

STATE OF MICHIGAN

Social Services Block Grant

Intended Use Plan and Pre-Expenditure Report

Fiscal Year 2021

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I. State/Federal Fiscal Year covered in Pre-expenditure Plan (REQUIRED)

Specify the fiscal year, including start and end dates, covered in the pre-expenditure plan.

Fiscal Year (*select one*):

State

Federal

Dates (*start and end date of fiscal year*):

Start Date: 10/01/2020

End Date: 09/30/2021



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES

LANSING

GRETCHEN WHITMER
GOVERNOR

ROBERT GORDON
DIRECTOR

Mr. Lynwood McDaniel Jr.
Social Services Program Specialist
Office of Community Services
Administration for Children and Families
U.S. Department of Health and Human Services
330 C Street, S.W., 5th Floor
Washington, DC 20201

Dear Mr. McDaniel:

Enclosed is the Social Services Block Grant Intended Use Plan and pre-expenditure report for the State of Michigan. The report covers State and Federal Fiscal Year 2021, which runs from 10/1/20 to 09/30/21.

The State SSBG official receiving the SSBG Grant Award is:

Mr. Robert Gordon
Michigan Department of Health and Human Services Director
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The Authorized Organizational Representative is:

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The SSBG program contact person is:

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If you have any questions regarding this report, please contact MDHHS-Grants@michigan.gov.

Sincerely,

Chris Stickney, AOR

III. Public Inspection

The governor of Michigan has designated the Michigan Department of Health and Human Services as the state agency to receive and administer the Title XX Social Services Block Grant. The department has produced this plan to meet the requirements for receiving Title XX Social Services Block Grant funds and to facilitate public comment on the services to be supported by Title XX funds.

A public hearing for the SSBG State plan was held on August 14, 2020. The draft plan was published and made electronically available for public comment and review during the month of July 2020 and announced to the Michigan Department of Health and Human Services local offices, the Legislature, and other interested groups and individuals for comment. A designated electronic mailbox (MDHHS-SSBGMail@michigan.gov) was used to receive comments from interested groups and individuals on the draft plan.

A copy of the press release and newspaper articles is provided in Appendix A.

IV. Narrative

A. Administrative Operations

1. State Administrative Agency

Agency Designated to Administer SSBG Program:
Michigan Department of Health and Human Services (MDHHS)

Vision:

Develop and encourage measurable health, safety and self-sufficiency outcomes that reduce and prevent risks, promote equity, foster healthy habits, and transform the health and human services system to improve the lives of Michigan families.

Guiding Principles:

- Ensure that Michigan youth are healthy, protected, and supported on their path to adulthood.
- Safeguard, respect, and encourage the wellbeing of Michigan adults in our communities and our care.
- Support families and individuals on their road to self-sufficiency through responsive, innovative, and accessible service delivery.
- Transform the healthcare system and behavioral health coordination to improve outcomes for residents.
- Promote and protect the health, wellness, and safety of all Michigan residents.
- Strengthen opportunities, promote diversity, and empower our workforce to contribute to Michigan's economic development.

Agency Responsibilities:

MDHHS provides assistance to clients in the following areas: food, childcare, cash, medical and emergency relief. MDHHS is also responsible for providing services for the following programs: child support, foster care and adoption, abuse and neglect, juvenile justice, Native American Affairs, migrant and refugee programs, rehabilitation services, adult and children's services, disability determination, domestic violence prevention and family and community services.

Agency Goals and Objectives:

The following are the goals and objectives of MDHHS:

Goal 1: Children exit foster care to permanent placements.

Objective 1. 41 percent of children entering foster care in a 12-month period will discharge to permanency within 12 months of entering foster care.

Objective 2. 44 percent of children who have been in care for 12 – 23 months will discharge to permanency.

Goal 2: Children free from recurrence of maltreatment.

Objective 1. 95 percent of child victims of abuse and/or neglect not victimized again in a 6-month period.

Goal 3: Food assistance payment accuracy rate.

Objective 1. 94 percent of benefits accurately issued to clients each month.

Goal 4: Children free from abuse or neglect in foster care.

Objective 1. 99 percent of child victims of abuse and/or neglect not victimized again by a foster parent or child caring institution staff person.

Goal 5: Food Assistance Program recoupment from client error or intentional fraud.

Objective 1. \$2,700,000 in benefits retained annually by the state for recovery of Food Assistance Program client error and Intentional Program Violation claims.

2. State Offices/Departments

Below are descriptions of MDHHS program areas where Title XX funds are intended to be allocated:

Adult Protective Services: 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.

Adult Community Placement: Provides services that assist in achieving the least restrictive community-based care settings for adults who require care in licensed community placement: Adult Foster Care facilities or Homes for the Aged.

Adoption Services Program: Provides for adoption planning and placement of children who are permanent state wards due to termination of parental rights. Services are provided to recruit and support permanent placements of children in homes that are capable of meeting the long-term physical, emotional, educational and behavioral needs of the child.

Children's Foster Care: 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. Also, several programs are provided to support older youth in foster care and youth that have exited foster care.

Michigan Youth Opportunities Initiative: Provides improved outcomes for youth transitioning from foster care to adulthood by bringing 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.

Children's Protective Services (CPS): Investigates allegations that a child under the age of 18 is being abused or neglected by a caretaker (a person defined in the law as responsible for the child's health or welfare). CPS also assesses the safety of all children in the household, provides services for the children and family as needs are identified and, if necessary, initiates actions needed to protect children in the home.

Runaway and Homeless Youth Services: Provides crisis-based services to runaway youth ages 12-17 and their siblings and families, including crisis intervention, community education, prevention, case management, counseling, skill building and placement. Provides services to homeless youth ages 16-21 that require support for a longer period of time including crisis management, community education, counseling, placement and life skills.

Child Welfare Licensing: Protects vulnerable children by regulating and consulting with licensees. This industry is regulated through initial licensure, original and renewal inspections, complaint investigations, approval of corrective action plans and taking disciplinary action as needed to protect individuals served.

Community Resource Program (CRP): Offers numerous services and locally customized programs to meet community needs with the assistance of volunteers, donations and grant funding. MDHHS employs Community Resource Coordinators who focus on building relationships to provide additional services to families within the community. Some coordinators are housed within local schools, bringing services directly to clients and low-income families. The CRP responds to the unique and changing needs of MDHHS staff, recipients and community partners. MDHHS volunteers provide services in the following areas:

- Transportation;
- Peer Counseling;
- Tutoring;
- Child Care; and
- Community Engagement and Partnerships.

Domestic and Sexual Violence Prevention and Treatment: Provides funding for domestic violence shelters, sexual assault programs, victim advocacy and services, and all accredited Child Advocacy Centers.

Migrant Program Services: Provides policy and program development, assessment, coordination of services and advocacy for Michigan's migrant and seasonal farmworkers, their family members and dependents through specialized MDHHS field staff, the Interagency Migrant Services Committee, and regional migrant resource councils.

Native American Affairs (NAA): Delivers a broad range of services to Michigan's American Indian and Alaska Native population, tribes, urban Indian organizations, MDHHS field staff, and private agency foster care (PAFC) providers. Services provided include: policy and program development, resource coordination, advocacy, training and technical assistance, coordination of efforts to ensure implementation of applicable state and federal laws, and tribal consultation.

Juvenile Programs: Provides technical assistance, consultation, assessment services and training for state community-based juvenile justice programs and youth in state-operated and private, contracted residential facilities. Assessment services include providing educational services, vocational services, short-term assessment services, cognitive restructuring, family assistance, crises intervention, transportation and recreation.

Multicultural Services: MDHHS contractors provide information, referral, and advocacy services to low income Asian, American Indian/Alaska Native, Hispanic, Arab-American, Chaldean, Jewish and Vietnam veterans applicants or recipients of public assistance. Services include orientation of applicants to the American culture including legal, educational, economic, social, or health matters.

B. Fiscal Operations

1. Criteria for Distribution

SSBG funds constitute approximately 0.2 percent of total funding and about 0.3 percent of all federal funding for MDHHS. The distribution of SSBG funds is influenced by many factors, such as the availability of other federal, state and local funds; the availability of services from other federal or state agencies, private non-profit agencies, local agencies or family members; and the priorities of MDHHS.

2. Planning Process for Use and Distribution of Funds:

Temporary Assistance to Needy Families (TANF) regulations authorize the use of up to 10 percent of a state's TANF grant to carry-out programs pursuant to Title XX of the Social Security Act.

TANF-transferred SSBG funds will support activities as described in this report subject to the federal requirement that TANF funds transferred to SSBG shall be used only for programs and services to children and their families whose income is below 200 percent of the federal income poverty guidelines.

3. Financial Operations System:

MDHHS uses a public assistance cost allocation plan to assign costs to federal and state fund sources for program administration and service delivery. Through the use of appropriate cost allocation methodologies, the department identifies eligible costs for federal funds.

Annually, the state has eligible claims in excess of its Title XX block grant and transfer funds. At that time, Title XX claims across all program areas are reduced to within the state's available funding. Remaining costs are supported with state funds as is necessary. Allowable costs are directed to Title XX per this intended use plan.

