision of services, risk to the child(ren) cannot be reduced or increases, the department must consider providing a petition to the court.
- 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 COMPONENTS:

- MDHHS has investigatory authority only. The police and the family division of circuit court have enforcement authority. 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 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.

Michigan Department of Health and Human Services	PROGRAM DESCRIPTION	Fiscal Year 2018
Administration; Michigan Children's Services Agency	Appropriation Unit: Children's Services Agency	Program: Children's Protective Services Program

- CPS begins assessing child safety at the time the complaint is received. This assessment and subsequent safety planning continues throughout the investigation (and/or following the opening of a case) to assure the child's safety. If the child is unsafe, CPS must file a petition (Category I).
- If a preponderance of evidence is found and the risk level is high or intensive, the perpetrator is notified in writing that his/her name is placed on Central Registry and informed of the due process for requesting amendment or expunction. CPS must open a services case (Category II).
- An open CPS services case means there is a plan to reduce the risk of future harm by addressing the family's service 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 the Registry 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, TANF
- General Fund/General Purpose
- 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 2017 Appropriations Act, 2016 Public Act 268, Article X

Michigan Department of Health and Human Services	PROGRAM DESCRIPTION	Fiscal Year 2018
Administration; Michigan Children's Services Agency	Appropriation Unit: Children's Services Agency	Program: Children's Protective Services Program

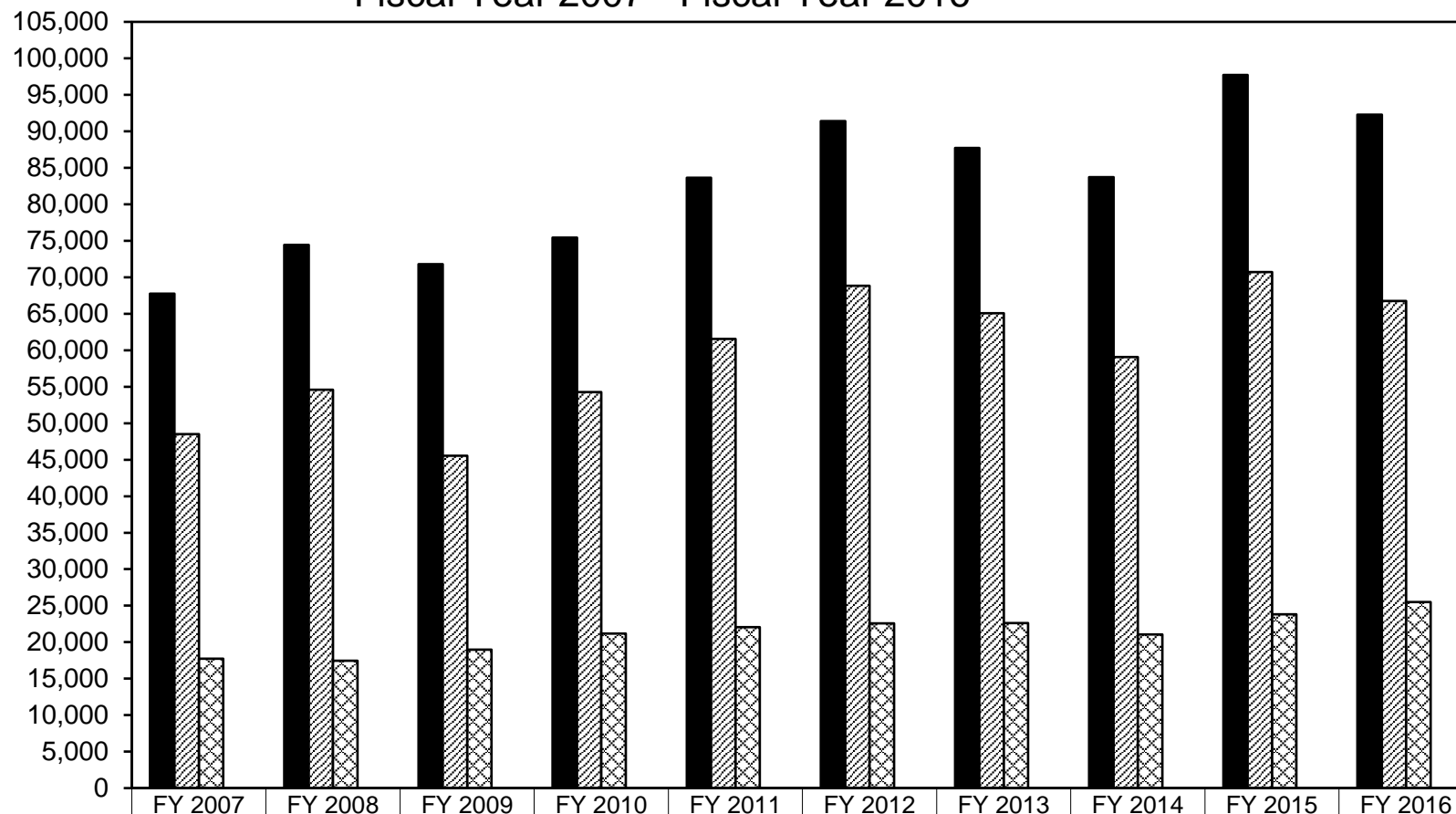
PROGRAM EFFECTIVENESS/PROGRAM OUTCOMES

- In FY 2016, there were 92,267 investigations, a decrease of 5,462 (5.5 percent) from 97,729 investigations in FY 2015. The substantiation rate in FY 2016 was 27.6 percent, an increase of 3.2 percentage points from FY 2015.
- Michigan operates a statewide centralized intake program. The centralized intake system allows for greater statewide consistency for all CPS intake complaints. Centralized intake receives over 140,000 child abuse and neglect complaints every year.
- 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

Fiscal Year 2007 - Fiscal Year 2016



	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016
■ Investigated	67,756	74,439	71,780	75,426	83,627	91,397	87,715	83,709	97,729	92,267
▨ Non-Substantiated	48,492	54,581	45,536	54,255	61,558	68,832	65,074	59,068	70,720	66,758
▩ Substantiated No.*	17,748	17,460	18,977	21,171	22,069	22,565	22,636	21,049	23,813	25,509
■ Substantiation Rate (%)	26.2%	23.5%	26.4%	28.1%	26.4%	24.7%	25.8%	25.1%	24.4%	27.6%

NOTE: With the exception of FY 2014, the number of substantiated cases has increased year-over-year since FY 2008. Most recently, the number of FY 2016 substantiated cases was 25,509, equating to the second highest substantiation rate of 27.6 percent.

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

Michigan Department of Health and Human Services	PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Michigan Children's Services Agency	Appropriation Unit: Children's Services Agency	Program: Children's Trust Fund

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.¹ 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 Children's 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 2017 Appropriations Act, 2016 Public Act 268, 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. 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

¹ 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.

Michigan Department of Health and Human Services	PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Michigan Children's Services Agency	Appropriation Unit: Children's Services Agency	Program: Children's Trust Fund

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. 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.

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 24 direct service grants funded in 2016 submitted client satisfaction information to CTF. Out of these 24 programs, 24 reported using a Likert scale survey and 11 used open-ended surveys. In total, grantees reported distributing 997 surveys and receiving 855 surveys back, an 86 percent response rate. Eight grantees reported 100 percent overall program satisfaction, 13 grantees reported 98 percent satisfaction, and three grantees reported 97 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 bi-annual 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.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration:	Appropriation Unit:	Program:	
Michigan Children's Services Agency	Children's Services Agency	Children's Trust Fund	

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

In FY 2016, CTF funded 24 direct service grants that served 28 counties. Direct services were provided to 1,850 families. The unduplicated participant counts that programs reported serving were 2,361 adults (including 75 special needs adults) and 2,350 children (including 133 special needs children). A snapshot of direct services provided in FY 2016 is provided in the chart on the next page.

(NOTE: each individual service delivery is counted as one prevention service).

Administration:

Appropriation Unit:

Program:

Michigan Children's Services Agency**Children's Services Agency****Children's Trust Fund**

Type of Service Provided	Number of Services
Home visits	2,849
Parenting classes	784
Support groups	113
Group counseling	5
One-on-one counseling	141
Screening	541
Childcare Services	103
Respite Care Services	847
Transportation	566
Referrals	924
Resource coordination	525
Workshops (e.g., Parent Meetings)	123
Prenatal Services	164
Number of Families Served	1,850
Number of Adults Served	2,361
Number of Children Served	2,350

Michigan Department of Health and Human Services	PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Michigan Children's Services Agency	Appropriation Unit: Children's Services Agency	Program: Children's Trust Fund

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 2015, 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 2015², 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:

- 416 information booths and fairs that reached an estimated 108,460 people.
- 1,115 baby pantry days which reached an estimated 16,433 people.
- 52,803 new parent packets
- 327 newspaper articles, 167 public service announcements, 115 purchased ads, and 34 press releases.
- 469 public awareness events that reached 664,387 people.
- 169 fundraising events which raised approximately \$1,920,241.
- 258 mandated reporter trainings that reached 6,996 attendees.
- 106 professional development and training activities that reached 3,549 attendees.
- 8,766 referrals.

² FY 2015 is the most recent year for which a full year of Local Council data are available.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration:	Appropriation Unit:	Program:	
Michigan Children's Services Agency	Children's Services Agency	Family Preservation and Family Support – Families First Program	

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 also 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. Strengthening Families Protective factors are employed to measure and assess family progress and enhanced child well-being. 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 Support 2
- 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
- MDHHS 2017 Appropriations Act, 2016 PA 268, Article X

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration:	Appropriation Unit:	Program:	
Michigan Children's Services Agency	Children's Services Agency	Family Preservation and Family Support – Families First Program	

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

The program has exceeded its objective since 1992. As reflected in the graph on the following page, data for FY 2015 show 89.3 percent of families served were intact one year after service. More than 73,881 families have received services since the program's inception in 1988. The program served 3,099 families during FY 2016.

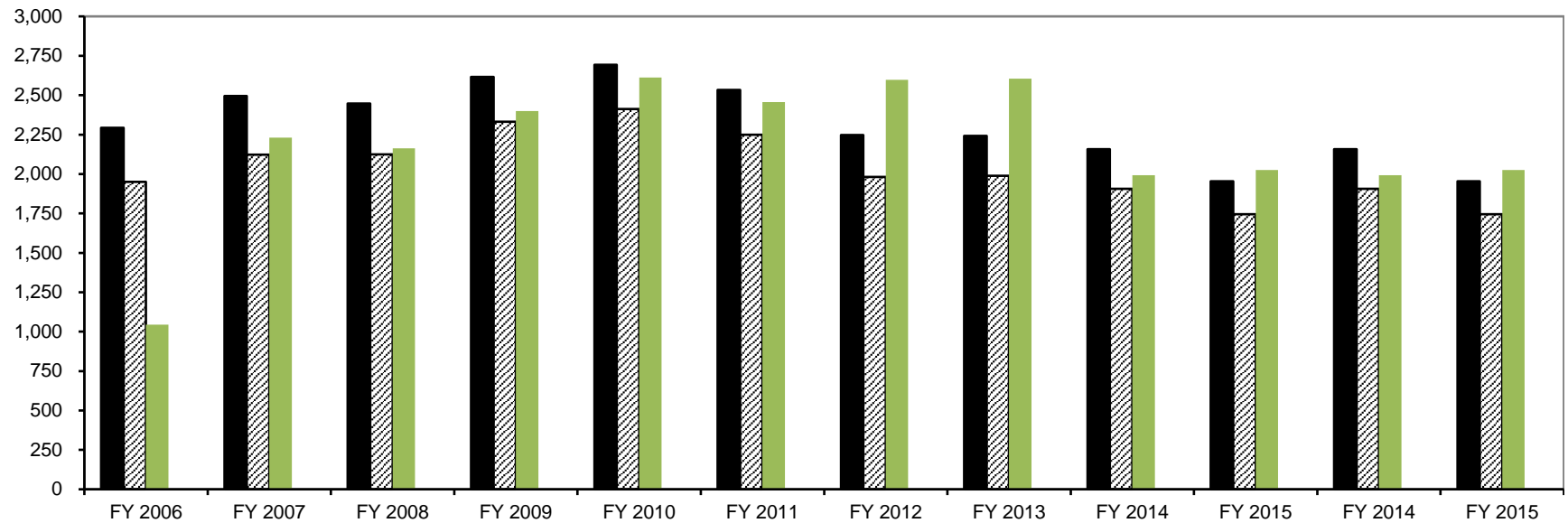
These services have been a vital part of the services continuum in:




- 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 remains \$27,085.

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

STATEWIDE FAMILIES FIRST SERVICES

Number/Percent of 12-Month Successful Program Outcomes: FY 2006 - FY 2015



 Families w/12 Mo. Placement data	2,294	2,494	2,447	2,615	2,693	2,533	2,248	2,241	2,157	1,953	2,157	1,953
 Number Successful Outcomes ³	1,951	2,122	2,125	2,331	2,413	2,249	1,982	1,989	1,907	1,745	1,907	1,745
 Percent Successful Outcomes ⁴	85.0%	85.1%	86.8%	89.1%	89.6%	88.8%	88.2%	88.8%	88.4%	89.3%	88.4%	89.3%

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

⁴ "Percent Successful outcomes" is defined as the percent of families where no child was placed in foster care during the 12-month follow-up period.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration:	Appropriation Unit:	Program:	
Michigan Children's Services Agency	Children's Services Agency	Family Preservation and Family Support – Strong Families / Safe Children Program	

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.

Strong Families Safe Children Allocations FY 2004 - FY 2017	
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
FY 2017	\$12,350,100

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration:	Appropriation Unit:	Program:	
Michigan Children's Services Agency	Children's Services Agency	Family Preservation and Family Support – Strong Families / Safe Children Program	

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 2017 Appropriation Act, 2016 Public Act 268, 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 2016:

- SF/SC served 9,558 customers.
 - 81.5 percent of all reported outcomes met the intended service goal.
 - 85.3 percent of service outcomes targeting child safety were achieved.
 - 80.7 percent of service outcomes targeting permanency were achieved.
 - 80.1 percent of service outcomes targeting improved family functioning were achieved.
- NOTE: Data for FY 2016 and FY 2017 will be reported in the FY 2019 program description.*

Michigan Department of Health and Human Services	PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Michigan Children's Services Agency	Appropriation Unit: Children's Services Agency	Program: Family Reunification Program

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 that 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. In counties where it is available (FY 2017 count of counties to be included in next year's updated program description), 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. As appropriate, the child(ren) in referred families will receive a trauma screening and referral to appropriate services.

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

Michigan Department of Health and Human Services	PROGRAM DESCRIPTION	Fiscal Year 2018
Administration:	Appropriation Unit:	Program:
Michigan Children's Services Agency	Children's Services Agency	Family Reunification Program

LEGAL BASIS

- Adoption Assistance and Child Welfare Act of 1980, Federal PL 96-272
- Social Security Act of 1935, Title IV-B Support 2
- 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 2017 Appropriation Act, 2016 Public Act 268, Article X

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

During FY 2016, 1,031 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 85 percent of families who have successfully completed FRP services for the period of 12 months following case closure, have remained safely reunified.

During FY 2016, MDHHS continued change management to the Families First Information System (FFIS) to measure FRP program outcomes. Modifications and system testing were completed to enhance data collection capabilities. To ensure proper data collection and data reliability, data and evaluation testing continues in FY 2017. In FY 2017, FRP was expanded from 41 to 73 of Michigan's 83 counties.

Michigan Department of Health and Human Services	PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: MichHealth and Human Services	Appropriation Unit: Children's Services Agency	Program: Family Support Subsidy

PROGRAM STATEMENT

The Family Support Subsidy (FSS) Program provides a monthly subsidy to families that include children with severe developmental disabilities. The program provides for a monthly subsidy payment of \$222.11 to families with children living at home who are less than 18 years of age and recommended by a public school's multidisciplinary team as having an educational eligibility category of severe cognitive impairment, severe multiple impairments or autism spectrum disorder (ASD). FSS eligibility for the education category of ASD requires that children be actively receiving special education services in a program designed for children with autism spectrum disorder or in a program designed for children with severe cognitive impairment or severe multiple impairments. The subsidy helps to keep families together and reduce the demand for state provided out-of-home services. The family support subsidy was established as an entitlement program subject to qualification of participants.

SOURCES OF FINANCING

Temporary Assistance for Needy Families (TANF)

LEGAL BASIS

- PA 249 of 1983
- MDHHS Appropriations Act, 2016 Public Act 268, Article X

PROGRAM, EFFECTIVENESS / PROGRAM OUTCOMES

6,311 children received Family Support Subsidies in FY 2016.

Michigan Department of Health and Human Services	PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Michigan Children's Services Agency	Appropriation Unit: Children's Services Agency	Program: Guardianship Assistance Program

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 on-going 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 a 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 21st birthday if they are attending 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.

SOURCES OF FINANCING

- Federal Title IV-E of the Social Security Act
- General Fund/General Purpose

LEGAL BASIS

- 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

Michigan Department of Health and Human Services	PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Michigan Children's Services Agency	Appropriation Unit: Children's Services Agency	Program: Guardianship Assistance Program

- 2009 Public Act 15 – MCL 722.871
- MDHHS FY 2017 Appropriations Act, 2016 Public Act 268, Article X
- Federal Law
- Public Law 105-89 and Public Law 109-248 and Public Law 110-351
- IV-E Guardianship

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

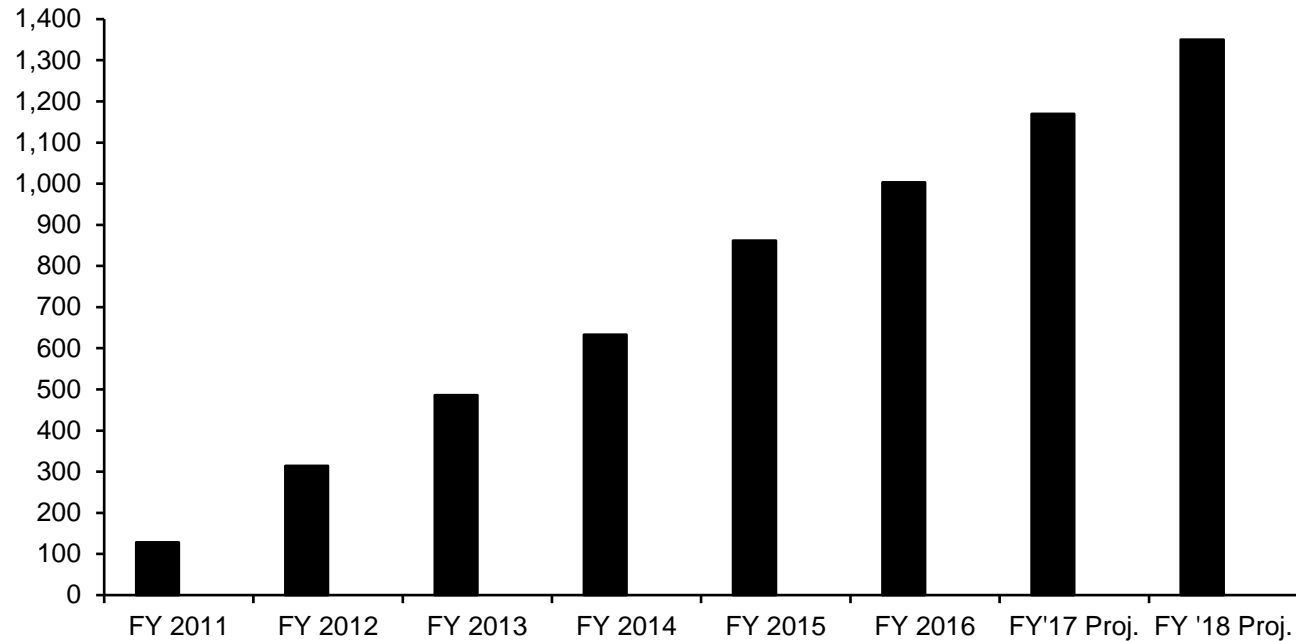
Michigan uses a public/private partnership to achieve permanency including guardianship for children in the child welfare system. Permanency planning decisions are child-focused and carefully consider the unique needs and circumstances of each child. Whenever possible, placements are made with families 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 annually since FY 2011 and as of November 2016, the caseload was at an all-time highest level of 1,003 cases. The caseload is projected to increase year-over-year through FY 2018. The graph on the following page provides an annual view of GAP caseload increases since FY 2011. **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: FY 2011 - FY 2018 Projection



■ Cases	128	314	486	633	862	1,003	1,170	1,350
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Note: The GAP caseload has grown year-over-year since FY 2011. The MDHHS Budget Division's projections reflect further caseload growth through FY 2018.

Michigan Department of Health and Human Service	PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Michigan Children's Services Agency	Appropriation Unit: Juvenile Justice, CSA	Program: Juvenile Justice Programs

PROGRAM STATEMENT

The Juvenile Justice Programs Division 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. Re-entry 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 Programs Division operates two secure residential facilities for youth.

Secure Facilities:

- **Bay Pines Center, Escanaba**
Capacity: 40 youth.
Per Diem Rate: \$301.19.
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: \$312.03.
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
- General Fund/General Purpose
- 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

Michigan Department of Health and Human Service	PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Michigan Children's Services Agency	Appropriation Unit: Juvenile Justice, CSA	Program: Juvenile Justice Programs

- Probate de, 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 2017 Appropriations Act, 2016 Public Act 268, Article X

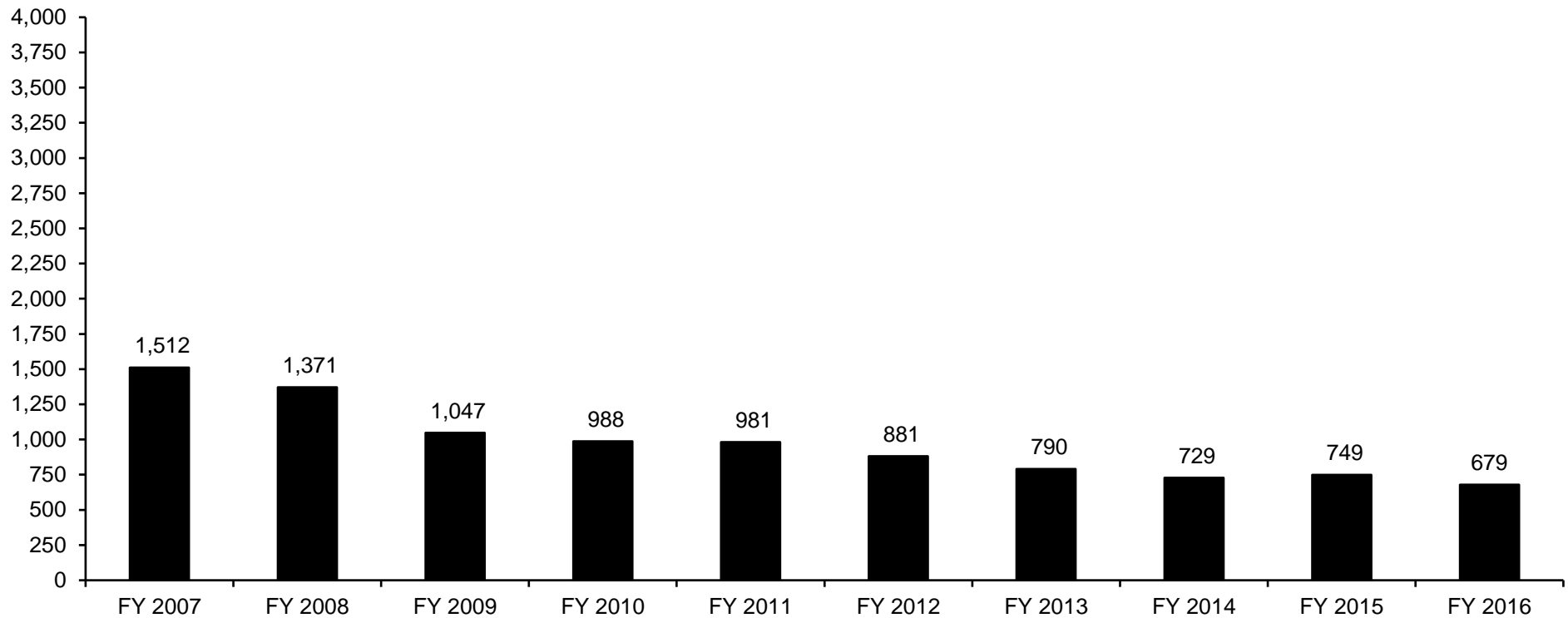
PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

- 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, 266 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 2016, 184 youth were served in public facilities for secure residential treatment, 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 Programs 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 384 referral packets for screening, assessment, and referral in FY 2016.
- 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/electronic monitoring services. In FY 2016, the RDSS program served youth in 55 eligible rural counties without secure detention facilities and Native American tribal jurisdictions.

Michigan Department of Health and Human Service	PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Michigan Children's Services Agency	Appropriation Unit: Juvenile Justice, CSA	Program: Juvenile Justice Programs

- The federal grants staff provide support to the United States Department of Justice, Office of Justice Programs, and Office of Juvenile Justice and Delinquency Prevention 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 2016, the MCJJ renewed four grants to cities, counties, circuit courts, and non-profits 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 2016, the ICPC unit handled 1,888 cases, 343 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 2016, the ICJ unit handled 182 cases, 119 of which were youth placements and 63 involved returning runaways.
- Caseload trends are reflected in the graph on the following page. The average monthly caseload has decreased year-over-year. 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 2016



Note: The average monthly Juvenile Justice caseload has decreased year-over-year since FY 2007, with the exception of FY 2016. From FY 2007 to FY 2015 the caseload dropped by 763 (50.5 percent), then rose by 181 between FY 2015 and FY 2016 (a 19.5 percent increase). 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).

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration:	Appropriation Unit:	Program:	
Michigan Children's Services Agency	Children's Services Agency	Michigan Youth Opportunities Initiative (MYOI)	

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.
- Each youth has an Individual Development Account (IDA), in which they are encouraged to save money. MYOI matches the IDA funds dollar for dollar 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
- General Fund/General Purpose

LEGAL BASIS

- John H. Chafee Foster Care Independence Act of 1999, Federal PL 106-169
- MDHHS FY 2017 Appropriations Act, 2016 Public Act 268, Article X

Michigan Department of Health and Human Services	PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Health and Human Services	Appropriation Unit: Children Services Agency	Program: Michigan Youth Opportunities Initiative (MYOI)

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

As of September 30, 2016, the MYOI program achieved enrollment of 2,669 foster youths since it was first implemented. In FY 2016, 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). 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 \$900,000 for major asset purchases in excess of a total of \$1.9 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, 2016)**

Asset Category	Total Dollars Saved for Asset Purchases
Education & training costs	\$164,577.26
Housing down payment/rent deposit	\$200,776.67
Investments (stocks, 401(k), IRAs)	\$50,024.45
Medical & dental insurance & costs	\$16,670.75
Microenterprise	\$9,085.54
Vehicle	\$438,044.54
Credit Repair	\$3,020.16
Participant-Specific	\$22,722.68
TOTAL MATCHES	\$909,805.62

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 June 2016, MDHHS offered the second 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.

Michigan Department of Health and Human Services	PROGRAM DESCRIPTION	Fiscal Year 2018
Administration:	Appropriation Unit:	Program:
Michigan Children's Services Agency	Children's Services Agency	Native American Affairs (NAA)

PROGRAM STATEMENT

Native American Affairs (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.

Efforts include:

- Tribal State Partnership – A collaborative body of tribal social service directors, urban Indian organizations, state/private agencies and MDHHS staff focusing on American Indian child welfare and the implementation of the Indian Child Welfare Act of 1978.
- Urban Indian State Partnership – A collaborative body of urban American 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 forum to provide cohort updates and professional development.
- Office of Workforce Development and Training – Assists department with Indian Child Welfare Act/Michigan Indian Family Preservation Act training for new child welfare and supervisory staff.
- State Court Administrator's Office, Court Improvement Program, Statewide Task Force and Tribal Court Relations Subcommittee Members – Advocating on behalf of tribal families.
- Native American Affairs (NAA) delivers a broad range of services to Michigan's approximate 130,000 American Indian population and MDHHS field staff. NAA serves as department tribal liaison and facilitates tribal consultation.

The service spectrum includes:

- 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 and Michigan Indian Family Preservation Act pertaining to American Indians/Alaska Native people).
- Indian Outreach Services, 12 Indian Outreach Workers located in county offices across the state.

Michigan Department of Health and Human Services	PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Michigan Children's Services Agency	Appropriation Unit: Children's Services Agency	Program: Native American Affairs (NAA)

SOURCES OF FINANCING:

- Social Services Block Grant

LEGAL BASIS:

- Federal Indian Child Welfare Act of 1978, Public Law 95-608
- Federal Indian Child Protection and Family Violence Protection Act, Public Law 101-630
- Michigan Juvenile Court Rules-subchapter 3.980
- Presidential Memorandum on Tribal Consultation (2009)
- Governor Granholm Executive Directive 2004-5
- Governor Snyder Executive Directive 2012-2
- Michigan Indian Family Preservation Act, MCL 712B. 1-41
- MDHHS FY 2017 Appropriations Act, 2016 PA 268, Article X
- Indian Child Welfare Act Final Rule, 25 CFR 23

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 Indian Child Welfare Act compliance is assessed through Office of Workforce Development Training and training exams, child welfare case reviews, 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 Indian Child Welfare Act 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, American Indian organizations, and tribal families in Michigan).

Michigan Department of Health and Human Services	PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Michigan Children's Services Agency	Appropriation Unit: Children's Services Agency	Program: Runaway and Homeless Youth Services

PROGRAM STATEMENT

Runaway youth services are crisis-based services available to youth ages 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 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 a statewide statewide crisis call services that are resource-based within their geographical area.

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 2017 Appropriations Act, 2016 Public Act 268, 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.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration:	Appropriation Unit:	Program:	
Michigan Children's Services Agency	Children's Services Agency	Runaway and Homeless Youth Services	

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. A total of 32 MDHHS-956 Youth Housing referrals were made on behalf of youth who were without identified housing at case closure.

The electronic payment request requires 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 based on the required program deliverables. The deliverables are intake and assessments, case management, independent living skills, counseling, recruitment, crisis intervention, community education, and the cost for the per diem. Onsite monitoring visits have provided opportunities for selected youth cases to be reviewed and compared to the electronic payment request. Shifting to the unit rate contract has proven to better serve the needs of youth and maximize the funds allocated for HYR services.

In FY 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 FY 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. Youth follow-up made at the 180 day interval resulted in 58 percent of youth completing follow up reports during this fiscal year.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration:	Appropriation Unit:	Program:	
Michigan Children's Services Agency	Children's Services Agency	Youth In Transition And Education & Training Voucher Programs	

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, Jim Casey Youth Opportunities Initiative and 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).

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 (IL) 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 eligible youth to prepare for functional independence. These services include educational support, job training, IL skills training and coaches, employment assistance/training, mentoring, family connections, housing, transportation, money management, parenting, and counseling.

SOURCES OF FINANCING

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

LEGAL BASIS

- John H. Chafee Foster Care Independence Act of 1999
- Social Security Act, Sec. 477
- MDHHS FY 2017 Appropriations Act, 2016 Public Act 268, 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

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration:	Appropriation Unit:	Program:	
Michigan Children's Services Agency	Children's Services Agency	Youth In Transition / Education & Training Voucher Program	

living service or support 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 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 FY 2011, with the youth provided follow up surveys in FY 2013 at age 19 and in FY 2015 at age 21.

Services and outcomes data from the NYTD snap shot provided to Michigan for FY 2011-15 indicates:

- A total of 2,574 youth received Chafee funded goods and services in FY 2015
- 93 percent of youth received an independent living assessment
- 56 percent of youth received academic supports
- 41 percent of youth received housing education and home management supports
- 50 percent of youth received 3 or 4 services
- 45 percent of youth received 1 or 2 services
- 5 percent of youth received 5 or more services
- 168 youth completed the 21 year old follow up survey
- 28 percent of youth reported they had a child in the past two years
- 39 percent reported being homeless in the past two years
- 41 percent reported being employed full or part-time
- 38 percent reported they were attending school
- 21 percent reported being incarcerated in the past two years
- 82 percent reported being connected to an adult

To better support YIT eligible youth with needed goods and services, policy was added in FY 2016 to allow youth who are parents to access \$500 in startup goods for items specifically for their child. This includes fathers who have documentation of legal parentage. The lifetime limit for first month's rent and security deposit was increased to \$1,500 and the lifetime limit for a purchase of a vehicle was increased to \$5,000, with the addition of six months of car insurance.

In FY 2012, seven IL skills coaches' contracts were awarded to Michigan post-secondary schools. In FY 2015, two community college IL skills coach contracts were added and a third community college contract was added in FY 2016. Also in FY 2016, the contract with Saginaw Valley State University was amended to include Delta Community College as a pipeline to the four year program. The IL skills coaches provide on-site service support, including assessment of needs and applicable services. It is anticipated that with the addition of IL skills coaches on college campuses, the number of youth receiving services post-12th grade will increase.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Michigan Children's Services Agency	Appropriation Unit: Children's Services Agency	Program: Youth In Transition / Education & Training Voucher Program	

The chart below shows the number of youth served by the MDHHS contracts. The community college program was added in mid-year 2016 and had not recruited any students by July 1, 2016; therefore, they are not included in this list.

Institution	Number of youth being served October 1, 2015 – March 31, 2016	Number of youth being served April 1, 2016 – September 30, 2016
Baker College of Flint	8	5
Eastern Michigan University	7	19
Ferris State University	16	16
Lansing Community College	18	22
Michigan State University	9	17
Saginaw Valley State University	9	10
University of Michigan – Flint	11	10
Washtenaw Community College	13	13
Wayne State University	10	20

The goal and purpose of the Foster Care Summer Youth Employment Program (SYEP) is to provide summer employment opportunities and workforce development activities (work readiness) to approximately 300-350 current Chafee-Eligible Foster Care Youth, ages 14-20. In FY 2012, the SYEP was expanded to allow for a seventh site in June 2011, an interagency agreement was signed between MDHHS and the Workforce Development Agency to implement the SYEP in six Michigan Works! Agencies throughout the state. 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. During FY 2016, 310 youth started the SYEP program and 276 completed the program successfully.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Michigan Children's Services Agency	Appropriation Unit: Children's Services Agency	Program: Youth In Transition / Education & Training Voucher Program	

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 occur after their 16th birthday to maintain ETV eligibility. Youth must receive their first ETV grant prior to their 21st birthday. Once awarded, youth remain eligible until their 23rd birthday, provided the youth remains in an approved post-secondary program, possess a cumulative grade point average of 2.0, and are submitting 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 2017 Appropriations Act, 2016 Public Act 268, 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 2016, 496 students were awarded a total of \$1,497,875. Of the total 496 students who were awarded ETV's in fiscal year 2016, 239 (48.2%) maintained their secondary education or training program from one semester to the second, and were awarded the their second half annual ETV.

Applicants are asked to identify their expected graduation date on their ETV application. For those who stated they expected to graduate during the 2016 fiscal year, 7.2 percent successfully completed graduation:

- 115 expected graduates.
- 16 actual graduates.

There are 99 students not identified as having graduated. This is result of inability to contact the students or students having changed their anticipated graduation date from their initial application.

Michigan Department of Health and Human Services	PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: External Affairs and Communications	Appropriation Unit: Community Services and Outreach	Program: 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 2017, the MCSC will grant more than \$8.6 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 2017, the state fund investment of \$959,800 will leverage more than \$15 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 2017, nearly 1000 AmeriCorps members will provide job placements and financial literacy education, help homeless individuals and families find permanent housing, provide literacy and tutoring programs for underperforming youth, create safer communities, preserve the environment, build houses, 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 social 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 youth, adults ages 55 and older, skilled volunteers and persons of color. Volunteer Michigan supports four grantees who are engaging volunteers in a concerted effort to support My Brother's Keeper communities across Michigan in their efforts to provide opportunities to young boys and men of color to 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, as well as providing support, technical assistance and guidance to the Volunteer Centers of Michigan. 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.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: External Affairs and Communications	Appropriation Unit: Community Services and Outreach	Program: Michigan Community Service Commission	

- **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. They 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. 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.
- General Fund/General Purpose

LEGAL BASIS

- The MCSC was established by Executive Order in 1991.
- Michigan Community Service Commission, PA 219 of 1994
- MDHHS FY 2017 Appropriations, PA 286 of 2016, Article X

PROGRAM EFFECTIVENESS / RESULTS:

In FY 2016, the MCSC granted more than \$7.8 million in federal funds to local communities for volunteer programs and activities.

Michigan's AmeriCorps: In 2016, members recruited, placed, and supported nearly 10,000 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- 7,773 students improved academic performance.
- Impact on Veterans - 122 veterans were served.
- Disaster Services – 2,366 individuals affected by disaster services received assistance from members.
- Environmental Stewardship – 4,450 acres of public land improved.
- Economic Opportunity – 4,028 individuals received housing placement services.
- Youth – 16,528 disadvantaged youth were served.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: External Affairs and Communications	Appropriation Unit: Community Services and Outreach	Program: Michigan Community Service Commission	

Mentor Michigan: In FY 2016, 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.

- 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.

Volunteering: 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. **NOTE:** Data for FY 2015 forward will be included in the MCSC FY 2019 program description.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Field Operations Administration	Appropriation Unit: Field Operations and Support Services	Program: Disability Determination Services	

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.

- 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.

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 60 days for state SDA cases and 90 days for Medicaid based on disability claims. Separation of costs between state general fund and federal SSA funds are closely monitored and accounted.

Regarding ORS, the DDS Retirement Unit 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.

- State disability programs are “needs-based” programs that provide coverage for people whose income and assets meet eligibility requirements. There is no requirement for prior employment. State disability criteria are the same as the SSDI criteria described above with the following exception. While Medicaid requires that an individual is 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, State Disability Assistance and Employment & Training Deferrals only require that an individual is unable to work because of illness or injury that is expected to last at least 90 continuous days or is expected to result in death.

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.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration:	Appropriation Unit:	Program:	
Field Operations Administration	Field Operations and Support Services	Disability Determination Services	

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.
- IDG from the Office of Retirement Services / (DTMB) Appropriation for FY 2017.
- General Fund/General Purpose.

LEGAL BASIS

- Social Security Act, 1935
- MDHHS FY 2017 Appropriations, 2016 PA 268, Article X
- @ State Claims = MCL 31.1101-1607, Persons with Disabilities Civil Rights Act – Act 220 of 1976.

PROGRAM EFFECTIVENESS / PROGRAM IMPACTS

Please see following pages.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration:	Appropriation Unit:	Program:	
Field Operations Administration	Field Operations and Support Services	Disability Determination Services	

PROGRAM EFFECTIVENESS / PROGRAM IMPACTS

The following table shows dispositions from FY 2007 – FY 2016.

DISABILITY DETERMINATION SERVICE WORKLOAD Social Security Administration

ACTUAL CASE DISPOSITIONS

Fiscal Year	Budgeted Dispositions¹	New Applications²	Actual Case Dispositions³	Pending Cases
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
2016	144,354	140,832	137,201	45,268

A few contributing factors led to the increase in FY 2016 Pending Cases. During 2016, DDS hired 56 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 dedicated 40 experienced examiners to address ongoing mentoring of new trainee classes and lost 27 experienced examiners through attrition. Therefore, in FY 2016 not all examiners were available to assist with the backlog. In addition, disability receipts increased by 955 cases from FY 2015 to FY 2016. However, DDS completed 3,734 more dispositions in FY 2016 than in FY 2015 through the use of overtime provided by SSA.

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

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

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

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration:	Appropriation Unit:	Program:	
Field Operations Administration	Field Operations and Support Services	Disability Determination Services	

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

Fiscal Year	Budgeted Dispositions ⁴	New Applications ⁵	Actual Case Dispositions ⁶	Pending Cases ⁷
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
2016	\$2,602,400	10,934	9,985	2,454

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

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

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

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

Administration:

Appropriation Unit:

Program:

Field Operations Administration

Field Operations and Support
Services

Disability Determination Services

**DISABILITY DETERMINATION SERVICE WORKLOAD:
Office of Retirement Services**

Fiscal Year	Budgeted Dispositions⁸	New Applications⁹	Actual Case Dispositions¹⁰	Pending Cases¹¹
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
2016	1,000	531	511	85

The Office of Retirement Services (ORS) operated with three examiners for most of FY 2016, which resulted in an increase in Actual Case Dispositions. In addition, ORS hired a full time clerical support position to assist with administrative duties exclusively for the DDS Retirement Unit.

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

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

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

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

Administration:

Appropriation Unit:

Program:

Field Operations Administration

Field Operations and Support
Services

Disability Determination Services

DISABILITY DETERMINATION SERVICE BUDGET (OPERATIONS) (In Millions of Dollars)	
FY 2007	\$81.3
FY 2008	\$76.1
FY 2009	\$83.0
FY 2010	\$95.9
FY 2011	\$111.4
FY 2012	\$118.8
FY 2013	\$86.7
FY 2014	\$85.9
FY 2015	\$86.6
FY 2016	\$88.4

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration:	Appropriation Unit:	Program:	
Field Operations Administration	Field Operations and Support Services	Employment Training Programs (Overview)	

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 Michigan Works! Agencies (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 able-bodied adults without dependents (ABAWDS) receiving food assistance, who earlier were not required to work or meet other requirements. The program is provided through the local MWAs. **NOTE:** As of January 1, 2017, a Federal waiver for ABAWDS in four Michigan counties (Oakland, Washtenaw, Kent and Ottawa) expired. It had earlier exempted work or training requirements to receive FAP benefits. If not in compliance with work of training requirements by April 1, 2017, an estimated 14,000 FAP recipients would no longer be eligible for FAP due to improvements in Michigan's economy. The statewide waiver for the balance of Michigan counties remains in place, and will not expire over the coming year.
- 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.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration:	Appropriation Unit:	Program:	
Field Operations Administration	Field Operations and Support Services	Employment Training Programs (Overview)	

- 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 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% ¹
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's adjusted and actual participation rates.

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

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration:	Appropriation Unit:	Program:	
Field Operations Administration	Field Operations and Support Services	Employment Training Programs (Overview)	

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 Investment Agency (TIA), FY 2017 Appropriations Act, 2016 PA 268
- MDHHS FY 2017 Appropriations Act, 2016 PA 268 of 2016, Article X

PROGRAM EFFECTIVENESS

With Michigan's 2016 unemployment at 4.6 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				
			ADJUSTED TARGET ¹		ACTUAL PARTICIPATION RATES		
	All Families	Two-Parent Families	All Families	Two-Parent Families	All Families	Two-Parent Families	Met Adjusted Rate
	Percent	Percent	Percent	Percent	Percent	Percent	
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 ²	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	N/A ³	N/A	53.3%	N/A	Yes
2014	50%	N/A	12.2% ⁴	N/A	62.1%	N/A	Yes
2015	50%	N/A	0.0% ⁵	N/A	69.4% ⁶	N/A	Not Yet Final
2016	50%	N/A	0.0% ⁷	N/A	65.1% ⁸	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.

¹ 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.

² 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.

³ The FY 2013 adjusted target cannot be calculated due to a delay in the federal calculation of the caseload reduction credit. These rates are under review by federal Health & Human Services.

⁴ The FY 2014 adjusted target is the 50% Federal Target minus a 37.8% caseload reduction credit = 12.2% adjusted target. These rates are under review by federal Health & Human Services.

⁵ The FY 2015 adjusted target is the 50% Federal Target minus a projected 50.8% caseload reduction credit = 0.0% adjusted target. These rates are under review by federal Health & Human Services.

⁶ The FY 2015 participation rate (69.4%) is a state-reported rate based on October 2014-September 2015 case reviews as of 11-9-2016. This rate is subject to change by federal Health & Human Services review.

⁷ The FY 2016 adjusted target is the 50% Federal Target minus a projected 60.9% caseload reduction credit = 0.0% adjusted target. These rates are under review by federal Health & Human Services.

⁸ The FY 2016 participation rate (66.0%) is a state-reported rate based on October 2015-September 2016 case reviews as of 11-9-2016. This rate is subject to change by federal Health & Human Services review.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration:	Appropriation Unit:	Program:	
Field Operations Administration	Field Operations & Support Services	Employment and Training Programs (Employment Related Activities)	

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 and Time Limit Food Assistance (TLFA) requirements (non-waiver counties). Waivers for Michigan's four largest FAP counties expired January 1, 2017. For the balance of Michigan's 83 counties, waivers remain in place through FY 2018.

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 Investment Agency (TIA) FY 2017 Appropriation Act, 2016 PA 268, Section 1060-1061
- MDHHS FY 2017 Appropriations Act, 2016 Public Act 268 of 2016, Article X

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration:	Appropriation Unit:	Program:	
Field Operations Administration	Field Operations & Support Services	Employment and Training Programs (Employment Related Activities)	

PROGRAM EFFECTIVENESS

With Michigan's 2016 unemployment at 4.6 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.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration:	Appropriation Unit:	Program:	
Field Operations Administration	Field Operations and Support Services	Employment and Training Programs (Employment Support Services)	

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 Investment Agency (TIA), FY 2017 Appropriations Act, 2016 PA 268, Article X
- MDHHS FY 2017 Appropriations Act, 2016 Public Act 268 of 2016, 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 2017.

Michigan Department of Health and Human Services	PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Field Operations Administration	Appropriation Unit: Field Operations and Support Services	Program: Employment and Training Programs (Food Assistance Program Recipients)

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. In Michigan certain counties are 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 20 hours or more per week over the benefit period or earning on average the federal minimum wage times 20 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

LEGAL BASIS

- Food and Nutrition Act of 2008
- 7 CFR 273
- MDHHS FY 2017 Appropriations Act, 2016 Public Act 268, Article X

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

Single adults age 18-50, without children in a waiver county and who are not deferred may voluntarily participate in this program. In FY 2016 (October 2015-September 2016) there were 6,938 voluntary referrals, of which 1,167 attended an activity and 418 clients completed program objectives. There were 529 episodes of job search, 797 episodes of education and training, and 663 episodes of employment that led to job retention services. **NOTE**: The waiver for this group is ongoing through FY 2018.

Participation in employment-related activities for persons in a waiver county 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.

Michigan Department of Health and Human Services	PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Field Operations Administration	Appropriation Unit: Field Operations and Support Services	Program: Family Independence Program

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 disregard of \$200 plus 20 percent of each person's countable earnings), 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 \$200,000.
- **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.

Administration:

Appropriation Unit:

Program:

Field Operations Administration

Field Operations and Support
Services

Family Independence Program

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) ¹
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.

¹ 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.

Michigan Department of Health and Human Services	PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Field Operations Administration	Appropriation Unit: Field Operations and Support Services	Program: Family Independence Program

- **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.

LEGAL BASIS

- MDHHS FY 2017 Appropriations Act, 2016 Public Act 268, Article X
- Federal Social Security Act
- Social Welfare Act, 1939 PA 280
- Administrative Rules 400.3101 – 400.3131

PROGRAM EFFECTIVENESS / PROGRAM IMPACTS.

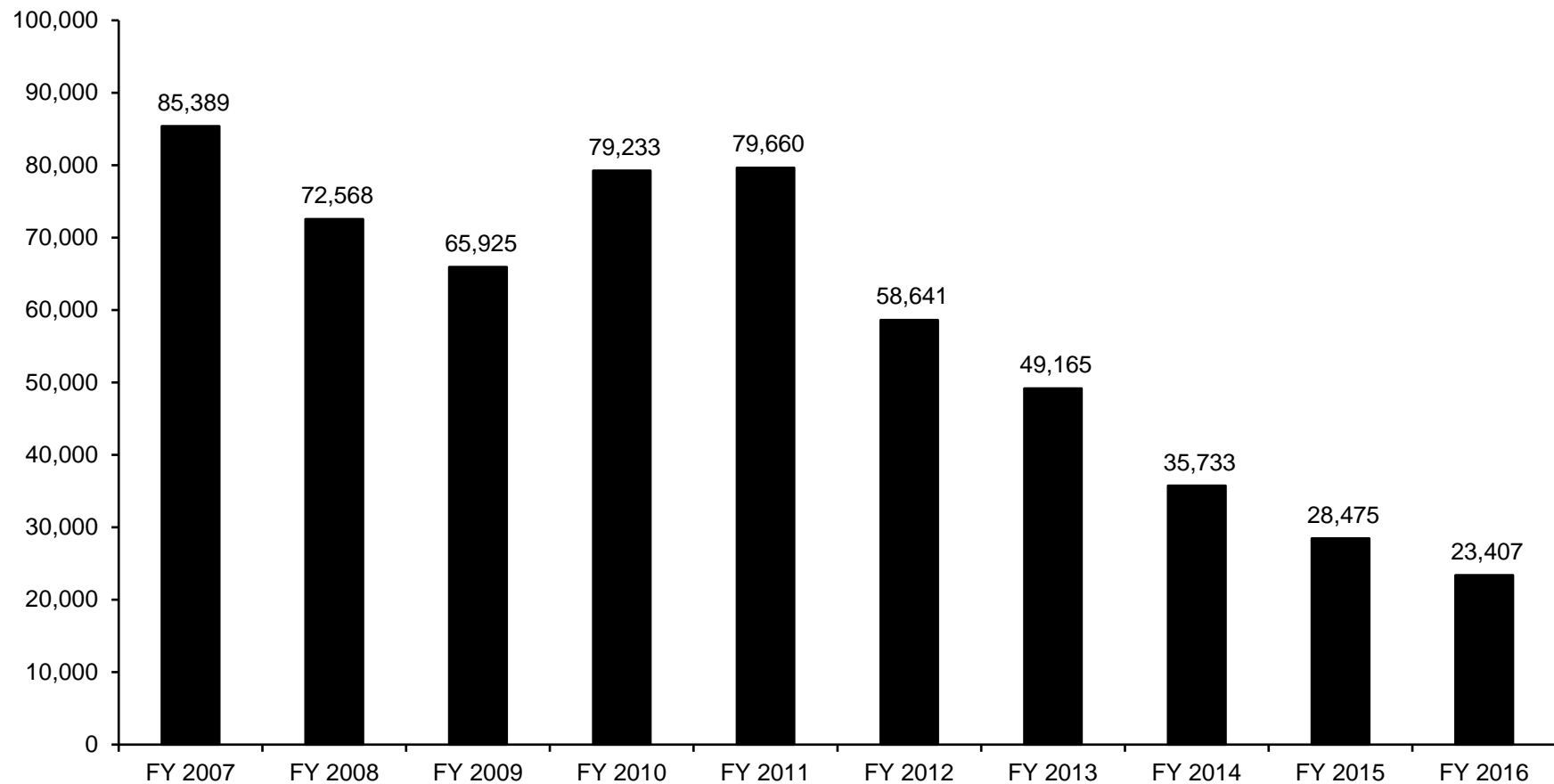
In addition to cash assistance, MDHHS provides other related programs and services. The following are examples of services intended to allow children to be cared for in their own homes, in the homes of relatives, or to end dependence of needy parents on government assistance by promoting job readiness 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; 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.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration:	Appropriation Unit:	Program:	
Field Operations Administration	Field Operations and Support Services	Family Independence Program	

Graphs on the following two pages summarize FIP program caseload activity and benefit levels over the 10-year period from FY 2007 through FY 2016. The first graph shows FIP-regular annual average caseloads from FY 2007 through FY 2016. The second graph shows FIP-Regular maximum payment amounts (with and without Food Assistance Program benefits) as a percentage of 2016 preliminary Poverty Thresholds prepared and released by the U.S. Census Bureau. **NOTE:** Preliminary estimates of the weighted average poverty thresholds for 2016 were released by the U.S. Census Bureau on January 24, 2017.

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
FAMILY INDEPENDENCE PROGRAM (FIP)
Average Monthly FIP-Regular Caseload Trends
FY 2007 - FY 2016

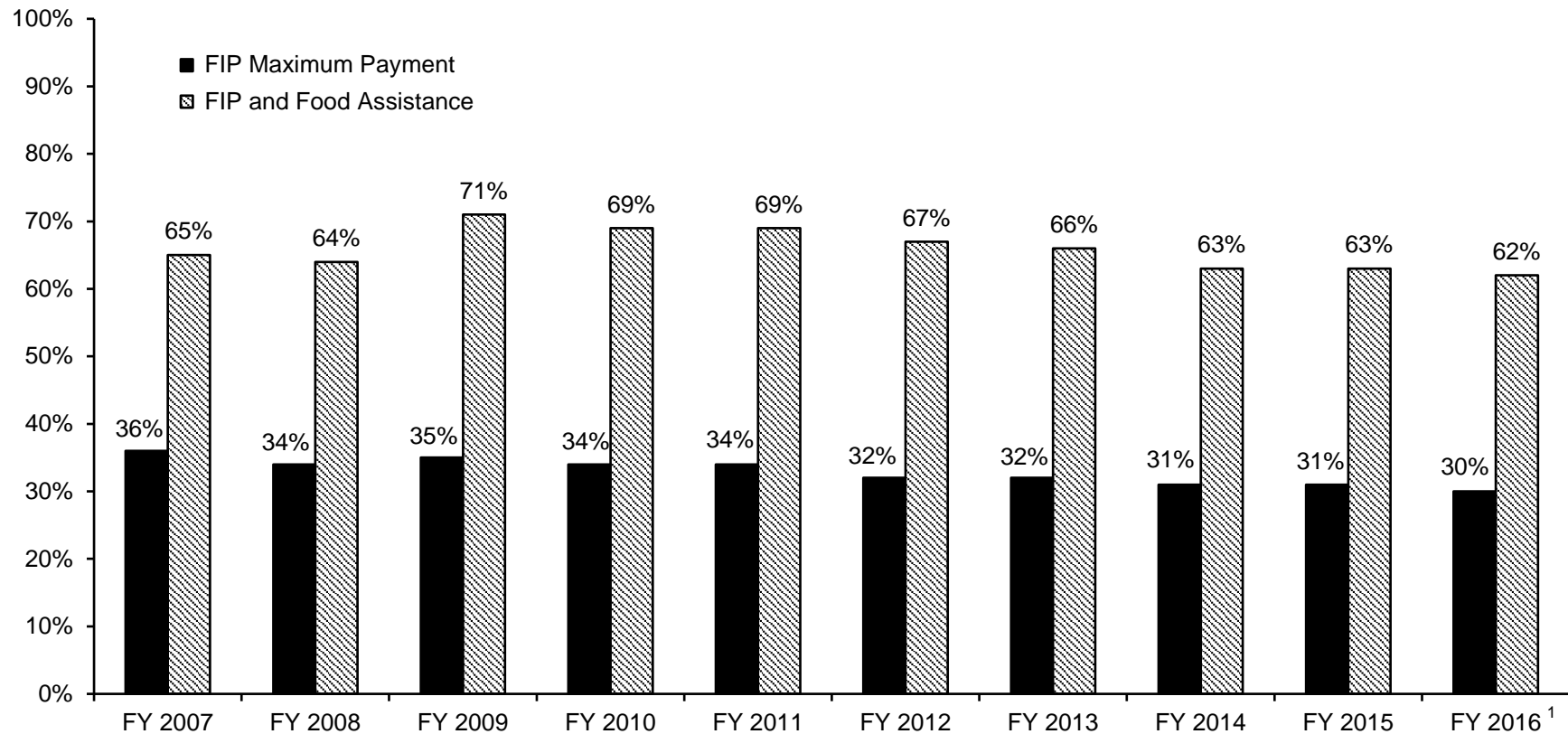


NOTE: The FY 2016 average monthly caseload of 23,407 was the lowest since FY 1957, when it was 20,816. The highest average monthly caseload was 241,157, recorded for FY 1981. Policy initiatives such as Michigan's FIP 21-day orientation period, truancy policies for children attending school and federal 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 2007 - FY 2016



¹ The FY 2016 maximum payment was 31 percent of the U.S. Census Bureau's 2016 preliminary Poverty Threshold for a family of three. Adding food assistance to the FIP payment results in a family benefit that is 62 percent of the preliminary Poverty Threshold. FY 2016 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 2017.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Field Operations Administration	Appropriation Unit: Field Operations and Support Services	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).

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Field Operations Administration	Appropriation Unit: Field Operations and Support Services	Program: Food Assistance Program	

- 50 percent USDA-FNS funding for associated administrative costs. However, FNS does not cover administrative costs otherwise covered by the TANF block grant.
- General Fund/General Purpose.

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 2017 Appropriations Act, 2016 Public Act 268, Article X

PROGRAM EFFECTIVENESS / PROGRAM IMPACTS

In Fiscal Year 2016, the average monthly number of households receiving FAP benefits was 776,240, providing monthly supplemental food benefits to an average of 1,473,614 people. In FY 2016, the unduplicated count of people receiving FAP benefits was 1,145,858, or 11.5 percent of Michigan's population. FAP is now projected to continue moderate year-over-year decreases through FY 2018 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 in 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.

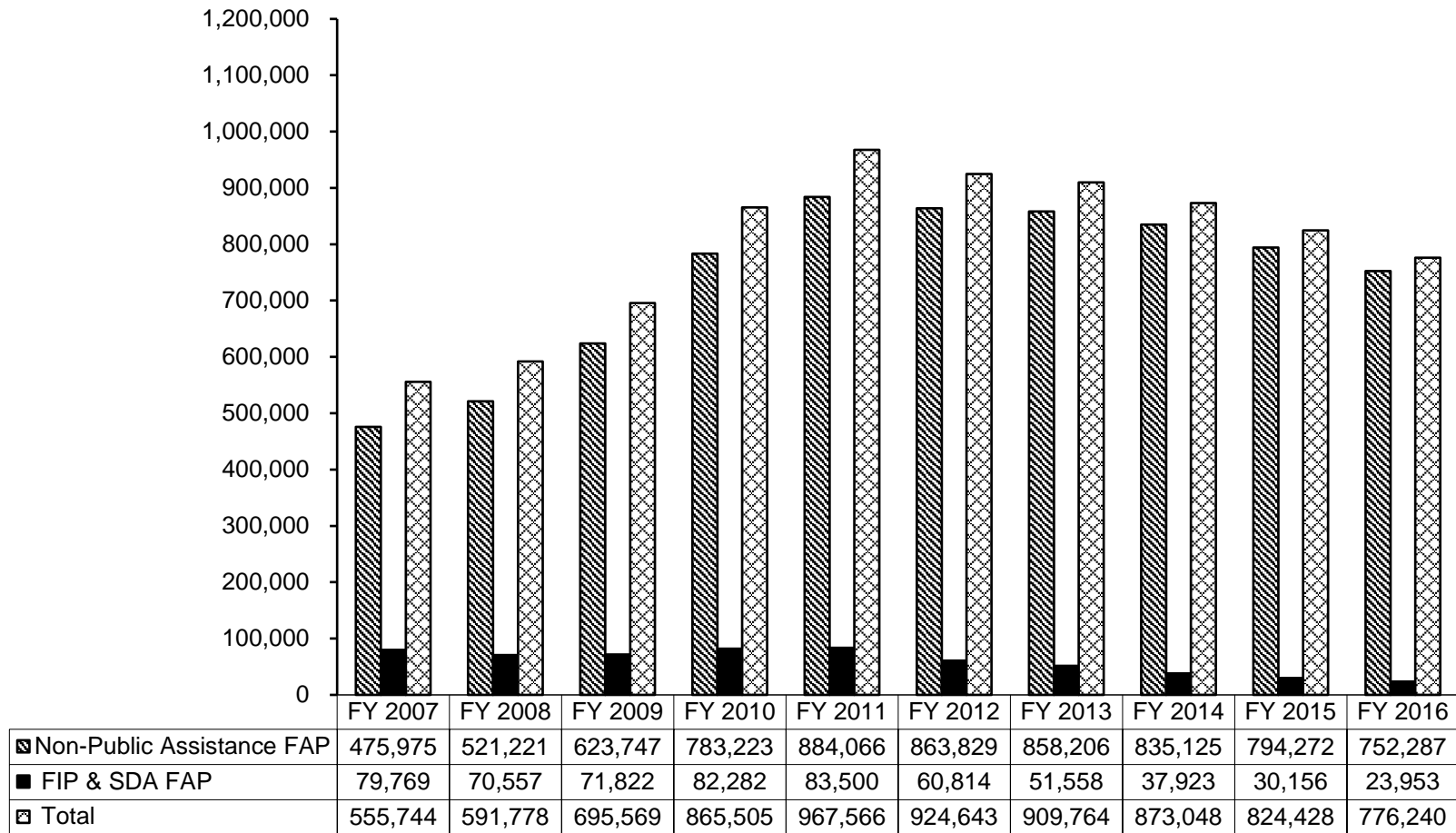
While FAP household totals are projected to decrease through FY 2018, the MDHHS Field Operations Administration program policy and partners continue to provide public access to benefits. For example, "MI Bridges," Michigan's online FAP application project," was implemented in August 2009. Since implementation of the online FAP application, this portal has expanded to allow applicants to apply for all programs MDHHS 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 12,384 FAP households.

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

FOOD ASSISTANCE HOUSEHOLD SUMMARY

Average Monthly Cases
FY 2007 - FY 2016



Note: The FY 2016 FAP monthly household average caseload was the seventh highest on record at 776,240, providing benefits to 1,473,614 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 2018.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration:	Appropriation Unit:	Program:	
Field Operations Administration	Field Operations and Support Services	Low-Income Home Energy Assistance Program	

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 2016, more than 322,000 low-income households received basic heating assistance; over 151,000 households received crisis energy assistance; 887 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 2016):

<u>FY 2016 LIHEAP Activity</u>	<u>Households</u>	<u>Average Payments</u>
<u>Basic Heating Assistance</u>		
Home Heating Credit	322,711	\$118
<u>SER Energy Services</u>		
Heating and Electric *data includes SER & MEAP	151,574	\$625
Energy-Related Home Repairs	887	\$2,536
<u>Weatherization</u>	1,182	\$6,000

NOTE: The LIHEAP funding level established for weatherization for FY 2017 has been approve through FY 2017.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Field Operations Administration	Appropriation Unit: Field Operations and Support Services	Program: Medical Assistance (Medicaid) Overview	

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 Michigan 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
- General Fund/General Purpose
- County funds
- Federal demonstration funds
- Intergovernmental transfers

LEGAL BASIS

- Title XIX of the Social Security Act 1902 (a)(10)(A) and (e)
- 42 CFR (Code of Federal Regulations)
- Social Welfare Act, 1939 PA 280, MCL 400
- MDHHS FY 2017 Appropriations Act, 2016 Public Act 286, Article X

PROGRAM EFFECTIVENESS / PROGRAM IMPACTS

Total Medicaid Beneficiaries , FY 2016* (Less Healthy Michigan Plan)		
<i>Family Medicaid</i>	783,309	40%
<i>Pregnant women & children under age 21</i>	497,844	31%
<i>Non-SSI - Aged (over 65), Blind, Disabled</i>	216,580	12%
<i>SSI Aged, Blind, Disabled</i>	287,702	17%
Total	1,786,014	100%

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

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Field Operations Administration	Appropriation Unit: Field Operations and Support Services	Program: Medical Assistance (Medicaid) Overview	

FY 2016 Average Monthly Recipients

- 1,787,181 Medicaid recipients.

NOTE: The above Medicaid recipients are active in one or more of 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 2016).

Administration:

Appropriation Unit:

Program:

Field Operations Administration

Filed Operations and Support
Services

Medical Assistance (Medicaid) Program Detail

MEDICAID PROGRAM DETAIL

MA Category		BEM* Item	Unique Non-Financial Eligibility Factor	Automatic MA Eligibility
MAGI (Modified Adjusted Gross Income) Related Categories				
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

Administration:

Appropriation Unit:

Program:

Field Operations Administration

Filed Operations and Support
Services

Medical Assistance (Medicaid) Program Detail

MA Category		BEM* Item	Unique Non-Financial Eligibility Factor	Automatic MA Eligibility
MAGI (Modified Adjusted Gross Income) Related Categories (continued):				
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.	MICChild – 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

Administration:

Appropriation Unit:

Program:

Field Operations Administration

Filed Operations and Support
Services

Medical Assistance (Medicaid) Program Detail

MA Category		BEM* Item	Unique Non-Financial Eligibility Factor	Automatic MA Eligibility
FIP (Family Independence Program) Related Categories:				
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>				

Administration:

Appropriation Unit:

Program:

Field Operations Administration

Filed Operations and Support
Services

Medical Assistance (Medicaid) Program Detail

MA Category		BEM* Item	Unique Non-Financial Eligibility Factor	Automatic MA Eligibility
SSI (Social Security Income) Related Categories:				
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.	157	Blind or disabled	No
	<i>Effective date 2-23-89</i>			

Administration:

Appropriation Unit:

Program:

Field Operations Administration

Filed Operations and Support
Services

Medical Assistance (Medicaid) Program Detail

MA Category		BEM* Item	Unique Non-Financial Eligibility Factor	Automatic MA Eligibility
SSI (Social Security Income) Related Categories (continued):				
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

Administration:

Appropriation Unit:

Program:

Field Operations Administration

Filed Operations and Support
Services

Medical Assistance (Medicaid) Program Detail

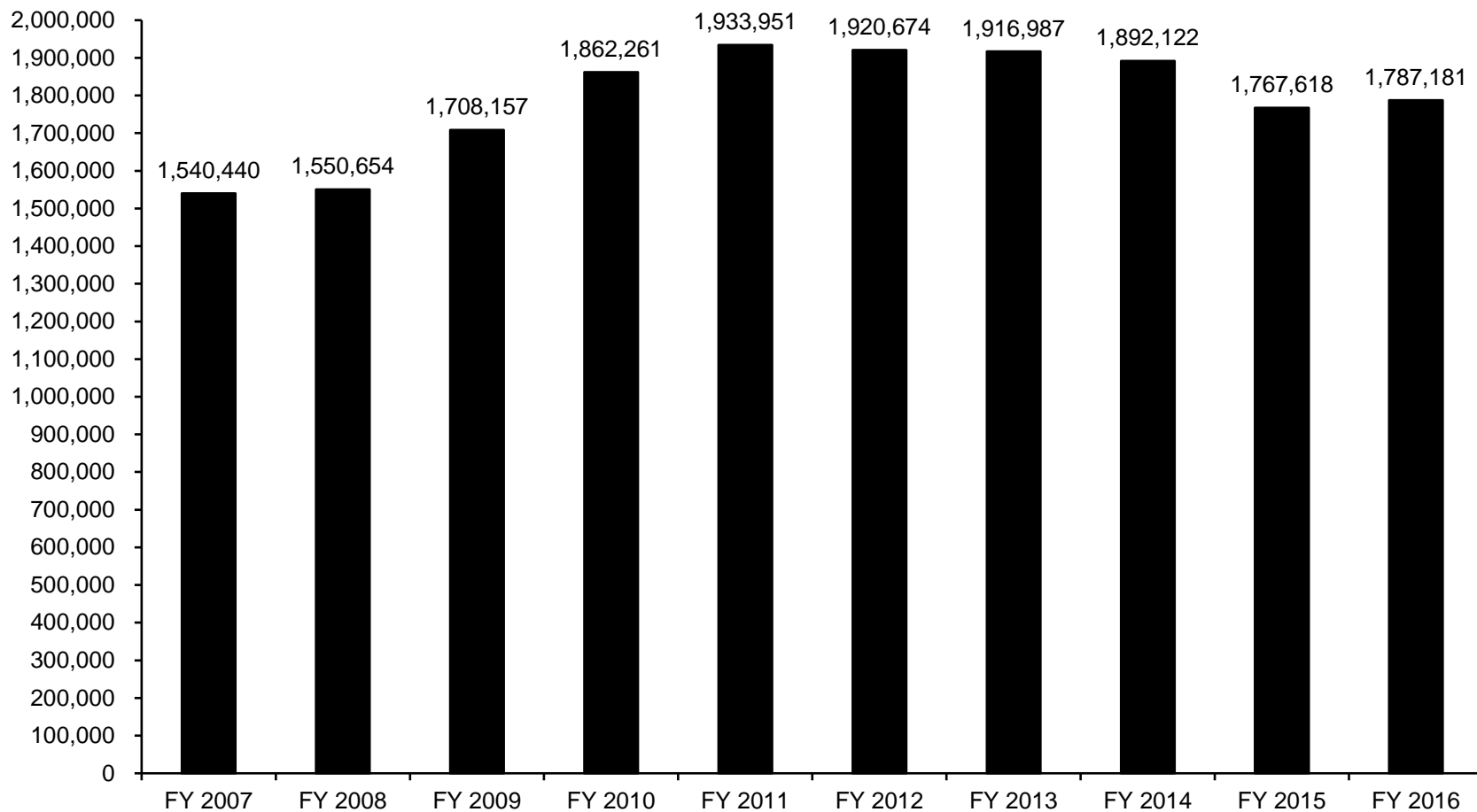
MA Category		BEM* Item	Unique Non-Financial Eligibility Factor	Automatic MA Eligibility
28	Home Care Children: Disabled children under age 18 who require institutional care but who can be cared for at home for less cost are eligible for MA. Only the child's (and not the parent's) income and assets are 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

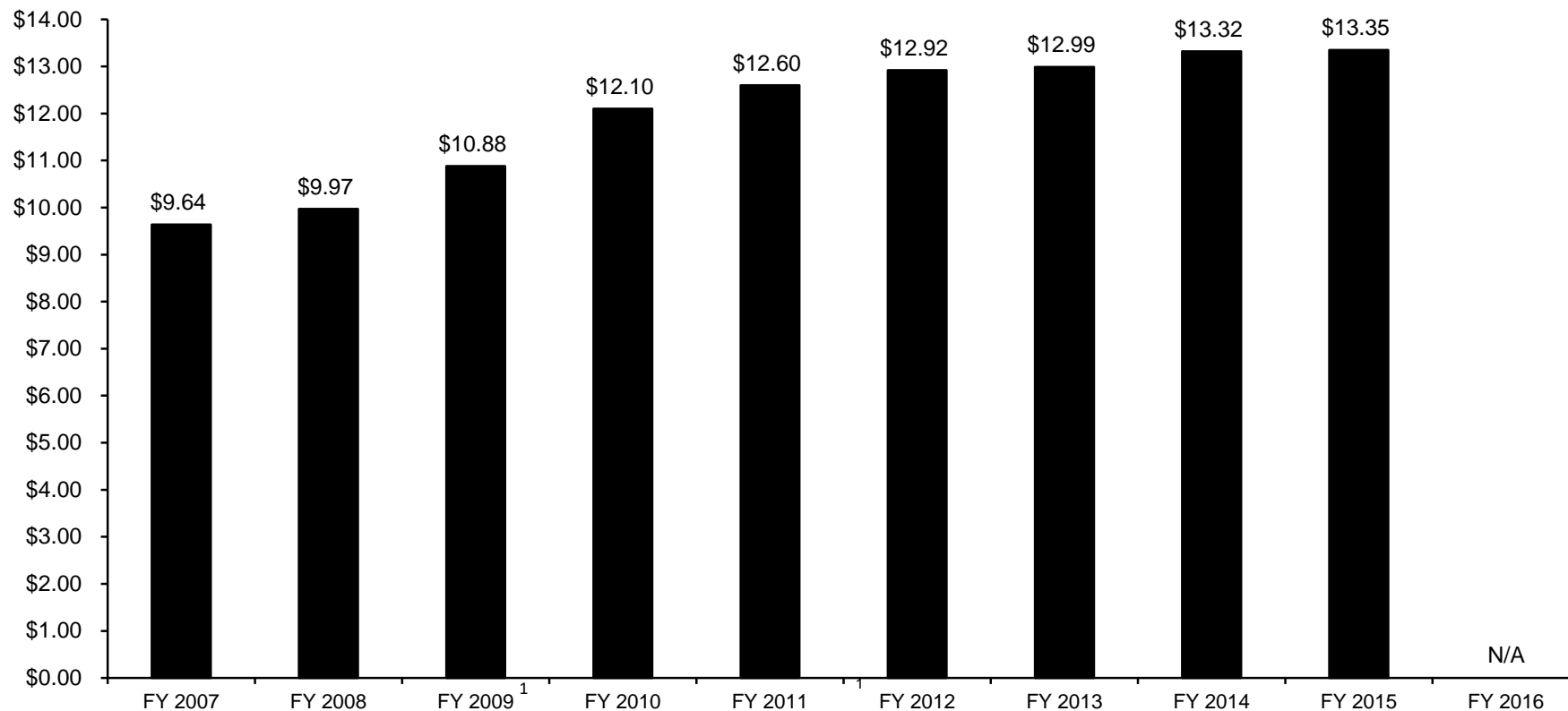
FY 2007 - FY 2016¹



¹ Medicaid recipient totals increased year-over-year from FY 2007 through FY 2011. The monthly average in FY 2016 was the sixth highest ever at 1,787,181 million people. **SOURCE:** *DHS Trend Report of Key Program Statistics, September 2016* (Table: 1 Total Eligible Recipients by Program Trend Information).

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES STATEWIDE MEDICAID EXPENDITURES

In Billions
FY 2007 - FY 2016



Note: From FY 2007 through FY 2015, Medicaid (MA) expenditures (Medical Assistance plus MA Administration) increased 38.5 percent. Data for FY 2016 are not yet available.

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.

Michigan Department of Health and Human Services	PROGRAM DESCRIPTION	Fiscal Year 2018
Administration:	Appropriation Unit:	Program:
Field Operations Administration	Field Operations and Support Services	Migrant Affairs Program

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. MDHHS 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 MDHHS 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 2015, MDHHS increased by 8 percent to 16,870 the number of migrant farmworkers and family members who were provided program-based assistance in 4,292 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

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration:	Appropriation Unit:	Program:	
Field Operations Administration	Field Operations and Support Services	Migrant Affairs Program	

LEGAL BASIS

- Federal Social Security Act of 1935
- MDHHS FY 2017 Appropriations Act, 2016 PA 268, Article X

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

- The monthly average number of migrant farmworkers applying for public assistance was down by 48 from 449 in FY 2015 to 401 in FY 2016. While applications for Child Day Care (CDC) and Medicaid (MA) showed declines, the greatest decline was a 12 percent drop in the number of FAP applications.
- The monthly average number of migrant ongoing cases also declined by 5 percent from 1,905 in FY 2015 to 1,816 in FY 2016. This was primarily due to a 10 percent reduction in the number of Food Assistance Program (FAP) Cases. The CDC program, in contrast, saw a 44 percent gain based primarily on the return of categorical eligibility for migrant CDC cases.
- The standard of promptness (SOP) for migrant applications was down slightly from 96.36 percent in FY 2015 to 98.02 percent in FY 2016.
- The Office of Migrant Affairs continued to utilize a spreadsheet for tracking local office migrant program outreach activity. In FY 2016 we continued to see increases in outreach service hours. Migrant program staff performed 16,614 hours of outreach for an average of 1,384 hours per month and 42 hours per worker per month, an increase of 7 hours per worker per month. During their outreach hours, migrant program staff completed 3,200 camp visits, took over 1,000 applications, participated in 373 migrant resource council meetings or activities, helped with over 350 interpreting visits, and made 366 referrals to other migrant service providers.
- The OMA website was released by the MDHHS Office of Communications in the fall of 2015, which gives the office an online presence for informing service providers and farmworkers about 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). The pages 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 renewed the 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.
- OMA provided training for Migrant Program staff and supervisors, including Migrant Policy and Bridges training for experienced Migrant Program staff, two-day training for new Migrant Program Specialists, a child welfare cross training for Migrant Program Specialists, and Outreach Worker Training to enhance service delivery by reviewing effective outreach strategies, referral activities, and new resources. OMA conducted 3 site visits to do one on one trainings with new staff and to provide further technical assistance to staff.
- OMA chaired the IMSC's Outreach and Education Subcommittee, which provided an Outreach Worker Training as well as the 2016 biannual statewide conference. The Outreach Worker Training was an in-person, one-day training for outreach workers across the state that included topics such as camp access, personal safety, farmworker legal rights, immigration, child care assistance, and included a panel of enforcement agencies followed by a review of the referral process to report suspected violations and hazards. The subcommittee also coordinated the 2016 Conference for Michigan's Farmworkers, Service Providers, and Growers. Topics covered included labor trafficking, farm labor trends, and a panel of state department leaders. This conference also included a recognition of MRC Officers and two retiring migrant service providers as well as afternoon workshops on a variety of subjects.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration:	Appropriation Unit:	Program:	
Field Operations Administration	Field Operations and Support Services	Migrant Affairs Program	

- OMA co-chaired the IMSC's MI Migrant Child Task Force with Telamon MI Migrant Head Start, a partner non-profit. OMA coordinated outreach visits to approximately 25 migrant labor camps and the distribution of 137 family packets with first aid kits, sanitizers, and water bottles; 52 packets of diapers and wipes; 115 backpacks; 143 toys/soccer balls; and 248 children's books. The task force also distributed 194 t-shirts donated by the Department of Civil Rights to children and adults.
- OMA continued to carry out a goal of strengthening the nine regional Migrant Resource Councils (MRCs) throughout the state. OMA held a pre-season and post-season meeting for MRC officers. OMA visited each of the nine MRCs and attended most of their farmworker events.
- OMA chaired Interagency Migrant Services Committee meetings each month and revived the data subcommittee to prepare for another farmworker enumeration study.
- OMA continued to implement Bilingual Task Force recommendations that seeks 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.
- OMA partnered with Michigan State University's Migrant Student Services CAMP program to establish a paid Student Assistant internship that assisted MDHHS with planning the biannual statewide end-of-season migrant conference.

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES (Ongoing)

- In order to encourage migrant farmworkers to annually return to Michigan, OMA will continue to 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 continue to hold spring and fall Migrant Resource Council (MRC) officers meetings again in 2017, and plans to attend at least one meeting of each one of the MRCs and their special events.
- OMA is currently developing a Michigan Traffic Law Guide for migrant workers in collaboration with Michigan State Police, the Michigan Office of Highway Safety Planning, the Secretary of State, and Farmworker Legal Services. The guide will be in Spanish and will include a review of common traffic laws in Michigan and targeted for farmworkers who are new to Michigan and may be unfamiliar with these laws.
- Following the implementation of categorical eligibility for migrant child care, OMA is working to continue enhancing service delivery and eliminating barriers to the program in 2017, based on input from Migrant Program staff and MRC members. Working with the MDE Office of Great Start to have timely trainings, in Spanish, available for child care providers and making sure that our Migrant Program staff are assisting parents and providers with the application processes will help increase participation in 2017. OMA is also working with the MDE Child and Adult Care Food Program (CACFP) and the Association for Child Development (ACD) program to increase access to funding for unlicensed providers to enable them to provide healthier food for migrant children in their care.
- OMA is working with the MDHHS Data team to increase access to data and reporting in BRIMM. This has recently resulted in more detailed information being made available to local offices about migrant applications. This has allowed OMA and local office supervisors to more easily identify overdue migrant applications. OMA also continues to work toward the ability to identify seasonal farmworkers in BRIMM.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Field Operations Administration	Appropriation Unit: Field Operations and Support Services	Program: Office of Child Support	

PROGRAM STATEMENT

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

SOURCES OF FINANCING

- Title IV-D (Child Support)
- Title IV-D Child Support performance incentives
- General Fund/General Purpose
- 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)
- MDHHS FY 2017 Appropriations Act, 2016 PA 268, Article X

PROGRAM EFFECTIVENESS / PROGRAM IMPACTS¹

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.

¹ Source: OCSE-34, OCSE-396A and OCSE-157

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration:	Appropriation Unit:	Program:	
Field Operations Administration	Field Operations and Support Services	Office of Child Support	

Michigan estimated it will receive approximately \$25,800,000 in performance incentives for FY 2016 from the federal government, plus a \$797,666 adjustment for the final performance incentives settlement for FY 2014. The net amount for FY 2016 was therefore \$26,597,666.

- During FY 2016, \$14,548,833 was paid to counties (\$14,150,000 plus \$398,833 for the counties' share of the final performance incentives settlement for FY 2014). In FY 2016 the counties were also paid \$300,000 to pay off the payable that was established in FY 2015 related to the FY 2015 fiscal year-end estimate. Therefore the counties were paid a total of \$14,848,833 in FY 2016.
- Of that amount, MDHHS retained \$12,048,833 (\$11,650,000 plus \$398,833 for the department's share of the final performance incentives settlement for FY 2014) as revenue. The retained amount provides \$1,691,000 of funding to the Child Support Enforcement Legal Support Contracts appropriation and \$10,357,833 of funding to the 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 2016 as reported on the Federal OCSE-34 report:

- \$38,605,560 was recovered for TANF;
- \$1,893,399 was recovered for IV-E; and
- \$45,384,788 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 2016, the federal share of Michigan IV-D expenditures as reported on the Federal OCSE-396 was \$141,497,737. 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 in the MDHHS budget. MiCSES tracks all support case activities, including establishment, collection, distribution, and enforcement. In FY 2016, MiCSES processed \$1.419 billion in child support payments (\$1.360 billion for Title IV-D cases and \$59 million for non-Title IV-D cases). This is an average of \$27 million weekly.

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

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration:	Appropriation Unit:	Program:	
Field Operations Administration	Field Operations and Support Services	Office of Child Support	

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 2016. Collections significantly dropped from FY 2009 through FY 2011, reflecting the economic recession taking place during this time period.

Office of Child Support FY 2016 Statistics Summary:²

- At the end of FY 2016, there were 847,300 open IV-D cases and 694,706 IV-D cases with child support orders established, reflecting a support order percentage of 81.99.
- There were 882,224 children in the IV-D child support program in FY 2016.
- The statewide paternity establishment rate for FY 2016 was 96.58 percent.
- In FY 2016, Michigan showed that 71.23 percent of current support was collected, and 61.15 percent of cases with arrears due had at least one dollar in arrears paid.
- Total IV-D collections distributed in FY 2016: \$1.360 billion.
- In FY 2016, based on the amounts reported on the Federal OCSE-396, Michigan's child support program collected \$6.74 in child support for every dollar spent on the program (cost-effectiveness).

² Figures represent preliminary numbers submitted to the federal OCSE in October 2016; finalized figures for fiscal year 2016 were to be submitted to the OCSE in December 2016. Those data are now scheduled to be included in the Office of Child Support FY 2019 program description.

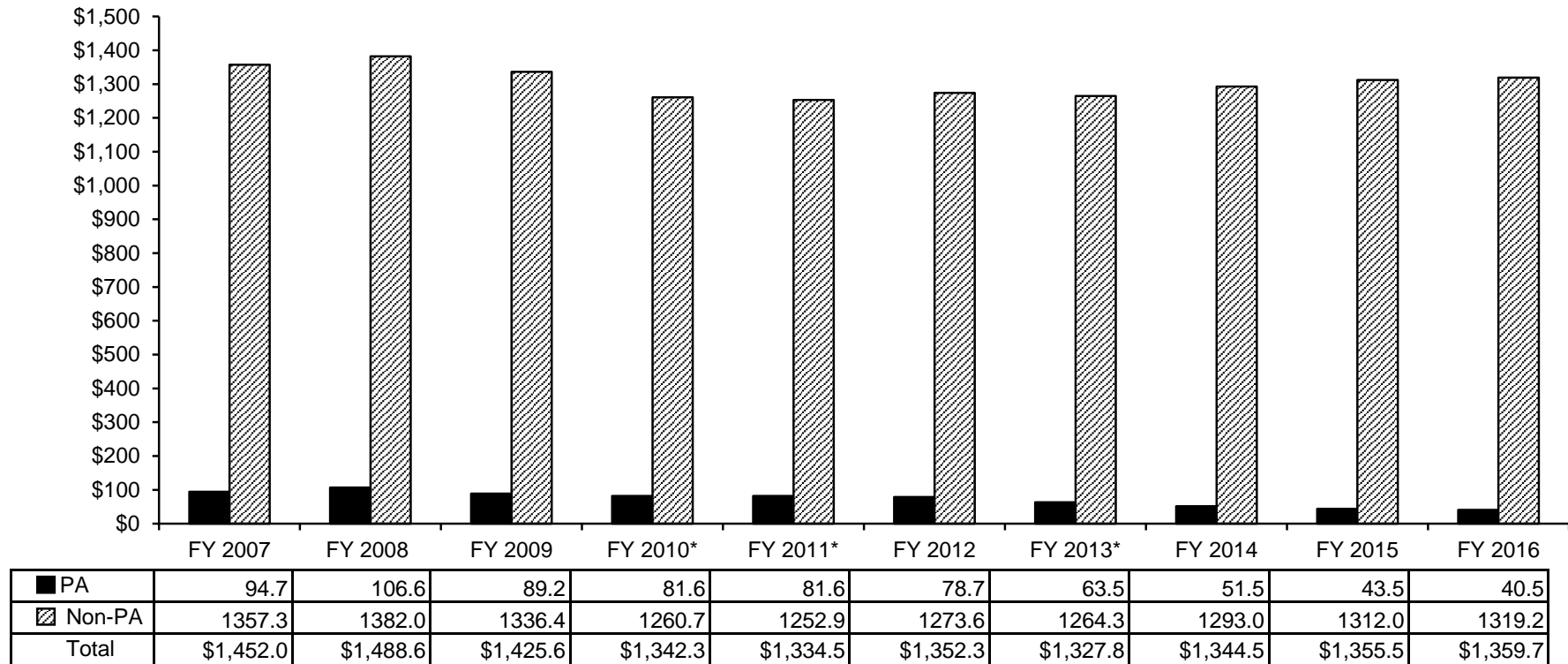
MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

OFFICE OF CHILD SUPPORT - NET CHILD SUPPORT COLLECTIONS

Public Assistance (PA) and Non-Public Assistance (NPA) Case-Related Michigan Collections¹

Collections in
Millions of Dollars

FY 2007 - FY 2016



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

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

* 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.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration:	Appropriation Unit:	Program:	
Field Operations Administration	Field Operations and Support Services	Refugee Assistance Program	

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 refugee's public assistance applications, including 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 eight Michigan counties. They are: Calhoun, Ingham, Kalamazoo, 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 2017 Appropriations Act, 2016 Public Act 268, 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 2016, MDHHS-ORS administered contracts providing services to 1570 school-aged refugees and 840 refugee parents of school-aged children through the School Impact Program.
- MDHHS-ORS contracted services to provide foster care and independent living services to approximately 300 youth per month in the Unaccompanied Refugee Minors Program (URM) in FY 2016. On average in FY 2016, 75 percent of URM youth who left care had confirmed stable housing. One-hundred percent who were discharged were employed and/or continuing education.