C. Program Operations

1. SSBG Statutory Goals the State Plans to Achieve

SSBG Statutory Goals:

- 1. Achieving or maintaining economic self-support to prevent, reduce, or eliminate dependency
- 2. Achieving or maintaining self-sufficiency, including reduction or prevention of dependency
- 3. Preventing or remedying neglect, abuse or exploitation of children and adults unable to protect their own interests, or preserving, rehabilitating or reuniting families
- 4. Preventing or reducing inappropriate institutional care by providing for community-based care, home-based care or other forms of less intensive care
- 5. Securing referral or admission for institutional care when other forms of care are not appropriate, or providing services to individuals in institutions

2. Characteristics of Individuals to be Served

Definitions

Child: For MDHHS protective services programs, child is a person under 18 years of age (MCL 722.622(e)). For all other programs, child is an individual who is not emancipated under 1968 PA 293, MCL 722.1 to 722.6, who lives with a parent or caretaker, and who is either of the following:

(i) Under the age of 18.

(ii) Age 18 and a full-time high school student.

Adult: An adult in need of services is a vulnerable person not less than 18 years of age (MCL 400.11). *Note that there are additional Michigan statutes that define an adult as a person 18 years of age or older and a child as a person under 18 years of age.

Family: For limited purposes of the family independence program, family is defined in MCL 400.57 as a household consisting of a child and either a parent or stepparent of the child, or a caretaker of the child; a pregnant woman; a parent of a child in foster care.

Eligibility Criteria:

Adult Protective Services: Any adult who is reported as at risk of harm from abuse, neglect or exploitation, and there is a reasonable belief that the person is a vulnerable adult in need of protective services.

Adult Community Placement: Adults who are elderly, frail, physically handicapped, emotionally impaired or mentally ill.

Adoption Services Program: All children legally free for adoption under the agency's care and supervision.

Children's Foster Care: Children who have been abused and/or neglected, and who cannot remain in their family homes because the child is at substantial risk of harm or is in surroundings that present an imminent risk of harm and the child's immediate removal from those surroundings is necessary to protect the child's health and safety.

Michigan Youth Opportunities Initiative: Youth, ages 14-23, who were placed out of home with MDHHS under either an abuse and neglect order or delinquency order and who are eligible for federal Chafee funds.

Children's Protective Services: All children and families when any of the following conditions exist: a child is reported, known, or suspected to be in danger of abuse, neglect or exploitation by a person responsible for the child's health or welfare; a child is without proper custody or guardianship; a child is adjudicated neglected and the court requests supervision by MDHHS in the child's home; a child or family is referred for investigation.

Runaway and Homeless Youth Services: Youths, ages 12-20, who are voluntarily admitted for services and have run away from their caretaker, are contemplating running away, are homeless or have been thrown out of their homes or are in crisis or in need of protection. Families of eligible youth may also receive services.

Child Welfare Licensing: Vulnerable children receiving services from licensed facilities including all child caring institutions, child placing agencies, foster family and foster family group homes, and juvenile court-operated facilities.

Community Resource Program: Children, adults and families that have been identified as needing services.

Domestic and Sexual Violence Prevention and Treatment: Adult victims of domestic violence and their children and sexual assault victims of any age.

Migrant Affairs: Migrant and seasonal farmworkers and their family members and dependents.

Native American Affairs (NAA) and Native American Outreach Services (NAOS): People and/or families who self-declare as having American Indian or Alaska Native ancestry or are federally recognized tribal members; and have developed or are at risk for the

development of social, educational, and economic problems, particularly but not limited to: children, families, elders, low-income individuals and disabled persons.

Youth in Transition: Youth who are active in the foster care system, placed out of their home based on abuse and neglect, starting at age 14 and up to age 23; youth, ages 18 to 23, that have been in foster care on or after their 14th birthday but are no longer under MDHHS/Tribal supervision; a youth who has or had an open juvenile justice case and is placed in an eligible placement under the supervision of MDHHS.

Juvenile Programs: Adjudicated delinquent youth who have been committed under Public Act 150, 1974, or who are court wards ordered to the MDHHS for placement and care. Youth who are at risk of becoming delinquent because of home or community involvement.

Multicultural Services: Clients served are low income Asian, American Indian/Alaska Native, Hispanic, Arab-American, Chaldean, Jewish and Vietnam veteran applicants or recipients of public assistance.

Income Guidelines:

Adult Protective Services, Adult Community Placement, Adoption Services Program, Children's Foster Care, Michigan Youth Opportunities Initiative, Children's Protective Services, Runaway and Homeless Youth Services, Child Welfare Licensing, Community Resource Program, Domestic and Sexual Violence Prevention and Treatment Board, Native American Affairs, Indian Outreach Services, Migrant Program Services and Juvenile Programs are provided without regard to income.

Multicultural services require a person or family to have an income level 200 percent below the federal income poverty guidelines.

3. Types of Activities to be Supported

ADOPTION SERVICES

MDHHS provides permanent homes for Michigan Children's Institute wards (permanent state wards) and permanent court wards under the supervision of the department. In certain situations, MDHHS may also provide adoption assistance to assist in supporting the day-to-day care of the child, treatment of medical conditions, or both.

Services are provided to all children legally free for adoption under the care and supervision of MDHHS. Adoption services concentrate on adoption planning and placement of children who are permanent state wards including children who are members of sibling groups, children with physical and emotional handicaps and older children.

MDHHS ensures child welfare clients have access to health care services such as medical, dental and mental health. MDHHS provides medical, psychological and psychiatric services to clients of the Adoption Services Program. MDHHS contracts with a medical consultant who provides policy direction advice, trains MDHHS staff, administers the Health Advisory Resource Team, and meets with state partners on health-related issues.

- SSBG Statutory Goal(s) Supported: 3
- Method of Delivery: Public and Private
- Geographic Area: Statewide

CASE MANAGEMENT

MDHHS administers and provides oversight of case management services throughout the state for MDHHS clients.

A. Adult, Juvenile Justice and Child Welfare Case Management

MDHHS provides the daily administrative rate paid to child placing agencies that deliver foster care case management services on behalf of MDHHS. MDHHS supports the delivery of case management services and intervention by front-line staff, supervisors and program managers in Adult Services; Prevention; Adult and Children's Protective Services (Maltreatment in Care, Centralized Intake); Foster Care (Health Unit/Liaison Officers, Michigan Youth Opportunities Initiative, Educational Planners, Child Welfare Financial Specialists, Permanency Resource Managers and Assistants, Peer Coaches); Foster Home Licensing; Juvenile Justice and Adoption. These case management services often include referrals to specific providers or direct intervention by the front-line staff in areas of health, education, independent living, housing, employment, parenting, transportation and counseling.

MDHHS also supports the organization and management of substantial reform efforts to improve child welfare case management and service delivery by developing an enhanced case practice model (MiTEAM); establishing and implementing a statewide child welfare continuous quality improvement system (with qualitative service review component); and improving the collection and evaluation of child welfare data. Due to a class action lawsuit in Michigan, *Dwayne B. v. Snyder*, additional monitoring activities occur by and through a federal court ordered contract with Public Catalyst Group to ensure the rights of child welfare clients under the care and supervision of MDHHS protected pursuant to the Implementation, Sustainability and Exit Plan (ISEP).

MDHHS provides training and education support to child welfare staff to ensure all child welfare professionals serving child welfare populations in the state have necessary and applicable initial and ongoing training in areas of child welfare service delivery and case management.

B. Migrant Program

MDHHS has been designated as the lead state agency responsible for the assessment, development and coordination of services for Michigan's 90,700 migrant and seasonal farmworkers, their family members and dependents, which includes an estimated 41,000

children and youth under the age of 20. MDHHS responsibilities for migrant and seasonal farmworkers are accomplished through the Office of Migrant Affairs, the Interagency Migrant Services Committee, and nine regional migrant resource councils.

Case management workers throughout the state are augmented by seasonal and full-time migrant program workers located in the counties with the largest number of migrant farmworkers. These staff provide specialized case management services to migrant and seasonal farmworkers including assisting with childcare, food assistance, Medicaid, emergency, and employment services.

In support of these services, migrant program staff also perform extensive outreach activities to locate unserved farmworkers and provide supportive services. They also help address other farmworker needs by collaborating with and making referrals to other migrant service providers who can help with employment services, job skills training programs, healthcare providers, housing services, free legal services, migrant education, English as a Second Language classes and GED programs.

The Office of Migrant Affairs provides specialized training on migrant assistance payments case management, MDHHS migrant policy and outreach to migrant and seasonal farmworkers and their family members receiving MDHHS services.

- SSBG Statutory Goal(s) Supported: 1, 2, 3, 4
- Method of Delivery: Public and Private
- Geographic Area: Statewide

C. Native American Affairs

Native American Affairs (NAA) serves as MDHHS' avenue to comply with federal and state requirements for consultation with American Indian tribes regarding all state plans, programs, legislative changes, and policy changes that impact American Indian and Alaska Native children and families.