Administration:

Appropriation Unit:

Program:

Field Operations Administration

Field Operations and Support Services

Refugee Assistance Program

- In FY 2016, 86 percent of RCA recipients who entered employment terminated or reduced their RCA due to earned income before their 8 month time limit expired.

Arrivals in Michigan by Fiscal Year

Fiscal Year	Arrivals
FY 2012	3603
FY 2013	4658
FY 2014	4006
FY 2015	3015
FY 2016	4254

Refugee Health Screenings by Fiscal Year

Fiscal Year	Screenings
FY 2012	3,485
FY 2013	4,599
FY 2014	4,307
FY 2015	2,860
FY2016	3765

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 2012	4,067	1,325	33%	\$8.71	83%
FY 2013	4,716	1,630	35%	\$8.81	80%
FY 2014	3,361	1,566	47%	\$8.86	79%
FY 2015	2,421	1,113	46%	\$9.48	79%
FY2016	2,441	1,184	49%	\$10.01	82%

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration:	Appropriation Unit:	Program:	
Field Operations Administration	Field Operations and Support Services	State Disability Assistance Program	

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 2016 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.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration:	Appropriation Unit:	Program:	
Field Operations Administration	Field Operations and Support Services	State Disability Assistance Program	

SOURCES OF FINANCING

- General Fund/General Purpose
- SSI recoveries

LEGAL BASIS

- MDHHS FY 2017 Appropriations Act, 2016 Public Act 268, 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.

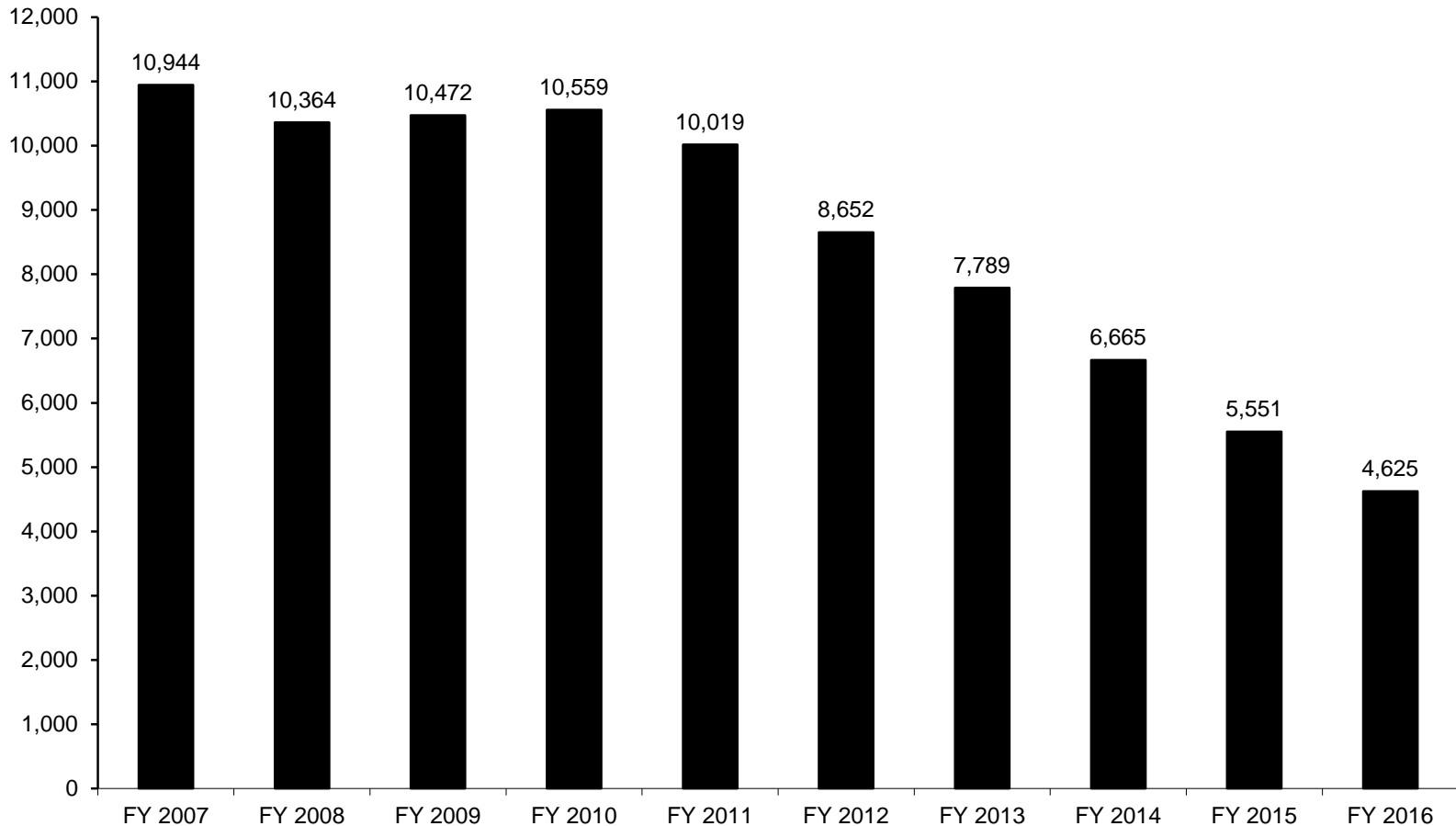
As displayed in the graph on the following graph, the average monthly SDA caseload dropped year-over-year from FY 2010 through FY 2016. In FY 2016, the average monthly caseload was 4,625, the lowest since FY 2002, when it was 7,989. The FY 2016 SDA caseload average was the lowest on record.

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 2007 - FY 2016

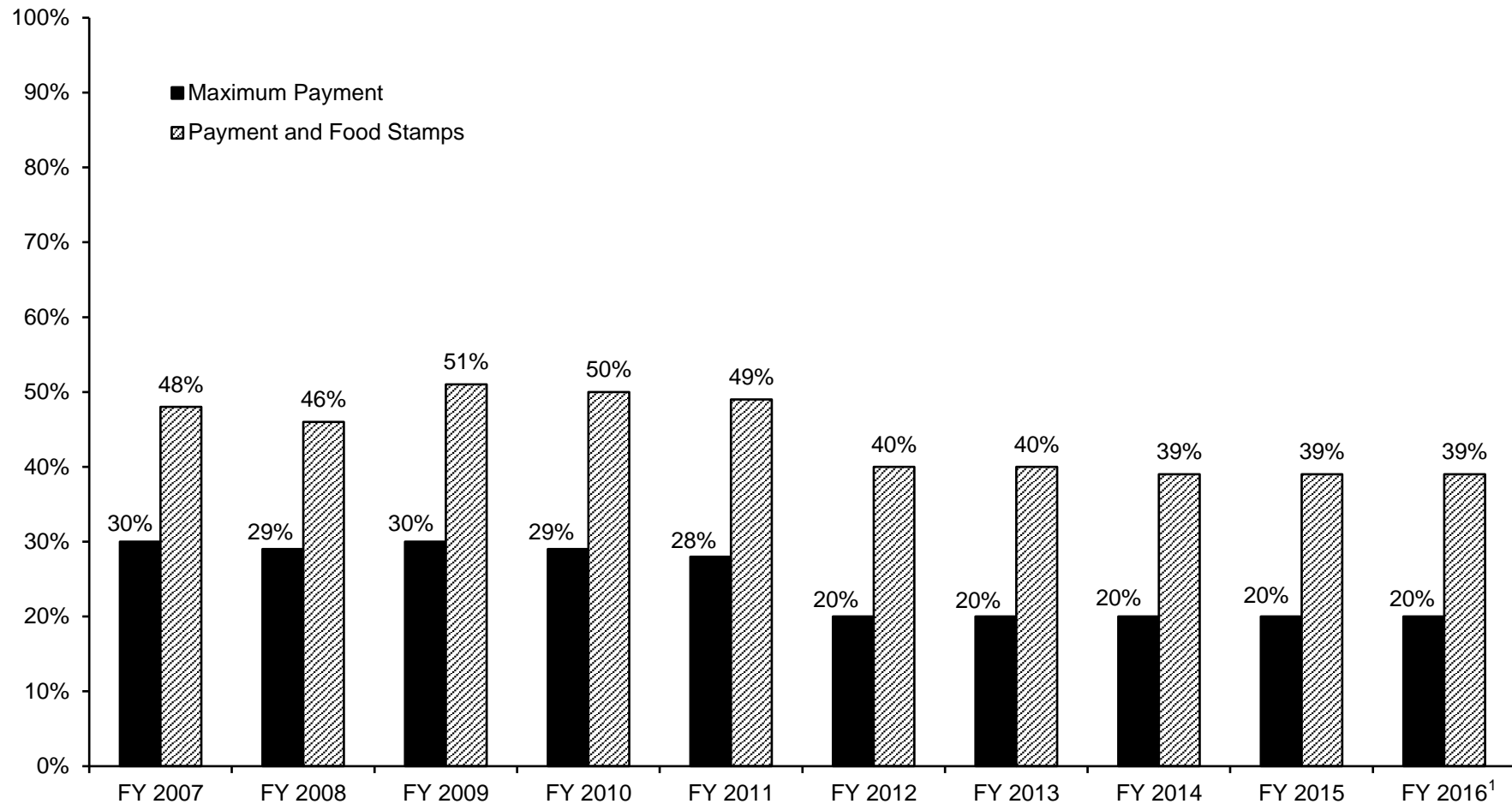


NOTE: The FY 2016 caseload average was 4,625, a drop of 1,114 cases (-16.7 percent) from the FY 2015 average. The caseload has dropped 6,319 cases (-57.7 percent) since FY 2007. Recent average monthly decreases in year-over-year SDA caseloads suggest that while on SDA, recipients received relatively less assistance (prior to receipt of SSI), and that the average length of stay on SDA dropped over this period as evidenced by 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



¹ 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 2016. 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.

Michigan Department of Health and Human Services	PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Field Operations Administration	Appropriation Unit: Field Operations and Support Services	Program: State Emergency Relief Program

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 2016 outlays for non-energy assistance totaled \$40,219,908.

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 2017 Appropriations Act, 2016 Public Act 268, Article X

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration:	Appropriation Unit:	Program:	
Field Operations Administration	Field Operations and Support Services	State Emergency Relief Program	

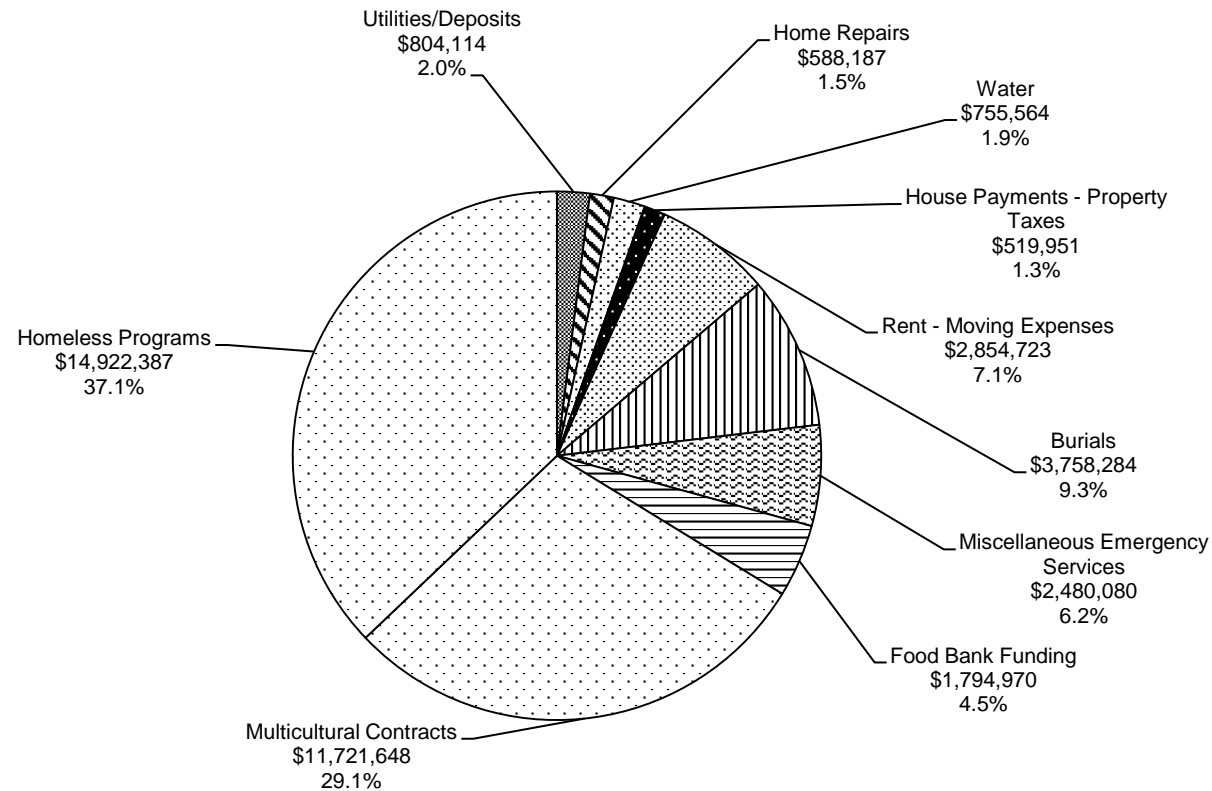
PROGRAM EFFECTIVENESS / PROGRAM IMPACTS

In FY 2016, an average of 7,883 households (11,426 individuals) received SER assistance each month. As per the **DHS ANNUAL REPORT OF KEY PROGRAM STATISTICS, Fiscal Year 2016**, the FY 2016 number of unduplicated cases was 69,744, 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 2016. 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 EXPENDITURES - NON-ENERGY ASSISTANCE¹

FY 2016 = \$40,219,908



¹ SER Energy Assistance is within the Low Income Energy Assistance Program (LIHEAP) appropriation and not expressed in the above graph. In FY 2016, over \$163.3 million was allocated in the LIHEAP Block Grant for energy and heat assistance.

Data source: HHS Notice of Grant Award - FY 2016 and carry forward funding (per MDHHS Accounting).

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration:	Appropriation Unit:	Program:	
Field Operations Administration	Field Operations and Support Services	Supplemental Security Income Program	

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 per transaction fee 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.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration:	Appropriation Unit:	Program:	
Field Operations Administration	Field Operations and Support Services	Supplemental Security Income Program	

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 2017 Appropriations Act, 2016 Public Act No. 268, 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.

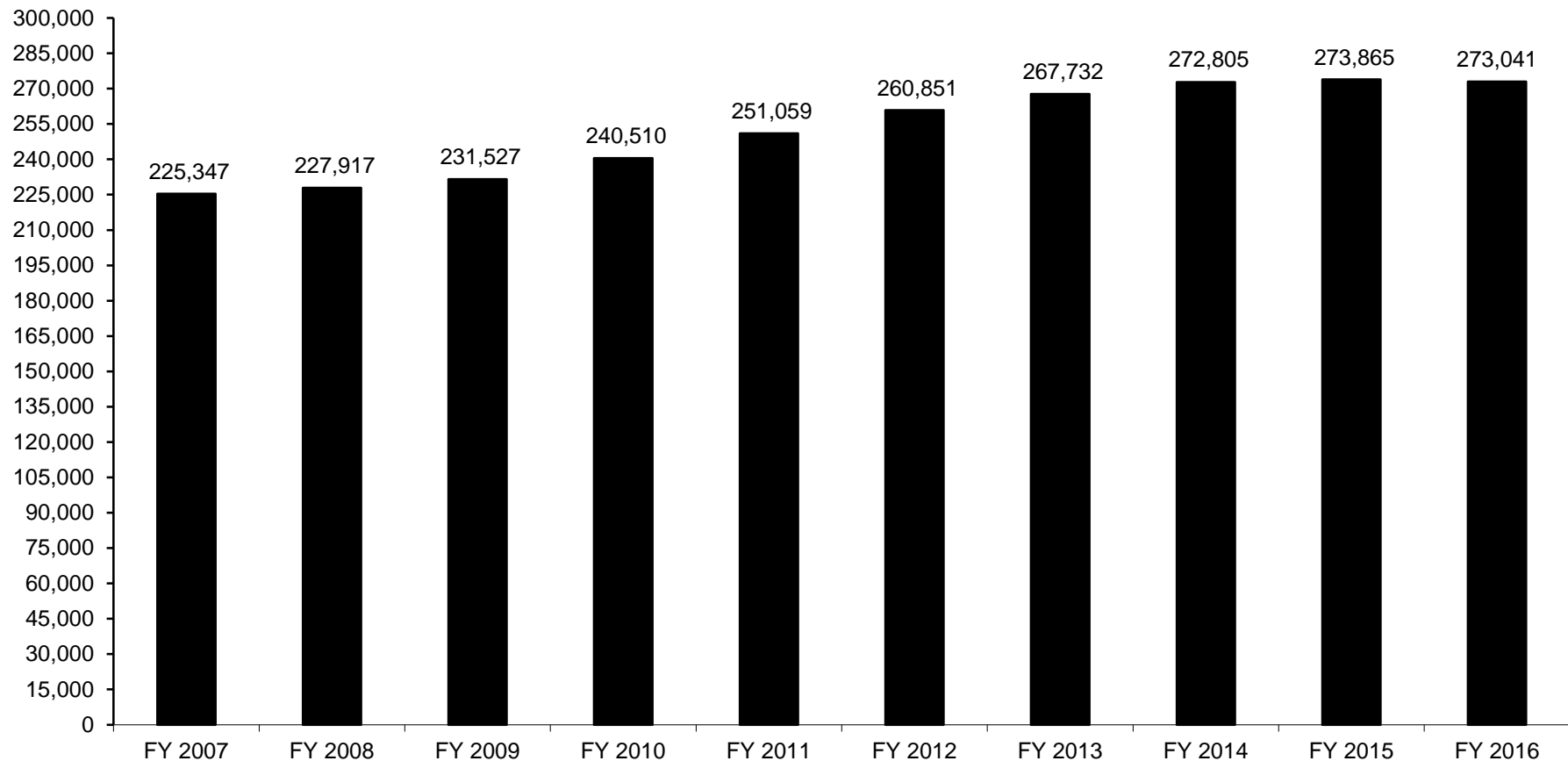
A 1990 U.S. Supreme Court decision, *Sullivan v. Zebley*, invalidated SSI child disability regulations and ordered they be replaced with new regulations. The court decision found SSA's listing-only methodology for determining SSI child claims inconsistent with the statutory standard of "comparable severity" 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 2007 through FY 2015. Whereas the FY 2007 caseload average was 225,347, by FY 2015 the average was 48,518 (21.5 percent) higher at 273,865.

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

SUPPLEMENTAL SECURITY INCOME

Number of Recipients
FY 2007 - FY 2016



Note: SSI average monthly caseloads increased year-over-year from FY 2007 through FY 2015. Whereas the average monthly caseload was 225,347 in FY 2007, by FY 2016 it was 48,694 higher at 273,041, an increase of 21.6 percent. The year-to-date caseload through the first 11-months of FY 2017 has further decreased, and will result in a full year caseload drop from the FY 2016 average. The two year consecutive caseload drop will make just the second time it has occurred since FY 1980.

Michigan Department of Health and Human Services / Michigan Department of Education		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: MDHHS / MDOC	Appropriation Unit: Field Operations and Support Services (MDHHS)	Program: Child Development and Care Program (MDHHS And MDOC)	

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 provided by MDHHS to support the program.

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 primary 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.

Administration:
Medical Services Administration

Appropriation Unit:
Medical Services

Program:
Independent Living Services Program

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. It 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.

AGE OF ILS RECIPIENTS (Average Age Distribution Trend)	
AGE	PERCENT
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%
TOTAL	100.00%

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

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

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

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Medical Services Administration	Appropriation Unit: Medical Services	Program: Independent Living Services Program	

SOURCES OF FINANCING

- Title XIX of the Social Security Act (Medicaid)¹
- 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 2017 Appropriations Act, 2016 PA 268, Article X

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

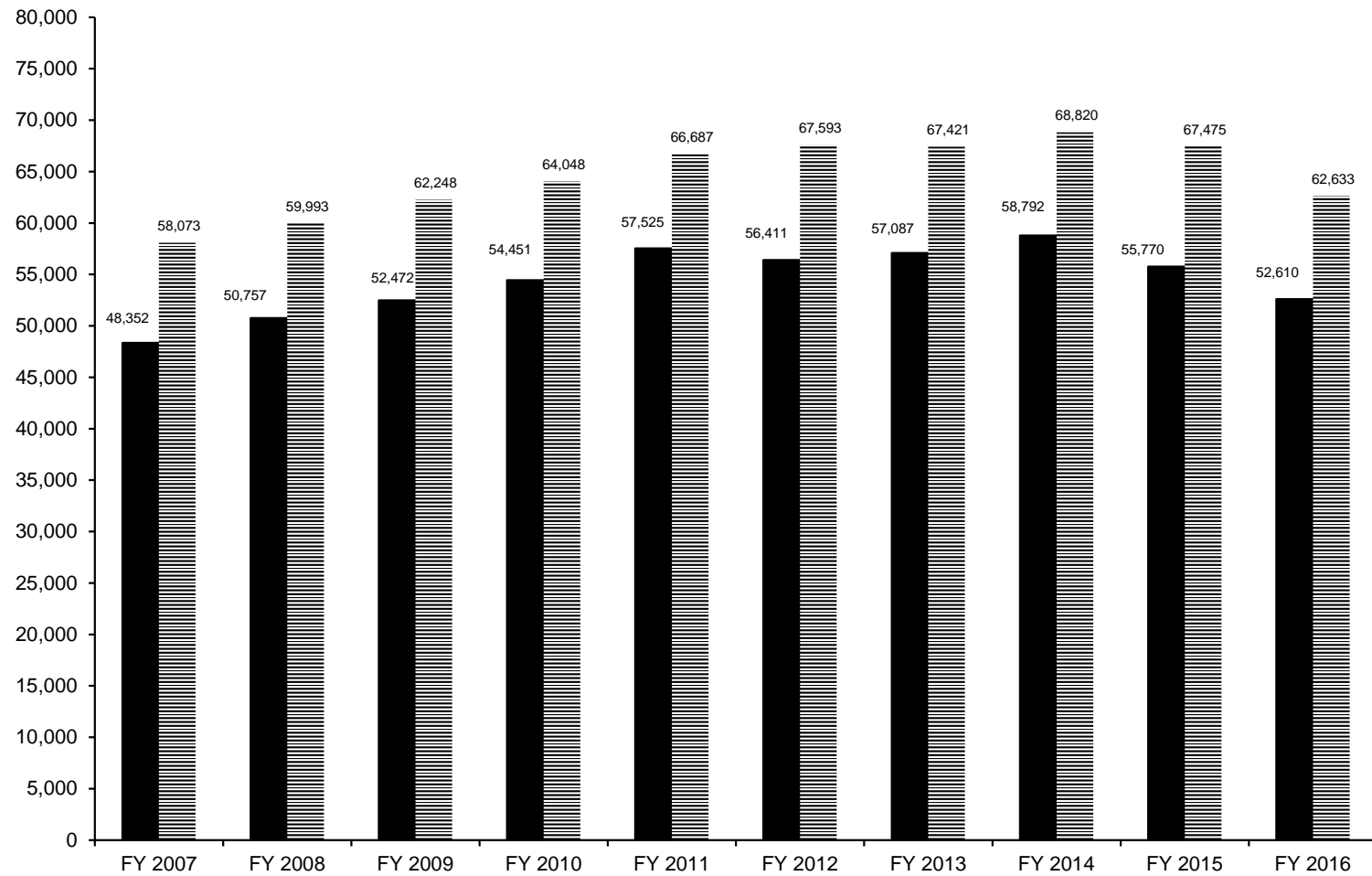
ILS serves a rapidly increasing number of elderly and disabled adults in independent settings. The caseload continues to grow, increasing 27 percent since FY 2003, while Adult Services staff dropped 29 percent. There were 62,633 unduplicated clients served in FY 2016 by 335 adult services workers. ILS services cost an average of \$440 a month to maintain client services in independent living settings. The 62,633 clients served in FY 2016 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.

¹ 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 (ILS) CASELOADS

Fiscal Year Average Monthly Caseloads (Dark Bar) and Unduplicated Annual Caseloads (Light Bar) / FY 2007 - FY 2016



Note: The average monthly number of ILS cases (dark bar) increased 8.2 percent from FY 2007 to FY 2016, while the count of annual unduplicated cases (light bar) increased as well by 7.9 percent.

Michigan Department of Health and Human Services	PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Medical Services	Appropriation Unit: Medical Services Administration	Program: Medical Services

PROGRAM STATEMENT: The Medical Services Administration (MSA) administers the Medicaid (MA) Program, providing health care services to eligible indigent population in Michigan. Those eligible for Medicaid include families enrolled in the Family Independence Program (FIP), other low-income families (non-FIP), Supplemental Security Income (SSI) recipients, pregnant women, children, elderly, disabled, and blind. Also eligible are the medically needy, who except for income, would qualify for regular Medicaid. Effective April 1, 2014, the State of Michigan implemented the Healthy Michigan Plan as authorized under the Patient Protection and Affordable Care Act and Michigan Public Act 107 of 2013.

Medicaid pays the Medicare premiums, deductibles, and coinsurance for Qualified Medicare Beneficiaries; Medicare Part B premiums only for Specified Low Income Beneficiaries; and the additional cost of adding home health services for Qualified Individuals (QIs).

The Medical Services Administration administers other health care programs that are funded by federal, state and/or local funds. This includes MICHild, Maternal Outpatient Medical Services (MOMS), and the Breast and Cervical Cancer Prevention and Treatment Program.

The major services that Medicaid covers includes hospital, physician, pharmacy, laboratory, mental health, nursing facilities, personal care, durable medical equipment, dental, ambulance, hearing aids, home health, speech/physical/occupational therapy and vision. Without the Medicaid program, medically necessary services may not be available to the eligible population. Except for Medicare-Medicaid dual-eligibles, the majority of the Medicaid Program's beneficiaries receive their medical care services from capitated managed care organizations contracted with the state.

CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) - MICHILD

The MICHild Program is for children under age 19, without health coverage, living in families at or below 212 percent of the federal poverty level and above the level of the modified adjusted gross income for youth under 19: That is, MAGI-U19 (under 1 year of age and above 195 percent of the federal poverty level/ 1-18 years of age and above 160 percent of the federal poverty level). Over the course of FY 2015, nearly 120,000 children were enrolled in the MICHild Program. Applications continue to flow into the department, and more children are poised to receive coverage under these programs. MICHild provides Michigan children a comprehensive health plan modeled after the state employee benefit plan for the modest cost of \$10 per month per family.

HEALTHY MICHIGAN PLAN

The Healthy Michigan Plan, authorized under the Patient Protection and Affordable Care Act and Michigan Public Act 107 of 2013, began April 1, 2014, and provides health care coverage to Michigan residents age 19-64 years who have income at or below 133 percent of the Federal Poverty Level, who do not qualify for or are not enrolled in Medicare or other Medicaid programs, and are not pregnant at the time of application. The vast majority of benefits are provided through Medicaid Health Plans and include the 10 essential health care services, including ambulatory patient services, emergency services, hospitalization, maternity care, mental health and substance use disorder including behavioral health treatment, prescription drugs, rehabilitative and habilitative services, laboratory services, preventive and wellness services, and pediatric services including oral and vision care. The Healthy Michigan Plan includes copayments, cost-sharing for individuals with incomes above the Federal Poverty Level, a MI Health Account to record health care expenses and cost-sharing contributions, and opportunities for beneficiaries to reduce their cost-sharing by completing health risk assessments and engaging in healthy behaviors.

Michigan Department of Health and Human Services	PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Medical Services	Appropriation Unit: Medical Services Administration	Program: Medical Services

FLINT SECTION 1115 DEMONSTRATION

The Flint Michigan Section 1115 Demonstration, approved by the Centers for Medicare & Medicaid Services (CMS) in March 2016, enabled Michigan to extend Medicaid coverage to all pregnant women and children up to age 21 with incomes up to and including 400 percent of the federal poverty level (FPL), who were impacted by the Flint water crisis. Eligible individuals who consumed water drawn from the Flint water system between April 2014 and the date on which the water is deemed safe to consume without filtration while 1) residing in a dwelling connected to this system; 2) working at a location served by this system; or, 3) receiving child care or education at a location connected to this system. Beneficiaries enrolled in the demonstration will receive all Medicaid state plan benefits, including, for children, Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefits. Additionally, coverage also includes a new Targeted Case Management benefit that is intended to assist beneficiaries in gaining access to all needed medical, educational, social, and other services. The demonstration also provides a benefit for evaluation of potential sources of lead exposure in the home for Flint beneficiaries without elevated blood lead levels (previously a diagnostic benefit only provided for children with elevated blood lead levels).

MATERNITY OUTPATIENT MEDICAL SERVICES (MOMS)

The MOMS program provides pre-natal and postpartum outpatient pregnancy-related services and inpatient and labor and delivery services for pregnant women with incomes at or below 195 percent of the federal poverty level who are not eligible for Medicaid. MOMS coverage begins on the date of application, once eligibility is determined, through 60 days after the pregnancy ends. MOMS covered services includes prenatal care and pregnancy-related care, pharmaceuticals and prescription vitamins, lab services, radiology and ultrasound, childbirth education, outpatient hospital care, Maternal Infant Health Program services, labor and delivery services, and limited postpartum care. The average monthly MOMS caseload is approximately 3,800.

BREAST AND CERVICAL CANCER PREVENTION AND TREATMENT PROGRAM

The Breast and Cervical Cancer Prevention and Treatment Program is offered to woman age 18 through 62 with no creditable health insurance who have been diagnosed with breast or cervical cancer or a precancerous condition. Enrollment is based upon screening performed by the CDC-approved breast and cervical cancer early detection program administered by local health departments. Full Medicaid covered services are available during the beneficiary's cancer treatment. There are over 1,500 women currently enrolled in the program.

HEALTHY KIDS DENTAL

The Healthy Kids Dental program is a contract between the MDHHS and Delta Dental Plan of Michigan to administer the Medicaid dental benefit statewide to beneficiaries under the age of 21. Healthy Kids Dental is operational in all 83 Michigan counties as of October 1, 2016. The dental services provided through the contractor are the same dental services provided through the Fee-for-Service Medicaid program. Healthy Kids Dental covers medically necessary dental services including examinations, X-rays, dental cleanings, fillings, root canals, extractions and dentures. Medicaid beneficiaries have access to dentists through the contractor's participating dental networks. Beneficiaries must visit a dentist who participates with the Healthy Kids Dental contract.

Fund Source: Title XIX and Title XXI of the Social Security Act, GF/GP, Local, State Restricted, Medicaid Benefit Trust Fund, Health Insurance Claims Assessment, Quality Assurance Assessment Program (QAAP), Merit Award Trust Fund, Healthy Michigan Fund, Private

Michigan Department of Health and Human Services	PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Medical Services	Appropriation Unit: Medical Services Administration	Program: Medical Services

Legal Basis: Title XIX of the Social Security Act 1902(1)(10)(1) and (e) and 1902(a)(10)(A)(i)(VIII), Title XXI of the Social Security Act, CFR (Code of Federal Regulations), MCL 400.106, 1997 PA 94. MDHHS FY 2017 Appropriations Act, 2016 Public Act 268, Article X.

Performance: In FY 2016, a monthly average of over 2,338,064 individuals were eligible to receive medically necessary services through the Medicaid, Healthy Michigan Plan and MICHild programs. The following pages identify various eligibility categories and services covered by the Medical Services Administration.

Modified Adjusted Gross Income (MAGI): MAGI is the methodology used to calculate income for purposes of determining an individual's eligibility for Medicaid, MICHild, MOMS, or the Healthy Michigan Plan. MAGI was implemented January 25, 2014. This indicator looks at cash on hand or in savings and checking accounts, investments, retirement plans and trusts. The property asset limit is \$200,000.

Administration:
Medical Services

Appropriation Unit:
Medical Services Administration

Program:
Medical Services

Appropriation	Provider Types/Services	Federal Definition of Mandatory or Non-Mandatory	Ages Covered	Reimbursement Methodology
Hospital Services & Therapy	Inpatient Hospital Includes facility fees for acute medical/surgical, acute detoxification, rehabilitation, etc.	Mandatory	All	Diagnosis related group (1)
	Outpatient Hospital Includes facility fees for clinic visits, surgery, emergency room, hemodialysis, therapies, radiology, laboratory, diagnostic tests, etc. Occupational therapist and speech therapists - separate payment (not through clinic) if dually Medicare/Medicaid.	Mandatory	All	Outpatient Prospective Payment System (OPPS).
Ambulance	Ambulance emergency transportation	Mandatory	All	Lesser of charge or established maximum payment.
Dental	Dental and Dental Clinic Examinations, diagnostic and therapeutic services, emergency treatment (e.g., extraction, bleeding control), provision or repair of necessary dentures. Includes Federally Qualified Health Centers, Rural Health Clinics and Indian Health Centers.	Non-Mandatory	All	Lesser of charge or established maximum payment.
Auxiliary Medical Services	Chiropractor X-rays, coverage for spinal manipulations	Non-Mandatory	All	Lesser of charge or established maximum payment.
	Hearing and Speech Center Hearing Aid Dealer	Non-Mandatory	Under 21 years	Lesser of charge or established maximum payment. Most hearing aids at contract price.
	Optical Co. and Optometrist Includes eye exams and other related services	Non-Mandatory	All	Lesser of charge or established maximum payment.
	Vision Contractor Contracted fabricator/provider of eyeglasses.	Non-Mandatory	All	Contract price.

Administration:
Medical ServicesAppropriation Unit:
Medical Services AdministrationProgram:
Medical Services

Appropriation	Provider Types/Services	Federal Definition of Mandatory or Non-Mandatory	Ages Covered	Reimbursement Methodology
	Nurse Midwife (Certified) Includes prenatal care and obstetrics, newborn care.	Mandatory	All	Lesser of charge or established maximum payment amount.
Physician Services	Physician Includes office and home visits, immunizations, surgery, prenatal care, obstetrics, Early and Periodic Screening, Diagnosis and Treatment (EPSDT), radiology, office lab.	Mandatory	All	Lesser of charge or established maximum payment amount.
	Nurse Practitioner Any service included in the collaborative practice agreement with physician.	Non-Mandatory	All	Lesser of charge or established maximum payment amount.
	Nurse Anesthetist (Certified) Anesthesia Services	Non-Mandatory	All	Lesser of charge or established maximum payment amount.
	Independent Physical Therapist, Occupational Therapist Applies only to dual Medicare/Medicaid beneficiaries. Services are covered in an office setting only.	Non-Mandatory(2)	All	Payment limited to Medicare co-insurance and deductible amounts for dual eligibles up to Medicaid's maximum pay amount.
	Podiatrist	Non-Mandatory	All	Lesser of charge or established maximum payment amount.
	Family Planning Certified Family Planning Clinics. Includes services, supplies, and sterilizations.	Mandatory	All	Lesser of charge or established maximum payment amount.
	Medical Clinic (3) Includes medical clinics (e.g., Local Health Department), Federally Qualified Health Centers (FQHC), Maternal and Infant Support Services providers, Rural Health Clinics, Indian Health Centers.	Non-Mandatory	All	Lesser of charge or established maximum payment - RHCs are paid 100% of reasonable cost up to the Medicare limit. FQHCs are paid under an agreement with DCH or based on reasonable costs.

Michigan Department of Health and Human Services	PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Medical Services	Appropriation Unit: Medical Services Administration	Program: Medical Services

Appropriation	Provider Types/Services	Federal Definition of Mandatory or Non-Mandatory	Ages Covered	Reimbursement Methodology
	Laboratory	Mandatory	All	Lesser of charge or established maximum payment amount.
Pharmaceutical Services	Pharmacy	Non-Mandatory	All	Payment based on product cost up to maximum payment amount plus a professional fee.
	Medical Supplier Includes durable medical equipment, oxygen, diabetic supplies, incontinent supplies, etc.	Mandatory	All	Lesser of charge or established maximum payment amount. Incontinence supplies and diapers at contract price.
	Orthoptist and Prosthetist	Non-Mandatory	All	Lesser of charge or established maximum payment amount.
Transportation	Non-Emergency Medical Transportation (NEMT) Local Department of Health and Human Services offices make payments for beneficiaries in Fee-for-Service (FFS); health plan enrollees seek payment from the plan. Beginning January 1, 2011, NEMT services are provided by a contracted broker in Wayne, Oakland and Macomb counties. The broker contracts with providers, serves as a conduit between beneficiaries and transportation providers, arranges transportation, and pays providers.	State must assure availability. FFS claims are matched at the administrative rate.	All	Payment determined by local MDDHS office staff or health plan based on established guidelines. Broker payments based upon contract rates.
Hospice Services	Hospice	Non-Mandatory	All	Base rate determined by CMS; state then applies wage indices.
Home Health Services	Private Duty Nursing	Non-Mandatory	Under 21 years	Lesser of charge or established maximum payment amount.

Administration:
Medical Services

Appropriation Unit:
Medical Services Administration

Program:
Medical Services

Appropriation	Provider Types/Services	Federal Definition of Mandatory or Non-Mandatory	Ages Covered	Reimbursement Methodology
	Home Health Includes nurse, aide, physical therapy, and occupational therapy.	Mandatory for beneficiaries 21 and over for nursing, aides, and supplies. Therapies are non-mandatory.	All	Lesser of charge or established maximum payment amount.
Health Plan Services	Health Maintenance Organization Contracted health facility or agency that provides health care based upon prevention. Includes EPSDT screenings for children.	Non-Mandatory	All	Payment amount established actuarially based on eligibility category, age, sex (capitation rate), and geographic region.(4)
Long Term Care Services	Nursing Facility	Mandatory for beneficiaries 21 and over	All	Prospectively determined per diem that is cost settled on an annual basis.
	Hospital Long Term Care Unit	Mandatory for beneficiaries 21 and over.	All	Prospectively determined per diem that is cost settled on an annual basis.
	County Medical Care Facility Outpatient Medical Care Units	Non-Mandatory	All	Lesser of charge or established maximum payment amount.
	Hospital Swing Beds	Mandatory for beneficiaries 21 and over.	All	All-inclusive rate set prospectively
	County Medical Care Facility Inpatient Medical Care Facility	Mandatory for beneficiaries 21 and over.	All	Prospectively determined per diem that is cost settled on an annual basis.

Administration:
Medical Services

Appropriation Unit:
Medical Services Administration

Program:
Medical Services

Appropriation	Provider Types/Services	Federal Definition of Mandatory or Non-Mandatory	Ages Covered	Reimbursement Methodology
	Ventilator Dependent Units Skilled nursing, respiratory, medical care and social care for beneficiaries who are ventilator dependent for 12-16 hours a day in nursing and respiratory care qualified hospital LTC or nursing home Ventilator Dependent Unit.	Non-Mandatory	All	MSA-Contracted per diem rate paid when claim submitted.
	Complex Care Agreements for hospitalized beneficiaries admitted to, or in a nursing facility, who have complicated medical problems requiring extensive treatment, supplies and personnel in order to meet identified needs.	Non-Mandatory	All	The rate is established as part of the prior authorization (PA) process. A claim submitted with a PA number generates the correct payment.
	Medicaid Comprehensive Traumatic Brain Injury Rehabilitation Memorandum of Understanding Program – A short term, post-acute rehabilitation program for Medicaid beneficiaries who meet specific program criteria. Services are provided by contracted Rehabilitation Providers who offer intense physical, occupation and speech language therapy as well as psychology, social work/case management, nursing and rehabilitation aide services. The program offers both inpatient and outpatient services for those suffering a brain injury that is traumatic in nature. The injury must have occurred within 15 months of receiving a referral to the program.	Non-Mandatory	Age 18 and over	The TBI rate is established as part of the prior authorization (PA) process. A claim submitted with the approved amount generates the correct payment.