NAA delivers a broad range of education and training services to Michigan's approximate 250,000 American Indian/Alaska Native (AI/AN) population, tribes, urban Indian organizations, and department or private agency foster care field staff including, but not limited to: child welfare/direct assistance policy and program development, client resource coordination, advocacy, training and technical assistance, cultural and educational linkages (resource guides, back to school backpacks, conferences, and foster care youth/recruitment incentives), coordination of efforts to ensure implementation of applicable state and federal laws including the federal Indian Child Welfare Act (ICWA) and Michigan Indian Family Preservation Act (MIFPA) pertaining to American Indian/Alaska Native persons, and tribal consultation annually or as requested by tribes.

MDHHS supports coordinated statewide efforts and collaborations with other state entities to ensure the safety, permanency, and well-being of Indian children and families in Michigan, including: Tribal State Partnership, Urban Indian State Partnership, Tribal State Forum, Regional Indian Outreach Worker Meetings, Child Welfare Training

Institute, State Court Administrative Office, Court Improvement Program, Statewide Task Force and Tribal Court Relations Subcommittees; and tribal and urban Indian organization site visits.

- SSBG Statutory Goal(s) Supported: 1, 2, 3, 4, 5
- Method of Delivery: Public and Private
- Geographic Area: Statewide

D. Native American Outreach Services

Native American Outreach Services (NAOS), through coordination and support from the MDHHS Office of Native American Affairs (NAA), assists Michigan's American Indian/Alaska Native residents with issues of a social, educational, psychological, physical, economic and/or cultural nature to improve their quality of life. Native American Outreach Workers (NAOWs) who share or have a knowledge of the values, traditions, customs, and language of tribal communities assist American Indian/Alaska Native families to attain self-sufficiency with a program focus to preserve, rehabilitate, strengthen and reunite families. Native American Outreach Workers (NAOWs) provide information and referral services, homemaker services, serve as a liaison between the American Indian/Alaska Native community, state and local agencies, Indian centers, schools and the non-Native American community.

- SSBG Statutory Goal(s) Supported: 1, 2, 3, 4
- Method of Delivery: Public and Private
- Geographic Area: 16 Michigan Counties (Antrim, Baraga, Charlevoix, Chippewa, Emmet, Gogebic, Houghton, Isabella, Kent, Keweenaw, Luce, Mackinac, Marquette, Menominee, Van Buren, and Wayne).

E. Multicultural Services

Information, referral, and advocacy services are provided to low income Asian, American Indian/Alaska Native, Hispanic, Arab-American, Chaldean, Jewish and Vietnam Veteran applicants or recipients of public assistance. Services include orientation of applicants to the American culture including legal, educational, economic, social, or health matters. Adults are oriented to the agency's work program: Partnership. Accountability. Training. Hope. (PATH). This program requirement is done in order to assist them in fulfilling the responsibility to their families and MDHHS program requirements. Individuals are assisted in determining the appropriate direction to achieve gainful employment.

- SSBG Statutory Goal(s) Supported: 1, 2, 3, 4
- Method of Delivery: Public and Private
- Geographic Area: Statewide

COUNSELING SERVICES

Therapeutic counseling services are provided to MDHHS clients receiving services from a wide variety of MDHHS programs, including Juvenile Justice, Children's Protective Services, Foster Care and Cash Assistance programs. Counseling services include clinical, outreach and group counseling.

- SSBG Statutory Goal(s) Supported: 1, 2, 3, 5
- Method of Delivery: Public and Private
- Geographic Area: Statewide

FOSTER CARE SERVICES - ADULTS

Adult Community Placement (ACP)

ACP Program provides 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. Post-placement/follow-up services are provided.

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.

Specific ACP services can include: case management, counseling, education and training, health-related services, information and referral, money management, pre-placement services, post-placement services, and protection. MDHHS workers authorize personal care supplement payments each month to the AFC/HA provider for Medicaid clients residing in these facilities.

- SSBG Statutory Goal(s) Supported: 1, 2, 3
- Method of Delivery: Public
- Geographic Area: Statewide

FOSTER CARE SERVICES - CHILDREN

A. Children's Foster Care Program

MDHHS provides foster care placement activities for children who have been abused and/or neglected or who cannot remain in their family homes because the child is at substantial risk of harm or is in surroundings that present an imminent risk of harm and the child's immediate removal from those surroundings is necessary to protect the child's health and safety. MDHHS provides temporary supervision of abused or neglected children when deemed necessary by the family court. MDHHS provides the following services:

- Maintains the child in the family home when possible and assists the family in resolving the situation.
- Provides access to therapeutic services designed to remediate familial problems and permit safe reunification with families.
- Supervises children placed out of their homes and works with the families to return the children to their families, if possible.

- Petitions the court for legal termination of parental rights, if necessary.
- Seeks permanent homes for children when neither return to their homes nor adoption is possible.
- Assures payments for necessary social services for children in foster care.

MDHHS provides placement and supervision of all children who are court or state wards. The Children's Foster Care program works closely with the Children's Protective Services program and the Adoption Services program.

MDHHS ensures child welfare clients have access to health care services such as medical, dental and mental health. MDHHS ensures the provision of timely health services, including medical, psychological and psychiatric services to clients of Foster Care Program. MDHHS contracts with a medical consultant who provides policy direction advice, trains MDHHS staff, and meets with state partners on health-related issues. MDHHS also contracts for specialty health services not covered by Medicaid, such as Comprehensive Trauma Assessments.

B. Child Welfare Licensing

The Children's Services Agency, Division of Child Welfare Licensing is responsible for issuing child placing licenses and children's foster home licenses in the state and conducting ongoing monitoring of all child foster care licenses. Foster home licensing consultants are assigned to child placing agencies to assist with the licensing and monitoring of children's foster care licenses. Services provided can include: pre-licensing orientations to potential Child Placing Agency (CPA) applicants; criminal background checks; consultation for the applicant on how to comply with the administrative rules and licensing statutes; training child placing agency certification staff related to the licensing of children's foster homes; training for Child Placing Agency (CPA) and child caring institution staff related to maintaining compliance with administrative rules and statutes as well as good practices; onsite inspections to verify compliance with all administrative rules; license renewal inspections to verify the facility remains in compliance; reviews in foster homes to ensure the safety of foster children and the provision of services by the CPA or for youth in independent living arrangements; consultation to assist with compliance as needed throughout the duration of the license; special investigations when allegations of noncompliance are received; receipt and processing of complaints; special investigations and/or renewal inspections; processing of adverse actions to revoke, suspend, deny issuance or refuse to renew licenses; maintaining the licensing database.

- SSBG Statutory Goal(s) Supported: 3, 4
- Method of Delivery: Public
- Geographic Area: Statewide

C. Juvenile Justice

MDHHS Juvenile Justice Programs administers state and federal grants. Juvenile Justice Programs writes policy for State of Michigan juvenile justice case managers and public and private, contracted juvenile justice residential treatment facilities. Juvenile Justice Programs also manage:

- Regional detention support services.
- An assignment unit for all juvenile justice residential placements.
- Two state-run residential juvenile justice facilities.
- Twenty-three private contracted residential juvenile justice facilities.
- Prison Rape Elimination Act compliance monitoring and audits for all public and private, contracted juvenile justice residential facilities.
- Juvenile forensic mental health examiner training.
- Implementation of the juvenile justice risk assessment system.
- The Michigan School-Justice Partnership statewide initiative.

Juvenile Justice Programs implements the Michigan Youth Reentry Initiative that operates through a contract for care coordination, with an emphasis on assisting young people with medical, mental health or other functional life impairments that may impede success when re-entering the community. The program delivers evidence-based and/or promising practices resulting in lower rates of recidivism, increased employment and education outcomes and permanency for youth with disabilities when re-entering the community.

Juvenile Justice Programs oversees the Michigan School-Justice Partnership, an initiative focused on ending the 'school-to-prison pipeline' in Michigan. Each year, Juvenile Justice Programs brings together multi-disciplinary county teams for a statewide forum designed to keep kids in school and out of the juvenile and criminal justice systems. County teams, led by a judge and intermediate school district superintendent, are tasked with solving the school-to-prison issues in their communities. Team membership includes school principals, teachers, truancy officers and other school personnel, mental health personnel, prosecutors, MDHHS staff, juvenile referees, probation officers and law enforcement.

HOUSING SERVICES

A. Homeless and Runaway Youth

MDHHS contracts, through a continuum of services, with homeless and runaway youth service providers to provide street outreach, prevention, crisis intervention, and basic care centers, offering temporary shelter and transitional living programs for youth needing long-term support. The service array that is offered includes, but is not limited to, assessment, independent living skills, referrals for educational and health care needs, housing referrals, financial training and counseling. Specialized services that address the needs of specific groups of youth, such as foster care alumni; dissolved adoptions or guardianships; lesbian gay bi-sexual transgendered and questioning (LGBTQ) youth; and pregnant and parenting youth are also available.