Administration:
Medical ServicesAppropriation Unit:
Medical Services AdministrationProgram:
Medical Services

Appropriation	Provider Types/Services	Federal Definition of Mandatory or Non-Mandatory	Ages Covered	Reimbursement Methodology
MI Choice Home and Community Based Waiver Services for the Elderly and Disabled (1915(c) established 1992. 1915(b)(c) established 2013)	Includes respite, home delivered meals, private duty nursing, non-medical transportation, adult day health, specialized medical equipment and supplies, environmental accessibility adaptations, personal emergency response system, chore services, counseling, training, goods and services, fiscal intermediary, community living supports, supports coordination, nursing services, and community transition services to older adults (age 65 and older) and persons with disabilities (age 18 and over) who meet nursing facility level of care requirements.	Non-Mandatory	Age 18 and over	Waiver agencies are reimbursed through capitation payments and are required to submit all encounter data to MDHHS.
Personal Care Services / Adult Home Help	Personal Care In home assistance with activities of daily living (e.g., eating, bathing, dressing, transferring, grooming, mobility), and instrumental activities of daily living, which include meal preparation, shopping, light housekeeping and medication assistance.	Non-Mandatory	All	Established county-specific hourly payment rates and individualized monthly payment amount. Monthly payment for persons in adult foster care.
Program of All-Inclusive Care for the Elderly (PACE)	Professional and paraprofessional staff assess participants' needs, develop care plans, and deliver all services including acute care and long term care service needs.	Non-Mandatory	Age 55 and over	Capitation payments for each eligible enrollee. Medicare also participates in reimbursement for dual eligibles.
Medicare Premiums	Medicare Part A and B Premiums Medicaid pays Medicare insurance premiums for certain Medicaid beneficiaries and Qualified Medicare Beneficiaries, Qualified Individuals, Specified Low Income Medicare Beneficiaries and Qualified Disabled Working Individuals.	Mandatory Some Non-Mandatory	All	Monthly premium or a yearly check for those whose income is 135-175% of poverty.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION		Fiscal Year 2018
Administration: Medical Services		Appropriation Unit: Medical Services Administration		Program: Medical Services
Appropriation	Provider Types/Services	Federal Definition of Mandatory or Non-Mandatory	Ages Covered	Reimbursement Methodology
Michigan Drug Assistance Program (MIDAP)	Insurance Assistance for Persons with AIDS State funded program to pay insurance premiums under COBRA for persons who, because of AIDS related disease, are unable to continue working and thus may lose health insurance.	Not a Federal program 100% State Funded	All	Insurance premium paid directly to Health Insurance Company on person's behalf.
Maternal and Child Health	Payments to local health departments for the difference between the Medicaid fee screen and the local health department's cost (federal portion only).	Non-Mandatory	All	Difference between the established fee screen and the cost of providing the service (federal portion only).
School Based Services	School Based Services Payment to Intermediate School Districts for services to Medicaid eligible children.	Non-Mandatory	Under 21 years	Paid under special payment process. Schools retain 60% of FFP, state retains 40% of FFP.
1) Rehabilitation hospitals/units are reimbursed on a per diem basis.				
2) Payment to physical therapists for services to dual Medicare/Medicaid beneficiaries in long-term care setting is mandatory.				
3) Staff physicians in some Federally Qualified Health Centers, Rural Health Clinics and Indian Health Centers are enrolled as physicians.				
4) Managed Care Organizations participate through a competitive selection process and are paid a bid price per enrollee.				
NOTE: All medically necessary services must be made available to beneficiaries under age 21 because of EPSDT regulations. Medicaid is required to pay the Medicare coinsurance and deductible amounts up to the Medicaid maximum payment amount for Medicare covered services furnished to dually eligible (Medicare/Medicaid) recipients.				

Michigan Department of Health and Human Services	PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Health and Human Services	Appropriation Unit: Departmentwide Administration	Program: Inspector General

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 Orders No. 2010-1 and 2015-4. The primary duty of the OIG is to investigate cases of suspected fraud involving MDHHS assistance programs. These could include Medicaid, non-Medicaid vendors, and other MDHHS programs such as the Family Independence Program (FIP), Food Assistance Program (FAP), and essentially all other client services programs.

In 2015, the former Department of Community Health and Department of Human Services merged into the new Michigan Department of Health and Human Services (MDHHS). With this merger, the two former departments' inspector general positions and offices were also merged. Within the OIG there are three divisions: Operations Division, Enforcement Division, and Integrity Division. Agents and their managers are strategically located throughout Michigan to assist MDHHS in maintaining integrity and accountability in the administration of all its 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. The office serves as an independent and autonomous entity within the department to lead the integrity efforts of health services programs by seeking out, detecting, and investigating provider and recipient fraud, waste, and abuse.

The OIG is responsible for investigating instances of alleged fraud, both recipients and providers, in all programs administered by MDHHS. OIG is responsible for reviewing administrative policies and procedures and recommending ways of improving accountability, fraud deterrence, and detection. This includes investigations of Medicaid and 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. OIG is responsible for the establishment and recoupment of all recipient level over-issuances, including agency, client, and intentional program violations. Michigan OIG is a leader in identifying fraud, waste, and abuse and recovering public benefit program dollars.

Enforcement Division (ED)

The ED primarily investigates allegations of fraud, waste or abuse by the recipients and the vendors of all public assistance programs with the exception of Medicaid providers. In ED, there are several unique programs and units that focus on important aspects of investigation and fraud detection and prevention:

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.

Michigan Department of Health and Human Services	PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Health and Human Services	Appropriation Unit: Departmentwide Administration	Program: Inspector General

In focusing on fraud prevention through FEE, OIG conducted 46,107 program investigations in FY 2016 and identified over \$116.74 million in cost avoidance. This was a result of 72,016 investigative hours, or \$1,621 per FEE investigation hour. Through efforts in fraud detection, OIG determined over \$24.4 million in fraud during FY 2016 within multiple Michigan public assistance program areas. During FY 2016, 276 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 recommends program integrity changes for MDHHS to deter or detect fraud through internal control development and departmental policies and procedures.

Cooperative Disability Investigations Unit (CDI)

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.

Integrity Division (ID)

The ID is charged with conducting and supervising activities to prevent, detect, and investigate provider fraud, waste, and abuse in Michigan’s health services programs, including Medicaid, Mental Health, MICHild and Children’s Special Health Care Services. Through its audits and investigations, ID works to ensure the money spent on health services is used for the best care of the beneficiaries. In ID, there are several unique units that focus on investigation, fraud detection, and prevention:

Investigation Units

IDs Investigation Units conduct investigations into alleged Medicaid fraud, waste, and abuse and receives referrals from the public, beneficiaries, providers and other government and/or state law enforcement and regulatory agencies.

Recovery Audit Contractors

ID contracts with two vendors to perform audits and recover overpayments from Medicaid providers.

Michigan Department of Health and Human Services	PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Health and Human Services	Appropriation Unit: Departmentwide Administration	Program: Inspector General

Managed Care Oversight

ID is responsible for monitoring the program integrity activities of each of Michigan Medicaid's Managed Care Organizations (MCO). Quarterly, each MCO is required to report the program integrity activities performed. These activities include data mining, audits, investigations, overpayment recoveries, etc.

Operations Division (OD)

The OD is comprised of three areas: Administrative Services, Investigative Analytics Unit, and Field Recoupment.

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"> • Out-of-State Bridge Card [EBT] Transaction Project • Public Assistance Reporting Information System (PARIS) Match Fraud Referrals • Internet Protocol (IP) Address Locator Project • County Jail Match Analysis • Multiple Bridge Card Replacement Analysis • Food Assistance Program Trafficking Data Mining • Medicaid Fraud, Waste and Abuse Data Mining • Standardized Medicaid Claims Activity Reports 	<ul style="list-style-type: none"> • Ad-hoc Investigative Support Data Requests • Provider & Recipient Vital Records Match • Social Media Data Mining • Food and Nutrition Service (FNS) Client Integrity Referral Analysis • Internal Audits on Fraud Investigation Dispositions • USDA-FNS Management Evaluation Analysis/Liaison • Office of the Auditor General (OAG) Audit Liaison • Management Reports for Performance Measurement
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Field Recoupment

OIG's Field Recoupment is responsible for the establishment and administrative recoupment of benefits received for over-issued program benefits to clients. Recovery of over-issued benefits helps to maintain the integrity of the programs administered by MDHHS. The section's work results in the recovery of millions of dollars per year of over-issued state and federal funds and provides a source of revenue for the State of Michigan due to the retention percentage allowable from the recovery of over-issued federal benefits. In FY 2016, OIG's Recoupment Specialists recovered over \$10.6 million in the Food Assistance Program.

SOURCES OF FINANCING

- Medicaid – Title XIX
- Temporary Assistance for Needy Families (TANF)
- Capped Federal
- General Fund/General Purpose

Michigan Department of Health and Human Services	PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Health and Human Services	Appropriation Unit: Departmentwide Administration	Program: Inspector General

LEGAL BASIS

- MDHHS FY 2017 Appropriations Act, 2016 PA 268, Article X
- Federal Code: 7 CFR §273.18

The OIG is statutorily required to perform the following activities:

- Make referrals for prosecution and disposition of appropriate cases as determined by OIG.
- Fulfill the program integrity functions required by the Centers for Medicare and Medicaid Services (CMS) under 42 CFR §455.13-17, 42 CFR §455.21-23 and 42 CFR §455.500-518.
- Conduct and supervise activities to prevent, detect, and investigate provider fraud, waste, and abuse in Michigan's health services programs, pursuant to Executive Orders No. 2010-1 and 2015-4.
- Review administrative policies, practices, and procedures and make recommendations to improve program integrity and accountability pursuant to MCL 400.43b of the Social Welfare Act.

PROGRAM EFFECTIVENESS / PROGRAM IMPACTS

In FY 2016, OIG's Enforcement Division agents:

- Determined \$153.4 million of fraud, cost savings, and established program disqualifications.
- Identified \$116.7 million in cost avoidance in FEE investigations (a 9 percent increase over FY 2015).
- Identified \$24.4 million of program fraud.
- Established \$18.4 million in receivables.

In FY 2016, OIG's Integrity Division agents:

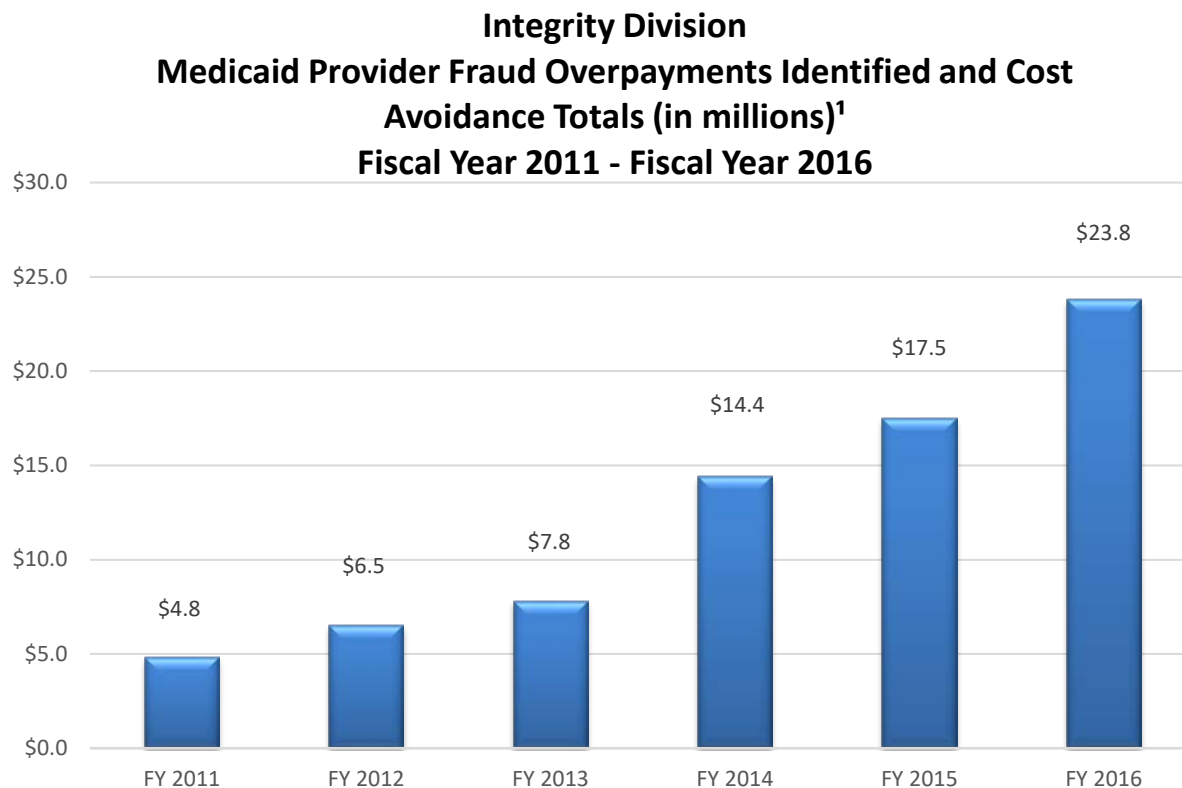
- Sanctioned 38 Medicaid only program providers, establishing \$3.1 million in fee for service payment cost savings.
- Established an additional \$7.5 million in fee for service payment cost savings through investigation activities.
- Identified \$13.2 million in inappropriate Medicaid expenditures, recovering \$6.9 million.
- Referred 39 Medicaid providers to the Attorney General's Health Care Fraud Division for credible allegation of fraud investigations.

A summary of overpayments identified and cost avoidance totals for FY 2011 – FY 2016 is presented on the following page.

Administration:
Health and Human Services

Appropriation Unit:
Departmentwide Administration

Program:
Inspector General

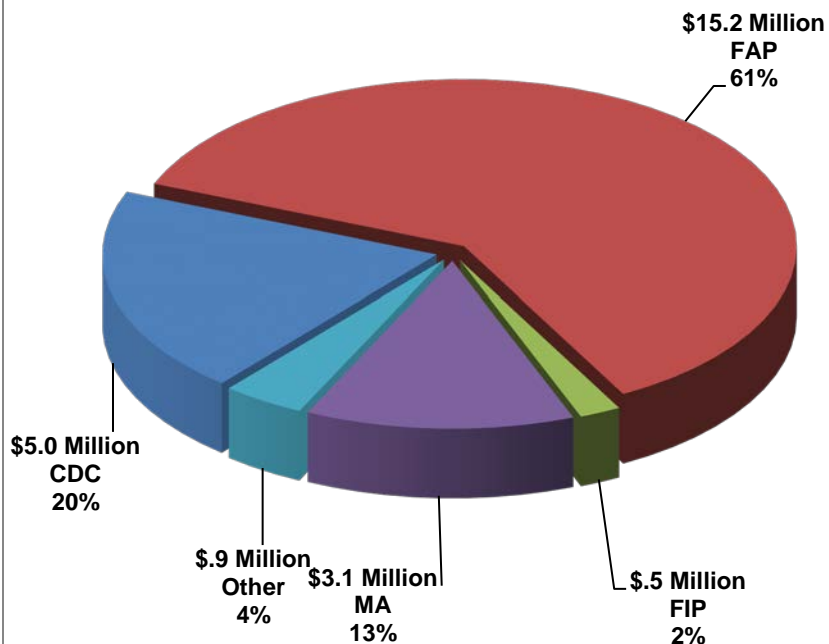


¹ Data Source: CHAMPS Siebel CRM database. The CHAMPS Siebel CRM database tracks Medicaid provider fraud, overpayment and cost avoidance data.

Please note a summary of program effectiveness and program impacts on the following page.

PROGRAM EFFECTIVENESS / PROGRAM IMPACTS

**Fraud Dollars by Program
FY 2016**

**PROGRAM IMPACTS:**

Over \$24.4 million in recipient and provider fraud was identified during FY 2016 within multiple Michigan public assistance program areas. OIG identified \$15.2 million in fraud for the FAP program alone, which accounts for 61 percent of all program fraud for FY 2016.

PROGRAM KEY:

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

Michigan Department of Health and Human Services	PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Policy, Planning and Legislative Services	Appropriation Unit: Health Policy	Program: Certificate of Need Policy

PROGRAM STATEMENT

Certificate of Need (CON) is a state regulatory program intended to ensure that only highly needed services are developed. The CON policy office works to support the Department's position, identifies ways CON can be used to accomplish state-level health goals, reinforce policies, and support the work of Michigan's CON Commission. The 11 member Certificate of Need Commission is appointed by the Governor and is charged by statute to review each of the Certificate of Need Review Standards (15 standards are currently in effect) every three years with the goal of balancing the cost, quality and access in Michigan's healthcare system. The Certificate of Need review standards are used by the Department to evaluate individual Certificate of Need applications. The Department carries out the day-to-day support of the Commission by providing administrative support, including analysis and policy recommendations, to the Commission. The CON Policy Area provides Departmental representation on CON workgroups and committees.

SOURCES OF FUNDING

Certificate of Need Fees

LEGAL BASIS

MDHHS 2017 Appropriations Act, 2016 Public Act 268, Article X

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

The Certificate of Need Policy Office performance is measured by adherence to the statute creating the Certificate of Need program. This statute has specific tasks delegated to the Department and the CON Commission. Performance is also illustrated in the identification of ways that the CON program can be effectively used to promote statewide goals and initiatives. For example, in 2014 the CON policy office worked with the Commission to create a Special Care Nursery designation to broaden the states maternal and child health infrastructure. In 2015, the CON policy office worked with the Commission to modernize cardiac services and ensure all providers were implementing cutting edge quality of care processes. In 2016, the CON Policy Office worked with the Commission to relieve pressure on heavily burdened inpatient psychiatric services and create more statewide access for critical psychiatric services.

Michigan Department of Health and Human Services	PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Policy, Planning and Legislative Services	Appropriation Unit: Health Policy	Program: Certificate of Need Evaluation

PROGRAM STATEMENT

The Certificate of Need Evaluation Section processes all incoming Certificate Of Need letters of intent, applications and amendments to determine if Certificate of Need review/approval is necessary and need is justified for health facilities and covered clinical services projects, as well as monitors Certificate of Need approvals for compliance with project delivery and volumes requirements and initiates enforcement action where necessary.

SOURCES OF FUNDING

Certificate of Need Fees

Interdepartmental Grant with the Michigan Department of Treasury

LEGAL BASIS

- MDHHS 2017 Appropriations Act, 2016 Public Act 268, Article X
- Part 222 of P.A. 368 of 1978, as amended.

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

In FY 2015, the Certificate of Need Evaluation Section processed 99 percent of 435 “Letters of Intent” received within the required 15 day timeframe; processed all 324 applications received within the required 15 days of receipt; issued all 315 proposed decisions within the required 45, 120, or 180 day timeframes; and issued 100 percent of 88 amendments received within required timeframes. The Section evaluated proposed projects valued at more than \$2.3 billion.

Administration:
**Policy, Planning and Legislative
Services**Appropriation Unit:
Community Services and OutreachProgram:
Community Services Block Grant**PROGRAM STATEMENT**

Within the Policy, Planning and Legislative Services Administration's Bureau of Community Services, 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 FY 2017 includes individuals and families with income at or below 125 percent of the Federal Poverty Level. CSBG grantees include 29 community action agencies (CAAs) serving all 83 counties: They are:

Agency	Community Served
Alger-Marquette Community Action Board.....	Alger, Marquette
Community Action of Allegan County.....	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
Blue Water Community Action.....	St. Clair
EightCAP, Inc.	Gratiot, Ionia, Isabella, Montcalm
FiveCAP, 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 Community Action.....	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 Office of Community and Economic Development	Washtenaw
Wayne Metropolitan Community Action Agency.....	County of Wayne, including City of Detroit

Michigan Department of Health and Human Services	PROGRAM DESCRIPTION		Fiscal Year 2018
Administration: Policy, Planning and Legislative Services	Appropriation Unit: Community Services and Outreach	Program: Community Services Block Grant	

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 2017 Appropriations Act, 2016 PA 268, Article X
- Community Services Block Grant Act (42 U.S.C. 9901 et seq.) as amended
- Michigan Economic and Social Opportunity Act of 1981, PA 230
- Administrative Rules for the Bureau of Community Services)

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

The FY 2016 CSBG award total was \$26,128,136. The FY 2017 CSBG allocation is scheduled to be finalized in March 2017. 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 \$450 million in additional federal, state, local and private funds. CAAs served over 201,000 low-income individuals in FY 2015. NOTE: Final FY 2016 client data are not yet available. Annual Reports are submitted each January for the prior fiscal year.

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. This includes agency capacity building such as staff training and strategic planning, developing new programs such as home buyer education, Individual Development Accounts (IDAs), financial coaching, entrepreneurship training, budget counseling, and youth employment, and technology and infrastructure enhancement for agency accounting systems, reporting needs, and service expansion.

Michigan Department of Health and Human Services	PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Policy, Planning and Legislative Services	Appropriation Unit: Health Policy	Program: Health Disparities Reduction and Minority Health

PROGRAM STATEMENT

The Health Disparities Reduction and Minority Health Section (HDRMS) provides a persistent and continuing focus on the elimination of health disparities and health inequities among racial and ethnic minorities and tribal populations in Michigan as mandated in Public Act 653. This is accomplished by promoting culturally appropriate, evidence-based approaches for achieving health equity for Michigan populations of color. These populations include: African Americans, Hispanic/Latinos, Arab/Chaldean Americans, American Indians/Native Americans, and Asian Americans, Native Hawaiians and Pacific Islanders.

Five distinct objectives are addressed:

Objective 1: Improve Race/Ethnicity Data Collection/Data Systems/Data Accessibility

Activities include: 1) working to assure that race, ethnicity, and preferred language data are collected for all participants in health and human services programs, 2) the development, updating and monitoring of the MDHHS health equity data set, a tool for monitoring health equity progress Michigan for populations of color. The data set includes indicators for social, economic and environmental conditions and indicators for health status, health behaviors, and healthcare access, 3) conducting data projects including special Behavior Risk Factor Survey (BRFS) projects for smaller racial/ethnic minority populations in Michigan, 4) developing and disseminating data reports and data briefs focused on minority health and health equity and 5) assuring access to data on minority populations via the HDRMHS MDHHS webpage:

http://www.michigan.gov/mdhhs/0,5885,7-339-71550_2955_2985---,00.html

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

Health Equity Data Project updated to 2014; conducted, analyzed and developed the following reports: 2012 Asian BRFS American BRFS, 2012 Hispanic BRFS, 2013 Arab/Chaldean BRFS, and 2014 Hispanic BRFS. Conducted 2016 Arab/Chaldean. Conducted Asian and Pacific Islander Maternal and Child Health (MCH) birth certificate data analysis and developed and disseminated the Asian and Pacific Islander MCH Report. Developed various epi briefs on the status of health for racial and ethnic minorities in Michigan.

Objective 2: Strengthen/Promote MDHHS-Community Partnerships to Improve Racial/Ethnic Health Equity

Activities include: 1) funding activities and projects that focus on improving local capacity to address health disparities and health inequities, 2) cultivating partnerships with government agencies, non-profits, Community Based Organizations, businesses, and healthcare to address root causes of health inequities in racial and ethnic minority communities, and 3) promoting a Health in All Policies approach to health and human services policy development.

PROGRAM EFFECTIVENESS / PERFORMANCE METRICS

Established partnerships with hospitals, academic institutions and coalitions in an effort to develop: 1) a statewide health literacy plan, 2) a health literacy toolkit, 3) health literacy curricula and training for health and public health professionals. Collaborated with various organizations including the Michigan State Medical Society, Beaumont Hospital, Michigan Public Health Institute, and Henry Ford Hospital to provide health literacy training. Created and implemented a continuing nursing education (CNE) approved webinar on Health Literacy in collaboration with the University of Michigan, Office of Public Health Practice.

Michigan Department of Health and Human Services	PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Policy, Planning and Legislative Services	Appropriation Unit: Health Policy	Program: Health Disparities Reduction and Minority Health

Objective 3: Improve Social Determinants of Health for Facial/Ethnic Minorities through Public Education and Evidence-Based Interventions

Activities include: 1) developing materials, trainings, and/or reports to educate public health professionals, policymakers, community health workers, and healthcare providers about: social determinants of health, racial and ethnic health minority health status, the impact of racism on health status, culturally and linguistically appropriate strategies, and/or strategies to achieve health equity, and 2) funding activities designed to improve health equity.

PROGRAM EFFECTIVENESS / PERFORMANCE METRICS

Completed and disseminated the Health Equity Practice Guide for State Public Health Practitioners; completed MDHHS web based health equity training; conducted two equity based cultural competency workshops for MDHHS staff (MDHHS metric); conducted survey; and developed and disseminated annual PA 653 legislative report.

Objective 4: Ensure Equitable Access to Quality Healthcare

Activities include: 1) prompting Department-wide standards for culturally and linguistically competent (CLAS) services, 2) conducting semi biannual equity-based cultural competency training for MDHHS staff, and 3) funding and supporting projects to improve access to quality health care for minority populations in Michigan.

PROGRAM EFFECTIVENESS / PERFORMANCE METRICS

Improving Minority Wellness and Equity for Life (IM-WEL-phase 1) partnered with nine agencies (18 total participants) in Southeast Michigan to provide a four-month health literacy fellowship training. Training included patient health literacy and Culturally and Linguistically Appropriate Services standards (CLAS).

Improving Minority Wellness and Equity for Life (IM-WEL phase 2) Partnered with two Detroit based health centers to conduct organizational assessments and health literacy and cultural competency training for administrators, providers and staff. Supported community health workers at each site.

Objective 5: Strengthen Community Engagement, Capacity and Empowerment

Activities include: 1) Serving on statewide and/or local coalitions, advisory committees and task forces and 2) working to establish a state-level health equity advisory group that includes consumers, public and private stakeholders, and policymakers in the development of health equity initiatives.

PROGRAM EFFECTIVENESS / PERFORMANCE METRICS

Assigned a staff person to work on community outreach in Flint, MI. Staff member participated on five workgroups focused on providing outreach and services to Flint residents. Other staff served on numerous state and national workgroups and committees focused on eliminating racial and ethnic minority health inequities.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Policy, Planning and Legislative Services	Appropriation Unit: Health Policy	Program: Health Disparities Reduction and Minority Health	

SOURCES OF FUNDING

Federal-Preventive Health Block Grant
State-Healthy Michigan Fund
General Fund/General Purpose

LEGAL BASIS

- MDHHS 2017 Appropriations Act, 2016 Public Act 268, Article X
- P.A. 653 of 2007

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Policy, Planning and Legislative Services	Appropriation Unit: Departmentwide Administration	Program: Health Information Technology	

PROGRAM STATEMENT

The Health Policy and Innovation Division assists in the coordination and strategic development of information technology, health information technology, and health information exchange initiatives for the Michigan Department of Health and Human Services (MDHHS). Part of the goal of the Division is to create and implement an overarching strategy for facilitating the exchange of health information across the Michigan health care system. The Division works with other areas within MDHHS as well as external partners to encourage statewide data sharing in support of health care transformation.

Inside the MDHHS, the Health Policy and Innovation Division helps connect different areas of the department to available information technology initiatives, Health Information Technology, and Health Information Exchange resources and acts as the main line of communication for data sharing issues to the MDHHS Executive Office. The Division plays a key role in federal and department Information Technology (IT) strategic planning through coordinating the activities of different areas on IT, and data sharing projects, encouraging interoperability and the use of shared services across agencies, and removing roadblocks to statewide data sharing. The Division is responsible for offering recommendations and updates to MDHHS leadership on federal strategic alignment, policy development, governance, and other critical happenings related to information technology, Health Information Technology, and Health Information Exchange matters throughout Michigan.

The Health Policy and Innovation Division helps coordinate data sharing activities of MDHHS with external partners such as the Michigan Health Information Network, the Trusted Data Sharing Organizations within the statewide network, payers, and other State of Michigan departments. Michigan Health Information Network is Michigan's State Designated Entity for Health Information Exchange that promotes the use of shared services and standards across the health care system. Michigan Health Information Network acts as a "network of networks" to electronically connect and facilitate data sharing between patients, providers, payers, and the State of Michigan government. The Division assists MDHHS with coordinating activities in order to promote interoperability and statewide data sharing within the external partners listed above.

Finally, the Health Policy and Innovation Division provides support for meetings and related activities of the Michigan Health Information Technology Commission. This Health Information Technology Commission serves as a governor appointed advisory body to the MDHHS on statewide and federal Health Information Technology and Health Information Exchange strategy. The Health Information Technology Commission also provides guidance and oversight of public entities and programs such as the Michigan Health Information Network, the Medicaid Electronic Health Record Incentive Program, and other statewide transformation initiatives such as the State Innovation Model. The Policy Division coordinates and facilitates communication between the Health Information Technology Commission, the federal government, MDHHS, and other technology stakeholders throughout Michigan.

SOURCES OF FUNDING

General Fund/General Purpose
Federal-State Innovation Model (SIM) Grant

LEGAL BASIS

P.A. 368 of 1978, as amended (Public Health Code)
MDHHS 2017 Appropriations Act, 2016 Public Act 268, Article X

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration:	Appropriation Unit:	Program:	
Policy, Planning and Legislative Services	Departmentwide Administration	Health Information Technology	

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

Over the past few years, the Policy Division has played a key role in encouraging the adoption and utilization of Health Information Technology and Health Information Exchange within Michigan. The Policy Division has provided policy and funding support for the development of a common data sharing infrastructure within MDHHS. The Policy Division is responsible for overseeing and implementing long term Information Technology policies for the Department and interoperability with other state departments.

Michigan Department of Health and Human Services	PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Policy, Planning and Legislative Services	Appropriation Unit: Field Operations and Support Services	Program: Housing and Homeless Services

PROGRAM STATEMENT

MDHHS Housing and Homeless Services works to prevent and end homelessness and enhance community living resources in Michigan.

Strategic Priorities

- 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, behavioral health, developmental disabilities services, and employment and training services.
- 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.

Intervention Framework

- **Outreach** - Face-to-face interaction with people living on the streets, in shelters, 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.
- **Shelter** – Time-limited temporary housing where individuals experiencing homelessness may stay and receive supportive services that are designed to enable individuals to move into permanent housing.
- **Rapid Re-Housing** - Assistance that prioritizes moving households into housing quickly and providing short-term to medium-term rental assistance and supportive services.
- **Permanent Housing** - Assistance that prioritizes moving households that are most vulnerable into housing quickly and providing long-term rental assistance and supportive services.
- **Housing First** - An approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements. Supportive services are offered to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to permanent housing entry.

Michigan Department of Health and Human Services	PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Policy, Planning and Legislative Services	Appropriation Unit: Field Operations and Support Services	Program: Housing and Homeless Services

Specific Services Provided

- **Emergency Shelter Program (ESP)** is a housing crisis intervention for homeless households. The ESP is available statewide and provides emergency overnight housing through two service components: emergency shelter and emergency motel vouchers. The Salvation Army Eastern Michigan Division, headquartered in Southfield, MI is contracted by MDHHS to manage ESP funding awarded to local providers and works in partnership with MDHHS.
- **Rural Homeless 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. The RPSH serves eligible participants in Charlevoix, Emmet, Missaukee, and Wexford counties.
- **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. The FRP serves eligible participants in the Michigan Balance of State Continuum of Care (60 counties).
- **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 (PATH)** program is an outreach intervention that provides low-barrier/low-demand street outreach and engagement that provides basic needs assistance and linkage to permanent housing. PATH targets individuals experiencing homelessness that have serious mental illness (SMI) or co-occurring SMI and substance use disorder (SUD).
- **SSI/SSDI Outreach, Access, and Recovery (SOAR)** is a program designed assist people who are experiencing homelessness and are living with a disability in navigating the process of getting expedited access to SSI/SSDI benefits, retroactive benefits through the appeals process and automatic access to Medicaid benefits for SSI recipients.
- **State of Michigan Leasing Assistance Program** is a Permanent Supportive Housing (PSH) program that provides leasing assistance and supportive services to individuals or families who are experiencing chronic homelessness.
- **Rapid Re-Housing Program (RRP)** targets individuals and families that are coming directly from the streets or emergency shelter. The RRP provides participants with housing case management and rental assistance for up to 18 months. The RRP serves eligible participants in the Michigan Balance of State Continuum of Care (60 counties).
- **Michigan Housing and Recovery Initiative (MHRI)** is a permanent supportive housing intervention funded by a Cooperative Agreements to Benefit Homeless Individuals (CABHI) grant that provides outreach housing navigation, housing support services, and linkage to benefits to ensure that the most vulnerable individuals who are chronically homeless receive access to sustainable permanent housing, treatment and recovery supports. MHRI serves eligible participants in Berrien County, Greater Lansing, and Detroit. MHRI also supports statewide infrastructure projects to enhance Michigan's homeless service delivery system.
- **Permanent Supportive Housing (PSH)**, formerly known as Supportive Housing and Shelter Plus Care, provides rental assistance and supportive services to individuals and families who are experiencing HUD defined Category 1 or Chronic Homelessness, have at least one family member with a serious mental illness, substance use disorder, or co-occurring condition, and who have a Vulnerability Index Service Prioritization Decision Assistance Tool Assessment acuity score at or above the threshold for PSH Intervention.

Michigan Department of Health and Human Services	PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Policy, Planning and Legislative Services	Appropriation Unit: Field Operations and Support Services	Program: Housing and Homeless Services

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)

LEGAL BASIS

- The Social Welfare Act, 1939 PA 180
- HEARTH Act of 2009
- MDHHS FY 2016 Appropriations Act, 2016 PA 268, Article X
- U.S. Public Health Service Act Section 521 and following
- AIDS Housing Opportunity Act of 1990

PROGRAM EFFECTIVENESS/PROGRAM IMPACTS

FY 2016 Results

- Number of people engaged in outreach services = 5,674.
- Number of emergency shelter bed nights provided = 816,941.
- Average length of stay (days) in emergency shelter = 73.01.
- Assisted 35,875 through various housing programs and services.
- Provided housing for 3,239 individuals.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Policy, Planning and Legislative Services	Appropriation Unit: Community Services and Outreach	Program: Michigan Domestic and Sexual Violence and Treatment Board	

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 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 life skills information/education) to victims of domestic violence and their dependent children.
- Educate responding professionals on the prevention and treatment of domestic and sexual violence.
- Improve the response of the justice, legal, medical, mental health and social welfare systems to 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 totaling \$8.8 million with 44 nonprofit domestic violence programs: emergency shelter/temporary emergency housing; emergency intervention (24-hour crisis lines and emergency response services); supportive counseling (individual and group); community education and public awareness services, and advocacy with criminal justice systems, employment assistance, financial assistance, health care, housing location, transportation, child care and children's services.
- STOP Violence Against Women grant: The federal STOP Violence Against Women grant for FY 2016 provided more than \$3.5 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 18 nonprofit sexual assault programs utilizing \$2.7 million 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.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration:	Appropriation Unit:	Program:	
Policy, Planning and Legislative Services	Community Services and Outreach	Michigan Domestic and Sexual Violence and Treatment Board	

- Transitional Supportive Housing: The board currently funds 15 nonprofit domestic violence programs utilizing \$2.8 million 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 29 nonprofit children's advocacy centers utilizing \$838,000 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 2015*** (latest complete data available) indicates that 90,595 domestic violence victims (determined based on the victim to offender relationship and not by the type of crime) and 10,752 victims of criminal sexual conduct in the first through fourth degrees (involving sexual penetration and forcible sexual contact) were reported. Data on these victims include:

DOMESTIC VIOLENCE				SEXUAL ASSAULT			
Age of Victim		Race of Victim		Age of Victim (Percentage of 6,310 of CSC 1 and 3 only)		Race of Victim (Percentage of 6,310 victims of CSC 1 and 3 only)	
19 Or Under	19.2%	White	60%	19 Or Under	68.5%	White	72.5%
20 – 29	30%	Black	36%	20 – 29	16.8%	Black	21.2%
30 – 39	21.5%	Other/Unknown	4%	30 – 39	7.4%	Other/Unknown	6.3%
40+/Unknown	29.3%			40+/Unknown	7.3%		

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 gran.
- Federal Violence Against Women Act – STOP Violence Against Women grant.
- State General Fund
- Michigan State Housing Development Authority (MSHDA)

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration:	Appropriation Unit:	Program:	
Policy, Planning and Legislative Services	Community Services and Outreach	Michigan Domestic and Sexual Violence and Treatment Board	

LEGAL BASIS

- Domestic Violence Prevention and Treatment Act (PA 389 of 1978)
- Federal Family Violence Prevention and Services Act 42 USC 10401 et seq.
- Federal Violence Against Women Reauthorization Acts of 2005 and 2013, P.L. 109-162 and P.L. 113-4
- Sexual Assault Victims Medical Forensic Intervention and Treatment Act (PA 546 of 2008)
- Children's Advocacy Center Act (PA 544 of 2008)
- MDHHS FY 2017 Appropriations Act, PA 268 of 2016, Article X

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

Domestic Violence (DV): All 83 counties receive services from 44 nonprofit domestic violence programs. The following figures are from FY 2016

DV Number Served:		DV Services Provided:	
Residential adults and children	10,123	Nights of shelter	273,366
Non-residential adults and children	24,001	Crisis calls answered, includes information and referral calls	84,275

In 2015, MSP crime statistics report that 102 Michigan domestic violence victims were murdered or died due to acts of non-negligent manslaughter. Another 16 victims died as a result of negligent homicides. If not for services (including shelter) for victims and their children, these numbers 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):

Thirty-four counties received services from 18 nonprofit sexual assault programs, including seven sexual assault nurse examiner (SANE) programs. The following figures are from FY 2016:

SACS Number Served:		SANE Number Served:	
Adults and children	5,960	Adults and children	2,139

SACS and SANE Services Provided:	
Hours of Counseling	19,037
Crisis calls answered (includes information and referral calls)	10,198

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Policy, Planning and Legislative Services	Appropriation Unit: Community Services and Outreach	Program: Michigan Domestic and Sexual Violence and Treatment Board	

National statistics say that one in five women will be sexually assaulted in their lifetime and one in 71 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. In addition to counseling, programs help victims with immediate needs like broken locks, reports to law enforcement and medical care. Research clearly shows that without these services, sexual assault victims are at much higher risk for more violence, long-term psychological effects, and economic struggle.

Transitional Supportive Housing (TSH):

Fifteen grants were awarded to nonprofit domestic violence transitional supportive housing service providers. The following figures are from FY 2016:

TSH Number Served:		TSH Services Provided:	
Adults and children	941	Nights of housing	194,648

Research shows that the most dangerous time for victims of domestic violence is when they leave the abusive relationship.² 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 36 with services from 29 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.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration:	Appropriation Unit:	Program:	
Policy, Planning and Legislative Services	Community Services and Outreach	Michigan Domestic and Sexual Violence and Treatment Board	

CAC Number Served 10/1/15 – 9/30/16:	
Children – Victims of Sexual Abuse	8,187
Non Offending Family Members	15,745

CAC Children's Services Provided 10/1/15 – 9/30/16:	
Forensic Interviews	8,482
Child Therapy Hours	17,235

The prevalence of child sexual abuse is difficult to determine; however, research indicates that 1 in 9 girls and 1 in 53 boys under the age of 18 will experience sexually abuse at the hands of an adult.³ 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.

¹ Black, M.C., Basile, K.C., Breiding, M.J., Smith, S.G., Walters, M.L., Merrick, M.T., Chen, J., & Stevens, M.R. (2011). National Intimate Partner and Sexual Violence Survey: 2010 summary report.

² Bachman, R. and Salzman, L., U.S. Bureau of Justice Statistics. *Violence Against Women: Estimates From the Redesigned Survey 1*. (January 2000).

³ Finkelhor, D., Shattuck, A., Turner, H. & Hamby S. L., The Lifetime Prevalence of Child Sexual Abuse and Sexual Assault Assessed in Late Adolescence, *Journal of Adolescent Health* 329, 329-333 (2014).

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Policy, Planning and Legislative Services	Appropriation Unit: Departmentwide Administration	Program: Michigan Essential Health Provider Program	

PROGRAM STATEMENT

The Michigan Essential Health Provider Recruitment Grant Program, also known as the State Loan Repayment Program, offers a recruitment and retention incentive for primary care providers to locate in medically underserved areas of Michigan. The Michigan State Loan Repayment Program provides medical education debt repayment in exchange for a service obligation in a geographic area of the state that is in need of additional access to primary care services.

This program has maintained steady growth since 2013. From 2013 forward, the program has increased the number of providers in the program and the amount of state and federal funds used to provide this critical incentive tool for Michigan's healthcare providers. The program has been able to effectively address Michigan-specific needs, such as recruiting 47 obstetric providers in northern Michigan, recruiting 15 primary care and behavioral health professionals in Genesee County and in the coming program year, the program will focus on incentivizing child and adolescent inpatient psychiatric professionals to practice in the state.

SOURCES OF FUNDING

Federal – State Loan Repayment Program, Health Resources and Services Administration
Health Resources and Services Administration
Private – Hospital / Clinic Provider
General Fund/General Purpose

LEGAL BASIS

- MDHHS 2017 Appropriations Act, 2016 Public Act 268, Article X
- Public Act 16 of 1990

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

The Michigan Essential Health Provider has been very effective in placing providers in both rural and urban Health Professional Shortage Areas in Michigan. Since the program's 1991 inception, 843 medical providers have been placed in Michigan's health professional shortage areas in exchange for medical education debt repayment. The program currently considers providers meeting the healthcare needs of Flint residents a priority for loan repayment. Every two years the Department provides a report to the Legislature on the effectiveness of the program. The performance of this program is also included as a metric on the Department's scorecard. That is: "Number of professionals assisted in placement in a health professional shortage area."

Michigan Department of Health and Human Services	PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Policy, Planning and Legislative Services	Appropriation Unit: Field Operations and Support Services	Program: Michigan Rehabilitation Services

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 VI B.

Federal Rehabilitation Services Administration, Vocational Rehabilitation Grant, Independent Living, Title VII B

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)

General Fund/General Purpose

Restricted Funds

Private Gifts, Bequests, Donations

Second Injury Funds

Local Vocational Rehabilitation Match

Federal Supplemental Security Income

Michigan Department of Health and Human Services	PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Policy, Planning and Legislative Services	Appropriation Unit: Field Operations and Support Services	Program: 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; and 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 2016 results are summarized below.
- 5) MDHHS FY 2017 Appropriations Act, 2016 PA 268, Article X

MRS Performance on Federal Evaluation Standards and Performance Indicators – FY 2016

Performance Measures	Federal Standards	MRS Performance
Number Employment Outcomes	Michigan Benchmark = 6,800	6,821
Percent Employed	$\geq 55.8\%$	59.6%
Employed Competitively	$\geq 72.6\%$	94.8%
Significantly Disabled	$\geq 62.4\%$	81.3%
Earnings Ratio	≥ 0.52	0.6%
Self-Support	$\geq 53.0\%$	70.4%
Minority Ratio	≥ 0.80	0.84

Michigan Department of Health and Human Services	PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Policy, Planning and Legislative Services	Appropriation Unit: Field Operations and Support Services	Program: Michigan Rehabilitation Services

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 2007 - FY 2016, MRS achieved an average of 7,168 employment outcomes. In FY 2016 the MRS' employment outcome increased from the FY 2015 level. In FY 2014, MRS ranked sixth in the nation in cases closed with employment out of 80 state vocational rehabilitation agencies. The FY 2015 performance ranking has not been posted. Michigan data for FY 2007 through FY 2016 are summarized in the following graph.