B. Michigan Domestic and Sexual Violence Prevention and Treatment Board (MDSVPTB)

MDSVPTB, administratively housed in MDHHS, is legislatively mandated to coordinate all statewide functions related to the prevention and treatment of domestic and sexual violence and is the entity responsible for enacting the congressional Violence Against Women Act in Michigan. MDVSPTB sub-contracts to local domestic and sexual violence shelter agencies for the provision of safe shelter housing coupled with voluntary

supportive services as needed to assist domestic violence survivors and their dependent children. This includes onsite shelter managed by the domestic violence program and program-sponsored hotel rooms. Supportive services include 24-hour hotline, individual and group supportive counseling that is empowerment-based and related to domestic violence and/or sexual violence issues, child care during counseling sessions, children's services, transportation, and advocacy services in obtaining health care, criminal justice assistance, financial/specific assistance, employment assistance and housing assistance.

- SSBG Statutory Goal(s) Supported: 1, 2, 3, 4
- Method of Delivery: Public and Private
- Geographic Area: Statewide

INDEPENDENT/TRANSITIONAL LIVING SERVICES

MDSVPTB sub-contracts with local domestic violence agencies for the provision of safe, decent single-family occupancy units coupled with voluntary supportive services, to assist domestic violence survivors and their dependent children. Housing is available 7 days a week, 24 hours a day, 365 days a year for up to 24 months.

- SSBG Statutory Goal(s) Supported: 1, 2, 3, 4
- Method of Delivery: Public and Private
- Geographic Area: Statewide

PROTECTIVE SERVICES FOR ADULTS

Adult Protective Services (APS) provide protection to vulnerable adults who are at risk of harm due to the presence or threat of abuse, neglect, or exploitation. MDHHS provides immediate intervention to APS clients when necessary, which may include cost for placement in a safe environment; personal care aides; housecleaning; fumigation; or other needs that would assist the person to remain safely and independent.

Services in this program:

- Provide immediate (within 24 hours) investigation and assessment of situations referred to the department where an adult is suspected of being or believed to be abused, neglected, or exploited. This includes the operation of a 24-hour centralized intake center, where callers are able to call one number statewide to report suspected abuse, neglect, or exploitation.
- For those found to be in need of protection, assure that the adult is living in a safe and stable situation, including legal intervention, where required, in the least intrusive or restrictive manner.
- Transitional services for individuals relocated when nursing homes close.

Program services are available to any adult who is reported at risk of harm from abuse, neglect, or exploitation, and where there is a reasonable belief that the person is a vulnerable adult in need of protective services.

MDHHS purchases guardianship services for adults. Contractors deliver legal intervention services (guardianship, conservatorship, or both) which include the following duties and obligations to the ward:

- Ensuring that the ward is appropriately housed.
 - Ensuring that provision is made for the care, comfort and maintenance of the ward.
 - Making reasonable efforts to secure medical, psychological and social services, training, education, and social and vocational opportunities for the ward.
 - Filing with the court a report on the condition of the ward in compliance with the probate code.
 - Acting as fiduciary of the ward's estate in compliance with the probate code.
 - Receiving and managing benefit payments on behalf of the beneficiary.
 - Keeping in regular contact with the ward and maintaining an individual client case record of contacts, service plan, progress notes, etc.
 - Upon the death of the ward, notify the probate court and any department providing benefits to the ward, make funeral arrangements, apply for burial funds if necessary, turn the ward's assets over to the individual designated by the probate court and submit a final accounting of the ward's estate to the court.
 - Put in writing and implement a grievance procedure.
 - Have a written procedure to assist in making medical decisions.
 - Carry out all other duties required by the probate code.
 - Use partial guardianships (for example, finances only) when appropriate to maximize the rights maintained by the individual.
- SSBG Statutory Goal(s) Supported: 1, 2, 3, 4
 - Method of Delivery: Public
 - Geographic Area: Statewide

PROTECTIVE SERVICES FOR CHILDREN

The purpose of Children's Protective Services is to assure that children are protected from further harm due to non-accidental physical or mental injury, sexual abuse, exploitation, or neglect by a person responsible for a child's health or welfare. MDHHS staff accomplish this through:

- Investigating reported abuse and neglect.
- Assisting the family in reducing risk and addressing safety factors.
- Referring families to community resources, including family preservation services when appropriate.
- Petitioning the court for removal of the child, if necessary.
- Providing public information about child abuse and neglect.
- Coordinating community service programs.
- Operating a 24-hour centralized intake center, where callers can call one number statewide to report suspected abuse, neglect, or exploitation.

MDHHS Children's Protective Services are provided to all children (under 18 years of age) and families when any of the following conditions exist:

- A child is reported, known, or suspected to be in danger of abuse, neglect or

- exploitation by a person responsible for the child's health or welfare.
- A child is without proper custody or guardianship.
- A child is adjudicated as abused or neglected and the court orders supervision by MDHHS in the child's home.

MDHHS ensures the provision of timely health services, including medical, psychological and psychiatric services to child welfare clients. MDHHS contracts with a medical consultant who provides policy direction advice, trains MDHHS staff, administers the Health Advisory Resource Team, and meets with state partners on health-related issues. MDHHS also contracts for specialty health services not covered by Medicaid, such as Comprehensive Trauma Assessments. The MDHHS migrant program provides interpretation services in children's protective services cases.

- SSBG Statutory Goal(s) Supported: 3, 4
- Method of Delivery: Public
- Geographic Area: Statewide

RESIDENTIAL TREATMENT SERVICES

MDHHS provides care and supervision of abused, neglected and delinquent youth the court places with the department. Counseling as well as other treatment and therapeutic services are provided to youth in child placement residential facilities (child caring institutions).

- SSBG Statutory Goal(s) Supported: 3, 5
- Method of Delivery: Public and Private
- Geographic Area: Statewide

The two state-run juvenile justice residential facilities provide secure treatment and detention services for delinquent youth 12- to 20-years-old, placed either directly by the county court or by an MDHHS juvenile justice specialist through the Juvenile Justice Assignment Unit. Juveniles include males and females who are delinquent for whom community-based treatment is determined inappropriate. Services include secure short-term detention, general residential, treatment of youth who are sexually reactive and substance use disorder treatment. Residential facilities operate at the secure level and include 24-hour, seven days per week staff supervision.

SPECIAL SERVICES FOR YOUTH INVOLVED IN OR AT RISK OF INVOLVEMENT WITH CRIMINAL ACTIVITY

MDHHS may work with high quality mentoring programs in the four core cities (Flint, Detroit, Pontiac, and Saginaw) to expand the number of disconnected youth (such as youth in foster care, children of prisoners, and youth in gangs or at risk of gang involvement) served by mentors. Youth must be matched with a mentor in a formal mentoring program as defined by Mentor Michigan. Mentor Michigan is the state's lead agency on volunteerism. It provides support and resources to organizations around the state by providing training and research, as well as fostering partnerships to advance

mentoring. In addition, Mentor Michigan works to ensure that every young person has a safe and beneficial mentoring experience by developing and promoting the use of quality program standards.

Youth in foster care are defined as youth who have an active foster care case and are placed in the care and supervision of the Michigan Department of Health and Human Services. This includes older youth ages 18-21 that may be enrolled in Young Adult Voluntary Foster Care with the Michigan Department of Health and Human Services. Foster youth do not have to be under the jurisdiction of the court or be placed in a licensed foster home in order to be defined as a foster youth.

Children of Prisoners are defined as children with one or both parents incarcerated in a Federal or State correctional facility or in a local correctional facility if remanded there by a Federal or State court. The term is deemed to include children who are in an ongoing mentoring relationship in this program at the time of their parents' release from prison, for purposes of continued participation in the program. The match process must be initiated while one or both of the incarcerated parent(s) is serving a sentence in a Federal or State correctional facility or in a local correctional facility if remanded there by a Federal or State court.

- SSBG Statutory Goal(s) Supported: 3, 4
- Method of Delivery: Public and Private
- Geographic Area: Statewide

OTHER SERVICES

A. Community Resource Program

MDHHS provides food cards, gas cards, bus tokens and passes, and emergency food pantry of non-perishable goods. Basic hygiene supplies for personal care and house cleaning are provided to MDHHS clients in emergency situations, to children involved with protective services and foster care, to low-income children in local services, or to foster care youth transitioning into independent living arrangements. A variety of trainings and informational sessions are provided through the Community Resource Program (CRP) to eligible and potential clients to increase their understanding and knowledge of available programs and resources. CRP purchases oil changes and gas cards and provides transportation costs and reimbursement to enable MDHHS registered volunteer drivers to continue transporting MDHHS clients who are Medicaid eligible to medical providers and other service providers when there are no other available options. MDHHS provides specialized trainings to volunteers to ensure volunteer and client safety.

Holiday gifts and baskets are provided to low-income families and/or foster children who would not otherwise have the means for these things. These programs are usually operated in partnership with community-based organizations or local chapters of national organizations like Toys for Tots.

B. Back-to-School Backpack Program

MDHHS supports the Back-to-School Backpack program that is administered by MDHHS Community Resource Coordinators (CRC) in local offices through the Community Resource Program (CRP). Free school backpacks filled with age-appropriate and grade-appropriate basic school supplies are provided to low-income school-aged children at the beginning of the school year that would otherwise not have these necessities for their education. This enhances not only their educational opportunities and ability to learn but also their self-esteem and self-worth as they can come to school equipped and ready to learn like their classmates.

- SSBG Statutory Goal(s) Supported: 1, 2, 3
- Method of Delivery: Public and Private
- Geographic Area: Statewide

V. Pre-Expenditure Reporting Form

Part A. Expenditures and Provision Method

OMB NO. : 0970-0234

EXPIRATION DATE: 09/30/2021
REPORT PERIOD: 10/1/20-9/30/21

STATE: Michigan	FISCAL YEAR: 2021
Contact Person: Emiliza Noel	Phone Number: 517 284-9412
Title: Accountant	E-Mail Address: noel@mtchigan.gov
Agency: Department of Health and Human Services	Submission Date: August 30, 2020

Part B. Recipients

OMB NO. : 0970-0234

EXPIRATION DATE: 09/30/2021

STATE: Michigan
FISCAL YEAR: 2021

Service Supported with SSBG Expenditures	SSBG Expenditures		Expenditures of All Other Federal, State and Local funds**	Total Expenditures	Provision Method	
	SSBG Allocation	Funds transferred into SSBG*			Public	Private
1 Adoption Services	\$ 42,296	\$ 3,400	\$ 41,440	87,136	X	X
2 Case Management	\$ -	\$ -	\$ -	-		
3 Congregate Meals	\$ -	\$ -	\$ -	-		
4 Counseling Services	\$ -	\$ -	\$ -	-		
5 Day Care-Adults	\$ -	\$ -	\$ -	-		
6 Day Care-Children	\$ -	\$ -	\$ -	-		
7 Education and Training Services	\$ -	\$ -	\$ -	-		
8 Employment Services	\$ -	\$ -	\$ -	-		
9 Family Planning Services	\$ -	\$ -	\$ -	-		
10 Foster Care Services-Adults	\$ 5,460,590	\$ -	\$ 21,937,630	27,398,220		X
11 Foster Care Services-Children	\$ 13,874,049	\$ 76,288,616	\$ 68,956,315	159,118,980	X	X
12 Health-Related Services	\$ -	\$ -	\$ -	-		
13 Home-Based Services	\$ -	\$ -	\$ -	-		
14 Home-Delivered Meals	\$ -	\$ -	\$ -	-		
15 Housing Services	\$ 2,808,456	\$ -	\$ 168,275	2,976,731		X
16 Independent/Transitional Living Services	\$ -	\$ -	\$ -	-		
17 Information & Referral	\$ 331,904	\$ -	\$ -	331,904	X	X
18 Legal Services	\$ -	\$ -	\$ -	-		
19 Pregnancy & Parenting	\$ -	\$ -	\$ -	-		
20 Prevention & Intervention	\$ -	\$ -	\$ -	-		
21 Protective Services-Adults	\$ 20,368,625	\$ -	\$ 15,616,770	35,985,395		X
22 Protective Services-Children	\$ 3,275,716	\$ 1,790,802	\$ 5,690,160	10,756,678	X	X
23 Recreation Services	\$ -	\$ -	\$ -	-		
24 Residential Treatment	\$ -	\$ -	\$ -	-		
25 Special Services-Disabled	\$ -	\$ -	\$ -	-		
26 Special Services-Youth at Risk	\$ 1,657,968	\$ 80,494	\$ 1,762,123	3,500,585	X	X
27 Substance Abuse Services	\$ -	\$ -	\$ -	-		
28 Transportation	\$ -	\$ -	\$ -	-		
29 Other Services***	\$ -	\$ -	\$ -	-		
30 SUM OF EXPENDITURES FOR SERVICES	\$ 47,819,604	\$ 78,163,312	\$ 114,172,713	\$ 240,155,629		
31 Administrative Costs	\$ 1,234,384	\$ -	\$ -	\$ 1,234,384		
SUM OF EXPENDITURES FOR SERVICES AND ADMINISTRATIVE COSTS	\$ 49,053,988	\$ 78,163,312	\$ 114,172,713	\$ 241,390,013		

* From which block grant(s) were these funds transferred? TANF

** Please list the sources of these funds: TANF, 1-XX, State General Fund

*** Please list other services:

Service Supported with SSBG Expenditures	Children	Adults			Total
		Adults Age 59 Years & Younger	Adults Age 60 Years & Older	Adults of Unknown Age	
1 Adoption Services	227	0	0	0	227
2 Case Management	0	0	0	0	0
3 Congregate Meals	0	0	0	0	0
4 Counseling Services	0	0	0	0	0
5 Day Care-Adults	0	0	0	0	0
6 Day Care-Children	0	0	0	0	0
7 Education and Training Services	0	0	0	0	0
8 Employment Services	0	0	0	0	0
9 Family Planning Services	0	0	0	0	0
10 Foster Care Services-Adults	0	0	27,559	27,559	27,559
11 Foster Care Services-Children	13,689	0	0	0	13,689
12 Health-Related Services	0	0	0	0	0
13 Home-Based Services	0	0	0	0	0
14 Home-Delivered Meals	0	0	0	0	0
15 Housing Services	5,146	4,900	0	4,900	10,046
16 Independent/Transitional Living Services	0	0	0	0	0
17 Information & Referral	740	1421	359	41	1,821
18 Legal Services	0	0	0	0	0
19 Pregnancy & Parenting	0	0	0	0	0
20 Prevention & Intervention	0	0	0	0	0
21 Protective Services-Adults	0	0	0	49,671	49,671
22 Protective Services-Children	95,866	0	0	0	95,866
23 Recreation Services	0	0	0	0	0
24 Residential Treatment	0	0	0	0	0
25 Special Services-Disabled	0	0	0	0	0
26 Special Services-Youth at Risk	33	0	0	0	33
27 Substance Abuse Services	0	0	0	0	0
28 Transportation	0	0	0	0	0
29 Other Services	0	0	0	0	0
30 SUM OF RECIPIENTS OF SERVICES	115,701	6,321	359	77,271	83,951
					199,652

Appendix A: Documentation of Public Hearing

NOTICE OF PUBLIC HEARING

The Michigan Department of Health and Human Services announces the availability of the fiscal year 2021 Title XX Social Services Block Grant (SSBG) State Plan.

The public hearing for the SSBG State Plan will be held virtually via Microsoft Teams: Aug. 14, 2020, 9-10 a.m. The meeting is open to the public and the public may participate by using the following Microsoft Teams link:

https://teams.microsoft.com/l/meetup-join/19%3ameeting_ZjFhNWUwZDYtYTY0My00YWl2LTkzZjAtOGQyNjhjN2Q1ODJi%40thread.v2/0?context=%7b%22Tid%22%3a%22d5fb7087-3777-42ad-966a-892ef-47225d1%22%2c%22Oid%22%3a%228d213c2d-bf83-4bf8-8f04-2d51edd655b7%22%7d
or via telephone by dialing 248-509-0316 and entering Conference ID: 830 672 207#.



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Advertiser: MDHHS

Agency: Brogan & Partners Convergence Marketing

Date of order: July 10, 2020

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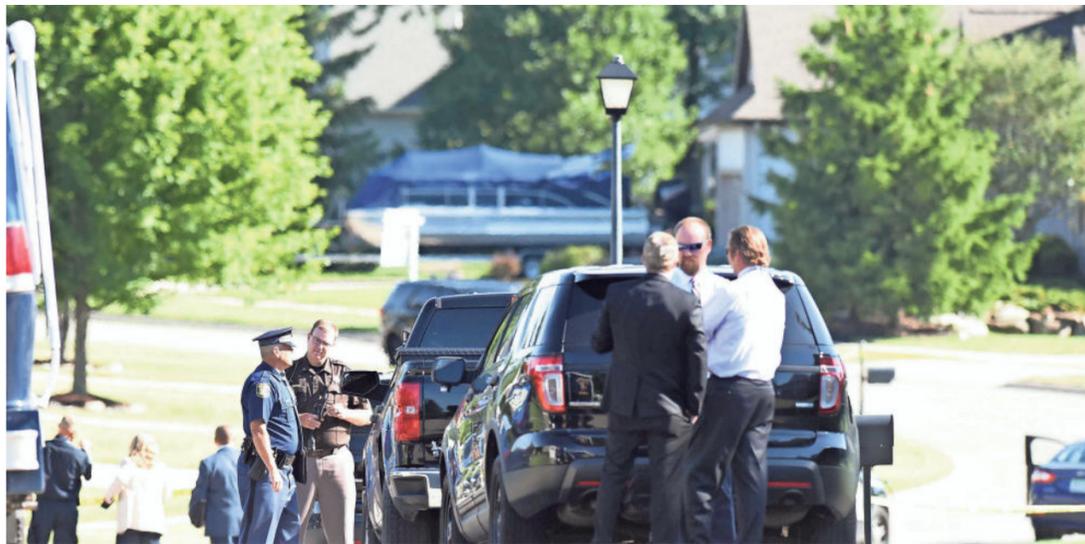
Newspaper Name: **LANSING STATE JOURNAL**

Run Date	Ad Size	Caption/Position/Special Instructions
7/15/2020	2 col x 3.00"	2 col. x 3"-NOTICE OF PUBLIC HEARING

Signed by *Heaven Davis* (MP1/MANSI Representative)
Date: July 15, 2020

Notary Public: *James R. Tarrant*
Date: July 15, 2020

JAMES R. TARRANT
NOTARY PUBLIC – STATE OF MICHIGAN
COUNTY OF VAN BUREN
My commission expires April 12, 2023
Acting in the County of Ingham



Police at the scene of an officer-involved shooting in Delta Township. An Eaton County deputy located the suspect in a stabbing and fatally shot him after he allegedly approached with two knives and a screwdriver.