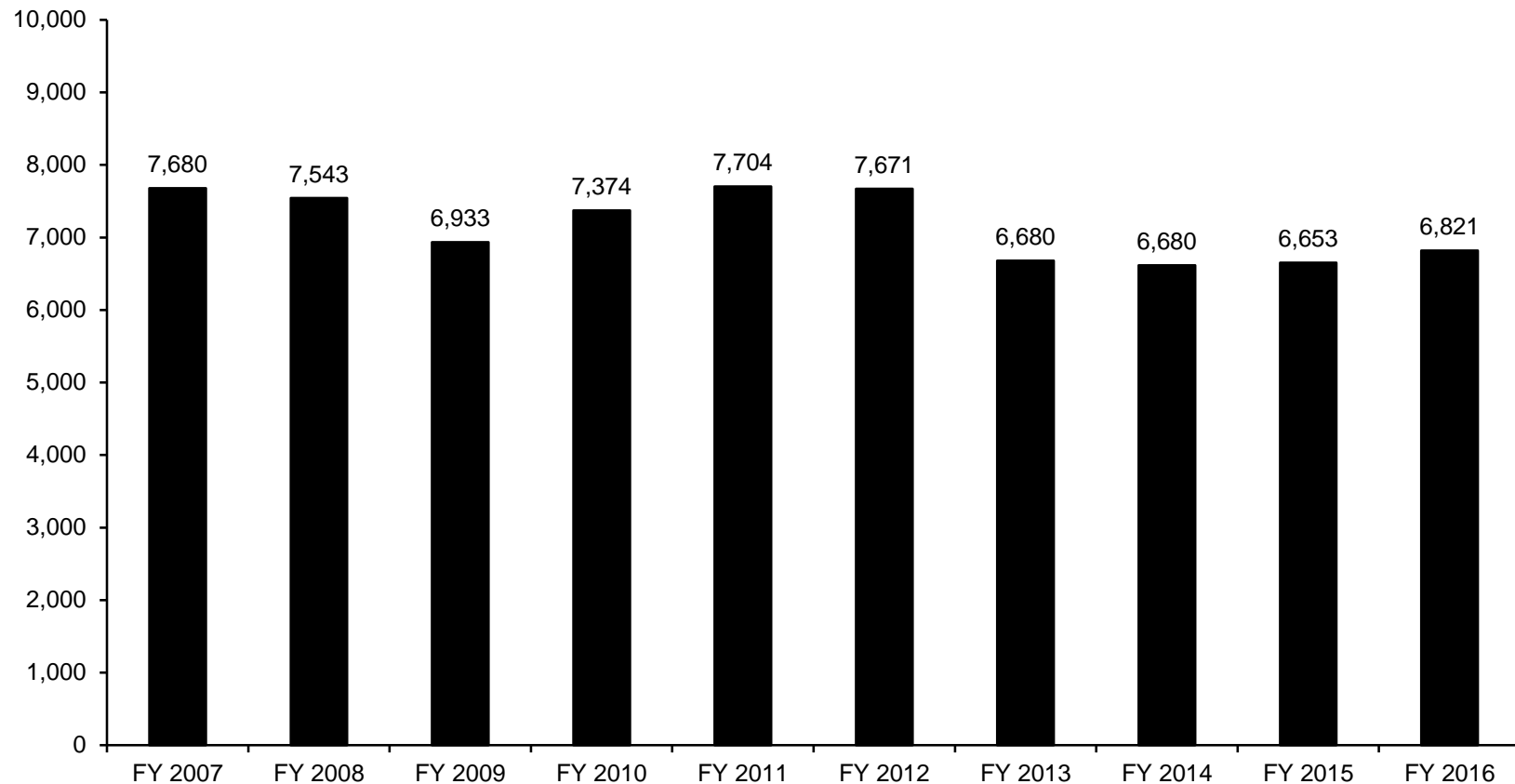
NOTE: From FY 2009 through FY 2012, the American Recovery and Reinvestment Act of 2009 (ARRA) was an economic stimulus package enacted by the 111th United States Congress and signed into law by President Barack Obama on February 17, 2009. For most programming, ARRA expired after FY 2012. With relatively fewer resources available for MRS after FY 2012, MRS participation and employment outcomes dropped. That trend is reflected below and in the graph on the following page.

	FY 2011	FY 2012	FY 2013	FY 2015	FY 2016
Total Employment outcomes:	7,704	7,671	6,880	6,653	6,821

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

MICHIGAN REHABILITATION SERVICES (MRS)

Employment Outcomes¹ FY 2007 - FY 2016

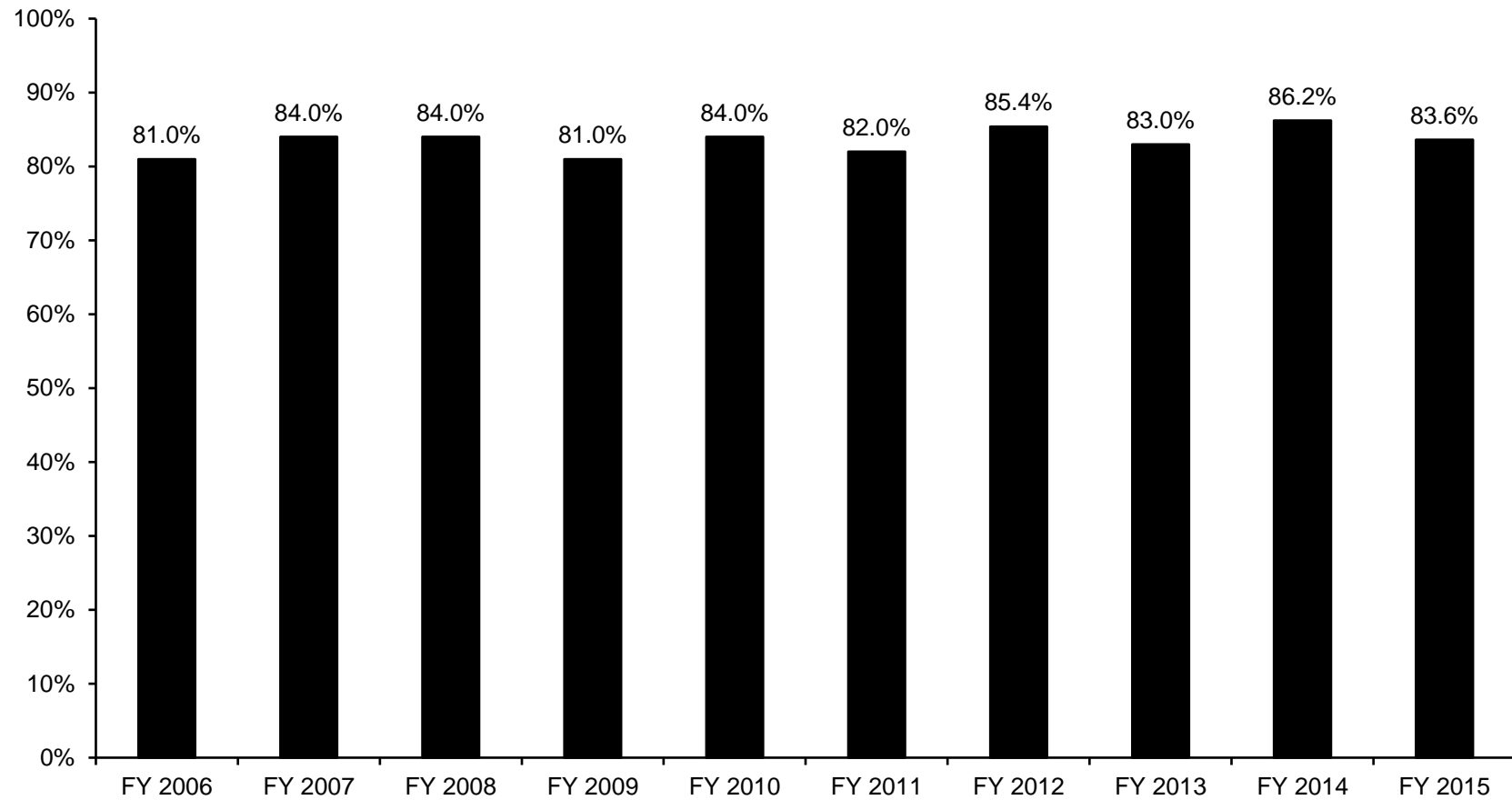


¹ An Employment Outcome results when an applicant: 1) completes an individualized service plan; 2) receives vocational services; 3) obtains employment paying minimum wage (or higher) and remains on the job for 90 days (or longer).

NOTE: From FY 2009 through FY 2012, the American Recovery and Reinvestment Act of 2009 (**ARRA**) was an economic stimulus package enacted by the 111th United States Congress and signed into law by President Barack Obama on February 17, 2009. For most programming, ARRA sunset after FY 2012. With relatively fewer resources available for MRS after FY 2012, MRS participation and employment outcomes dropped. ARRA impacts are reflected in the above graph.

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

Customer Satisfaction Rates¹
FY 2006 - FY 2015



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

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Policy, Planning and Legislative Services	Appropriation Unit: Departmentwide Administration	Program: Office of Nursing Policy	

PROGRAM STATEMENT

The Office of Nursing Policy serves Michigan citizens by providing professional nursing leadership, expertise and coordination in health policy development to promote safe care in all nursing environments, advance the safe practice of the nursing profession, and promote an adequate supply of high quality direct care nurses, nursing faculty, and nursing education.

SOURCES OF FUNDING

Nurse Professional Fund
Interdepartmental Grant from the Department of Licensing and Regulatory Affairs

LEGAL BASIS

- MDHHS 2017 Appropriations Act, 2016 Public Act 268, Article X
- Public Health Code, PA 368 of 1978

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

From its beginning, the Office of Nursing Policy has led initiatives and public-private partnerships resulting in the development of 10,000 more professional nurses and 84 faculty members.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Policy, Planning and Legislative Services	Appropriation Unit: Field Operations and Support Services	Program: Pathways to Potential Program	

PROGRAM STATEMENT

Pathways to Potential is an innovative Michigan Department of Health and Human Services approach to providing human service by placing DHHS employees (Success Coaches) in locations where the customer is already going – predominantly schools. Pathways to Potential involves working one-on-one with families to identify and remove barriers to connect them to a network of services. Having done so, they can become self-sufficient and realize dreams. Dynamics include engaging community partners and school personnel so they can work together to assist families find pathways to success.

The goal of the Pathways to Potential model is to assist vulnerable, disadvantaged, and low-income Michigan citizens in finding a pathway that will help them perform to their fullest potential. Using this model, the Department concentrates on five outcome areas: health, safety, self-sufficiency, education and chronic absenteeism.

SOURCES OF FUNDING

General Fund/General Purpose
Temporary Assistance for Needy Families (TANF)
Food Assistance Program (FAP) / Supplemental Nutrition Assistance Program (SNAP)
Medicaid
LIHEAP

LEGAL BASIS

MDHHS 2017 Appropriations Act, 2016 Public Act 268, Article X

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

Pathways to Potential performance success is measured by two Department measures: 1) percent of Pathways to Potential schools which have continuously decreased chronic absenteeism by ten percent since program inception; and 2) the increase in the number of students served by Pathways to Potential during the school year. The Department engaged Grand Valley State University to conduct a full evaluation of the program (to be completed 2016).

Michigan Department of Health and Human Services	PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Policy, Planning and Legislative Services	Appropriation Unit: Health Policy	Program: Primary Care Services

PROGRAM STATEMENT

The Primary Care Office identifies medically underserved and health professional shortage areas, and implements programs to address these shortages and enhance access to primary care services. Primary care programming focuses on recruitment and retention of health professionals to underserved areas as well as enhancing the primary care and safety net delivery system. Technical assistance is provided to communities interested in enhancing or expanding access to primary care, and funds are authorized to support community health centers as well as free clinics across the state. This program is responsible for the designation of the state's Health Professional Shortage Areas and Medically Underserved Areas. Recruitment and retention programs for international medical graduates are also provided through primary care services, as well as, direct funding to island clinics and other primary care clinics to provide culturally competent care.

SOURCES OF FUNDING

Medicaid Title XIX
Federal Health Resources and Services Administration
General Fund/General Purpose

LEGAL BASIS

MDHHS 2017 Appropriations Act, 2016 Public Act 268, Article X
P.A. 368 of 1978, as amended (Public Health Code)

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

Program effectiveness is assessed through contract compliance with performance requirements, tracking of health center expansions and provision of community technical assistance, and both quarterly and annual reporting to the U.S. Department of Health and Human Services. All community health center funded agencies develop goals and measurable objectives and report progress toward these objectives. Periodic site visits are made to review agency operations, monitor agreements, and negotiate program goals and objectives. All free clinics report on program accomplishments. In the FY 2016 program year, Michigan added 18 new federally supported access points, and provided direct funding to 11 Primary Care Clinics and 42 free clinics.

Michigan Department of Health and Human Services	PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Policy, Planning and Legislative Services	Appropriation Unit: Health Policy	Program: Rural Health Services

PROGRAM STATEMENT

The Department manages three programs as part of the Rural Health portfolio: the Medicare Rural Hospital Flexibility Program, the State Office of Rural Health, and the Small Hospital Improvement Program. The Department serves as a liaison for rural health issues and contracts with the Michigan Center for Rural Health to coordinate these programs. The Department is working to transition these programs from the Department to the Michigan Center for Rural Health as this will provide a significant decrease in administrative costs that can be repurposed for programs that benefit the health care needs in Michigan's rural community. This change is expected to take place on June 30, 2017.

SOURCES OF FUNDING

Federal Health Resources and Services Administration
General Fund

LEGAL BASIS

- MDHHS 2017 Appropriations Act, 2016 Public Act 268, Article X
- Section 338J of the Public Health Services Act. 42 U.S.C. 254r.

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

The performance of the program will depend on the successful transition of programming to the Michigan Center for Rural Health (slated to take place on June 30, 2017).

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Policy, Planning and Legislative Services	Appropriation Unit: Departmentwide Administration	Program: State Innovation Model	

PROGRAM STATEMENT

The State Innovation Model (SIM) focuses on the development and testing of multi-payer health care payment and service delivery models in order to achieve better care coordination, lower costs, and improved health outcomes for Michiganders. The Michigan Department of Health and Human Services (MDHHS) is implementing this initiative based upon the Blueprint for Health Innovation, which is a strategic plan that was developed in partnership with Michigan stakeholders. MDHHS has received a \$70 million grant from the U.S. Department of Health and Human Services to develop and test the models that were outlined in the Blueprint for Health Innovation over the next four years. MDHHS will work with community partners and stakeholders to develop and test these models in the following five pilot region in Michigan: Jackson County; Muskegon County; Genesee County; Northern Region; and the Washtenaw and Livingston counties area.

SOURCES OF FUNDING

Federal State Innovation Model Grant

LEGAL BASIS

- MDHHS 2017 Appropriations Act, 2016 Public Act 268, Article X
- Public Act No. 268 of 2016. Sec. 1144

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

The State Innovation Model program will be focused on an implementation strategy aimed at the development and testing of models that were outlined in the Blueprint for Health Innovation. PA 268 outlines the following outcomes and metrics:

- (a) Increasing the number of physician practices fulfilling patient-centered medical home functions.
- (b) Reducing inappropriate health utilization, specifically reducing preventable emergency department visits, reducing the proportion of hospitalizations for ambulatory sensitive conditions, and reducing this state's 30-day hospital readmission rate.

The State Innovation Model also includes a state and federal evaluation strategy that is currently in development.

Department of Technology, Management, and Budget		PROGRAM DESCRIPTION	Fiscal Year 2018
Department: Policy Planning and Legislative Services	Appropriation Unit: Field Operations and Support Services	Program: Weatherization Assistance Program	

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) provide weatherization services at the local level throughout all 83 counties. 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 2017 Appropriations Act, 2016 PA 268, Article X

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

Weatherized homes typically realize a 20 percent reduction in energy bills resulting in savings of about \$300 per year, per household. In the 2015 program year¹ 1,571 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. The award total is \$14,908,542 for program year July 1, 2016 through June 30, 2017.

¹ The U.S. Department of Energy program year runs July 1 through June 30.

Department of Technology, Management, and Budget	PROGRAM DESCRIPTION	Fiscal Year 2018
Department: Policy Planning and Legislative Services	Appropriation Unit: Field Operations and Support Services	Program: Weatherization Assistance Program

Agency	Community Served
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 of Allegan County.....	Allegan
Dickinson Iron Community Services Agency.....	Dickinson, Iron
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 Community Action	Macomb
Menominee-Delta-Schoolcraft Community Action Agency and Human Resource Authority	Alger, Delta, Marquette, Menominee, Schoolcraft
Mid-Michigan Community Action Agency, Inc.....	Bay, Clare, Gladwin, Mecosta, Midland, Oscoda
Monroe County Opportunity Program.....	Jackson, Lenawee, Hillsdale, 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 Office of Community Economic Development.....	Washtenaw
Wayne Metropolitan Community Action Agency.....	Wayne

Michigan Department of Health and Human Services	PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Population Health	Appropriation Unit: Population Health	Program: Population Health Administration Overview

POPULATION HEALTH ADMINISTRATION

As mandated by Public Act 368 of 1978, as amended, the Department “shall continually and diligently endeavor to prevent disease, prolong life, and promote the public health through various organized programs, activities and services.” The mission of Population Health Administration is to promote and protect the health of the population as a whole through surveillance and response to health issues, prevention of illness and injury, improvements in access to care, and promotion of health equity. The vision of Population Health Administration is to be a nationally recognized state public health agency that leads efforts to create an environment where all people can lead healthier, safer lives.

The Population Health Administration is a source of expertise, data, information, and technical assistance for all partners engaged in population health improvement. Through a strong network of local health services and collaborative partnerships, the Population Health Administration is committed to:

- Provide communities with resources to identify, prevent, prepare for, respond to, and recover from public health threats.
- Educate and encourage individuals and communities to support healthy behaviors and lifestyles.
- Promote practices and policies that support all people in attaining their optimal level of health.
- Use data to guide public health decisions and activities.

Major program areas include:

- Office of Local Health Services.
- Bureau of Epidemiology and Population Health (Divisions of Communicable Disease, Environmental Health, Vital Records and Health Statistics, and Lifecourse Epidemiology & Genomics)-
- Bureau of Family Health Services (Divisions of Maternal and Infant Health, Child and Adolescent Health, Women, Infants & Children (WIC), and Immunizations).
- Bureau of Health and Wellness (Divisions of HIV and STD Programs and Chronic Disease and Injury Control).
- Bureau of Laboratories (Divisions of Infectious Disease and Chemistry & Toxicology).
- Bureau of EMS, Trauma, and Preparedness (Divisions of Emergency Preparedness and Response and EMS & Trauma).

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Population Health	Appropriation Unit: Disease Control, Prevention, and Epidemiology	Program: Asthma Prevention and Control Program	

PROGRAM STATEMENT

The Michigan Department of Health and Human Services (MDHHS) Asthma Prevention and Control Program (APCP) is a joint collaboration between the Division of Chronic Disease and Injury Control and the Lifecourse Epidemiology and Genomics Division. As one of 23 states funded by CDC, the program's goal is to reduce Michigan's asthma burden through implementation of a comprehensive multi-level plan. The plan addresses asthma through three types of strategies:

- 1) Infrastructure strategies that support leadership, strategic partnerships, strategic communications, surveillance, and evaluation.
- 2) Service strategies that provide self-management education, improve linkages to care, expand caregiver education, and implement asthma control policies.
- 3) Health systems strategies that improve coverage, delivery, quality, and use of clinical services. These program strategies will lead to improved outcomes with individuals (e.g. quality of life, asthma control) and in populations (e.g. reducing disparities, policies supportive of asthma control), and will be measured through surveillance and evaluation.

APCP focuses its efforts in counties with the highest asthma burden. These counties are identified as high burden if they were in the top 10 highest rates for at least two of the following indicators: Michigan Behavioral Risk Factor Survey current asthma prevalence among adults, child hospitalization rate, adult hospitalization rate, number of asthma hospitalizations among all residents, and asthma emergency department rate among all children in Medicaid. Some highlights of program activities include:

- Increasing the reach of the Managing Asthma through Case Management in Homes (MATCH) an in-home asthma case management program for children and adults with severe or difficult to control asthma. A multi-site MATCH evaluation completed in 2013, showed that the model is replicable and sustainable, with an 83 percent decrease in inpatient hospitalizations, 60 percent decrease emergency department (ED) visits, 58 percent decrease in missed school days, and 45 percent decrease in missed work days. This program self-sustained through reimbursement from health plans, currently exists in Kent, Muskegon, Ottawa, Genesee, Livingston, Ingham, and Wayne counties. Kalamazoo, Saginaw, Macomb, and Oakland counties are currently in the process of developing the MATCH program.
- Improving systems of patient-centered asthma care through implementation of decision support tools.
- Expanding asthma education for students and school personnel.
- Conducting the Asthma Call Back Survey to understand challenges faced by people with asthma in Michigan.
- Providing asthma surveillance data to state and local agencies and partner organizations in support of program development, data-driven decision making, and evaluation.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Population Health	Appropriation Unit: Disease Control, Prevention, and Epidemiology	Program: Asthma Prevention and Control Program	

SOURCES OF FUNDING

Federal Centers of Disease Control - Asthma Grant

LEGAL BASIS

- MDHHS FY 2017 Appropriations Act, Public Act 268 of 2016, Article X
- Public Health Code

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

Between 2000 and 2014, activities of APCP and its partners contributed to a 50.3 percent reduction in the asthma mortality rate in Michigan (from 16.7 to 8.3 asthma deaths per million people), preventing an estimated 550 deaths. Michigan's pediatric asthma hospitalization rates (ages 1-14 years) dropped by 37.8 percent between 2000 and 2014. Children enrolled in Michigan Medicaid programs (a focus for APCP) experienced a 49.7 percent decrease in asthma hospitalization rates between 2005 and 2013. In recognition of its cumulative achievement, the Michigan asthma program received the EPA Environmental Leadership Award in Asthma Management in 2012. NOTE: Outcome data from FY 2015 forward will be featured in the FY 2019 Program Description.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration:	Appropriation Unit:	Program:	
Population Health	Family, Maternal and Child Health	Breastfeeding Promotion and Coordination Program	

PROGRAM STATEMENT

The Breastfeeding Promotion and Coordination project is led by the State Breastfeeding Coordinator to: 1) influence policies and practices that support breastfeeding initiation, duration and exclusivity; 2) build community support, skills and knowledge for breastfeeding; 3) change institutional and organizational practices to support breastfeeding families; 4) strengthen breastfeeding knowledge and skills for families, and 5) support efforts to eliminate racial and ethnic disparities in breastfeeding initiation, duration, and exclusivity. The project works in partnership with the numerous breastfeeding support efforts throughout MDHHS and statewide. Current projects include creating a Michigan Breastfeeding State Plan, supporting eight Michigan birthing hospitals breastfeeding promotion efforts, and initiating and expanding statewide breastfeeding education opportunities.

SOURCES OF FUNDING

Women, Infants and Children (WIC) Supplemental Food Program (WIC)
 Title V
 U.S. Health Resources and Services Administration (HRSA) Grant
 Michigan Community Health Block Grant (MCHBG)
 General Fund/General Purpose
 Healthy Michigan Funding

LEGAL BASIS

- MDHHS FY 2017 Appropriations Act, Public Act 268 of 2016, Article X
- Child Nutrition Act, 7 CFR Part 246 (WIC)

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

Outcomes vary by project. Each one works to improve breastfeeding initiation, duration rates and to reduce disparities.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Population Health	Appropriation Unit: Local Health and Administrative Services	Program: Cancer Prevention and Control Program	

PROGRAM STATEMENT

The Breast and Cervical Cancer Control Navigation Program (BCCCNP) provides and/or assists low-income women to receive appropriate screening, follow-up, and/or cancer treatment services. Approximately 12,000 low-income women per year receive these services through 33 contracted agencies. A total of 220,000 women have received services since the program's inception in 1991. According to Small Area Health Insurance Estimates 2014 data, approximately 42,500 Michigan women are eligible for this cancer early detection program. The BCCCNP supports public and professional education programs intended to reduce mortality from these cancers among all Michigan women.

In FY 2001, Medicaid expanded its services to provide treatment for women diagnosed with breast or cervical cancer through the Michigan BCCCNP. Now beneficiaries with incomes up to 250 percent of the federal poverty level receive full Medicaid covered benefits during their cancer treatment. Over 8,200 women have received cancer treatment in the Medicaid BCCCNP since 2001. There are over 1,500 women currently receiving these Medicaid treatment services.

The Michigan WISEWOMAN program provides chronic disease risk factor screening and lifestyle interventions to women who are enrolled in BCCCP in 27 counties in Michigan, including: *Antrim, Benzie, Calhoun, Charlevoix, Crawford, Emmet, Grand Traverse, Huron, Kalkaska, Kent, Lake, Leelanau, Macomb, Manistee, Mason, Mecosta, Missaukee, Montcalm, Newaygo, Oakland, Oceana, Otsego, Saginaw, Saint Clair, Sanilac, Tuscola, Wexford*. The WISEWOMAN Program helps the participant understand her risk factors and make healthy lifestyle choices. A healthy lifestyle can reduce current chronic disease risk factors and symptoms. It can also prevent or delay the onset of new chronic disease risk factors.

The Michigan Colorectal Cancer Early Detection Program (MCRCEDP) provides free colorectal cancer screening to asymptomatic low-income, uninsured, and underinsured individuals. Treatment, if needed, is provided through collaboration with community partners. In addition, the program works to increase colorectal cancer screening (using proven strategies) in 35 clinics around the state. .

The Cancer Prevention Control Program also supports Michigan's statewide Comprehensive Cancer Control Program (CCCP) in partnership with the Michigan Cancer Consortium (MCC). The Consortium is comprised of over 110 public and private organizations across the state, committed to reducing cancer deaths among Michigan citizens. The program addresses cancer risk reduction, early detection, better treatment, and enhanced survivorship. Evaluation of the impact of the cancer control efforts is focused on monitoring cancer incidence and mortality trends, documenting progress toward achievement of the Michigan Cancer Plan. There continues to be significant progress in reducing cancer incidence and death rates in Michigan.

SOURCES OF FUNDING

Centers for Disease Control (CDC) Federal Grant
Cancer Prevention and Control
Survivorship
Colorectal
Wise woman
General Fund/General Purpose
Healthy Michigan Fund

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Population Health	Appropriation Unit: Local Health and Administrative Services	Program: Cancer Prevention and Control Program	

LEGAL BASIS

- MDHHS FY 2017 Appropriations Act, Public Act 268 of 2016, Article X
- Breast and Cervical Cancer Mortality Prevention Act of 1990 (Public Law 101-354)
- Breast and Cervical Cancer Prevention and Treatment Act of 2000 (Public Law 106-354)

PROGRAM EFFECTIVENESS / PROGRAM

In 2016, the BCCCNP provided services to over 8,000 women. There were 227 women diagnosed with breast or cervical cancer and received timely and appropriate treatment. The WISEWOMAN program screened over 1,300 women in FY 2016. Almost 600 of these women set healthy lifestyle behavior goals. In FY 2016, 400 people received colorectal cancer screening through Michigan's program.

Michigan Department of Health and Human Services	PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Population Health	Appropriation Unit: Local Health and Administrative Services	Program: Cardiovascular Disease Prevention and Control

PROGRAM STATEMENT

Cardiovascular disease (CVD) is the leading cause of death in Michigan. One out of every three deaths in Michigan is due to CVD, a category comprising heart disease and stroke. In addition to being the leading cause of death in Michigan, CVD is a significant cause of illness, hospitalization, and long-term disability. Many deaths from CVD could be avoided through changes in lifestyle and behavior, such as controlling high blood pressure and high blood cholesterol, smoking cessation, increasing physical activity, improving food choices, and maintaining a healthy weight.

The Cardiovascular Health, Nutrition and Physical Activity Section's goal is to prevent and reduce heart disease, stroke, and obesity for all Michigan residents. The section's vision is to create a heart-healthy and stroke-free Michigan by increasing physical activity and healthy eating; reducing health disparities; and preventing and controlling other cardiovascular disease risk factors. The Program includes two units: Heart Disease and Stroke Prevention Unit and the Nutrition and Physical Activity Unit.

The Heart Disease and Stroke Prevention Unit focuses on interventions that: 1) reduce risk factors including high blood pressure and cholesterol; 2) collaborate with health care systems, rehabilitation agencies, and providers around the state to improve the quality of care provided to those at-risk for and with heart disease and stroke; 3) provide educational materials for patients, providers, and community members to enhance blood pressure and cholesterol control and support use of evidence-based clinical guidelines; 4) support community awareness of signs and symptoms of heart attack and stroke and urgency to call 911; and 5) provide surveillance reports on the burden of CVD and its risk factors.

The Nutrition and Physical Activity Unit administers several community prevention programs in conjunction with community-based organizations, Local Health Departments and partnering state agencies such as the Michigan Department of Education and the Michigan Department of Natural Resources. With an emphasis on healthy eating and increased physical activity, partnering local agencies make policy, environmental, and systems changes designed to support healthy personal choices where all Michigan citizens live, learn, work and play; especially for those whose circumstances have made them vulnerable to poor health. Interventions include: 1) supporting community organizations comprised of a diverse set of stakeholders within communities of need; 2) increasing access to low-cost/no-cost physical activity opportunities through public parks and trails; 3) increasing access to fresh, locally grown fruits and vegetables through such venues as farmers markets, faith-based markets, and community gardens; 4) improving healthy food choice availability and nutrition education in communities, schools, businesses and child care centers; and 5) providing surveillance reports on the burden of unhealthy eating, physical inactivity, and obesity.

SOURCES OF FUNDING

Centers for Disease Control (CDC) – School Health; Prevention Program of Chronic Diseases
Healthy Michigan Fund
Michigan Health Initiative
General Fund/General Purpose

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Population Health	Appropriation Unit: Local Health and Administrative Services	Program: Cardiovascular Disease Prevention and Control	

LEGAL BASIS

- MDHHS FY 2017 Appropriations Act, Public Act 268 of 2016, Article X
- Public Health Code

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

The Heart Disease and Stroke Prevention Unit facilitated quality improvement projects in stroke and high blood pressure control reaching over 15,000 individuals or health providers in projects in 2013, collaborated with 24 hospitals to continue implementing a stroke registry and quality improvement projects focused on achieving 10 clinical performance measures, and promoted community awareness of risk factors and signs and symptoms of heart attack and stroke reaching over 20,000 people.

The Nutrition and Physical Activity Unit provided support to childcare/schools, businesses, healthcare systems, professional organizations, and communities with an emphasis on strategies to increase availability of healthy foods and increasing physical activity opportunities. The Michigan Health and Wellness 4 x 4 Plan involves a statewide partnership and community coalition work focused on improving four health outcomes among Michigan adults related to obesity, high blood pressure, high cholesterol, and blood sugar. The partnership is currently focused on implementing 4 X 4 strategies in work sites since they include all of settings targeted in the 4 x 4 plan. Since the partnership changed its focus, nearly 100 work sites have implemented some type of wellness program or policy intervention. The community coalitions are engaged by creating places that make it easier to become more active, focusing on increasing the number of policies and places that support walking and active transportation. In addition, the coalitions have increased opportunities to access healthier food, with a focus on food service guidelines to decrease the sodium content of food in community-based settings, such as pantries, restaurants, and retail settings.

Metrics used to measure section progress and performance:

- Percentage of adults who have their high blood pressure adequately controlled.
- Percentage of stroke patients receiving defect-free care.
- Percentage of adults or youth who have access to places for physical activity, with a focus on walking.
- Number of public settings implementing the "Healthy Food Service Guidelines" that increase access to healthy foods and beverages.
- Number of schools that provide new opportunities focused on quality nutrition education, healthy eating and physical activity/physical education to students.
- Number of worksites who have completed a Designing Healthy Environments at Work (DHEW) assessment.
- Number of worksites implementing work site wellness programs.

NOTE: These data continue to be under development and will be reported out in the **FY 2019 Program Description**.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Population Health	Appropriation Unit: Family, Maternal, and Child Health	Program: Child Adolescent Health Center Program	

PROGRAM STATEMENT

The Child Adolescent Health Center Program provides base funding for over 100 clinical Child & Adolescent Health Centers and School Wellness Programs in high need, medically underserved schools and communities throughout Michigan. The clinical health center model, through either school-based or school-linked health centers, provides on-site comprehensive primary health care, psychosocial services, health promotion/disease prevention education and referral services to children ages 5-10 or to youth 10-21 years of age.

The School Wellness Programs focus on pairing limited clinical care (school nursing activities) with mental health services, health education, referrals for primary and other needed health services, and for the K-12 student population. All programs operate under the authority of a licensed physician.

SOURCES OF FUNDING

Administration for Children and Families (ACF): 1) Abstinence, 2) Personal Responsibility Education Program
Office of Public Health and Science: Support for Expectant and Parenting Teens, Women Fathers, and Their Families (MI/APP)
Medicaid Title XIX
General Fund/General Purpose

LEGAL BASIS

- MDHHS FY 2017 Appropriations Act, Public Act 268 of 2016, Article X

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

The program is an evidence-based model that addresses a wide range of outcomes that are public health priorities. Quality measures showing positive trends in several clinical and administrative indicators over the past two years include:

- In FY 2015, Michigan's Child and Adolescent Health Centers served 30,434 users with 96,846 visits.
- There were 187,950 participants in health education activities provided by the centers.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration:	Appropriation Unit:	Program:	
Population Health	Family, Maternal, and Child Health	Childhood Lead Poisoning Prevention Program	

PROGRAM STATEMENT

Michigan's Childhood Lead Poisoning Prevention Program (CLPPP), in the Division of Environmental Health, helps provide education and outreach regarding lead hazards and the impact of lead poisoning. Prevention strategies are included in a state work plan for preventing childhood lead poisoning. Technical assistance is offered to health care professionals to support appropriate health services for children with elevated blood lead levels and lead poisoning and to local health departments who provide some direct services and general education. Additionally, this program receives and analyzes the lead testing results data from across the state for use in monitoring the extent to which children are still exposed to lead and to inform policy and practice relative to the continuing need to prevent lead poisoning and to intervene as early as possible when it is detected. The populations served by CLPPP are at-risk children under 6 years of age who live in high-risk communities, children enrolled in Medicaid, children who reside in a home built before 1978, and children whose parents' occupations or hobbies involve lead. Special populations include refugee children, foreign adoptees, immigrants and migrant children, and foster care children. The program collaborates closely with the Lead Safe Homes Program in the Health Homes Section to ensure the homes of children with elevated blood lead levels are investigated for sources of lead in the environmental and, as appropriate, provided home lead abatement services.

Primary care providers that serve young children are required to test the blood lead level of children enrolled in the Medicaid program at ages 1 and 2 (or between 3 and 6 years of age if not previously tested). The American Academy of Pediatrics and the Centers for Disease Control and Prevention also recommend blood lead testing at-risk children at the same ages. Testing is completed by the child's medical care provider and other programs that offer testing services. Follow-up of children with elevated blood lead levels is provided by local public health departments. More than 37 percent of all children this age were tested in 2015. Collaborative efforts continue to improve the percentage of Medicaid enrolled and other at-risk children tested.

SOURCES OF FUNDING

Maternal and Child Health Block Grant
Health Resources and Services Administration (HRSA)
General Fund/General Purpose
Centers for Disease Control (CDC) - Lead Poisoning Prevention Grant

LEGAL BASIS

- MDHHS FY 2017 Appropriations Act, Public Act 268 of 2016, Article X
- Public Health Code, Section 2451

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

140,856 children under age 6 were tested in 2015. Of those, 4,791 (3.4 percent) had elevated levels, defined as 5 micrograms per deciliter of blood, the CDC's current reference level. Because not all at-risk children are tested each year, potentially hundreds more children with elevated levels have not been identified. By comparison, in 1999 42.7 percent of tested children had elevated blood lead levels. While current data shows there has been significant progress in lowering children's exposure to lead, many areas of the state, especially large urban areas with older housing, still have high rates of elevated lead and even high numbers of children with "frank lead poisoning" (blood levels of 60 micrograms or higher) requiring hospitalization for chelation therapy. The identification and elimination of lead hazards before they affect a child is a public health priority.

Michigan Department of Health and Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Population Health	Appropriation Unit: Local Health and Administrative Services	Program: Chronic Disease And Injury Prevention Program	

PROGRAM STATEMENT

Chronic disease and injuries account for nine of the top ten leading causes of death. Heart disease and cancer remain the leading causes of death in both Michigan and the United States. Michigan has higher death rates for both heart disease and cancer, as well as chronic lower respiratory diseases; stroke; and diabetes. In addition, Michigan has higher rates of injury, violence, homicide, and suicide; and suicide, homicide, and accidents are leading causes of death for people under age 35 in Michigan.

Chronic Disease and Injury Control Programs promote healthy lifestyles in individuals, vulnerable populations, and communities through an organized program of risk factor reduction in schools, communities, health care settings, and work sites. Special attention is directed in all programs to increasing health equity and reducing health disparities among groups at higher risk of chronic disease and injury morbidity and mortality. The Department, working in conjunction with local health departments, universities, managed care organizations, health care providers, and community-based agencies and coalitions provide expertise in translating public health research into actions to promote healthy behaviors, reduce injuries and violent behavior and to prevent chronic diseases. The Department provides leadership, planning, coordination, financing, consultation, technical assistance, surveillance and assessment, training, and evaluation services. The Department also supports a network of community-based and violence and injury prevention coalitions and demonstration projects.

Chronic Disease and Injury Control Prevention Activities include:

- Using state and local community-based surveillance and health information systems to measure the extent of risky health behaviors, the incidence and prevalence of chronic illness, violence and unintentional injury, and the effectiveness of chronic disease and injury control prevention and intervention programs.
- Providing culturally diverse and experienced consultant and technical resources charged with assuring optimal health promotion/injury control/chronic disease prevention and management practice to communities throughout Michigan.
- Conducting comprehensive and integrated programming at the community level by collaborating with local health departments and economic development associations, as well as statewide organizations to implement evidence-based population health strategies to achieve a collective impact on increasing healthy lifestyles, decreasing tobacco use, and decreasing obesity among high-risk, vulnerable populations.
- Developing surveillance systems for collection, analysis and dissemination of information at the state and community levels to monitor health behaviors, chronic disease, intentional injuries (homicide, assaults, suicides), and unintentional injuries.
- Evaluating chronic disease, health outcomes in relation to the quality, comprehensiveness, cost, and accessibility of services provided.
- Acting as the lead agency for the Safe Kids Michigan Program providing coordination and support for local childhood injury prevention efforts.
- Developing and implementing model prevention programs for the prevention of injuries and violence, including prescription drug overdose, youth suicide, brain injuries, sexual violence, child abuse and neglect, and motor vehicle injuries.
- Coordinating Division programs with the State Innovation Model (SIM) and other complex statewide healthcare and community services transformation initiatives, as well as the Governor's Health and Wellness 4x4 Plan, to support achievement of population health goals.
- Implementing heart disease and stroke prevention programs in community and health care settings to reduce risk factors that include high blood pressure.

Michigan Department of Health and Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Population Health	Appropriation Unit: Local Health and Administrative Services	Program: Chronic Disease And Injury Prevention Program	

- Providing access to lifesaving screening exams and appropriate follow-up care when needed for detection of breast and cervical cancer, colorectal cancer, and hypertension and offering healthy lifestyle behavior interventions to reduce the modifiable risk factors for chronic disease.
- Promoting effective chronic disease control and prevention by improving access of people with diabetes to quality-based, outpatient self-management programs for both disease management and risk reduction of preventable complications such as stroke, blindness, kidney failure and limb amputation, and building capacity for people with prediabetes to access a nationally recognized, evidence-based Diabetes Prevention Program.
- Improving information, medical management guidelines, self-management, and access to care for people with arthritis, asthma, chronic kidney disease, and disabilities.
- Implementing prevention programs to increase availability of healthy foods and physical activity opportunities in childcare, schools, businesses, health care systems and communities.
- Implementing sealant programs and fluoride varnish programs in communities, schools and healthcare settings to prevent dental disease.
- Promoting community water fluoridation by improving access to effective measures of disease prevention.

SOURCES OF FUNDING

Centers for Disease Control (CDC) – Violent Death Reporting System, and Core Violence and Injury Prevention
General Fund/General Purpose
Michigan Health Initiative.

LEGAL BASIS

- MDHHS FY 2017 Appropriations Act, Public Act 268 of 2016, Article X
- Public Health Code

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

Arrayed / outlined in “Local Health and Administrative Services” program descriptions.

Michigan Department of Health and Human Services	PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Population Health	Appropriation Unit: Local Health and Administrative Services	Program: Chronic Kidney Disease Prevention Program

PROGRAM STATEMENT

In Michigan, more than 940,000 Michigan adults (one in eight Michigan residents over the age of 20) have chronic kidney disease (CKD) and most are completely unaware of their condition. An additional 20,796 have experienced kidney failure, with 6,812 having had a kidney transplant and 13,931 on dialysis in 2011. Diabetes is the leading cause of kidney failure. In 2011, 44 percent of people starting dialysis had kidney disease caused by diabetes. NOTE: Data for years subsequent to FY 2011 will be presented in the FY 2019 Program Description.

Cardiovascular disease, obesity and especially hypertension are also strongly associated with kidney disease. African Americans, Asian Americans, Hispanic Americans and Native Americans are at an increased risk for developing CKD. More than 70 percent of all kidney failure caused by diabetes or high blood pressure could be prevented or delayed by eating healthy, getting exercise, and taking the right medications.

To address this serious and increasing public health problem, state funding is provided to the National Kidney Foundation of Michigan (NKFM) to implement a comprehensive kidney disease prevention program, which addresses CKD and its precursors – diabetes, high blood pressure and obesity. Program interventions are focused on the Medicaid population and are guided by the Chronic Kidney Disease Prevention Strategy in Michigan, 2013 – 2018, Michigan's map for early prevention, detection, and management of kidney disease among adults and children.