Stabbing

Continued from Page 1A

stabbed the other man, then fled the area, Oleksyk said. The 77-year-old, who is from Lansing, is in stable condition. His name has not been released.

An Eaton County deputy located Ruis' vehicle at about 7:13 a.m. in a neighborhood several miles away on Jerryson Drive in Delta Township, Oleksyk said. When the deputy made a traffic stop, Ruis got out of his vehicle and approached the deputy with a knife, Oleksyk said.

Oleksyk said the deputy retreated, ordered Ruis to drop the knife, and when he approached again she shot him. Ruis died in surgery at a Lansing area hospital, Oleksyk said.

Eaton County Sheriff Tom Reich said Ruis was holding two knives in one hand and a screwdriver in the other when he went after the deputy.

The weapons are clearly visible in a still image taken from the deputy's body camera footage and released by Reich during a news conference on Tuesday afternoon.

The deputy has been placed on administrative leave pending an investigation by state police and a review by Eaton County Prosecutor Doug Lloyd, Reich said.

An internal review of the incident will determine whether the deputy followed departmental rules, he said. But Reich said he believes she was in fear for her life when she shot the man.

"She had to use deadly force, and she did it properly," the sheriff said.

Video released of incident

Video released by police shows Ruis getting out of his vehicle and walking toward the deputy after she pulled him over. As he walks toward her, the deputy can be heard repeatedly yelling "drop it" and "drop the weapon." Ruis parrots the deputy's orders.

As Ruis passes the front of the deputy's vehicle, he appears to lunge toward the deputy, the video shows. She fires several shots at Ruis, who continues approaching her until he's close enough to touch her.

After the first round of shots, she quickly backs up. When Ruis continues toward her, she fires more rounds until Ruis collapses. Once he is down on the ground, she speaks into her radio: "Shots fired."

The deputy, whose name was not released, is a 22-year veteran with the sheriff's office, Oleksyk said.

Ruis had worked at the Michigan Department of Transportation since 2008, spokesperson Aaron Jenkins said. MDOT's site lists him as a transportation technician within the hot mix asphalt lab services.

An employee at the store where the stabbing occurred referred questions to QD's corporate office. Company officials did not immediately respond to a phone message left for them by the State Journal on Tuesday afternoon.

Ryan Birchfield, who lives in the neighborhood, said Eaton County deputies asked him prior to the shooting



A man was stabbed outside of the Quality Dairy on Lansing Road in Windsor Township early Tuesday.

PHOTOS BY MATTHEW DAE SMITH/LANSING STATE JOURNAL

if he had seen Ruis, who he said is his neighbor. Birchfield told police he had not seen the man.

Birchfield said he then saw Ruis' car turn the corner, speed up and drive down the road. A deputy pursued him. Then he said he heard yelling — something that sounded like a demand to put a weapon down — and then a gunshot.

He said he does not know Ruis but said he and his partner have lived in the area for about a year. They were quiet and kept to themselves, he said.

Whitmer order a 'no-win' for retailers

Whitmer's mask order is a no-win for retailers, said Meegan Holland, vice president of communications and marketing at the Michigan Retailers Association. If retailers do enforce it — which they have to, under Whitmer's order — there will be angry customers. If they don't, they could put their business and other customers in danger.

"It's a really tough position for retailers to be in because they're going to make somebody angry no matter what they do," Holland said.

Even before Whitmer mandated masks at indoor businesses, retail employees were abused by customers who did not want to wear a mask, Holland said. A security guard at a Flint Family Dollar store was shot and killed after an argument over wearing a mask in May.

A message was left with Whitmer's office Tuesday. State police had much of the 11000 block of Jerryson Drive taped off as of 11 a.m. Tuesday. Eaton County deputies, MSP officials and a forensic lab are at the scene.

Jerryson Drive is located in a neighborhood north of St. Joseph Highway and west of Nixon Road.

Michigan State Police are investigating the shooting. Oleksyk said he did not know the status of the deputy. Eaton County Sheriff's Office spokeswoman Jerri Nesbitt referred questions about the status of the deputy to Oleksyk.

Contact reporter Kara Berg at 517-377-1113 or kberg@lsj.com. Follow her on Twitter @karaberg95.

Travel

Continued from Page 1A

cent travel in their history," Ingham County Health Officer Linda Vail said in the release. "Many people are used to being able to get away in the summer, but this is not a typical summer."

High-risk states include Alabama, Arizona, Florida, Georgia, Louisiana, Missouri, Montana, South Carolina, Texas and West Virginia, according to Covid Act Now, a website that tracks COVID-19 numbers.

Michigan and most other Midwest states are listed on the site as at risk.

Ingham County officials are recommending that employers bar workers who have traveled to a high-risk area from returning to the workplace right away and allow them to work from home, if possible.

They also urge that everyone wear a face covering, practice social distancing and wash their hands often while traveling anywhere.

Rules for international travel vary, but the U.S. Centers for Disease Control and Prevention recommends that all international travelers self-quarantine for 14 days.

The number of new COVID-19 cases has been increasing over the past two weeks in much of the state, including the Lansing region.

The state on Monday reported 384 new cases and 7 more deaths from the disease, pushing the confirmed case total to 69,722 and the death toll to 6,075.

Ingham County reported 1,153 confirmed cases on Monday. Eaton County and Clinton County had 287 and 243 cases, respectively. The state listed another



Ingham County Health Officer Linda Vail said, "Approximately one third of positive cases in Ingham County have recent travel in their history."

BOB KILLIPS/LANSING STATE JOURNAL

164 probable cases in those three counties in which an infection was not confirmed by a positive test.

In all, 48 deaths in the tri-county area have been linked to COVID-19.

Because of the surge of new infections, Gov. Gretchen Whitmer on Friday ordered that everyone wear a mask in public indoor areas and crowded outdoor places or face a misdemeanor charge carrying a fine of up to \$500.

Masks were already required in indoor public places, but the previous order did not include a criminal penalty for violations.

Contact Ken Palmer at (517) 377-1032 or kpalmer@lsj.com. Follow him on Twitter @KBPalm_lsj.

Retired LPD captain to head division for Nessel

Ken Palmer Lansing State Journal
USA TODAY NETWORK - MICHIGAN

A retired Lansing police captain is overseeing a newly created Criminal Investigations Division in the state Attorney General's Office.

Thomas Fabus retired in March after more than 24 years with the Lansing force. He took over in April as chief of investigations for Attorney General Dana Nessel.

Nessel said she's realigned her office so that special agents work out of a single division responsible for investigating a broad range of matters, including clergy abuse, cold-case homicides, consumer protection, officer-involved shootings and child support issues.



Fabus

Those 28 agents were previously scattered among various divisions. Another 14 special agents investigate health care fraud and are part of a separate division supported by federal funds, spokesman Ryan Jarvi said.

Jarvi described the organizational change as "a rebalance and realignment of existing staff to maximize their availability and flexibility and ensure a nimble investigative team that is available at every opportunity."

Fabus will work with the Health Care Fraud Division to make sure training and processes are consistent throughout the department, Jarvi said.

Budget details for the new department were unavailable, but Jarvi said the reorganization will have little, if any, impact on the AG's budget.

Fabus' time in the Lansing Police Department included stints in the detective bureau, internal affairs and special operations. In 2010, he helped launch the Capital Area Violent Crime Initiative (VCI), which involves local, state and federal police agencies.

Fabus was assistant commander of the Special Tactics and Rescue Team (S.T.A.R.T) when he retired. He graduated from the FBI National Academy's leadership program in 2015.

In a news release, Nessel described Fabus as "the perfect person" to run the new CID, saying his reputation "is one of commitment and integrity."

Fabus said the CID will emphasize complex case investigations.

"The strength of the Attorney General's Office is in its multidisciplinary professionals — from the investigators and attorneys to the victim advocates — and I'm proud to work alongside these other dedicated professionals ...," he said in a news release.

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NOTICE OF PUBLIC HEARING

The Michigan Department of Health and Human Services announces the availability of the fiscal year 2021 Title XX Social Services Block Grant (SSBG) State Plan.

The public hearing for the SSBG State Plan will be held virtually via Microsoft Teams:

Aug. 14, 2020, 9-10 a.m.