Interventions include:

- School-based programs such as Kids and Kidneys and PE-Nut (an education program that uses a whole-school approach to motivate students, parents, and educators to improve physical activity and nutrition).
- Public awareness and community education for evidence-based programs and community initiatives, targeting vulnerable communities with hot spots of chronic disease.
- Health worker and peer educator initiatives such as Healthy Hair Starts with a Healthy Body, Dodge the Punch and Healthy Families Healthy Hair Starts with a Healthy Body™ (salon-based), and Dodge the Punch Live Right™ (barbershop based) are programs designed to educate African American women and men in urban areas about how to reduce the risks of CKD, diabetes and hypertension. Healthy Families/Regie's Rainbow Adventure is a multi-generational program, which promotes healthy lifestyle changes for children, parents, and caregivers in Head Start settings. In selected settings, it includes a Nutrition and Physical Activity Self-Assessment for the childcare setting, which assesses the center's nutrition and physical activity policies, practices, and overall environment.
- Community-based evidence based programs such as Enhance Fitness, PATH (Stanford Self-Management Education Program for people with chronic disease and diabetes), and the CDC National Diabetes Prevention Program PATH and Diabetes PATH help adults to navigate the health care system and manage chronic conditions and diabetes. The National Diabetes Prevention Program is an evidence-based lifestyle change program for people at high risk for type 2 diabetes. Enhance Fitness is a physical activity program which improves balance, reduces depression, increases endurance, and improves social functioning.
- Health care provider education and quality improvement initiatives for the chronic disease self-management education programs including promotion of provider awareness for eGFR, estimated glomerular filtration rate, a diagnostic tool for CKD Health care provider education also centers around the precursors to chronic kidney disease focusing on hypertension initiatives, diabetes self-management and pre-diabetes awareness, and self-management.
- Prevention services for Medicaid children, teens, and their families targeting obesity and chronic diseases, including all the evidence-based programs.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Population Health	Appropriation Unit: Local Health and Administrative Services	Program: Chronic Kidney Disease Prevention Program	

- Community health worker initiatives to strength the linkage between the health care system and community resources to address the social and economic factors that affect health. Community health workers provide services within Federally Qualified Health Centers (FQHCs), dialysis facilities, transplant centers and community-based organizations such as churches and community centers.
- Surveillance and evaluation.

SOURCES OF FUNDING

Centers for Disease Control (CDC) – School Health Prevention of Chronic Diseases
Healthy Michigan Fund
Michigan Health Initiative
General Fund/General Purpose
Medicaid

LEGAL BASIS

- MDHHS FY 2017 Appropriations Act, Public Act 268 of 2016, Article X
- Public Health Code

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

- “Healthy Kids and Kidneys and PE-Nut have both shown statistically significant increases in knowledge and behavior change among elementary and middle school children. In FY 2015, over 11,516 Medicaid eligible students were reached with nutrition education programming.
- Since program inception, Healthy Hair and Dodge the Punch have trained more than 11,450 hair stylists and more than 400 barbers who have reached over 48,000 women hair salon clients and 8,000 barbershop clients in the cities of Detroit, Flint, Grand Rapids, Lansing, Muskegon, Southfield, Pontiac, Saginaw, Inkster, and Ypsilanti. Evaluation data showed 85 percent of salon and barbershop clients indicated they had made at least one healthy lifestyle change as a result of the program, including increased consumption of fruits and vegetables, decreased consumption of salt and fat, increased physical activity, decreased smoking and improved medication adherence. Of the salon clients, 49 percent indicated they had made an appointment to visit their primary care physician as a result of the program, with 14 percent of those who were tested being diagnosed with a disease that they did not previously know they had.
- As of 2013, the Healthy Families program and Regie Rainbow parent educational component has reached over 24,000 clients, with 81 percent indicating on self-report making at least one healthy lifestyle change. Preliminary analysis of Head Start’s Body Mass Index (BMI) data suggests that students’ BMI tends to drop over the course of the Head Start school year. Conversely, BMI measurements taken in the early fall suggest that BMI may rise for students over the summer break when they are not actively engaged in the Head Start program.
- Ninety-nine percent of participants in NKFM PATH workshops reported using at least one healthy lifestyle technique such as physical activity, weight management or healthy eating.
- The NKFM Enhance Fitness program served 2,400 individuals in FY 2015. Participant outcomes include a 26 percent increase in balance and coordination, a 40 percent improvement in mental health (reduction in depression) and an 89 percent increase in social functioning.
- For participants in the National Diabetes Prevention Program to date, 734 participants have lost 6,120 pounds, with an average of 5.8 percent of body weight lost.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Population Health	Appropriation Unit: Local Health and Administrative Services	Program: Dental Program for Persons With Developmental Disabilities	

PROGRAM STATEMENT

This program (Developmental Dental Treatment Fund) is directed toward enabling the provision of essential dental services for persons with developmental disabilities who would not otherwise have the resources or opportunity to obtain needed dental care. Funding provides for the establishment and administration of a treatment fund to underwrite the costs of dental care for developmentally disabled individuals who have no ability to pay and for which Medicaid coverage or other payment of reimbursement mechanisms are not available. Funds require prior authorization and are approved based upon specified priority conditions.

SOURCES OF FUNDING

General Fund/General Purpose

LEGAL BASIS

- MDHHS FY 2017 Appropriations Act, Public Act 268 of 2016, Article X

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

In FY 2013, 115 individuals received dental treatment.

NOTE: The FY 2019 program description will focus on outcomes for all years for which data are available (subsequent to FY 2013).

Michigan Department of Health and Human Services	PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Population Health	Appropriation Unit: Local Health and Administrative Services	Program: Diabetes Prevention and Control Program

PROGRAM STATEMENT

The goal of the Diabetes Prevention and Control Program (DPCP) is to reduce the morbidity and mortality due to diabetes and its complications and to prevent or delay its onset. The DPCP partners with community based organizations and public health partners to focus on program priorities using evidence-based practices to target high-risk populations. In its plans, the DPCP addresses both state and Federal diabetes critical health indicators, and priorities.

The DPCP uses three statewide service delivery infrastructures-- the Diabetes Self-Management Education Certification Program, the National Kidney Foundation of Michigan, and four community-based Chronic Disease Coordinating Networks (CDCNs) – to implement the following priorities:

- Certification of hospital-based Diabetes Self-Management Education (DSME) programs based on National Standards for quality purposes.
- Peer led evidence-based self-management programs offered statewide.
- The National Diabetes Prevention Program, an evidence-based lifestyle change program for people at high risk of type 2 diabetes.
- Professional education and quality improvement efforts.
- Public awareness and community education.

Through two Centers for Disease Control and Prevention (CDC) grants, the DPCP aligns its plans and activities within the four CDC chronic disease domains, which include epidemiology and surveillance, environmental approaches to support health, health system interventions, and community-clinical linkages. These grants include:

- State Public Health Actions to Prevent and Control Disease, Heart Disease, Obesity, and Associated Risk Factors and Promote School Health (Project period: 6/30/13 – 6/29/18).
- State and Local Public Health Actions to Prevent Obesity, Diabetes, Heart Disease, and Stroke (Project period: 9/30/14 – 9/29/18).

MDHHS surveillance efforts describe the burden of the diabetes epidemic in Michigan. Diabetes is the seventh-leading cause of death in Michigan residents and its prevalence is greater among African Americans, Hispanic/Latinos, Native Americans, Arab Americans and Asian Americans. In 2014, an estimated 10.4 percent of Michigan adults 18 years and older had been diagnosed with diabetes - an estimated 799,350 people. This is comparable to the U.S. median prevalence (10.0 percent). NOTE: The FY 2019 Program Description will focus on outcomes subsequent to FY 2014. The prevalence of diabetes increased with age and decreased with increasing household income level. The prevalence of diabetes was similar by gender, but black, non-Hispanic adults (13.5 percent) reported a significantly higher prevalence of diabetes than white, non-Hispanic adults. It has been estimated that over 2.6 million adults in Michigan have pre-diabetes, a condition predisposing people to diabetes. (Source: Diabetes in Michigan Update 2013).

People with diabetes are at increased risk for disabling and life threatening complications. Diabetes is the leading cause of kidney disease or “End Stage Renal Disease (ESRD). In Michigan, nearly 41.1 percent of newly diagnosed cases of ESRD were caused by diabetes in 2012. Among adults, 9,101 diabetes-related stroke hospitalizations and 62,258 diabetes-related cardiovascular disease hospitalizations occurred in 2013.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Population Health	Appropriation Unit: Local Health and Administrative Services	Program: Diabetes Prevention and Control Program	

People with diabetes may have or develop other complications or conditions such as nerve disease, non-alcoholic fatty liver disease, periodontal (gum disease), hearing loss, erectile dysfunction, depression, and complications of pregnancy, among others. (Source: Diabetes in Michigan Update 2015).

People with diabetes can reduce their risk of developing complications with diabetes management, which includes behavior change and clinical interventions. Diabetes self-management education (DSME) is a critical element of this care for all persons with diabetes. DSME continues to be the cornerstone of treatment, assisting with behavior change related to healthy eating, physical activity and self-monitoring. DSME provides the tools that help address the serious complications of diabetes such as heart attacks, strokes, blindness, and kidney disease.

SOURCES OF FUNDING

Centers for Disease Control (CDC) – School Health Prevention Program of Chronic Diseases
Healthy Michigan Fund
Michigan Health Initiative
Medicaid
General Fund/General Purpose

LEGAL BASIS

- MDHHS FY 2017 Appropriations Act, Public Act 268 of 2016, Article X
- Public Health Code

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

The reach of the certified Diabetes Self-Management Education Programs and CDC Diabetes Prevention Programs is as follows:

- Reach of 93 Diabetes Self-Management Education Programs in FY 2015: 30,889 participants.
- Reach of Diabetes PATH (Stanford Self-Management Education Program for people with diabetes): In FY 2015: 960 participants.
- Cumulative reach of 43 CDC Diabetes Prevention Programs from FY 2013-FY 2015: 1,385 participants.

An estimated \$900 per person may be saved annually by persons with diabetes who attend DSME. Adult persons with diabetes in Michigan who received formal diabetes education showed significantly higher adherence to seeing health professionals for diabetes-related check-up, eye examination, and foot examination annually (Source: Diabetes in Michigan Update 2015).

For those with prediabetes, the CDC led Diabetes Prevention Program can help with modest weight loss and physical activity to reduce risk. Research shows that people at high risk for diabetes can lower their risk for type 2 diabetes by 58 percent by losing five to seven percent of their body weight through healthier eating and 150 minutes of physical activity a week.

Michigan Department of Health and Human Services	PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Population Health	Appropriation Unit: Local Health and Administrative Services	Program: Disabilities Program

PROGRAM STATEMENT

The Disabilities Program provides Health Promotion for People with disabilities in a coordinated public health approach to improve the health of people with disabilities, particularly those with intellectual disabilities and mobility limitations. The project is a collaborative effort involving public health, the disability community, and Michigan communities committed to reducing the health disparities between people with disabilities and people without disabilities. Through ongoing surveillance, the project has created a snapshot of the health of people with disabilities in Michigan that did not previously exist in Michigan. Michigan is one of 19 states that receives funding from the Centers for Disease Control (CDC) Disability and Health Branch. This program supports activities to promote the health of persons with disabilities through expanding partnerships; disseminating health promotion resources and inclusion strategies; deploying evidence-based programs (self-management, lifestyle change, and physical activity programs); promoting policy and environmental change; and providing education and training.

SOURCES OF FUNDING

Centers for Disease Control (CDC) – Improving Health of People with Mobility Limitations, and Intellectual Disabilities

LEGAL BASIS

- MDHHS FY 2017 Appropriations Act, Public Act 268 of 2016, Article X
- Public Health Code, 368 of 1978
- MCL 333.5411 and MCL 333.5412

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

As the result of a multi-pronged approach to promotion of “Partnership, Accountability, Training and Hope” (PATH) among people with disabilities (locating workshops in disability-friendly locations, training more PATH leaders with disabilities, and promoting PATH workshops in the community to people with disabilities), approximately *half* of PATH participants in Michigan have disabilities. This work will continue in addition to new efforts to increase access to the Diabetes Prevention Program for people with intellectual or developmental disabilities through partnerships with the Developmental Disability Institute at Wayne State University and the National Kidney Foundation of Michigan.

Efforts to raise awareness of disability resulted in the inclusion of disability as a demographic variable in the Michigan Behavioral Risk Factor Surveillance System and in program data collection for PATH (Enhance Fitness and the Tobacco Quitline). In addition, outreach and training for health professionals regarding barriers to good healthcare for people with disabilities is ongoing, reaching approximately 500 each year. Health promotion to people with disabilities includes activities that promote flu shots and mammograms to disability networks with an estimated reach of over 10,000.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Population Health	Appropriation Unit: Local Health and Administrative Services	Program: Donated Dental Program	

PROGRAM STATEMENT

This program provides funds to the Michigan Dental Association for the administration of a volunteer dental program that serves uninsured persons with mental and physical handicaps or visual impairment and indigent elderly persons.

SOURCES OF FUNDING

General Fund/General Purpose
Private Funding – Delta Dental

LEGAL BASIS

- MDHHS FY 2017 Appropriations Act, Public Act 268 of 2016, Article X

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

The Donated Dental Program annually utilizes dental volunteers and volunteer dental labs to provide comprehensive dental care. In FY 2015, 478 individuals completed treatment with a return on investment of \$12.76 for every dollar spent. **NOTE:** Data for FY 2016 and FY 2017 will be detailed in the FY 2019 program description.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration:	Appropriation Unit:	Program:	
Population Health	Family, Maternal, and Child Health	Early Head Start Home Visiting	

PROGRAM STATEMENT

The Early Head Start Home Visiting Program (EHS) is a comprehensive child development program that serves pregnant women, infants, and toddlers as well as their families. This program is child-focused and has the overall goal of increasing the school readiness of young children in families that are low income. A number of EHS programs in Michigan receive funding from MDHHS. They are:

- 1) Capitol Area Community Services.
- 2) Genesee County Action Resources.
- 3) Oakland, Livingston Early Head Start.
- 4) Saginaw intermediate School District.

SOURCES OF FUNDING

Federal Maternal Infant Early Childhood Home Visiting Program Funding

LEGAL BASIS

- MDHHS FY 2017 Appropriations Act, Public Act 268 of 2016, Article X
- Federal Maternal, Infant, Early Childhood Home Visiting Program
- H.R.2 Medicare Access and CHIP Reauthorization Act of 2015

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

The EHS program provides early, continuous, intensive and comprehensive child development and family support service. EHS has been shown to be effective in the domains of child development and school readiness, family economic self-sufficiency, reduction of child maltreatment and positive parenting practices.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Population Health	Appropriation Unit: Family, Maternal and Child Health	Program: Early On Program	

PROGRAM STATEMENT

Early On is administered by the Michigan Department of Education (MDE) and is part of Michigan's Comprehensive Early Childhood System of services. *Early On* serves infants and toddlers from birth to 36 months with a developmental delay or conditions that could lead to such a delay. The primary purpose of the *Early On* system is the enhancement of the family's capacity to support and promote their child's health and development.

BACKGROUND

The Michigan Department of Education (MDE) has a 20 year plus partnership with the former state-level Mental Health, subsequently rolled into the former DCH, and now are collectively MDHHS administered.

A portion of the administrative funds MDE retains from the federal grant are designated in interagency grants for collaborative system-level attention to supporting policies and procedures that impact infants and toddlers with disabilities and their families. The annual application maintained in the Michigan Electronic Grants System (MEGS+) outlines the goals/objectives that are targeted, and the budgets for the funds are also maintained in MEGS+. For FY17, \$90,496 was budgeted for MDHHS's former DCH – both health and mental health – while the former DHS has budgeted \$66,745 for *Early On* programming.

SOURCES OF FUNDING - Federal Department of Education / Part "C" of the Individuals with Disabilities Education Act (IDEA).

LEGAL BASIS

- MDHHS FY 2017 Appropriations Act, Public Act 268 of 2016, Article X
- Part-C of the Individuals with Disabilities Education Act (IDEA).

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

On October 1, 2014, Michigan was serving 2.62 percent of the state's birth cohort, with 8,898 children enrolled in *Early On*. In total, 18,109 children were served by *Early On* in the period between October 2, 2013 and October 1, 2014. **NOTE:** The most current data beyond (FY 2016 and beyond) will be detailed in the FY 2019 *Early On* Program Description. As of FY 2015, 95 percent of children received services at home or in a community based setting alongside typically developing peers. Data for three federally determined child outcomes show the majority of enrolled children achieved or maintained functioning at a level compared to same-aged peers for: positive social-emotional skills (64 percent); acquisition and use of knowledge and skills (67.6 percent); and use of appropriate behaviors to meet their needs (68.2 percent).

Michigan Department of Health and Human Services	PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Population Health	Appropriation Unit: Emergency Medical Services, Trauma, and Preparedness	Program: EMS, Trauma, and Preparedness Bureau

PROGRAM STATEMENT

The Bureau of EMS, Trauma and Preparedness has primary responsibility for preparedness and emergency response to natural, unintentional or intentional disasters that can rapidly overwhelm public health and healthcare organizations statewide. This responsibility is facilitated through the administration of an aligned cooperative agreement with the U.S. Department of Health and Human Services (HHS). This program supports the Presidential Policy Directive 8: National Preparedness, the National Response Framework, and the National Incident Management System.

The *Public Health Emergency Preparedness Cooperative Agreement* is coordinated in partnership with the HHS Centers for Disease Control and Prevention (CDC). The purpose of this program is to develop emergency-ready public health departments by upgrading, integrating, and evaluating state and local public health jurisdictions' preparedness for and emergency response to terrorism, pandemic influenza, and other public health emergencies with federal, state, local, and tribal governments, the private sector, and non-governmental organizations.

The *Healthcare Preparedness Program Cooperative Agreement* is coordinated in partnership with the HHS Office of the Assistant Secretary for Preparedness and Response (ASPR). The purpose of this program is to enhance the ability of hospitals and healthcare organizations to prepare for, respond to and recover from acts of terrorism and other health related emergencies, including pandemic influenza. It supports the development of a comprehensive, multi-disciplined health care system capable of surging to respond to an emergency that involves mass casualties and consequences. This program also promotes a consistent tiered response structure within and among states that facilitates the movement of resources, people and services to enhance overall response capabilities targeted to maintain critical health services.

The *Division of EMS and Trauma (DET)* serves to protect and improve the health and well-being of Michigan citizens who require emergency medical services, through the administration of license requirements for EMS personnel, operations, and vehicles, the oversight of local medical control authorities and the development of regulatory policies and procedures which promote efficient program administration and safe care, treatment, and transportation of the sick and injured. The Emergency Medical Services Section is responsible for the licensure and relicensure of over 700 life support agencies and over 2,400 life support vehicles. In addition, the section approves local Medical Control Authorities (a hospital or group of hospitals) which provide community based prehospital emergency care oversight. Each county (or group of counties) is required to have such an Authority with the responsibility to establish policies, procedures, and protocols focusing specifically on how prehospital emergency care will be carried out within their particular geographic area. The section also approves each of the 65 Authority's prehospital care policies, procedures and protocols prior to implementation. The section is responsible to ensure that all life support agencies are in compliance with the communications standards prescribed under the State Medical Communications (MEDCOM) Requirements.

Michigan has been engaged in formal trauma system development since 2000. Michigan is developing a regionalized, coordinated and accountable system of emergency care that ensures the right patient gets to the right place at the right time. Activities include surveying and designating hospital trauma centers, development of trauma triage, treatment and destination protocols in collaboration with the EMS system, and preparing for future time dependent systems of care initiatives. In addition, the trauma system is engaged in identification of high-risk behaviors in each community and the population groups at risk for injury so that the system can provide an integrated approach to care that is responsive and appropriate to local needs, reduces the incidence and severity of injuries, and improves health outcomes for those who are injured.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Population Health	Appropriation Unit: Emergency Medical Services, Trauma, and Preparedness	Program: EMS, Trauma, and Preparedness Bureau	

SOURCES OF FUNDING

Federal – CDC & ASPR Emergency Preparedness and Response Cooperative Agreement

LEGAL BASIS

- MDHHS FY 2017 Appropriations Act, Public Act 268 of 2016, Article X
- Public Health Code (MCL 333.1101 *et seq.*) / and Public Health Service Act (42 U.S.C. 247d-3)
- H.R. 307: Pandemic and All Hazard Preparedness Reauthorization Act of 2013

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

This cooperative agreement is awarded through a complex application process. States are required to address specific performance measures based on several documents - - Public Health Preparedness Capabilities: National Standards for State and Local Planning (2011), Healthcare Preparedness Capabilities: National Guidance for Healthcare System Preparedness (2012), National Preparedness Goal and the Department of Homeland Security Core Capabilities. These involve tasks and capabilities related to: emergency preparedness planning, continuity of operations, response, recovery and mitigation; planning and administration of the Strategic National Stockpile, which involves pharmaceutical and medical supply caches; epidemiology and disease surveillance; biological and chemical laboratory analysis; risk communication, inter-operable emergency communication systems; education; and training.

Through the CDC Cooperative Agreement, the Bureau of EMS, Trauma and Preparedness, Division of Emergency Preparedness and Response has provided significant funding to all 45 local health departments. This has enabled local health departments to hire Emergency Preparedness Coordinators, enhance information technology and redundant communication systems, and improve basic local public health infrastructure. Through the ASPR Cooperative Agreement, the Bureau of EMS, Trauma and Preparedness, Division of Emergency Preparedness and Response has established eight Regional Healthcare Coalitions. Each region has funded a Medical Director and Coordinators to work with their respective Healthcare Organizations to meet capabilities and build medical surge capacity. ***NOTE:** Medical surge capacity addresses economic stress, hospital emergency departments, and inpatient facilities when they are already routinely operating at or near 100 percent of capacity on a daily basis. Given this, the unilateral investment in surge capacity is critical.* Funds are allocated through regional structures to address local and regional gaps, and augment region healthcare capacity linking coalition development to systems for daily care including medical countermeasures, isolation and decontamination facilities, medical surge, and communications.

The Bureau of EMS, Trauma and Preparedness, Division of Emergency Preparedness and Response has established multiple programs that are critical to statewide emergency preparedness. These include the Michigan Health Alert Network (MI-HAN), which has more than 4,000 trained users; Michigan Disease Surveillance System, which is used by more than 500 public health officials; Emergency Department Syndromic Surveillance System; Michigan Volunteer Registry, that has almost 8,000 volunteers of which 50 percent are licensed health professionals; MI-TRAIN that is a system of on-line training programs for public health and emergency response professionals; EMResource a real time healthcare organization bed tracking system used by all hospitals and many long-term care agencies, EMTrack an electronic patient tracking system and eICS, a platform used by hospitals to support their facility incident command system. Through an aligned cooperative agreement, the MDHHS is working to assure a statewide system of coordinated emergency response plans that are exercised, produce effective intra-agency and inter-agency communication systems, and efficiently coordinated public health and health care response assets.

Michigan Department of Health and Human Services	PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Population Health	Appropriation Unit: Disease Control, Prevention, and Epidemiology	Program: Environmental Health Division

PROGRAM STATEMENT

The Environmental Health Division provides statewide scientific leadership in the prevention of, and response to, adverse health outcomes related to exposure to environmental hazards through collaboration with clinicians, communities, as well as local, state and federal public health authorities. Current activities include: Childhood Lead Poisoning Prevention Program (CLPPP); administration of a full-scale lead abatement program including licensing of abatement contractors and enforcement of abatement rules; a web-based searchable web-based application for access to environmental health and hazard data; evaluation of human exposures and attendant health risks at chemical release sites both past and present; biomonitoring for non-occupational chemical exposures when appropriate; health education and outreach to the public and health professionals about health effects of chemical exposures; investigation of local exposure incidents or sites; maintenance of a chemical terrorism and emergencies response plan; surveillance of pesticide-related illnesses; heavy metals exposure; hazardous substance releases; injuries, and violent deaths; operation of a radiation countermeasures drug distribution program, and interventions to reduce public health impacts of climate change.

Division toxicologists conduct public health assessments at sites of environmental contamination under a Cooperative Agreement with the federal Agency for Toxic Substances and Disease Registry. A cooperative agreement with the National Institute for Occupational Safety and Health through Michigan State University supports public health surveillance of occupational disease and injuries. The Division works with the state's Poison Control Center to oversee data analysis and other surveillance activities. Other projects include surveillance of hazardous substance emergency events such as chemical spills and releases, surveillance and response to climate-related health threats, and evaluation of minority population exposure to fish contaminants. The results of these monitoring and evaluative efforts are used to provide health advice intended to reduce exposure risk and disease in Michigan's population, especially high-risk groups like children or pregnant women. This includes consumption advisories on fish species known to be contaminated and providing information about the health effects and safe cleanup of elemental mercury spills.

SOURCES OF FUNDING

Centers for Disease Control (CDC):

- 1) Agency for Toxic Substance and Disease Registry (ATSDR) Grant
- 2) Children's Health Insurance Program (CHIP) Lead Abatement
- 3) Climate and Health Adaptation Grant
- 4) Reduce Drinking Water Exposures

Environmental Protection Agency (EPA)

- 1) Certification of Lead Based Paint Professionals
- 2) Eat safe Fish and Game in Saginaw and Bay Counties
- 3) Integrating Eat Safe Fish Messaging into Public Health
- 4) Assessment of Beneficial use of Sport-Caught Fish

Housing and Urban Development (HUD):

- 1) Lead Abatement Grant

General Fund/General Purpose

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Population Health	Appropriation Unit: Disease Control, Prevention, and Epidemiology	Program: Environmental Health Division	

LEGAL BASIS

- MDHHS FY 2017 Appropriations Act, Public Act 268 of 2016, Article X
- Public Health Code, Act 368 of 1978, Part 121

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

The Toxicology and Response Section, in cooperation with Agency for Toxic Substances and Disease Registry (ATSDR), has conducted more than 300 full public health assessments and consultations at sites of environmental contamination and conducted several exposure investigations to assess the impact of exposure to environmental contaminants on public health. The Toxicology and Response Section was awarded ATSDR funds to conduct biomonitoring of persistent toxic substances in frequent fish consumers. Great Lakes Initiative funding has also enabled the section to completely update the methods used in establishing safe fish consumption guidelines and make dramatic changes to the related public education materials. The Environmental Health Surveillance and Lead Poisoning Prevention Section has operated the CDC funded Environmental Health Tracking Program, the Childhood Lead Poisoning Prevention Program, occupational injury partnership, technical support for chemical emergency response preparedness, and a number of condition-specific surveillance systems. The chemical emergency response program updated the written plan for public health response to chemical emergencies and developed radiation emergencies, natural disaster public health worker health and safety response plans in support of the MDHHS Preparedness All Hazards Plan. Surveillance data examples: In 2014, the program received 76 reports of heavy metals above the action threshold and 214 confirmed pesticides illness/injury reports (the most recent year of compiled data). In 2015, the program received reports of blood lead tests for 140,861 children including 4,791 that were elevated and 14,622 reports of lead tests in adults of which 1,397 were elevated. The senior epidemiologist is the principal investigator for the Climate Change Project and provides epidemiology support to the division. The senior epidemiologist is contacted by the CDC for its "success stories" in establishing links with community planners, universities, and others to integrate health into planning policies through health impact assessments.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Department: Population Health	Appropriation Unit: Disease Control, Prevention, and Epidemiology	Program: Epidemiology Program	

PROGRAM STATEMENT

Epidemiology is principally responsible for gathering and analyzing scientific information used to develop and direct public health programs actions and policies related to disease detection, prevention, and control. This includes tracking and investigation of general infectious diseases and emerging infectious diseases control of vaccine preventable disease through immunization programs, and tracking and response to environmental exposures to reduce adverse health outcomes. Epidemiology staff also support program activities in chronic diseases, genomics, and maternal-child health to assure effective and efficient program delivery.

Communicable Disease Epidemiology – The mission of the Communicable Disease Division is to ensure the health and well-being of Michigan residents by using education, technology, and the epidemiological process, in collaboration with local, state, federal and international partners to promote data driven decisions and to detect and prevent communicable diseases. Responsibilities include surveillance detection and response for reportable communicable diseases such as HIV/AIDS, tuberculosis (TB), hepatitis, sexually transmitted disease, healthcare associated infections, E. coli 0157-related disease, influenza including pandemic influenza, rabies, Lyme disease, hospital-acquired infections, infection with anti-microbial resistant organisms, West Nile Virus, MERS Co-V, and all “emerging” and unknown infectious diseases including all bacterial and viral agents with bio-weapons potential. By law, Michigan physicians and laboratories are required to report specific diseases, conditions and outbreaks to local public health authorities. Local health department staff obtain additional information, initiate control measures including antibiotic treatments for contacts, and provide education to patients, providers and the community to help limit the spread of the illness. Communicable disease reports are used to help identify clusters of illness possibly related to a common environmental source and to track disease trends over time. Local health authorities may conduct epidemiologic investigations that use a combination of fieldwork, statistical evaluation, and laboratory techniques to identify and confirm the cause. The Communicable Disease Division provides consultative assistance, training, and support to local health departments for these activities. They collate and analyze this information to find clusters of illnesses that may cross county or state borders. When clusters are identified, an epidemiologic investigation is conducted. Communicable disease regularly collaborates with other local, state, and federal agencies.

Communicable disease epidemiology also has principal responsibility for the development of timely and efficient surveillance systems for communicable diseases, including diseases resulting from newly emergent infections and acts of bioterrorism. Launched in 2004, the Michigan Disease Surveillance System (MDSS) is a web-based communicable disease reporting system that coordinates reports from state and local public health professionals, providers, and laboratories.* Innovative new syndromic surveillance systems, designed to detect a widespread bioterrorism event, are functioning throughout the state. These systems incorporate data from 105 hospital emergency rooms amounting to more than 85 percent of Michigan’s population. The department has positioned eight regional epidemiologists for permanent assignment in local health departments across the state. These epidemiologists provide support for the MDSS and syndromic systems, assist in local outbreak investigations and have special training in bioterrorism for rapid local response with appropriate epidemiologic capacity.

*In 2015, there were 125,322 reports submitted electronically by 150 laboratories.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Department: Population Health	Appropriation Unit: Disease Control, Prevention, and Epidemiology	Program: Epidemiology Program	

The department also supports programs targeted at certain communicable disease problems. These include directly observed therapy to insure TB patients take their medications, the conduct and evaluation of statewide HIV infection and AIDS case reporting to measure occurrence.

SOURCES OF FUNDING

Federal – Centers for Disease Control (CDC) DC Cooperative Agreements

- MDHHS FY 2017 Appropriations Act, Public Act 268 of 2016, Article X
- Viral Hepatitis Prevention
- Public Health Emergency Preparedness
- Building Epidemiology, Laboratory, and Health Information Systems Capacity
- Influenza Hospitalization Surveillance Project
- Core and Incidence Surveillance for HIV in Michigan
- Medical Monitoring Project
- Implementation of National HIV Behavioral Surveillance
- National Syndromic Surveillance Program
- Tuberculosis Elimination Program
- General Fund/General Purpose

LEGAL BASIS

- MDHHS FY 2017 Appropriations Act, Public Act 268 of 2016, Article X
- Public Health Code (MCL 333.1101 *et seq.*), Public Health Service Act (42 U.S.C. 247d-3)

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

Staff have collected and evaluated a total of 189,131 cases of reportable diseases in Michigan citizens and responded to several large-scale or high profile foodborne disease, meningitis, and other emerging disease outbreaks in FY 2015 (275 outbreaks were investigated). There are 111 facilities participating in the syndromic surveillance program (105 Emergency Department (ED), 6 Urgent Care. Based on the Certificate of Need survey (2014), estimated coverage is: Seventy-four percent of acute care hospital EDs participating in syndromic surveillance, contributing data on 85 percent of ED visits.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Population Health	Appropriation Unit: Local Health and Administrative Services	Program: Essential Local Public Health Services	

PROGRAM STATEMENT

Essential Local Public Health Services funds Michigan's 45 local health departments for provision of the following basic services:

- Immunization.
- Infectious (general communicable) disease control.
- Sexually transmitted disease/HIV control and prevention.
- Hearing screening for children.
- Vision screening for children.
- Food protection.
- Drinking water monitoring (public and private systems).
- On-site sewage management.

Program oversight and monitoring are provided through the appropriate public health programs in MDHHS Agriculture, and Rural Development, and Environmental Quality. Local public health departments are held to contractual standards for these essential services.

SOURCES OF FUNDING

School Aid Funds

General Fund/General Purpose

LEGAL BASIS

- MDHHS FY 2017 Appropriations Act, Public Act 268 of 2016, Article X
- Public Health Code – Parts 22, 23, and 24

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

Outcomes reported on above activities are completed by local health departments through the accreditation process.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration:	Appropriation Unit:	Program:	
Population Health	Family, Maternal, and Child Health	Fetal Alcohol Syndrome Disorder Program	

PROGRAM STATEMENT

Fetal Alcohol Syndrome Disorder (FASD) Program provides four services: prevention, identification, referral and linkage to services, and web based practitioner screening and education program. This is accomplished via regionally located diagnostic centers and community-based projects. The FASD Diagnostic Centers provide identification support and surveillance. The FASD community projects target at-risk populations of women of childbearing age for prevention, identification and intervention, and identification and community referral for children and families affected by FASD. The community projects prescreen children in high-risk populations, such as foster care and adoption agencies, and provide FASD prevention education to individuals enrolled in alternative education settings. The web based program orients practitioners to evidence-based screening and education techniques to identify risk and educational approaches for women at risk.

SOURCES OF FUNDING

Maternal and Child Health Block Grant (Title V)
Health Resources and Services Administration (HRSA)

LEGAL BASIS

- MDHHS FY 2017 Appropriations Act, Public Act 268 of 2016, Article X
- Public Health Code

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

FASD is 100 percent preventable. Prevention of one case of FASD saves \$130,000 in the first five years of life, as physical, mental, behavioral, and/or learning disabilities can have lifelong implications due to prenatal alcohol exposure.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Population Health	Appropriation Unit: Local Health and Administrative Services	Program: Getting to The Heart Of the Matter in Michigan Initiative (Six Program Areas Addressed by the Initiative: Diabetes, Oral Health, Physical Activity and Nutrition, Tobacco, Cancer and Workable Wellness)	

PROGRAM STATEMENT

Getting to the Heart of the Matter in Michigan Initiative addresses multiple chronic conditions and increases access to public health resources through a collective impact framework; six program areas in the MDHHS Division of Chronic Disease and Injury Control joined to establish an integrated initiative called “Getting to the Heart of the Matter in Michigan.” This initiative involves implementing evidence-based population health strategies to achieve a collective impact on increasing healthy lifestyles, decreasing tobacco use, and decreasing obesity among high-risk, vulnerable populations. The six program areas include Diabetes, Oral Health, Physical Activity and Nutrition, Tobacco, Cancer, and Worksite Wellness.

Getting to the Heart of the Matter in Michigan Initiative is implemented in a selection of Community Health Innovation Regions (CHIRs), both urban and rural, with a focus on increasing opportunities for healthier lifestyles through policy, environmental and health systems change, as well as programming. Collectively, the six program areas provide resources, technical assistance, and mobilization and convening of partners.

SOURCES OF FUNDING

Federal Grant (CDC Preventive Health and Health Services Block Grant)

LEGAL BASIS

- MDHHS FY 2017 Appropriations Act, Public Act 268 of 2016, Article X
- Prevention and Public Health Fund under provisions of the Affordable Care Act

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

In the first nine months of implementation, this initiative achieved:

- Seven health departments, six dental systems, and three medical clinics are implementing tobacco dependence treatment policy changes.
- Over 100 health center staff trained on motivational interviewing and on the five-steps to intervention (5 A's).
- Over 50 community locations and 11 park systems are making environmental changes to support healthy lifestyles.
- 29 worksites completed the Designing Healthy Environments at Work (DHEW) assessment and are utilizing action plans.
- 20 Lifestyle coaches and 12 Enhance Fitness instructors were trained.
 - 11 DPP and eight Enhance Fitness classes are ongoing.
 - More than 10 additional referral partners have been established, along with 3 worksites.
- Over 200 people are receiving health coaching through Wise Choices.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration:	Appropriation Unit:	Program:	
Population Health	Family, Maternal and Child Health	Healthy Families America Program	

PROGRAM STATEMENT

The Healthy Family America (HFA) Program is a nationally recognized home visiting program designed to work with overburdened families who are at-risk for adverse childhood experiences, including child maltreatment. HFA is equipped to work with families who may have histories of trauma, intimate partner violence, and mental health and/or substance abuse issues. HFA services begin prenatally or right after the birth of a baby and are offered voluntarily over a three to five year period.

SOURCES OF FUNDING

Health Resources and Services Administration (HRSA)
Maternal Infant Early Childhood Home Visiting Program

LEGAL BASIS

- MDHHS FY 2017 Appropriations Act, Public Act 268 of 2016, Article X
- Federal Maternal, Infant, Early Childhood Home Visiting Program
- H.R.2 Medicare Access and CHIP Reauthorization Act of 2015

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

The HFA program is an effective, proven model with positive impacts in eight areas essential for children including:

- Improved 1st Grade performance
- Reduced rates of substantiated maltreatment
- Positive impacts on birth weight (when enrolled prior to third trimester).

NOTE: The FY 2019 HFA Program description will include metrics / program outcome data

HFA assists parents obtain insurance coverage, complete well-baby visits and establish a medical home for routine and preventive health care needs.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Population Health	Appropriation Unit: Local Health and Administrative Services	Program: Hearing & Vision Screening Programs	

PROGRAM STATEMENT

The Hearing and Vision Screening Programs provide services to preschool and school age children free of charge in the state of Michigan. The Hearing Program currently screens children at least once between the ages of three and five, and in kindergarten, second, and fourth grades in order to identify hearing loss and middle ear dysfunction as early as possible and assist families with diagnostic assessment, treatment and resolution of the risk of hearing loss. The 3-Stage program involves screening hearing as well as conducting audiograms that include air and bone conduction. The Vision Screening Program screens children at least once between the ages of three and five, and in grades 1, 3, 5, 7 and 9 in conjunction with driver's training. Vision screening includes tests for clearness of vision, unequal vision between the two eyes, eye muscle balance, farsightedness, and symptoms of eyesight problems. Any child who is unable to pass the hearing and/or vision screening is referred to a physician, audiologist, or an eye care professional through the parent. About 5 percent of the children screened for hearing are medical referrals and 9-11 percent of children screened for vision are referred to an eye doctor.

SOURCES OF FUNDING

Michigan Department of Education
Local and School Aid

LEGAL BASIS

- MDHHS FY 2017 Appropriations Act, Public Act 268 of 2016, Article X
- PA 368 of 1978, Public Health Code, Part 93 and promulgated Rules.

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

Each year, the Hearing Program screens over 475,000 children in pre-school and school age programs and makes over 12,000 referrals to physicians. The Vision Screening Program screens over 600,000 preschool and school age children each year, resulting in approximately 60,000 referrals to eye doctor.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Population Health	Appropriation Unit: Local Health and Administrative Services	Program: HIV Care Program	

PROGRAM STATEMENT

In collaboration and coordination with other federal HIV funding in Michigan, the HIV program manages federal Ryan White funding that provides culturally competent medical and support services for people living with HIV. The goals of the HIV Care program are to promote improved health outcomes and reduced HIV-related mortality and morbidity by ensuring that treatment is initiated as early as possible and that people living with HIV are retained in medical care. In addition, by ensuring that people living with HIV remain engaged in treatment, this reduces the likelihood of HIV transmission, which promotes HIV prevention.

To accomplish these goals, the HIV Care program disburses funds to local community-based AIDS service organizations, health departments, and medical clinics that render services. Specific core medical and support services provided by these organizations include but are not limited to early intervention services, outpatient and ambulatory medical care, oral health care, medical case management, mental health, medical nutrition therapy, support groups, transportation, and emergency financial assistance. In addition, the HIV Care Program manages the Michigan Drug Assistance Program, which provides prescription drug assistance for HIV and other medications for eligible people living with HIV in Michigan.

The HIV Care program provides administrative guidance, contract monitoring, technical assistance, quality management, and general oversight for all local contractors to implement these services. As Ryan White funding, it must be used as a payer of last resort, all eligible recipients of these services must utilize their insurance and/or third-party reimbursement options before using Ryan White resources.

SOURCES OF FUNDING

Federal - Ryan White CARE HIV/AIDS Treatment Modernization Act
State Restricted – Michigan Health initiative (MHI)
Private – AIDS Drug Assistance Program (ADAP)
Rebate Funding

LEGAL BASIS

- MDHHS FY 2017 Appropriations Act, Public Act 268 of 2016, Article X
- Public Health Code (Act 368 of 1978, as amended)

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

In 2015, an estimated 3,594 individuals received Ryan White-funded core medical and support services. Of the total, approximately 3,275 received prescription drug services assistance through Michigan Drug Assistance Program, and 1,195 received oral health care through the Michigan Dental Program.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Population Health	Appropriation Unit: Local Health and Administrative Services	Program: HIV/ AIDS Prevention and Testing Program	

PROGRAM STATEMENT

The mission of this program is to 1) prevent the spread of HIV and Sexually Transmitted Infections; 2) utilize science-based strategies with proven effectiveness; and 3) deliver quality prevention and care initiatives with highly skilled and culturally competent staff. This is accomplished through administrative guidance, technical assistance, contract monitoring, evaluation activities, and general oversight. Towards this end, involvement with other agencies, the legislature, local health departments, professional organizations, AIDS service organizations, and community-based organizations is critical to these programs.

Activities include, but are not limited to: coordination of overall HIV/AIDS prevention and care activities for public health, including HIV counseling, testing, referral and partner services; administrative management and evaluation of local HIV/AIDS agreements and contracts; promotion of health education and risk reduction activities in minority and other at-risk populations; training of health professionals in effective prevention and care strategies; coordination of a statewide prevention and care planning group, data collection and reporting, and prevention and media messaging. In Michigan, via an array of state and county offices, clinics and reporting mechanisms, 735 new cases of HIV/AIDS were diagnosed in 2015. Sixty-five percent of cases reside in Southeast Michigan. Since 2010, the number of HIV diagnoses has remained stable, with an average of 789 new cases each year and an average rate of 8.0 cases per 100,000 population.