The meeting is open to the public and the public may participate by using the following Microsoft Teams link:

https://teams.microsoft.com/join/19%3a-meeting_ZiFhNWUwZDYtYTY0My00YWI2LTkzZjAtOGQyNjhiN2Q1ODJi%40thread_v2/0?context=%7b%22Tid%22%3a%22d5fb7087-3777-42ad-966a-892ef-47225d1%22%2c%22Oid%22%3a%228d213c2d-bf83-4bf8-8f04-2d51edd655b7%22%7d or via telephone by dialing 248-509-0316 and entering Conference ID: 830 672 207#.

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Date of order: July 10, 2020

This is to certify that the Public Notice scheduled to run in the newspaper listed ran as the placement details below and proof of publication attached.

Newspaper Name: **MARQUETTE MINING JOURNAL**

Run Date	Ad Size	Caption/Position/Special Instructions
7/15/2020	2 col x 3.00"	2 col. x 3"-NOTICE OF PUBLIC HEARING

Signed by *Diana Davis* (MP1/MANSI Representative)
Date: July 15, 2020

Notary Public: *James R. Tarrant*
Date: July 15, 2020

JAMES R. TARRANT
NOTARY PUBLIC – STATE OF MICHIGAN
COUNTY OF VAN BUREN
My commission expires April 12, 2023
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Date of order: July 10, 2020

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Newspaper Name: **PONTIAC OAKLAND PRESS**

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7/15/2020	2 col x 3.00"	2 col. x 3"-NOTICE OF PUBLIC HEARING

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CORONAVIRUS

White House virus task force member says 'none of us lie'

WASHINGTON » A top member of the White House coronavirus task force said Tuesday that "none of us lie" to the public, an accusation President Donald Trump had retweeted, and that while kids need to be back in school as Trump insists, "we have to get the virus under control."

Adm. Brett Giroir's comment came a day after Trump shared a Twitter post from a former game show host who, without evidence, accused government medical experts at the Centers for Disease Control and Prevention, among others, of "lying."

Trump himself has at times disregarded the advice of his medical experts on the task force and continues to play down the threat from the virus as it spikes across the country, forcing some states to slow or reverse steps to reopen their economies.

Asked on NBC's "Today," whether the CDC and other doctors are lying, Giroir allowed that mistakes have been made and that public guidance is updated when more is learned about the virus, "but none of us lie. We are completely transparent with the American people."

Trump has said on several occasions that the virus will "just disappear." Giroir said that is unlikely "unless we take active steps to make it disappear." He appealed to people to wear masks, practice social distancing and to avoid bars and other tightly packed areas.

— The Associated Press

White House effort to undermine Fauci criticized by health experts, scientists, Dems

WASHINGTON » A White House effort to undermine Anthony Fauci has drawn rebukes from public health experts, scientists and mostly Democratic politicians, who argue that it is dangerous for the Trump administration to disparage a highly respected government infectious-disease expert as the novel coronavirus continues to exact a heavy toll on the nation.

The angry reaction occurred after The Washington Post published a story Saturday saying that the relationship between President Donald Trump and Fauci had deteriorated and that the two had not spoken since early June.

The White House gave The Post examples of what it characterized as mistakes that Fauci, the director of the National Institute for Allergy and Infectious Diseases, had made about the pandemic, mostly in the early days when information about the virus was extremely limited. The White House also made the information available to other reporters, some of whom described it as "opposition research."

Academics and researchers rallied to defend Fauci. "It's shocking," said Janis Orlowski, chief health-care officer of the Association of American Medical Colleges. "When you begin to discredit scientists like Fauci, who are national treasures, you are in serious trouble."

Critics of the White House noted that some of the Fauci statements cited by the White House were taken out of context, or incomplete.

— The Washington Post



ASSOCIATED PRESS FILE PHOTO

A subject receives a shot in the first-stage safety study clinical trial of a potential vaccine by Moderna for COVID-19, the disease caused by the new coronavirus, at the Kaiser Permanente Washington Health Research Institute in Seattle. According to results released on Tuesday, early-stage testing showed the first COVID-19 vaccine tested in the U.S. revved up people's immune systems the way scientists had hoped. The vaccine is made by the National Institutes of Health and Moderna Inc.

1st COVID-19 vaccine tested in U.S. poised for final testing

By Lauran Neergaard
The Associated Press

The first COVID-19 vaccine tested in the U.S. revved up people's immune systems just the way scientists had hoped, researchers reported Tuesday — as the shots are poised to begin key final testing.

"No matter how you slice this, this is good news," said Dr. Anthony Fauci, the U.S. government's top infectious disease expert, told The Associated Press.

The experimental vaccine, developed by Fauci's colleagues at the National Institutes of Health and Moderna Inc., will start its most important step around July 27: A 30,000-person study to prove if the shots really are strong enough to protect against the coronavirus.

But Tuesday, researchers reported anxiously awaited findings from the first 45 volunteers who rolled up their sleeves back in March. Sure enough, the vaccine provided a hoped-for immune boost.

Those early volunteers developed what are called neutralizing antibodies in their bloodstream — molecules key to blocking infection — at levels comparable to those found in people who survived COVID-19, the research team reported in the New England Journal of Medicine.

"This is an essential building block that is needed to

move forward with the trials that could actually determine whether the vaccine does protect against infection," said Dr. Lisa Jackson of the Kaiser Permanente Washington Health Research Institute in Seattle, who led the study.

There's no guarantee but the government hopes to have results around the end of the year — record-setting speed for developing a vaccine.

The vaccine requires two doses, a month apart.

There were no serious side effects. But more than half the study participants reported flu-like reactions to the shots that aren't uncommon with other vaccines — fatigue, headache, chills, fever and pain at the injection site. For three participants given the highest dose, those reactions were more severe; that dose isn't being pursued.

Some of those reactions are similar to coronavirus symptoms but they're temporary, lasting about a day and occur right after vaccination, researchers noted.

"Small price to pay for protection against COVID," said Dr. William Schaffner of Vanderbilt University Medical Center, a vaccine expert who wasn't involved with the study.

He called the early results "a good first step," and is optimistic that final testing could deliver answers about whether it's really safe and

effective by the beginning of next year.

"It would be wonderful. But that assumes everything's working right on schedule," Schaffner cautioned.

And Tuesday's results only included younger adults. The first-step testing later was expanded to include dozens of older adults, the age group most at risk from COVID-19. Those results aren't public yet but regulators are evaluating them, and Fauci said final testing will include older adults, as well as people with chronic health conditions that make them more vulnerable to the virus — and Black and Latino populations likewise affected.

Nearly two dozen possible COVID-19 vaccines are in various stages of testing around the world. Candidates from China and Britain's Oxford University also are entering final testing stages.

The 30,000-person study will mark the world's largest study of a potential COVID-19 vaccine so far. And the NIH-developed shot isn't the only one set for such massive U.S. testing, crucial to spot rare side effects. The government plans similar large studies of the Oxford candidate and another by Johnson & Johnson; separately, Pfizer Inc. is planning its own huge study.

Already, people can start signing up to volunteer for the different studies.

Governor shuts bars, dining as virus hits California hard

SACRAMENTO » As the coronavirus swept California with renewed ferocity, the governor once again closed bars, inside dining and, for much of the state, gyms, indoor church services and hair and nail salons in an effort to prevent COVID-19 cases from swamping hospitals.

Gov. Gavin Newsom issued a sweeping set of closures on Monday as the state recorded more than 329,000 cases and deaths topped 7,000. Hospitalizations have surged by 28% in the past two weeks, including a 20% increase in patients requiring intensive care.

That was lower than a 50% hike seen about a week ago but Newsom said he was concerned about the future and implored people to maintain social distance, wear masks in public and stay home when possible.

— The Associated Press

Blame game? Cuomo takes heat over N.Y. nursing home study

NEW YORK » New York Gov. Andrew Cuomo is facing blistering criticism over an internal report that found no strong link between a controversial state directive that sent thousands of recovering coronavirus patients into nursing homes and some of the nation's deadliest nursing home outbreaks.

Scientists, health care professionals and elected officials assailed the report released last week for failing to address the actual impact of the March 25 order, which by the state's own count ushered more than 6,300 recovering virus patients into nursing homes at the height of the pandemic.

And some accused the state of using the veneer of a scientific study to absolve the Democratic governor by reaching the same conclusion he had been floating for weeks — that unknowingly infected nursing home employees were the main drivers of the outbreaks.

— The Associated Press

Care home refused free tests. Now, nearly everyone has virus

BILLINGS, MONT. » It was meant to be a last line of defense to protect the most vulnerable as the coronavirus spread across the United States: Montana officials offered free testing in May for staff and residents at assisted living and long-term care facilities.

But not all of them followed through, according to state data, including a facility in Billings, Montana's largest city, that cares for people with dementia and other memory problems. The virus has infected almost every resident there and killed eight, accounting for almost a quarter of Montana's 34 confirmed deaths. Thirty-six employees also have tested positive. While Montana's rates of confirmed infections and deaths are much lower than other parts of the country, the outbreak at Canyon Creek Memory Care illustrates that even the most simple and common-sense preventive measures have sometimes gone unused during the pandemic, allowing the virus to sweep through elderly care facilities with devastating results.