HIV counseling, testing and referral grants are made to local health departments and community-based service agencies for costs associated with HIV testing and counseling services, as well as providing appropriate referral services based on client needs and HIV test results. HIV/AIDS education and outreach grants are available to community agencies for education and outreach services, including prevention services, targeting racial/ethnic minorities. The State Laboratory supports HIV testing and HIV rapid tests are provided to testing agencies

SOURCES OF FUNDING

Centers for Disease Control (CDC) - HIV Prevention
Health and Wellness funding
Michigan Health Initiative (MHI)
General Fund/General Purpose

LEGAL BASIS

- MDHHS FY 2017 Appropriations Act, Public Act 268 of 2016, Article X
- Parts 51, 52, and 59 (Michigan Health Initiative) of the Public Health Code (Act 368 of 1978, as amended)

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

The number of persons counseled and tested, partners notified, number of persons contacted through outreach efforts, and number of persons served (via the Prevention and Care program) is routinely monitored via quality assurance activities implemented at the state and local level, and contract-monitoring activities implemented at the state level. Under the auspices of the MDHHS HIV/AIDS Prevention and Testing Program in 2015, 52,825 persons were counseled, 72,723 were tested, and 261 were newly diagnosed positive via programming at 36 agencies throughout Michigan. The remainder of new positives were diagnosed via programs outside of the MDHHS HIV/AIDS Prevention and Testing Program. Eleven agencies provided prevention interventions.

Michigan Department of Health and Human Services	PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Population Health	Appropriation Unit: Local Health and Administrative Services	Program: HIV Care for Women, Infants and Children

PROGRAM STATEMENT

This program serves to assure coordination of medical care and social support services for women, infant, children, youth, and families living with HIV/AIDS through the Ryan White HIV/AIDS Program Part D. Program Services are comprehensive, community based, culturally competent, and family centered. Services are provided to HIV-positive women, youth, children, exposed children, and affected family members. Part D services include: primary, infectious disease, pre-and postnatal, and psychiatric care; dental services; psychosocial support services; HIV medical case management; patient advocacy; health education including risk reduction for the prevention of mother to child transmission; access to research, medication adherence classes, winter and summer therapeutic programming for infected/affected children; outreach to at risk youth and women; support groups to infected/affected youth; and a Community Advisory Board. Geographic areas served include the six county region of southeastern Michigan, the 11 county regions of southwestern Michigan, and a nine county region in mid-Michigan. Part D medical case managers and advocates serve to link families with needed care across service systems. Part D works to assure HIV positive women have access to medical therapies that reduce transmission of HIV to their newborn(s) as well as access to clinical trials that provide them state-of-the-art treatment. Part D further assures HIV exposed and HIV positive infants and children have access to available clinical trials. HIV positive and affected women are offered opportunities to participate in the community advisory board to develop and use advocacy and leadership skills and provide feedback on Part D services. Part D clinical services are primarily focused in Detroit, Grand Rapids, and Ingham County.

SOURCES OF FUNDING

Federal – Health Resources and Services Administration (HRSA) HIV/AIDS Bureau, Ryan White HIV/AIDS Program Part D

LEGAL BASIS

- MDHHS FY 2017 Appropriations Act, Public Act 268 of 2016, Article X
- Ryan White HIV/AIDS Treatment Extension Act

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

In calendar year 2015, 1,244 clients received services including:

- 868 recipients were female (69.8 percent), and 376 were male (30.2 percent).
- 898 recipients (72 percent) were adults over age 24, 127 recipients were children ages 0-12 (10.2 percent), and 219 recipients (17.6 percent) were youth ages 13-24.
- 1,106 recipients (88.9 percent) were HIV positive clients, 82 recipients (6.6 percent) were affected clients, and 56 recipients (4.5 percent) were indeterminate individuals under the age of two.
- By race, 1,106 (88.9 percent) recipients were African American, 103 (8.3 percent) were Caucasian, 21 (1.7 percent) were of Hispanic ethnicity, five (0.4 percent) were Asian, and 1 (0.1 percent) was American Indian/Alaska Native.
- 27 recipients were more than 1 race/other races, and 2 (0.2 percent) had no race specified.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Population Health	Appropriation Unit: Disease Control, Prevention, and Epidemiology	Program: Immunization Program	

PROGRAM STATEMENT

The mission of the Immunization Program is to minimize and prevent the occurrence of vaccine-preventable diseases in Michigan. To accomplish this mission, the Division of Immunization works to implement effective strategies and to strengthen partnerships to eliminate vaccine-preventable diseases in Michigan. This program element illustrates the provision of immunizations to child, adolescent, and adult citizens with special emphasis on the Standards for Pediatric and Adolescent Immunization Practice and Standards for Adult Immunization Practice, including efforts to increase the immunization coverage levels in order to prevent or decrease the number of cases of vaccine preventable diseases. The intent is to ensure a comprehensive plan to protect, through full immunization, all citizens living in Michigan.

The Immunization Program seeks to fulfill its mission through coordinated program efforts designed to:

- Promote high immunization levels through the lifespan for children, adolescents and adults.
- Provide vaccines through a network of public and private health care systems.
- Facilitate the development, use and maintenance of the immunization information system called the Michigan Care Improvement Registry.
- Support disease surveillance and outbreak control activities.
- Provide educational services and technical consultation for public and private immunization providers.
- Promote the development of private and public partnerships to improve immunization levels across the state.
- Promote the development of private and public partnerships to enhance the quality of immunization services across the state.
- Promote provider and consumer awareness of immunization issues.
- Promote a community -based approach to influenza vaccination efforts through the Flu Advisory Board.
- Provide guidance and input on immunization policy at the state and local level.
- Prevent the transmission of Hepatitis B from mothers to infants with the Perinatal Hepatitis B Prevention Program.

The Immunization Program provides support necessary to create, maintain, and increase the quality of service delivery and immunization rates in Michigan. Current activities include office-based and physician peer education, provider and nurse education, coverage level assessment, coalition involvement, vaccine management, vaccine distribution, and surveillance.

Services include:

- Provision of vaccines to all eligible population through the Vaccines for Children program who are Native American, uninsured, Medicaid eligible, or underinsured through state and local vaccination programs.
- Adult immunizations for targeted individuals are provided certain vaccines free of charge under the Adult Vaccine Replacement Program, including Tetanus, Diphtheria, and Pertussis, (TDAP), Measles Mumps and Rubella, (MMR), Hepatitis A, Hepatitis B, Human Papilloma Virus, (HPV), Pneumococcal, and Zoster vaccines These vaccines are made available for certain eligible adults.
- Assessment of local and provider compliance with federal requirements of the Vaccines for Children entitlement program.
- Assessment of immunization levels though the Michigan Care Improvement Registry (MCIR) which enables the state to measure immunization coverage levels, give feedback and assessment to providers on their patients, and target vaccination programs appropriately.
- Ordering and accountability of vaccines using transaction functionality in the MCIR Vaccine Inventory Module.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Population Health	Appropriation Unit: Disease Control, Prevention, and Epidemiology	Program: Immunization Program	

- Electronically interface with the Centers for Disease Control Vaccine ordering system (VTrckS) for seamless vaccine ordering and tracking.
- MCIR is integrated with the Lead Screening Program, Newborn Screening, Early Periodic Screening Diagnostic Treatment, and Early Hearing Detection and Intervention programs, which promote the coordination of care at healthcare practice sites.
- MCIR has functionality to track and load vaccine and antiviral information in the event of an all-hazard incident or a pandemic.
- Assessment and reporting of school and day care immunization coverage.
- Promote strategies to identify pockets of need including racial and ethnic disparities and underserved populations that have a high risk of potential outbreaks from vaccine preventable disease.
- Statewide efforts for perinatal hepatitis B prevention that provides comprehensive case management and control efforts of potentially infected infants, their household members, the mother carrying the virus, and her household and sexual contacts.
- Develop educational materials and conduct in-services for continuing education of target audiences, using several methods for different audiences administering immunizations. Train other professional staff to provide in-services to additional professional staff.
- Create and maintain culturally sensitive and easy to read immunization education materials.
- Provide office based assessment and education on immunization service delivery.
- Provide technical support via field staff to local health departments and physician communities.
- Comply with state and federal vaccine safety recommendations.
- Author and distribute immunization materials targeted to the public as well as immunization providers.

Services are provided through agreements with local health departments and community health centers for outreach, education, provider quality assurance, media-related “awareness” efforts, immunization costs, vaccine handling and distribution, and support immunization registry costs.

SOURCES OF FUNDING

Federal:

- Direct and Indirect Federal Assistance from CDC
- Immunization (NCIRD) through Vaccines for Children (VFC)
- Public health Prevention Funds (PPHF)
- Section 317 Public Health Funds

Healthy Michigan Fund

General Fund/General Purpose

LEGAL BASIS

MDHHS FY 2017 Appropriations Act, Public Act 268 of 2016, Article X

Parts 51 and 92 of the Public Health Code (Act 368 of 1978, as amended)

Omnibus Reconciliation Act of 1993

Section 1928 and Part IV- Immunizations, Sec.13631

Immunization Program Operations Manual (IPOM, 2013-2017)

Public Health Code 333.9208, 9209, 9211, 9212, 9215, 9221

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Population Health	Appropriation Unit: Disease Control, Prevention, and Epidemiology	Program: Immunization Program	

School Aid Act 94 of 1979, MCL 388.1767

Revised School Code, Act 451, MCL 380.1177

The National Childhood Vaccine Injury Act of 1986 (Federal Register 42 USC § 300aa-25, 42 USC § 300aa-26.

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

Immunization levels are generated on a monthly basis by county and state MCIR. These levels are tracked and distributed to immunization partners. Immunization levels are generated for specific populations such as those individuals enrolled in Medicaid or the Women, Infants, and Children programs.

Michigan continues to improve the number of children and adults vaccinated and documented in the MCIR system. In 2015, MCIR has:

- Over 9.8 million individual patient records stored.
- Over 123 million immunizations are stored.
- Over 7.7 million doses of vaccine were entered in 2015.
- Over 15,000 registered locations/sites are enrolled in MCIR including health care providers, schools and childcare centers.
- 95 percent of the schools and 89 percent of the childcare programs do required reporting using the MCIR.
- There are over 28,000 registered users.
- 9,000-14,000 reports generated daily from the MCIR

Immunization coverage levels have increased in school and childcare populations. Ninety-eight percent of children reported in the MCIR School reporting system were compliant for school immunization requests.

Michigan's coverage level has increased from 60 percent in January 2010 to 75 percent in October 2016 for children 19 through 35 months for the seven vaccines that are routinely recommended for all children. Timeliness of completing recommended immunizations for children two and under has changed.

Based on the National Immunization Survey (NIS) for 2015, Michigan's coverage level for 19-35 month old children for the same series assessed above. The NIS estimates Michigan's coverage level to be 67.6 percent. Michigan is currently ranked 44th in the country based on the point estimate in the 2015 National Immunization Survey.

The immunization program has begun tracking population based immunization levels in the MCIR for adolescents 13-17 years of age. Since doing so, the coverage level has increased from 56 percent (January 2013) to 75 percent (October 2016).

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Population Health	Appropriation Unit: Disease Control, Prevention, and Epidemiology	Program: Immunization Program	

In 2013, Michigan amended the Public Health Code to change the school reporting requirement from 6th grade to 7th grade. The 7th grade requirement better aligns with the nationally recommended Advisory Committee on Practices (ACIP) immunization schedule.

Michigan saw a 35.7 percent decrease in the number of immunization waivers reported by schools and childcare centers from 2014 to 2015. This reduction is due to the new administrative rule requiring parents to seek a non-medical waiver.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Population Health	Appropriation Unit: Family, Maternal, and Child Health	Program: Infant Safe Sleep Program	

PROGRAM STATEMENT

The purpose of the Infant Safe Sleep Program is to reduce the number of sleep-related deaths among Michigan infants, focusing particularly on reducing the racial disparity that exists among these deaths. Public awareness is increased through broadcast, print, and social media; training and educating parents and professionals; and providing support for high-risk communities to implement culturally appropriate infant safe sleep education, awareness, and outreach activities. The Michigan Infant Safe Sleep State Advisory Committee guides the work of the program. The program aims to educate all Michigan residents about infant sleep safety with a particular focus on expectant and parenting families. Approximately 150 infants in Michigan die each year due to an unsafe sleep environment, making it the most common cause of death among Michigan infants aged 1-11 months. It is expected that if program services were not available, this number would increase significantly.

SOURCES OF FUNDING

Health Resources and Services Administration (HRSA) – Maternal and Child Health Services Block Grant
 General Fund/General Purpose
 Private: Michigan Health Endowment Fund Grant

LEGAL BASIS

- MDHHS FY 2017 Appropriations Act, Public Act 268 of 2016, Article X
- Public Act 122 of 2014

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

In FY 2016, 339,007 pieces of infant safe sleep material were distributed free of charge by the MDHHS Clearinghouse. There were 6,390 individuals that completed one of two online infant safe sleep trainings. Media consisted of statewide and targeted public service announcements on TV and radio in addition to a Google AdWords campaign. Fourteen local health departments and the Inter Tribal Council of Michigan were provided mini-grants to provide infant safe sleep education, awareness, and outreach activities in high-risk communities. Through the Infant Safe Sleep Program, 3,891 individuals received infant safe sleep education in an individual or group session and over 15,000 individuals received infant safe sleep information at a community event. The mini grantees distributed over 30,000 pieces of educational materials, over 500 sleep sacks, and 500 pack and plays. Additionally, they promoted infant safe sleep through venues such as billboards, social media posts and ads in movie theaters and local newspapers and magazines. In FY 2017, measures that will be tracked include numbers of educational materials distributed, media impressions, website hits, number of mini-grants provided and number of education sessions provided by mini-grantees, number of individuals completing the online trainings.

Michigan Department of Health and Human Services	PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Population Health	Appropriation Unit: Laboratory Services	Program: Laboratory Services Program

PROGRAM STATEMENT

The Laboratory Services Program provides testing services to various Department programs, to federal and other state agencies, to local public health agencies, to teaching institutions and to hospitals and physicians statewide. Testing services for chemicals, toxins, trace metals, and diseases of the newborns and infectious diseases are provided to monitor disease activity, potential terrorist acts, and guide control measures.

Homeland Security - The laboratory performs testing to detect biologic and chemical threat agents. The laboratory, working with hospitals, private laboratories, the MSU veterinary school laboratory, and local health departments, form a diagnostic network for rapid detection of biologic agents in ill citizens. The laboratory also analyzes samples collected by law enforcement agencies in response to threats of intentional release of potentially lethal microbes. The laboratory supports the federal air-monitoring program to detect release of biologic agents into the atmosphere. The laboratory is one of 10 public health laboratories in the U.S. federally designated to test humans exposed to chemical terrorism agents.

Infectious Diseases - The laboratory provides testing services for infectious agents of public health concern including West Nile virus, HIV, gonorrhea, chlamydia, syphilis, tuberculosis, food borne diseases, and hepatitis A, B, and C. The laboratory monitors for the emergence of “new” or unusual diseases including multidrug resistant organisms (MDRO) like XDR tuberculosis, vancomycin resistant *Staphylococcus aureus*, carbapenem resistant enteric organisms and viral pathogens like MERSCoV, SARS, Ebola, Zika, potential pandemic influenza strains like H7N9 and H5N1. Working directly with the Centers for Disease Control and Prevention the laboratory was the first site in the state to offer 2009 pandemic strain influenza testing. The laboratory also worked with Michigan hospital laboratories to set up this testing for patients. The laboratory performs DNA testing on microbes to track the origins of outbreaks of diseases and identify appropriate control measures.

Newborn Screening - The Newborn Screening laboratory works collaboratively with the Bureau of Epidemiology to test all Michigan newborns (112,000 newborns screened in FY 2016) for 53 genetic and metabolic disorders that can cause death, serious illness, or mental retardation if not treated early in life.

Environmental Risks - The laboratory monitors environmental exposure to lead and other contaminants in Michigan residents. The laboratory also tests dust and soil to determine the sources of lead. Elimination of lead in the exposed child’s environment removes the risk of decreased IQ and poor school performance. The laboratory tests fish commonly consumed by sportsman in Michigan to determine safe consumption levels.

Regional Laboratories - The laboratory program provides services and assures quality of testing in a network of public health laboratories throughout the state. The Kent County, Kalamazoo County and Saginaw County public health laboratories act as regional laboratories, and provide testing best delivered at the local level. In return, these regional laboratories receive a part of state and federal funding as well as expertise and consultations from the state laboratory directors who play the role of Clinical Laboratory Improvement Amendments (CLIA) laboratory directors for these regional laboratories. The program provides oversight for testing performed in 31 local health jurisdictions. The regional laboratories performed 125,000 tests in FY2016. The Regional laboratories support quality assurance of rapid HIV tests performed in a variety of non-traditional settings enabling agencies and programs to meet client needs and enhance the proportion of persons tested who receive their results.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Population Health	Appropriation Unit: Laboratory Services	Program: Laboratory Services Program	

SOURCES OF FUNDING

Centers for Disease Control and Prevention (CDC)

- Epidemiology Lab Capacity Grant
- Tuberculosis Control Grant
- Genotyping Grant
- Epidemiology Lab Capacity- EBOLA Grant
- Immunization Grant

U.S. Department of Agriculture

- Food Emergency Response Network Grant

U.S. Department of Homeland Security

- Homeland Security Blowatch Grant

Health Resources and Services Administration (HRSA) - New Steps Grant

Maternal Health Initiative Grant

Department of Environmental Quality - Inter-Departmental Grant

Newborn Screening Fees

Laboratory Fees

General Fund/General Purpose

LEGAL BASIS

- MDHHS FY 2017 Appropriations Act, Public Act 268 of 2016, Article X
- Public Health Code, Part 96, PA 368 (1978)

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

The Bureau of Laboratories processed 258,644 specimens and performed 6.8 million analyses in FY 2016. Over 112,000 newborns were screened for genetic and metabolic diseases, and 23,387 children were screened for lead poisoning. Of those, 3,236 were referred for follow up due to elevated blood lead levels in 2016.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Population Health	Appropriation Unit: Disease Control, Prevention, and Epidemiology	Program: Lifecourse Epidemiology and Genomics Division	

PROGRAM STATEMENT

The Lifecourse, Epidemiology and Genomics Division provides leadership for the translation of research and evidence-based prevention strategies into public health policy and practice. Staff with expertise in genomics, epidemiologic science, evaluation, and survey methodology supports public health programs targeting maternal and child health as well as chronic diseases across the life span. Key activities and projects currently include:

- Reporting results, coordinating follow-up, and assuring referrals for diagnosis and medical management for over 50 disorders detected by newborn screening such as phenylketonuria (PKU), cystic fibrosis, hypothyroidism, and sickle cell disease.
- Developing newborn screening algorithms and follow-up protocols for three new disorders: Pompe disease, mucopolysaccharidosis I, and X-linked adrenoleukodystrophy.
- Collecting statewide data on pulse oximetry newborn screening for critical congenital heart disease.
- Managing the Michigan BioTrust for Health, an initiative to make residual newborn screening blood spot specimens available for medical and public health research following Institutional Review Board (IRB) and scientific advisory board approval.
- Managing the Newborn Screening Online (NBSO) ordering system for newborn screening test kits (cards) and educational materials.
- Tracking the occurrence of birth defects and promoting prevention strategies.
- Developing a surveillance system for hemoglobin disorders such as sickle cell anemia and working with partners to implement a public health strategic plan that addresses sickle cell disease across the lifespan.
- Monitoring the use of genetic tests for breast/ovarian and colorectal cancers and educating providers to foster cancer genomics best practices based on evidence-based recommendations for addressing hereditary cancers.
- Providing epidemiological and scientific expertise to genomics, maternal and child health, and chronic disease programs.
- Facilitating death review system for maternal mortality.
- Administering the MI HEARTSafe schools program to recognize schools that are prepared for sudden cardiac arrest emergencies.
- Documenting Michigan health trends and disparities through administration and analysis of national population-based surveys-the BRFS (Behavioral Risk Factor Surveillance System) and PRAMS (Pregnancy Risk Assessment and Monitoring System).

Responsibilities include epidemiological studies and surveillance of adverse maternal-child health outcomes, chronic diseases, health disparities, genomics, and newborn screening. Special attention is focused on identifying, analyzing, and interpreting data to determine the relative importance of the causes and risk factors for illness, disability, and premature death. Information is used to document trends in incidence, prevalence, mortality, morbidity, and risk factors associated with different population groups such as infants, children and women of reproductive age and individuals with chronic conditions including cardiovascular disease, diabetes, respiratory diseases, arthritis, osteoporosis, and birth defects. Epidemiological support for surveillance and evaluation as well as for population-based studies is provided for all health related programs in the department. Program activities consist mainly of screening and follow up for children with disorders identified by newborn screening, administering the Michigan BioTrust for Health, implementing the sickle cell strategic plan, facilitating activities of the Michigan Alliance for Prevention of Sudden Cardiac Death of the Young (MAP-SCDY); providing information and resources to the public and professionals on birth defects, genetic conditions and risk factors including family history; and supporting outreach clinical sites for genetic diagnosis and counseling in underserved areas of the state.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Population Health	Appropriation Unit: Disease Control, Prevention, and Epidemiology	Program: Lifecourse Epidemiology and Genomics Division	

Specific surveillance activities include the Michigan Behavioral Risk Factor Surveillance System (BRFSS) and the Michigan Pregnancy Risk Assessment Monitoring System (PRAMS). The Michigan BRFSS consists of annual statewide telephone surveys (landline and cell phone) of adults aged 18 years and over, while the Michigan PRAMS is an annual survey with two modes of data collection; mailed questionnaire followed by telephone survey of about 2,000 women chosen from all of those who recently had a live birth. Documentation and analysis of disease or risk factor trends are essential to identifying important health discrepancies among Michigan's population, evaluating programs and services designed to improve population health, and building collaborative efforts with other agencies to develop strategies to reduce the occurrence of disease.

Genomics encompasses genetics, newborn screening, birth defects prevention, and follow up as well as chronic disease genomics. The newborn screening program conducted jointly with the state laboratory, provides follow up, medical management, and quality assurance for all Michigan newborn infants identified with 49 disorders including phenylketonuria, congenital hypothyroidism, galactosemia, biotinidase deficiency, maple syrup urine disease, sickle cell anemia, medium chain acyl-coenzyme A dehydrogenase deficiency, citrullinemia, argininosuccinic aciduria, homocystenuria, congenital adrenal hyperplasia, and cystic fibrosis

The division provides support for program evaluation efforts. Available data are used to conduct quality assurance investigation and recommendations are provided. The rate and impact of missing or invalid data is commonly addressed and potential solutions recommended.

SOURCES OF FUNDING

Centers for Disease Control and Prevention (CDC)

- Birth Defects Surveillance Grant
- Behavioral Risk Factor Surveillance System
- Cancer Genomics Best Practices
- Pregnancy Risk Assessment Monitoring System

Newborn Screening Fees

Michigan Health Initiative

General Fund/General Purpose

LEGAL BASIS

- MDHHS FY 2017 Appropriations Act, Public Act 268 of 2016, Article X
- Public Health Act 368 of 1978, 333.5431 (Newborn screening, birth defects registry)

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

Conducted the annual Michigan Behavioral Risk Factor Survey (BRFS) and Asthma Call Back Survey. In 2015, the Michigan BRFS included responses from 8,935 adults (4,215 landline; 4,720 cell phone). Results indicate that obesity has stabilized (31.2 percent of adults) but more improvements are necessary; nearly one in four adults currently smoke; and diabetes prevalence continues to increase (10.7 percent of adults). Numerous survey reports and briefs are distributed electronically and can be accessed through the MDHHS Michigan BRFS webpage (www.michigan.gov/brfs).

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Population Health	Appropriation Unit: Disease Control, Prevention, and Epidemiology	Program: Lifecourse Epidemiology and Genomics Division	

Conducted the annual PRAMS survey (2,000 women who had a live birth). The survey is critical to understanding risk factors related to infant mortality and premature birth. Multiple newsletters and an annual report or tables with demographics are produced. Other analyses include specific information related to different health outcomes related to women and infants' health. More information about Michigan PRAMS can be found at www.michigan.gov/prams.

In 2015, 111,725 babies received a bloodspot screen and staff provided follow-up services for nearly 5,000 screen positive newborns, of which approximately 269 were diagnosed as having a disorder (preliminary data), while about 3,060 were found to be carriers for sickle cell disease, cystic fibrosis, or other conditions. A total of 5,980 babies have now been diagnosed by bloodspot screening since the program began in 1965. Staff continued to provide training and technical assistance to birthing hospitals and home birth providers; as well as educational outreach to promote informed parental decision making for possible research use of residual dried blood spot samples through the Michigan BioTrust for Health, with documented consent obtained for about two-thirds of all newborns since 2010. In 2015, six research studies requesting use of residual dried blood spots were approved. Screening for critical congenital heart disease was initiated in April 2014, and staff continues to work with hospitals on electronic transmission of pulse oximetry screening data to MDHHS. Also in 2015, the Newborn Screening Online (NBSO) web-based application was launched to enable 24/7 access for ordering newborn screening test kits as well as inventory tracking.

Staff promoted and provided oversight of the MI HEARTSafe Schools program to prevent death from sudden cardiac arrest, with 267 schools implementing the program since 2013, and several reports of lives saved due to participation in the program. Staff was also instrumental in obtaining continued federal funding for surveillance and program activities, particularly in the area of surveillance, policy development and education on hereditary breast and ovarian cancer, and hereditary colorectal cancer (Lynch syndrome); and birth defects surveillance and prevention.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Population Health	Appropriation Unit: Family, Maternal and Child Health	Program: Local Maternal Child Health Block Grant Funds	

PROGRAM STATEMENT

Local Maternal and Child Health Services (MCH) funds are made available to local health departments to support one or more of the Title V Maternal Child Health Block Grant national and state performance measures and/or a local MCH priority need identified through a defined needs assessment process. Local health departments complete an annual Local MCH Plan, which describes the jurisdiction's priority maternal child health needs, the strategies/activities used to address these needs, and the service categories from the MCH Pyramid of Services. The target populations are women of childbearing age, infants, children ages 1-19 years, and their families, with a special focus on those who are low income. The indicators include an array of maternal/child health issue areas such as Children's Special Health Care Services, Well-Woman Visit, Perinatal Regionalization, Breastfeeding, Developmental Screenings for children ages 10-71 months, Adolescent Well-visit, Oral Health, Lead Prevention, Safe Sleep, and Depression across the lifespan. The focus of local programming is to provide the target population with increased access to and provision of gap-filling services; enabling services such as health education and epidemiological support; infrastructure support; and interventions to address community specific MCH activities.

SOURCES OF FUNDING

Health Resources and Services Administration (HRSA) – Maternal Child Health (MCH) Block Grant

LEGAL BASIS

- MDHHS FY 2017 Appropriations Act, Public Act 268 of 2016, Article X
- Public Health Code, PA 368 of 1978, Part 23 basic health services
- Federal Title V Sec 501 [42 U.S.C. 701]

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

Program measures include the number of women, infants, and children served and the expenditures of each service area by pyramid source. Local health departments are required to submit an annual report, which is a narrative summary of:

- The previous fiscal year's activity.
- A brief description of any challenges and successes experienced.
- The projected numbers to be served in the previous year's plan versus the actual number served.

MCH funds provide critical gap-filling services at the local level that would not otherwise have been available. They also increase the availability of existing services, expand the number of individuals receiving services, and provide services to needy individuals who would not qualify without the ability to expand the program's eligibility criteria. The funds also support needed public health infrastructure costs for essential public health services.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Population Health	Appropriation Unit: Family Maternal, and Child Health	Program: Maternal Infant Health Program	

PROGRAM STATEMENT

The Maternal Infant Health Program (MIHP) is Michigan's largest, evidence-based home visitation program for Medicaid eligible pregnant women and infants. The purpose of MIHP is to promote healthy pregnancies, positive birth outcomes, and healthy infant growth and development with the long-term goal of reducing infant mortality and morbidity as part Michigan's Infant Mortality Reduction Plan. Through this voluntary statewide population-based management model, specially trained Registered Nurses, Licensed Social Workers, Registered Dietitians, Infant Mental Health Specialists and Internationally Board Certified Lactation Consultant (IBCLC), provide psychosocial, nutritional, and health intervention services and referrals to pregnant women and infant Medicaid beneficiaries. MIHP's enhanced prenatal services are coordinated with medical providers and Medicaid Health Plans and are connected with other community services such as Children's Protective Services, Domestic Violence, and Substance Abuse Treatment. There are 170 Michigan MIHP providers statewide. Reimbursement is fee for service.

Research has demonstrated that MIHP improves maternal prenatal, and postnatal care and infant care. According to the evidence, pregnant women enrolled in MIHP were more likely to present for any prenatal care and had an improved adequacy of prenatal care through pregnancy: Mothers enrolled in MIHP were more likely to present for an appropriate postnatal checkup: Infants whose mothers were enrolled in MIHP were more likely to present for any well-child visits and were more likely to have the appropriate number of well-child visits over the first year of life. MIHP also reduces the risk for adverse birth outcomes (prematurity, extreme prematurity, low birth weight, very low birth weight), with particular advantage for Black women; and Early MIHP enrollment (1st or 2nd trimester) and dosage (enrollment/screening and 3+ contacts) matters found in published research led by Cristian Meghea, PhD, Institute for Health Policy and Department of Obstetrics, Gynecology, and Reproductive Biology (Medicaid Home Visitation and Maternal and Infant Healthcare Utilization. American Journal of Preventive Medicine, Volume 45, Issue 4, Pages 441-447, October 2013) and Lee Anne Roman, MSN, PhD, Department of Obstetrics, Gynecology, and Reproductive Biology Michigan State University, College of Human Medicine (A Statewide Medical Enhanced Prenatal Care Program: Impact on Birth Outcomes. JAMA Pediatrics, 2013. In print). Additional MIHP information may be found at: www.michigan.gov/mihp.

SOURCES OF FUNDING

Health Resources and Services Administration (HRSA) - Federal Title XIX Medicaid.
General Fund/General Purpose

LEGAL BASIS

- MDHHS FY 2017 Appropriations Act, Public Act 268 of 2016, Article X
- Public Health Code

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

MIHP served 22,098 maternal and 24,037 infant beneficiaries in FY 2016. For every \$1 spent on prenatal services for MIHP participant mothers, Medicaid saves \$1.38 in costs associated with preterm birth in the first month of life. In total, MIHP participation created net savings of \$1,238,569 in FY 2016. [Peters C, McKane, P. Meghea, C. Michigan Department of Community Health. "RETURN ON INVESTMENT: Cost Savings to Medicaid from Maternal Infant Health Program due to Reduction in Preterm Birth Rate." ROI Fact Sheet Series Volume 1, Issue 1 (2015).]

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration:	Appropriation Unit:	Program:	
Population Health	Family, Maternal and Child Health	Medical Provider Equity Training Project / Curriculum Initiative	

PROGRAM STATEMENT

The purpose of the Medical Provider Equity Training Project - Curriculum Initiative is an innovative method of improving the education of “future” health care providers by reviewing the present curriculum for key curriculum components aimed at the improvement of the overall health of Michigan residents. Enhancements of curriculum, if key objectives are not included and/or sufficient, will equip future health care providers with tools necessary to provide patient-centered care. Wayne State University oversees the federally funded Michigan Area Health Education Center, which will implement curriculum assessment tool and evaluation protocol for dental schools and obstetrical residency programs regarding health equity, health literacy, perinatal oral health, and substance use during pregnancy. The university will award funds to dental schools and obstetrical residency programs to utilize curriculum assessment tool and as needed, to plan for curriculum enhancement. This project influences all women, infants, and families of childbearing age in Michigan. The consequences of not assessing and improving the curriculum of the medical/dental/nursing professionals providing clinical services to the pregnant and postpartum women in Michigan could result in the ongoing health, social, and societal effects of lack of education to effectively address health equity and literacy, perinatal oral health, and substance use during pregnancy.

SOURCES OF FUNDING

Maternal and Child Health Services (MCH) Block Grant

LEGAL BASIS

- MDHHS FY 2017 Appropriations Act, Public Act 268 of 2016, Article X

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

A curriculum assessment tools has been completed, as well as a database for electronically entering the information and for conducting an analysis of the results. Regional Michigan Area Health Education Centers have been engaged and started outreach with higher education learning institutions regarding the curriculum assessment tool. In FY 2017, the curriculum assessment tool will be used to evaluate the curriculum of participating obstetrical residency, dental programs, and nursing schools. After the evaluation is complete, the Michigan Area Health Education Center will work with the schools to address any curriculum deficiencies found. This primary prevention project is a key step toward enhancing the competencies of health professionals in health equity and literacy, perinatal oral health and substance use during pregnancy.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Population Health	Appropriation Unit: Local Health and Administrative Services	Program: Michigan Arthritis Program	

PROGRAM STATEMENT

The Michigan Arthritis Program goal is to increase awareness of the burden of arthritis and improve the quality of life for those affected by arthritis and related arthritis-conditions. Arthritis is one of the leading causes of disability in Michigan, affecting over 2.3 million adults. Over 31 percent of Michigan adults report having arthritis. Evidence-based physical activity and self-management programs such as EnhanceFitness and the Stanford Chronic Disease Self-Management Program (known as PATH in Michigan) have been shown to improve the quality of life for people with arthritis. The Michigan Arthritis Program works with key arthritis stakeholders and partners to: 1) implement evidence-based programs in self-management and physical activity; 2) conduct surveillance and disseminate information that leads to increased awareness and understanding of the burden of arthritis; and 3) implement the Centers for Disease Control and Prevention (CDC) "Physical Activity." The Arthritis Pain Reliever" health communication campaign in select communities to increase awareness of arthritis and the benefits of physical activity. Michigan is one of twelve states that receives funding from the CDC Arthritis Program.

Critical initiatives and partnerships include coordination of a statewide initiative (Michigan Partners on the PATH) dedicated to implementation of the Stanford Chronic Disease Self-Management Program to benefit people with chronic conditions including arthritis. It also includes a statewide initiative (Michigan Enhance Fitness Network) to support partners and instructors offering Enhance Fitness, an evidence-based physical activity program for older adults. The arthritis program is working to expand the reach and sustainability of all these evidence-based programs by embedding them in delivery systems.

SOURCES OF FUNDING

Federal Centers for Disease Control and Prevention (CDC) Grants - Public Health Approaches to Improving Arthritis Outcomes

LEGAL BASIS

- MDHHS FY 2017 Appropriations Act, Public Act 268 of 2016, Article X
- Public Health Code, Act 368 of 1978
- MCL 333.5411
- MCL 333.5412

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

Partnership, Accountability, Training and Hope (PATH) leader trainings and EnhanceFitness instructor certification are conducted throughout Michigan to accommodate the growing requests for programs. Cumulatively data collection began in 2007. Nearly 48,700 Michigan residents have participated in PATH workshops, EnhanceFitness classes, and the Arthritis Foundation physical activity programs. In FY 2016, approximately 75 PATH workshops were held and thereby reached 790 participants. EnhanceFitness, available at over 80 sites, reached over 5,518 participants. Partnership with the Arthritis Foundation of Michigan Chapter resulted in approximately 435 people in the arthritis Foundation Walk with Ease Program. Cumulatively in FY 2016, over 6,743 people participated in evidence-based programs for self-management and physical activity. With expanding infrastructure (number of partners, licensed agencies, instructors, and leaders), the number of participants in evidence-based programs is projected to increase in FY 2017.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Population Health	Appropriation Unit: Family, Maternal, and Child Health	Program: Michigan Collaborative Quality Initiative	

PROGRAM STATEMENT

The Michigan Collaborative Quality Initiative (MICQI) is a collective effort of 20 neonatal intensive care units and six well newborn and/or special care nurseries at Michigan birthing hospitals conducting quality improvement projects individually and as a collective whole. Three quality improvement projects are underway for the following areas of focus: breast milk and very low birth weight babies, neonatal abstinence syndrome (NAS), and infection rates. The MICQI participates in the Vermont Oxford Network, and collects data through a REDCap database managed by Michigan State University School of Medicine. The MICQI is under the auspices of the Michigan Infant Mortality Reduction Plan and one of their goals is to implement a Perinatal Care System. This project improves health outcomes for infants receiving care in birthing units of participating birthing hospitals. The consequences of not having the MICQI could result in decreased breast milk use for very low birth weight babies, variation in recognition, treatment duration, and length of stay for babies with NAS and increased neonatal infection rates.

SOURCES OF FUNDING

General Fund/General Purpose
Maternal and Child Health Health Block Grant
Health Resources and Services Administration (HRSA) - Title XIX Medicaid

LEGAL BASIS

- MDHHS FY 2017 Appropriations Act, Public Act 268 of 2016, Article X

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

In 2016, monthly webinars were conducted with participating birthing hospitals for the purpose of facilitating communication, quality improvement project status updates, and receiving further education regarding evidence-based practices aimed at improved health outcomes for neonates. Regional workshops titled *Care and Treatment of NAS Infants* were held in Marquette, Cadillac, Muskegon, and Warren with the purpose of increasing education and promoting standardized assessment and treatment practices of infants experiencing symptoms of Neonatal Abstinence Syndrome. A one-day conference was held in May of 2016 for the purpose of reducing Neonatal Intensive Care Unit (NICU) variations of care and improved outcomes of NICU patients. The aim of the NAS quality project is to provide quality and timely care of substance-exposed neonates to reduce duration of treatment and length of stay. The MICQI notes improvement in both areas. The MICQI is in the process of finalizing standardized pharmacological and non-pharmacological treatment protocols for babies experiencing NAS.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Population Health	Appropriation Unit: Local Health and Administrative Services	Program: Michigan Core Violence and Injury Prevention Program	

PROGRAM STATEMENT

This Michigan Core Violence and Injury Prevention Program (Michigan VIPP) supports states to strengthen their Injury and Violence Prevention programs and policies in four priority focus areas: Child abuse and neglect, traumatic brain injury, motor vehicle crashes, and intimate partner/sexual violence. States will be expected to demonstrate an impact on health outcomes and reduce morbidity and mortality in these injury areas. The project period is August 2016 through July of 2021 (five years).

SOURCES OF FUNDING

Centers for Disease Control and Prevention (CDC) – Core Violence and Injury Prevention Program (Michigan VIPP)

LEGAL BASIS

- MDHHS FY 2017 Appropriations Act, Public Act 268 of 2016, Article X
- Section 301 (a) [42 U.S.C. 241a] of the Public Health Service Act
- Section 391 (a) [42 U.S.C. 280 b (a)] of the Public Health Service Act

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

Progress will be evaluated across seven strategies, as well as the activities for four focus areas:

- Section 301 (a) [42 U.S.C. 241a] of the Public Health Service Act.
- Section 391 (a) [42 U.S.C. 280 b (a)] of the Public Health Service Act.
- Educate health department leaders and policy makers about public health approaches to injury and violence prevention.
- Engage, coordinate, and leverage other internal and external partners and Injury Control Research Centers.
- Enhance a statewide injury and violence prevention plan and logic model for the 4 priority focus areas.
- Implement three strategies that address the four priority focus areas.
- Develop an evaluation plan reflecting process and outcome measures.
- Disseminate surveillance and evaluation information to stakeholders and use to inform continuous quality improvements.
- Enhance surveillance systems to capture injury and violence prevention data.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Population Health	Appropriation Unit: Family, Maternal and Child Health	Program: Michigan Family Planning Program	

PROGRAM STATEMENT

The Michigan Family Planning Program assists individuals and couples in planning and spacing births, preventing unintended pregnancy, and seeking preventive health screenings. On-site clinical services are delivered through a statewide network of 31 local agencies and 93 clinical sites. The program's strong educational and counseling component helps reduce health risks and promote healthy behaviors. Family Planning prioritizes serving low-income men and women, teens, uninsured or underinsured individuals, and persons with limited English proficiency. The Michigan Family Planning Program serves as a safety net with service providers who have been a reliable and trusted source of care, and in many cases the only regular source of health care for individuals. Referrals to other health, mental health, and social services are provided to clients as needed. No one is denied services because of inability to pay.

SOURCES OF FUNDING

Federal Title X – Family Planning
Federal Title V - Maternal and Child Health Services Block Grant
Federal CDC Preventive Health and Health Services Block Grant
Healthy Michigan Fund
General Fund/General Purpose

LEGAL BASIS

- MDHHS FY 2017 Appropriations Act, Public Act 268 of 2016, Article X
- Public Act 303 (1965)
- Public Health Code
- Family Planning and Population Research Act of 1970 (Title X of the Public Health Services Act) Public Laws 91-541, 94-63, 95-613

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

In calendar year 2015, 68,348 women and 3,928 men received services from the program. Of 72,312 clients served, 44,178 (61 percent) had incomes at or below 100 percent of poverty, and 56,264 (78 percent) had incomes at or below 150 percent of poverty.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Population Health	Appropriation Unit: Family, Maternal, and Child Health	Program: Michigan Fetal Infant Mortality Review Program	

PROGRAM STATEMENT

The purpose of the Michigan Fetal Infant Mortality Review (FIMR) program is to reduce infant mortality by informing target communities about risk factors and issues contributing to poor pregnancy outcome and infant health and safety issues. FIMR brings together a multidisciplinary community team to review confidential, de-identified cases of infant and fetal death for the purpose of making recommendations to improve the care, services, and resources for women and families.

FIMRs are established in 11 sites in Michigan, establishing core Maternal Child and Health surveillance. FIMR findings are translated to action at the local level to prevent future infant deaths. The statewide FIMR program provides quantitative and qualitative data on maternal and infant health to back up state level policies and to strengthen the perinatal health care systems for vulnerable families. The state program provides technical assistance to local communities and coordination of team activities including team organization; hands-on skills for abstracting, interviewing, and conducting team meetings; moving recommendations to action and resources on best practices in prevention; and linking with other child health, safety and protection sources. Program support materials include; standard Case Abstraction forms and database, state-development Maternal Home Interview guide, standard Issued Summary form (with standard state developed definitions), and a Program Coordinator manual.

SOURCES OF FUNDING

Maternal and Child Health Block Grant
Title V Block Grant

LEGAL BASIS

- MDHHS FY 2017 Appropriations Act, Public Act 268 of 2016, Article X
- Public Health Code (Act 368 of 1978, § 333.2221)

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

From 2007-2015, teams reviewed 1,370 cases and conducted 332 maternal interviews. Gaps in services and local needs are identified in the case review process. FIMR findings are translated into action at the local level. Each year over 50 recommendations are implemented.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration:	Appropriation Unit:	Program:	
Population Health	Family, Maternal and Child Health	Michigan Maternal Mortality Surveillance Program	

PROGRAM STATEMENT

Michigan Maternal Mortality Surveillance (MMMS) is a program of case ascertainment, surveillance of maternal death data and trends, and development of population-based preventability recommendations to address systems of care, health education, and program policies for consideration by public health administration to reduce Michigan's maternal deaths, illness and complications and decrease the black/white mortality ratio.

SOURCES OF FUNDING

Title V Block Grant
Maternal and Child Health Block Grant

LEGAL BASIS

- MDHHS FY 2017 Appropriations Act, Public Act 268 of 2016, Article X
- Public Health Code, PA 368 Section 2617, 2631, 2632 (MCL 333.2617, 333.2631, 333.2632)

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

The MMMS program has reviewed all cases of maternal death in Michigan since the early 1950s, and thus is recognized as a well-established public health surveillance program. The MMMS program works in collaboration with the Centers for Disease Control and Prevention (CDC) and the American College of Obstetricians and Gynecologist (ACOG) to identify contributory causes of maternal mortality as a critical health indicator of the health of the nation, state, and local communities. Maternal mortality and morbidity prevention strategies and program information is provided to public health administration to strengthen state-level policy related to health care providers, health departments, law enforcement, community agencies/organizations, legislators, and the general population, especially policies for women of child bearing age, their children, and their families.

In 2008 and 2010 MMMS collaborated with the Michigan Department of Transportation, Office of Highway Safety and Planning (OSHP) to disseminate over one hundred thousand brochures to educate women and families regarding proper safety seatbelt use during pregnancy. During FY 2009-2010, MMMS collaborated with the state drug monitoring system for controlled substances known as the Michigan Automated Prescription System (MAPS) to encourage expanded education and use of the MAPS program for all women of reproductive age, especially *during pregnancy*, at all university and medical schools, urgent care, clinics, private practice, and hospital emergency rooms. During 2012-2013, MMMS participated by invitation with CDC and the Association of Maternal and Child Health Programs (AMCHP) in the National Maternal Mortality Initiative (NMMI) to improve pregnancy outcomes and co-authored a chapter on CDC preventability Guidelines. Most recently, during 2013-2014, a statewide maternal mortality MMMS database project was completed.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Population Health	Appropriation Unit: Family, Maternal and Child Health	Program: Michigan Model for Health / Comprehensive School Health Education	

PROGRAM STATEMENT

The Michigan Model for Health™ is the primary health education curriculum used in Michigan's schools. It is aligned with Michigan's health education standards and helps schools meet the Michigan Merit Curriculum Guidelines for health education. This program provides Michigan students in kindergarten through the twelfth grade with a comprehensive health education curriculum that has sequential, skills building lessons designed to teach healthy behaviors. Teaching and increasing healthy behaviors among children and youth can help reduce future health care costs and create healthier communities. Funding is distributed contractually statewide through 22 intermediate school districts and education service agencies, and two large, urban school districts. This program is managed at the local level through a network of regional School Health Coordinators who assist school districts with implementation, training, and materials coordination. The curriculum is developed and revised in collaboration with state staff, consultants, teachers, content experts, partnering agencies, organizations, and individuals. The program is administered in close partnership with the Michigan Department of Education and the Michigan Model for Health Clearinghouse.

There are updated lessons at grades seven through eight (middle school) that cover the following topic areas: social and emotional health; safety; nutrition and physical activity; alcohol and other drug prevention; tobacco use prevention; HIV and reproductive health; emergency preparedness; gambling; character education; and sun safety. The social and emotional health, safety, and alcohol and other drug prevention modules were updated in 2014. In addition, revised ninth through twelfth grade modules (high school) were released in December 2012. These modules address the following topics: social and emotional health; nutrition and physical activity; safety; alcohol, tobacco and other drugs; personal health and wellness; HIV, other STDs and pregnancy prevention; emergency preparedness; character education; gambling prevention; and sun safety. The *Michigan Model for Health™* incorporates the family and community into student learning experiences by providing informative take-home worksheets and newsletters to increase communication and interaction between students, their families, and communities.

SOURCES OF FUNDING

Healthy Michigan Fund
General Fund/General Purpose

LEGAL BASIS

- MDHHS FY 2017 Appropriations Act, Public Act 268 of 2016, Article X
- Public Health Code, Public Act 368 of 1978, Section 333.2237 and 333.2221

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

Over 80 percent of Michigan school buildings implement the *Michigan Model for Health™* to teach health education (according to a 2016 representative survey). In addition, the curriculum has been implemented in 39 other states. A longitudinal randomized control study on the effectiveness of the curriculum for grades 4 and 5 conducted during the 2006/7 and 2007/8 school years found students who received the *Michigan Model for Health™* lessons were up to three times less likely to use drugs and reduced their aggressive behaviors by almost 30 percent. The study also found stronger drug refusal skills, interpersonal communication skills, and social and emotional skills among *Michigan Model for Health™* students versus students who did not receive the lessons.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Population Health	Appropriation Unit: Local Health and Administrative Services	Program: Michigan Prescription Drug Overdose Prevention Initiative	

PROGRAM STATEMENT

This three year program was funded for two components: 1) Planning and Data (P&D) component to fortify states in the effort to collect, analyze and apply data and develop a strategy to address the epidemic; and 2) a Prevention in Action (PIA) component to implement a prevention program to impact behaviors and reduce negative health consequences associated with prescription drug abuse. The program runs from September 2016 through August 2019.

SOURCES OF FUNDING

Federal CDC – Prescription Drug Overdose: Centers for Disease Control and Injury Prevention: Data-Driver Prevention Initiative (DDPI)

LEGAL BASIS

- MDHHS FY 2017 Appropriations Act, Public Act 268 of 2016, Article X
- 392(a)(1) and 392(b)(3) of the Public Health Service Act [42 USC 280b-1(a)(1) and 280b-1(b)(3)] as amended.

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

The Planning and Data Component will focus on the development of partnership and the development of a prescription drug and heroin abuse prevention plan, enhancing surveillance, and improving public health access and the application of data from multiple sources. The Prevention in Action Component will support improving registration and use of the state's Prescription Drug Monitoring Program among prescribers, move toward real-time reporting and improve proactive reporting, and enhance the uptake of opioid prescribing guidelines.

Michigan Department of Health and Human Services	PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Population Health	Appropriation Unit: Local Health and Administrative Services	Program: Michigan Tobacco Control Program

PROGRAM STATEMENT

The mission of the Michigan Tobacco Control Program is “To reduce and eliminate tobacco-related deaths and diseases in Michigan through leadership, collaboration, and education”. The Tobacco Control Program is dedicated to: 1) eliminating exposure to secondhand smoke in work sites and public places; 2) increasing and promoting accessible and affordable cessation services, 3) eliminating disparities specific to, but not limited to, race/ethnicity, socioeconomic status, occupation, geography, gender and sexual orientation; 4) preventing youth initiation and access to tobacco products; and 5) reducing smoking-related illnesses among Michigan residents. The program provides funding for strategic placement of print and broadcast media ads targeted to adults to promote quit attempts and calls to the statewide Quitline. The media campaign also provides support for the Governor’s 4X4 healthy lifestyles campaign that includes the promotion of tobacco-free lifestyles. The program has statutory responsibility for enforcing Michigan’s Smoke Free Air Law (Public Act 188, as amended) that prohibits smoking in all Michigan worksites (including bars and restaurants). The law allows exemptions for Detroit’s three casinos, tobacco retail specialty stores, and cigar bars that meet the exemption requirements. The program funds local tobacco reduction coalitions, community organizations serving disparate populations, including communities of color and culture, and other state organizations. The program funds these organizations to increase awareness about the health effects of tobacco use and secondhand smoke, promote cessation resources, systems change, and development and implementation of policies to reduce tobacco use and eliminate exposure to secondhand smoke. Special statewide projects include Food and Drug Administration (FDA) Advertising and Labeling tobacco retailer inspections, eliminating tobacco use by people living with HIV/AIDS, enforcement and monitoring of Public Act 188, the smoke-free environments law project, the smoke-free public housing and affordable housing initiative, and implementation and promotion of the Michigan Tobacco QuitLine that includes the provision of nicotine replacement products to uninsured residents.

The Michigan Tobacco Quitline offers free information and referral to Michigan residents over the age of 13 who want to quit. Telephone counseling is offered to those who are uninsured or on Medicaid, Medicare, a county health plan or VA Health Care. In addition to serving the general population, the Quitline has specific protocols for assisting teens and pregnant women. Public Act 164 of 2004 requires the department to supply free Nicotine replacement therapy (NRT) to Michigan residents who want to quit smoking. The NRT and education on proper use of the medication is provided through the Michigan Tobacco Quitline. To be eligible to receive free NRT, a person must be uninsured, 18, and screened to ensure that there are no medical conditions that might contraindicate the use of NRT. A two-month supply of NRT will be mailed to eligible callers enrolled in the Quitline.

The Tobacco control program also provides free resources to persons wanting to quit smoking. The program provides free resources to educate persons about the health effects of secondhand smoke, including asthma; how to reduce secondhand smoke exposure among children; and how to assist schools in adopting tobacco-free campus policies.

SOURCES OF FUNDING

Federal - CDC Tobacco Control Hotline
Federal - FDA Tobacco Inspections
Ryan White Part B ADAP
Healthy Michigan Fund
General Fund/General Purpose
Public health Code – Public Act 368 of 1978, as amended
Michigan Youth Tobacco Act – Public Act 314 of 1988 Public

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Population Health	Appropriation Unit: Local Health and Administrative Services	Program: Michigan Tobacco Control Program	

LEGAL BASIS

- MDHHS FY 2017 Appropriations Act, Public Act 268 of 2016, Article X
- Public Health Code
- Public Act 188 of 2009
- Federal Family Smoking Prevention and Tobacco Control Act

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

Over the past decade, Michigan Tobacco Control Program efforts have resulted in protecting a significant portion of Michigan residents from the harmful health effects of secondhand smoke, increasing the availability of cessation services among adults, and decreasing the youth smoking rate. Nearly 100 percent of the Michigan population is covered by the Dr. Ron Davis smoke-free Air Law, implemented May 1, 2010, that establishes smoke-free works sites and public places (exempted sites are Detroit's three casinos, tobacco retail specialty stores, and cigar bars). Over 66,000 Michigan residents have enrolled in the Michigan Tobacco Quit Line since its inception in October 2003. The 12-month quit rate for Quitline enrollees is 27.9 percent.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Population Health	Appropriation Unit: Local Health and Administrative Services	Program: Michigan Violent Death Reporting System	

PROGRAM STATEMENT

The Michigan Violent Death Reporting System (MiVDRS) is a component of the state-based national system, the National Violent Death Reporting System (NVDRS), coordinated by the Centers for Disease Control and Prevention. The NVDRS provides a platform for linking data from law enforcement, medical examiners/coroners and vital statistics to help participating states design and implement tailored prevention and intervention efforts. The MiVDRS collects detailed information on all incidents of homicide, suicide, deaths of undetermined manner, and accidental firearm deaths occurring in the state. Data are collected on both victims and offenders, including but not limited to:

- Demographics.
- Substance use.
- Relationship of victim to offender.
- Circumstances leading to the injury.
- Whether the event occurred at home or work.
- Date and location of the incident.
- Weapon type.
- Toxicology findings.

Required data sources are death certificates, medical examiner records and law enforcement case files. The data are collected and stored in a secure online database maintained by the CDC. Information gained from analysis of the MiVDRS data supports state and local policy makers and advocates as they work to understand the context of violent death, develop or provide support for appropriate prevention strategies, and evaluate their efforts.

SOURCES OF FUNDING

Centers for Disease Control and Prevention (CDC) – Violent Death Reporting System

LEGAL BASIS

- MDHHS FY 2017 Appropriations Act, Public Act 268 of 2016, Article X
- Section 317 (k)(2) and 391(a) of the Public Health Service Act (42 U.S.C. Sections 247 (k)(2) and 280b(a), as amended.

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

As of November 1, 2016, there were over 14,700 incidents encompassing over 15,000 victims initiated in the system. On average, data for over 2,200 incidents of violent death are entered into the system each calendar year.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration:	Appropriation Unit:	Program:	
Population Health	Family, Maternal, and Child Health	Nurse Family Partnership Program	

PROGRAM STATEMENT

The Nurse Family Partnership (NFP) Program is an evidence-based program designed to improve pregnancy outcomes, promote healthy child development, and improve parents' economic self-sufficiency among eligible first time, low-income families served by specially trained nurse home visitors. This program links first time Michigan mothers to community resources to develop a system that meets their specific needs. A toll free assistance hotline for prenatal and maternal child health information and referrals support service is available statewide to this targeted population.

SOURCES OF FUNDING

Local Funding and Federal Medicaid Match
Federal Maternal Infant Early Childhood Home Visiting program funding
Health Resources and Services Administration (HRSA) – Title XIX Medicaid

LEGAL BASIS

- MDHHS FY 2017 Appropriations Act, Public Act 268 of 2016, Article X
- Public Health Code

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

The NFP program has been tested over 30 years of ongoing, longitudinal, and randomized trials. Independent research has shown there is an \$18,054 lifetime cost savings (\$3.02 for every \$1 spent) for every NFP mother and child served in this program and \$5.70 saved for every \$1 invested on high-risk families.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Population Health	Appropriation Unit: Local Health and Administrative Services	Program: Office of Local Health Services	

PROGRAM STATEMENT

The Office of Local Health Services supports the development, establishment, and implementation of uniform standards that define local health service delivery to Michigan's 10 million citizens through Michigan's 45 local health jurisdictions. It provides for the systematic review and assessment of jurisdictional capacity to meet these standards through a comprehensive local public health accreditation process. Local Health Services plan, coordinate, consult, and evaluate projects, programs, and policies statewide to facilitate and maintain the ability of Michigan's 45 Local Health Departments to meet their statutory obligation under the Michigan Public Health code to diligently endeavor to prevent disease, prolong life, and promote the public health. This is accomplished through organized programs including prevention and control of environmental health hazards, prevention and control of disease and prevention, and control of health problems of particularly vulnerable population groups.

SOURCES OF FUNDING

Centers for Disease Control and Prevention (CDC) – Preventive Health and Health Services Block Grant

LEGAL BASIS

- MDHHS FY 2017 Appropriations Act, Public Act 268 of 2016, Article X
- Public Health Code – Parts 22, 23, and 24

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

The Michigan Local Public Health Accreditation Program has an effective process for regularly assessing the performance and improving the quality of local health departments. The program assures safe water, safe food in restaurants, investigation and control of disease, and a healthier Michigan. During FY 2015, 16 on-site accreditation reviews at local health departments were conducted by state staff. Sixteen local health departments received full accreditation after implementing required corrective plans. Seven health departments were evaluated under a voluntary Quality Improvement Supplement. The Accreditation Program reviews and accredits state programs administered by local health departments. Goals are continuous improvement, measurement, capacity building, and accountability to assure financial resources are used effectively and community needs met.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Population Health	Appropriation Unit: Local Health and Administrative Services	Program: Oral Health Program	

PROGRAM STATEMENT

The Oral Health Program increases access to oral health through education and prevention programs. The Oral Health Program collaborates with the Michigan Oral Health Coalition, community partners, state and professional agencies and organizations, and other stakeholders to improve the oral health of the underinsured and uninsured. The focus of the program is population-based oral health prevention strategies and effective utilization of the dental workforce to implement and improve oral health access. A comprehensive oral health surveillance system provides data for oral health and related physical health indicators. An evaluation system monitors outcomes and quality assurance and documents the economic impact of prevention interventions. Programs include the VARNISH! Michigan and VARNISH! Babies Too, SEAL! Michigan and SEAL! Of Approval school-based dental sealant programs, Workforce Infrastructure and Capacity (PA 161: Public Dental Prevention program and Mobile Dentistry), Community Water Fluoridation, Oral Health Community Outreach, and the Michigan Dental Program for persons living with HIV/AIDS.

SOURCES OF FUNDING

CDC Cooperative Agreement
Maternal and Child Health (MCH) Block Grant
Health Resources and Services Administration (HRSA) Workforce Grant
Ryan White Care Prevention Services
Ryan White Private Aids Drug Assistance Program (ADAP) Rebates
Private Funds - Delta Dental Foundation.
General Fund/General Purpose

LEGAL BASIS

- MDHHS FY 2017 Appropriations Act, Public Act 268 of 2016, Article X
- PA 368 of 1978, Public Health Code
- Public Act 161 of 2005
- Public Act 100 of 2014

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

There are currently 12 school-based sealant grantees providing care to students in over 225 schools in the SEAL! Michigan Dental Sealant Program. There were over 5,640 children screened for dental sealants and over 14,000 sealants placed on first and second year molars to help prevent dental decay. Varnish Babies Too is a program that offers fluoride varnish in medical offices for children ages zero through three. Since 2008, over 500 physicians and nurse practitioners were certified to bill for fluoride varnish applications. More than 2,000 infants and young children were screened and received fluoride varnish applications.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Population Health	Appropriation Unit: Local Health and Administrative Services	Program: Oral Health Program	

There are over 55 Public Dental Prevention programs that provide access to care for preventive dental services for children and adults and these programs continue to grow. The integration of oral health preventive services into community health centers continues with the inter-professional initiative. The partnerships with alternative settings continue to expand. The Perinatal Oral Health Program was implemented to address Infant Mortality and increase the oral health of the mother. The Michigan Dental Program continues to provide access to dental services for over 2,000 individuals living with HIV/AIDS.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Population Health	Appropriation Unit: Disease Control, Prevention, and Epidemiology	Program: Pregnancy Risk Assessment, Monitoring and Surveillance Program	

PROGRAM STATEMENT

The Pregnancy Risk Assessment, Monitoring and Surveillance Program (PRAMS) is a surveillance project of the Centers for Disease Control and Prevention (CDC) and state health departments. PRAMS collects state-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy. The PRAMS sample is randomly chosen from Michigan residents who delivered a live birth in state each year, and findings are weighted to represent nearly the entire population of women who have recently had a live-born infant.

PRAMS combines two modes of data collection: a survey conducted by mailed questionnaire with multiple follow-up attempts, and a survey by telephone for those who do not respond by mail. An important strength of the PRAMS surveillance system is the standardized data collection methodology. This standardized approach allows for comparisons among states and for optimal use of the data for single-state or multistate analysis. Each state follows the protocol but also has the opportunity to customize some portions of it to tailor the procedures to the needs of the state. These data are used by state health officials to improve the health of mothers and infants. PRAMS also allows CDC and the states to monitor changes in maternal and child health indicators (e.g., unintended pregnancy, prenatal care breast-feeding, smoking, drinking and infant health). PRAMS enhances information from birth certificates to plan and review state maternal and infant health programs.

SOURCES OF FUNDING

Centers for Disease Control and Prevention (CDC) Grant – Pregnancy Risk Assessment, Monitoring and Surveillance
Maternal and Child Health Block Grant

LEGAL BASIS

- MDHHS FY 2017 Appropriations Act, Public Act 268 of 2016, Article X
- “PRAMS” is a joint research project between the state and CDC.

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

Conducted the annual PRAMS survey. Developed newsletters and annual report with demographics and specific information related to different health outcomes related to women and infants' health. Findings from analysis of PRAMS data have been used to enhance Michigan's understanding of maternal behaviors and experiences and their relationship with adverse pregnancy outcomes. PRAMS data have been extensively used in an effort to develop program initiatives, to promote policies aimed at reducing unintended pregnancy, and attract additional funds to support such programs (such data were used to help justify the Medicaid Family Planning Waiver). The new information provided by PRAMS about the high prevalence of bed sharing in Michigan was a timely contribution to the planning for a statewide “Infant Safe Sleep” campaign sponsored by MDHHS and the Michigan Department of Education. Ethnic and age differences (PRAMS findings) prompted appropriate considerations needed to adequately target younger women to avoid the accidental suffocation risk associated with bed sharing.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Population Health	Appropriation Unit: Local Health and Administrative Services	Program: Rape Prevention and Education Program	

PROGRAM STATEMENT

The Rape Prevention and Education Program builds capacity of state and local partners to stop sexual violence before it begins. It uses a public health approach and supports strategies across all six levels of the Spectrum of Prevention to prevent first-time occurrence of sexual violence. The Rape Prevention and Education program uses documentation and focus group data to evaluate progress toward Centers for Disease Control and Prevention (CDC) goals and program objectives approved by the CDC annually.

SOURCES OF FUNDING

Centers for Disease Control and Prevention (CDC) – Rape Prevention

LEGAL BASIS

- MDHHS FY 2017 Appropriations Act, Public Act 268 of 2016, Article X
- Section 393B of the Public Health Service Act (42 U.S.C. Section 290b – 1c)

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

In FY 2015, 9,902 Michigan youth participated in 757 community or school-based sexual violence educational seminars designed to stop first-time perpetration and victimization. Additionally, 1,246 professionals were trained to support state and local primary prevention strategies. Approximately 617,001 Michiganders received sexual violence prevention messages through distribution of 12,431 community awareness materials. One-hundred percent of supported communities are targeting risk factors for sexual violence perpetration, challenging unhealthy social norms, and educating policy makers.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Population Health	Appropriation Unit: Family, Maternal, and Child Health	Program: Regional Perinatal Care System Quality Improvement Initiative	

PROGRAM STATEMENT

The purpose of the Regional Perinatal Care System Quality Improvement Initiatives is to assure mothers are healthy and babies are healthy and thriving. Implementing a statewide Perinatal Care System composed of Regional Perinatal Care System Quality Improvement Initiatives is the second goal of the Michigan Infant Mortality Reduction Plan of 2016-2019. Regional Perinatal Care System Quality Improvement Initiatives are a locally linked and coordinated network of services for mothers and their babies committed to the highest attainable standard of health available in Michigan that include: quality health care, mental and behavioral health services, community resources and support, comprehensive continuum, and innovative payment models. Regional Perinatal Care System Quality Improvement Initiative components include, but are not limited to the following: medical home, oral health care, HIV/AIDS screen, substance use screen, identification and treatment, reproductive life plan and education on contraceptive choices, local community resource linkage network, early pregnancy identification, link to home visiting program, safe sleep education per Public Act 122 of 2014, risk appropriate care, newborn screening, breastfeeding support network, developmental, mental and behavioral screen and assessment, and parenting education related to infant/toddler care and growth and development. The Regional Perinatal Care System Initiatives affect all women, infants and families of childbearing age either residing or receiving perinatal services in Prosperity Regions 2, 3, 4, and 10. The consequences of halting the efforts of the Regional Perinatal Care Systems could be increased infant mortality rates and increased poor health outcomes for mothers and infants residing in the noted Prosperity Regions.

SOURCES OF FUNDING

General Fund/General Purpose
Maternal and Child Health (MCH) Block Grant

LEGAL BASIS

- MDHHS FY 2017 Appropriations Act, Public Act 268 of 2016, Article X

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

To date, three Regional Perinatal Care System Quality Improvement Initiatives have started in Prosperity Regions 2, 3, 4, and 10. The effort in Prosperity Regions 2 and 3 is in the “do” phase of the quality improvement effort and are creating a standardized, region-wide approach to address perinatal substance use and methods of increasing the number of families enrolled in evidence-based home visiting programs. Prosperity Regions 4 and 10 are in the assessment and planning phase. Prosperity Region 8 is in the readiness assessment phase with possible quality improvement efforts beginning in the latter part of FY 2017.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Population Health	Appropriation Unit: Family, Maternal, and Child Health	Program: Safe Delivery Program	

PROGRAM STATEMENT

The Safe Delivery Program allows parents to safely surrender their newborn child no more than 72 hours old to an employee who is inside and on duty at any hospital, fire department, police station, or by calling 911. This program is a safe, legal and anonymous alternative to abandonment or infanticide and releases the newborn for placement with an adoptive family. Reasonable attempts are made to inform non-surrendering parents that their infants have been surrendered with the intention of adoptive placement. Infants surrendered through this program go straight to adoptive placement and are not put into foster care. Parents are given the option of complete anonymity, and they are listed as “unknown” in birth records. Program consultants provide education to partners from medical, legal, emergency service, school, and adoption professions to keep them informed of their obligations under the law in order to ensure safe, efficient surrenders.

SOURCES OF FUNDING

Title XIX Medicaid
Centers for Disease Control and Prevention (CDC)
Michigan Community Health Block Grant (MCHBG)
General Fund/General Purpose

LEGAL BASIS

- MDHHS FY 2017 Appropriations Act, Public Act 268 of 2016, Article X
- Public Health Code (Act 232 of 2000, § 712.20)

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

Maintain ongoing contact with local partners from multiple sectors to increase public and professional awareness about Safe Delivery. Ongoing monitoring of relevant laws and legal changes that influence the process for surrendering to adoptive care. Provide updated, culturally sensitive education, and public awareness materials. Provide translated program materials for Spanish and Arabic-speaking communities.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Population Health	Appropriation Unit: Local Health and Administrative Services	Program: Sexually Transmitted Disease Program	

PROGRAM STATEMENT

The purpose of the Sexually Transmitted Disease (STD) Program is to prevent the acquisition and control the spread of syphilis, gonorrhea, chlamydia and other sexually transmitted diseases. This program provides support throughout the state, but concentrates that support on 14 counties and the City of Detroit, which report over 90 percent of the state's STD morbidity. Funds provide assistance for the following core services: STD surveillance, diagnostic and treatment services, screening of high-risk populations, and case finding and prevention education. Primary treatment drugs and laboratory support are also supplied by the STD Program, including those for chlamydia screening and treatment.

Priorities in this program are dynamic as impacted populations change. Other than core services, Michigan's STD Program participates in two national initiatives. In 1999, the United States embarked on a syphilis eradication program with Detroit as one of the targeted areas. This effort requires the commitment of local, state and federal resources and has focused resources on collaborating with community-based organizations to provide evidence-based interventions. Currently, syphilis is most prevalent in men who have sex with men (MSM), is concentrated in southeastern Michigan, and select large metropolitan areas throughout the state. Additionally, Michigan has seen increases for syphilis with HIV co-infection, reaching 70 percent in some populations. Activities targeting syphilis include, but are not limited to: coordinated outreach and screening to areas/venues identified in original syphilis interviews and epidemiologic data; provider education on testing, approved treatment, reporting, and case management; treatment and partner referral; and STD educational presentations to community organizations.

The Chlamydia Screening Program began in 1993 when Congress appropriated funds to the Centers for Disease Control and Prevention (CDC) to begin a national program to prevent STD-related infertility. The program improves screening, surveillance and treatment of the disease Chlamydia trachomatis in the United States. As testing technologies have evolved into a dual test, this project now includes comprehensive gonorrhea screening as well. Michigan's chlamydia/gonorrhea screening efforts are the result of collaboration between STD, family planning, adolescent health, and the Bureau of Laboratories. This alliance works together to target screening resources, to those most at-risk, especially females ages 15-24, and incarcerated individuals with a special focus on racial and ethnic minorities. State and local support are critical to the ongoing success of this program.

Early identification and treatment of chlamydia are critical in preventing negative health outcomes, particularly in young women. In 2015, 32,965 cases of chlamydia were diagnosed among youth 15-24 approximately 70 percent among females. It is estimated by the Centers for Disease Control and Prevention that approximately 50 percent of cases go undiagnosed due to the asymptomatic nature of the disease and missed screening opportunities. In Michigan, this means that over 12,000 cases of chlamydia in young females went undiagnosed in 2015. Studies show that up to 40 percent of these would result in Pelvic Inflammatory Disease (PID).

In January 2015, legislation was enacted to allow for Expedited Partner Therapy (EPT). EPT is the practice of treating the sex partners of persons with select sexually transmitted diseases (STD) without an intervening medical evaluation or professional prevention counseling. The law allows clinicians to provide additional medication or prescriptions to an infected client to give their partner(s) if they are unwilling to seek medical evaluation. EPT is a proven effective intervention that has reduced re-infection up to 30 percent.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Population Health	Appropriation Unit: Local Health and Administrative Services	Program: Sexually Transmitted Disease Program	

The Affordable Care Act has changed the role of public health, especially in areas such as STD and HIV prevention and care. In an effort to provide local public health departments (LHDs) assistance in establishing billing, the MDHHS Division of HIV and STD Programs, in partnership with Health Management Associates (HMA), developed a “STD/HIV Billing Toolkit”. This resource provides background on the billing environment and serves as a guide on what to consider and how to set up and maintain billing systems. In addition to the toolkit, the MDHHS and HMA have been working to establish agreements with Medicaid Management Care Plans (MCP) and local STD/HIV programs. These pilot projects are intended to form best practices as we navigate the intricacies of negotiating contracts between MCPs and LHDs, as well as provide guidance on how to appropriately code for services.

SOURCES OF FUNDING

Centers for Disease Control and Prevention (CDC) – Sexually Transmitted Disease Prevention
Michigan Health Initiative
General Purpose/General Fund

LEGAL BASIS

- MDHHS FY 2017 Appropriations Act, Public Act 268 of 2016, Article X
- Parts 51 & 52 of the Public Health Code (Act 368 of 1978, as amended)

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

Services are provided through contracts with LHDs and include surveillance, screening, clinical services, STD treatment drugs, investigation, prevention, and education. In 2015, 10,615 gonorrhea, 47,702 chlamydia, and 401 infectious syphilis cases were processed.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Population Health	Appropriation Unit: Local Health and Administrative Services	Program: Strengthening Public Health Infrastructure for Improved Health Outcomes	

PROGRAM STATEMENT

The program aims to improve the efficiency of public health practices and services as measured by long-term improvement of health outcomes. The program emphasizes an increase in performance capacity of public health departments to ensure public health goals are effectively and efficiently met. In particular, the program will increase the capacity and ability of health departments to meet national standards, such as those in the National Public Health performance Standards program or from the Public Health Accreditation Board (PHAB). Emphasis is also placed on increasing performance management capacity for the MDHHS Population Health Administration (PHA) and for Michigan's 45 Local Health Departments (LHDs).

SOURCES OF FUNDING

Centers for Disease Control and Prevention (CDC) – Prevention Health and Health Services Block Grant

LEGAL BASIS

- MDHHS FY 2017 Appropriations Act, Public Act 268 of 2016, Article X
- Public Health Code – Parts 22, 23, and 24

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

Capacity for public health policy and public health law support will be arranged to provide analysis to support structural and environmental changes in the community to promote health and build capacity to influence policies, laws and regulations that provide for more effective public health practices. Support for public health accreditation will include training and promote organizational changes to prepare the PHA and local health departments (LHDs) for the PHAB or other national accreditation activities.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration:	Appropriation Unit:	Program:	
Population Health	Family, Maternal, and Child Health	Taking Pride In Prevention Program	

PROGRAM STATEMENT

The Taking Pride in Prevention (TPIP) program educates adolescents on both abstinence and contraception as well as addressing three adulthood preparation subjects: 1) healthy relationships; 2) adolescent development; and 3) parent-child communication. The goal of the program is to reduce the rates of teen pregnancy, sexually transmitted infections, and HIV/AIDS by delaying the initiation of sex among sexually inexperienced youth and increasing condom/contraceptive use among sexually active youth in Michigan. This is achieved through the implementation of evidence-based effective program models that have been proven to change behaviors. TPIP programs serve youth and young adults between the ages of 12 and 19 in high need geographical areas through targeted programming in schools, after school, and community-based settings. The TPIP program supports the Governor's priority to reduce unintended pregnancy rates by using primary pregnancy prevention strategies.

SOURCES OF FUNDING

Administration for Children and Families (ACF) ~ Federal Personal Responsibility Education Program (PREP)
Healthy Michigan Fund

LEGAL BASIS

- MDHHS FY 2017 Appropriations Act, Public Act 268 of 2016, Article X
- Section 215 of the Medicare Access and CHIP Reauthorization Act of 2015 (Pub. L. No. 114-10) extended funding through FY 2017

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

Over 4,000 youth and young adults participate in TPIP each year. Surveys conducted during FY 2015 demonstrate 85 percent of participating youth report increased knowledge and skills, and 95 percent report plans to abstain or use condoms / contraception if sexually active.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Population Health	Appropriation Unit: Local Health and Administrative Services	Program: Transforming Youth Suicide Prevention in Michigan Program, Phase 2	

PROGRAM STATEMENT

Transforming Youth Suicide Prevention in Michigan, Phase 2, is a multifaceted, statewide program implementing programming and activities related to the prevention of suicides among 10–24 year olds. The three components of the program are Systems Change, Training and Technical Assistance, and Surveillance and Data. A major feature of the systems change work is two grants to county level organizations to develop model rural and urban comprehensive programs that encompass the full spectrum of prevention. Training focuses primarily on key gatekeepers and mental health professionals who come in contact with youth and young adults, including staff in the state's child welfare system.

SOURCES OF FUNDING

Substance Abuse and Mental Health Services Administration (SAMHSA) – Transforming Youth Suicide Prevention

LEGAL BASIS

- MDHHS FY 2017 Appropriations Act, Public Act 268 of 2016, Article X
- Garrett Lee Smith Memorial Act
- PUBLIC LAW 108–355—OCT. 21, 2004;

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

Model program development and implementation is underway in Marquette (rural) and Oakland (urban) counties. More than 1,700 individuals have participated in a gatekeeper training supported by the program. There have been 26 persons trained as gatekeeper trainers, and almost 300 mental health professionals have received training in working with suicidal individuals; over 150 individuals from around the state have participated in the program's annual knowledge and skill building technical assistance meeting. A state youth suicide prevention epidemiological data plan has been developed.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration:	Appropriation Unit:	Program:	
Population Health	Local Health and Administrative Services	Vital Records and Health Statistics	

PROGRAM STATEMENT

The purpose of this program is to maintain the statewide vital records system and to provide health-related data and information. The Vital Records System involves the registration of all vital events (births, deaths, marriages, and divorces) that occur in Michigan to provide legal documentation of these events. The Michigan Vital Records System now totals over 32 million records: birth, death, and marriage records starting with the year 1867, divorce records starting with 1897, and affidavits of parentage filed after June 1, 1997. To maintain this system, this program works in partnership with 108 county and city clerk offices, hospitals, physicians, other health care providers, funeral directors, clergy, courts, and other state and federal agencies. The Division for Vital Records and Health Statistics issues copies of birth, death, marriage and divorce records, certificates of stillbirth, and paternity affidavits to individuals and entities that have the legal right to access these records. It also creates replacement records due to parental changes (from adoptions, paternity affidavits, and court judgments) and other legal changes to records such as name changes and corrections. Increasingly, other state and federal agencies are utilizing vital records information to improve administration of government programs and to reduce waste, fraud and abuse within various programs. More details about vital records services available to the public can be found on the Department's WEBSITE (www.michigan.gov/mdhhs and click on "Vital Records: Birth, Death, Marriage, and Divorce Records").

This program also receives health-related data and information from the registered vital events, reports of persons diagnosed with cancer, reports of children having a birth defect, from other state sources, and from other states about Michigan residents. The state wide population based registries is the only means whereby statewide incidence data for births defects and cancers by type and by area of residence can be developed. This data and information are used by other programs in the department, public officials, local health departments, and other public and private agencies to formulate policy, to develop and assess programs, and to understand patterns of illness and disabling conditions in Michigan. The most widely used health statistics about Michigan residents (overall and by counties, local health jurisdictions, and cities and townships with at least 10,000 populations) can be found on the department's website (www.michigan.gov/mdhhs, then select "Statistics and Reports").

The Central Paternity Registry contains all voluntary affidavits of parentage and court determinations of paternity established in Michigan since June 1, 1997. The registry provides online access to paternity data by the Office of Child Support staff within MDHHS and to Friend of the Court and prosecutors' office staff for use in establishing and monitoring child support issues.

The registration of live births with the State Registrar is accomplished with state supported internet-based software and a new Web-based death registration process now in operation in 78 counties. A new centralized method for birth certification is now in pilot in eight local registrar's offices that better coordinates state and local offices and should lead to reduced operational costs at both the state and local level. Work is continuing to use new health information exchange protocols for cancer and birth defects case reports, for which pilots began in 2014.

SOURCES OF FUNDING

Centers for Disease Control and Prevention (CDC) - Cancer Registry Grant and Birth Defects Grant
Centers for Disease Control and Prevention (CDC) – National Death Taxes
U.S. Department of Human Services – IV-D Child Support Enforcement Program
Social Security Administration (SSA) – Birth and Death Records
Health Resources and Services Administration (HRSA) - Medicaid Title XIX
Vital Records Fees

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration:	Appropriation Unit:	Program:	
Population Health	Local Health and Administrative Services	Vital Records and Health Statistics	

SOURCES OF FUNDING (Continued)

Newborn Screening Fees
General Fund/General Purpose

LEGAL BASIS

- MDHHS FY 2017 Appropriations Act, Public Act 268 of 2016, Article X
- Public Health Code, Act No. 368 of 1978, as amended, Parts 26, 28 and 57 and Act 305 of 1996

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

During FY 2016, there were 100,581 requests for certified copies of Michigan Vital Records (83 percent were birth records), and 13,257 requests for legal changes to vital records. Of those, 93 percent were changes to birth records. There were 114,105 certified copies of Michigan vital records issued (84 percent were birth records). In addition, there were 5,356 requests associated with the prisoner reentry program coordinated with the Department of Corrections and 397,040 birth verifications performed by the MDHHS to determine applicant eligibility. During calendar year 2015, 357,943 new vital records were received and processed for vital events in Michigan. These records were added to 32 million vital records already on file. New records included 112,962 birth records, 93,470 death records, 54,141 marriage records, 31,206 divorce records, and 74,082 paternity documents. Through October 2016, there were 114,227 reports received for persons with a diagnosed cancer. As of October 2016, the Cancer Registry contained 1,727,658 cancer patient tumor records, with 54,824 incidence case reports for diagnosis year 2014. In addition, there are 806,363 reports on children with birth defects in the birth defects registry. The total number of children to date (consolidated) for all years is 365,723, with the number of reports received per year (since 2012) averaging 44,114.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration: Population Health	Appropriation Unit: Family, Maternal, and Child Health	Program: Women, Infants, and Children Special Supplemental Nutrition Program	

PROGRAM STATEMENT

Women, Infants, and Children (WIC) is a United States Department of Agriculture (USDA) federally funded program that provides nutritious food, nutrition education, breastfeeding education and support, and referrals to health care and other services for over 232,000 women, infants and children monthly with incomes at or below 185 percent of poverty to address nutrition and health risks. WIC operates as an adjunct to prenatal and pediatric health care thereby improving health outcomes and the prospects for appropriate growth and development during infancy and childhood to age 5 years. The program also serves as a primary point of entry to the health care system. WIC provides food through WIC Electronic Benefits Transfer (EBT), nutrition education, breastfeeding support and referrals to health care and other services. Infant formula rebate funds are used to support food costs in accordance with USDA regulations.

WIC Nutrition Services – WIC clients receive a health and nutrition assessment at the time of enrollment in WIC and at regular intervals. Health and nutrition professionals use this assessment to discuss health and behavioral changes with WIC clients, develop a nutrition education plan, and provide appropriate nutrition education. Clients may also access nutrition education on-line, via the www.wichealth.org website, which assesses the client's interests, provides appropriate nutrition guidance, and evaluates the client's intent to change. The MI WIC data system measures the impact of services on health outcomes of WIC mothers and children such as rates of low birth weight, breastfeeding, prenatal weight gain, smoking, iron status, and childhood overweight and underweight.

WIC-EBT - Michigan WIC clients receive food benefits via EBT, using the Michigan WIC Bridge card. The EBT system replaced all paper-based food coupons throughout all counties in Michigan. Authorized WIC vendors in Michigan are equipped with point-of-sale devices that are used by WIC clients to obtain WIC-eligible foods for purchase. The EBT system provides flexibility to clients to purchase foods throughout the benefit month and shortens the payment delay for WIC vendors.

Breastfeeding Initiatives - The WIC program supports and promotes breastfeeding. All WIC clinics have trained staff to assist mothers and infants with breastfeeding. WIC partners with Michigan State University Extension to administer the Mother-to-Mother Peer Counseling Program to help new breastfeeding mothers and babies establish and maintain breastfeeding. The program provides new moms with a peer counselor with breastfeeding experience who can answer questions before and after a baby is born. The goal is to increase breastfeeding initiation and duration to enhance the health of infants.

Farmer's Market Nutrition Program (FMNP) - The WIC/FMNP program in Michigan, known as WIC Project FRESH, provides participants in the Special Supplemental Nutrition Program for WIC with coupons for use in the months of June-October to purchase fresh, locally grown, unprepared fruits and vegetables at local farmer's markets. Nearly 27,000 Michigan WIC participants received these nutrition benefits in addition to their WIC food package in 2016. Local Michigan farmers are reimbursed for the face value of the coupons. Each family participating in WIC Project FRESH receives a minimum of \$20 worth of coupons for use on fresh, locally grown, unprepared fruits and vegetables. Clients are provided with nutrition education prior to receiving WIC Project FRESH benefits. Studies have shown the numerous benefits of fruits and vegetables. They are important sources of many nutrients, including potassium, dietary fiber, folate (folic acid), and Vitamin A and Vitamin C. They also help maintain a healthy weight and healthy blood pressure and most are naturally low in fat and calories while none has cholesterol. In addition, the consumption of fruits and vegetables reduce the risk of developing kidney stones, heart disease, Type II Diabetes, and certain types of cancer.

Michigan Department of Health and Human Services		PROGRAM DESCRIPTION	Fiscal Year 2018
Administration:	Appropriation Unit:	Program:	
Population Health	Family, Maternal, and Child Health	Women, Infants, and Children Special Supplemental Nutrition Program	

SOURCES OF FUNDING

- WIC Farmer's Market Nutrition Program
- WIC Breastfeeding Peer Counseling
- WIC Infrastructure Grants
- Summer Food Service Program for Children
- Private – W K Kellogg Foundation
- Private Rebates - WIC Infant Formula Rebate Program (Mead and Johnson and Company, LLC)
- Private - Infant Formula Rebates

LEGAL BASIS

- MDHHS FY 2017 Appropriations Act, Public Act 268 of 2016, Article X
- Child Nutrition Act, seven CFR Part 246

PROGRAM EFFECTIVENESS / PROGRAM OUTCOMES

More than 232,000 participants receive WIC benefits each month. The Michigan WIC program serves over 53 percent of all infants born in the state and approximately 84 percent of all WIC families are at or below 150 percent of the poverty.

MDHHS Program Descriptions, January 2017

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