— The Associated Press

South Africa surpasses the U.K. in confirmed coronavirus cases

JOHANNESBURG » South Africa on Tuesday surpassed the U.K. in its number of confirmed coronavirus cases as the country's president warns of "the gravest crisis in the history of our democracy."

South Africa now has the world's eighth-highest number of cases at 298,292, which represents nearly half of all the confirmed cases on the African continent. That's according to a Health Ministry statement and data compiled by Johns Hopkins University researchers, which showed the U.K. with 292,931 confirmed cases.

The pandemic is now spreading swiftly in parts of the African continent of 1.3 billion people as the world's most poorly funded health systems begin to face what experts have warned all along: They would be rapidly overwhelmed. South African President Cyril Ramaphosa this week said many more virus infections have gone undetected despite the country conducting more than 2.2 million tests, by far the most of any African nation. A strict lockdown had delayed South Africa's surge in cases but it has been loosened under economic pressure. Now, what the president calls the "storm" has arrived, and it is already "stretching our resources and our resolve to their limits."

— The Associated Press

Global coronavirus vaccine plan may allow rich countries to buy more than poor ones

By Maria Cheng
The Associated Press

LONDON » Politicians and public health leaders have publicly committed to equitably sharing any coronavirus vaccine that works, but the top global initiative to make that happen may allow rich countries to reinforce their own stockpiles while making fewer doses available for poor ones.

Activists warn that without stronger attempts to hold political, pharmaceutical and health leaders accountable, vaccines will be hoarded by rich countries in an unseemly race to inoculate their populations first. After the recent uproar over the United States purchasing a large amount of a new COVID-19 drug, some predict an even more disturbing scenario if a successful vaccine is developed.

Dozens of vaccines are being researched, and some countries — including Britain, France, Germany and the U.S. — already have ordered hundreds of millions of doses before the vaccines are even proven to work.

While no country can afford to buy doses of every potential vaccine candidate, many poor ones can't afford to place such speculative bets at all.

The key initiative to help



ASSOCIATED PRESS FILE PHOTO

Philanthropist and Co-Chairman of the Bill & Melinda Gates Foundation Bill Gates gestures as he speaks to the audience during the Global Fund to Fight AIDS event at the Lyon's congress hall, central France. While no country can afford to buy doses of every potential vaccine candidate, many poor ones can't afford to place such speculative bets at all. The key initiative to help them is led by Gavi, a public-private partnership started by the Bill & Melinda Gates Foundation that buys vaccines for about 60% of the world's children.

them is led by Gavi, a public-private partnership started by the Bill & Melinda Gates Foundation that buys vaccines for about 60% of the world's children.

In a document sent to potential donors last month, Gavi said those giving money to its new "Covax Facility" would have "the opportunity to benefit from a larger portfolio of COVID-19 vaccines." Gavi told donor governments that when an effective vaccine

is found within its pool of

experimental shots, those countries would receive doses for 20% of their population. Those shots could be used as each nation wished. That means rich countries can sign deals on their own with drugmakers and then also get no-strings-attached allocations from Gavi. Poorer countries that sign up to the initiative would theoretically get vaccines at the same time to cover 20% of their populations, but they would be obligated to immunize people

according to an ethical distribution framework set by the United Nations.

The donor countries are "encouraged (but not required) to donate vaccines if they have more than they need," the document says.

"By giving rich countries this backup plan, they're getting their cake and eating it too," said Anna Marriott of Oxfam International. "They may end up buying up all the supply in advance, which then limits what Gavi can distribute to the rest of the world."

Dr. Seth Berkley, Gavi's CEO, said such criticisms were unhelpful.

Right now there's no vaccine for anyone, he said, and "we're trying to solve that problem."

Berkley said Gavi needed to make investing in a global vaccine initiative attractive for rich countries. Gavi would try to persuade those countries that if they ordered vaccines already, they should not attempt to obtain more, he said.

But he acknowledged there was no enforcement mechanism.

"If, at the end of the day, those legal agreements are broken or countries seize assets or don't allow the provision of vaccines (to developing countries), that's a problem," Berkley said.

NOTICE OF PUBLIC HEARING

The Michigan Department of Health and Human Services announces the availability of the fiscal year 2021 Title XX Social Services Block Grant (SSBG) State Plan.

The public hearing for the SSBG State Plan will be held virtually via Microsoft Teams:

Aug. 14, 2020, 9-10 a.m.

The meeting is open to the public and the public may participate by using the following Microsoft Teams link:

https://teams.microsoft.com/join/19%3a-meeting_ZIFhNWUwZDYtYTY0Mv00YWI2LTkz-ZjAtOGQvNjhjN2Q1ODJi%40thread.v2/0?context=%7b%22Tid%22%3a%22d5fb7087-3777-42ad-966a-892ef-47225d1%22%2c%22Oid%22%3a%228d213c2d-bf83-4bf8-8f04-2d51edd655b7%22%7d or via telephone by dialing 248-509-0316 and entering Conference ID: 830 672 207#.

Appendix B: Certifications

1. Drug-Free Workplace Requirements
2. Environmental Tobacco Smoke
3. Lobbying
4. Debarment, Suspension and Other Responsibility Matters

CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

This certification is required by the regulations implementing the Drug-Free Workplace Act of 1988: 45 CFR Part 76, Subpart, F. Sections 76.630(c) and (d)(2) and 76.645 (a)(1) and (b) provide that a Federal agency may designate a central receipt point for STATE-WIDE AND STATE AGENCY-WIDE certifications, and for notification of criminal drug convictions. For the Department of Health and Human Services, the central point is: Division of Grants Management and Oversight, Office of Management and Acquisition, Department of Health and Human Services, Room 517-D, 200 Independence Avenue, SW Washington, DC 20201.

Certification Regarding Drug-Free Workplace Requirements (Instructions for Certification)

1. By signing and/or submitting this application or grant agreement, the grantee is providing the certification set out below.
2. The certification set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. If it is later determined that the grantee knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, the agency, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free Workplace Act.
3. For grantees other than individuals, Alternate I applies.
4. For grantees who are individuals, Alternate II applies.
5. Workplaces under grants, for grantees other than individuals, need to be identified on the certification. If known, they may be identified in the grant application. If the grantee does not identify the workplaces at the time of application, or upon award, if there is no application, the grantee must keep the identity of the workplace(s) on file in its office and make the information available for Federal inspection. Failure to identify all known workplaces constitutes a violation of the grantee's drug-free workplace requirements.
6. Workplace identifications must include the actual address of buildings (or parts of buildings) or other sites where work under the grant takes place. Categorical descriptions may be used (e.g., all vehicles of a mass transit authority or State highway department while in operation, State employees in each local unemployment office, performers in concert halls or radio studios).
7. If the workplace identified to the agency changes during the performance of the grant, the grantee shall inform the agency of the change(s), if it previously identified the workplaces in question (see paragraph five).
8. Definitions of terms in the Nonprocurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to this certification. Grantees' attention is called, in particular, to the following definitions from these rules:

Controlled substance means a controlled substance in Schedules I through V of the Controlled Substances Act (21 U.S.C. 812) and as further defined by regulation (21 CFR 1308.11 through 1308.15);

Conviction means a finding of guilt (including a plea of nolo contendere) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violations of the Federal or State criminal drug statutes;

Criminal drug statute means a Federal or non-Federal criminal statute involving the manufacture, distribution, dispensing, use, or possession of any controlled substance;

Employee means the employee of a grantee directly engaged in the performance of work under a grant, including: (i) All direct charge employees; (ii) All indirect charge employees unless their impact or involvement is insignificant to the performance of the grant; and, (iii) Temporary personnel and consultants who are directly engaged in the performance of work under the grant and who are on the grantee's payroll. This definition does not include workers not on the payroll of the grantee (e.g., volunteers, even if used to meet a matching requirement; consultants or independent contractors not on the grantee's payroll; or employees of subrecipients or subcontractors in covered workplaces).

Certification Regarding Drug-Free Workplace Requirements

Alternate I. (Grantees Other Than Individuals)

The grantee certifies that it will or will continue to provide a drug-free workplace by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an ongoing drug-free awareness program to inform employees about - -
 - (1) The dangers of drug abuse in the workplace;
 - (2) The grantee's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
- (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will - -
 - (1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

(e) Notifying the agency in writing, within 10 calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted - -

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).

(B) The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance (Street address, city, county, state, zip code)

235 S. Grand Ave, Suite 800

Lansing, Mi 48933-1805

Check if there are workplaces on file that are not identified here.

Alternate II. (Grantees Who Are Individuals)

(a) The grantee certifies that, as a condition of the grant, he or she will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant;

(b) If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, he or she will report the conviction, in writing, within 10 calendar days of the conviction, to every grant officer or other designee, unless the Federal agency designates a central point for the receipt of such notices. When notice is made to such a central point, it shall include the identification number(s) of each affected grant.

[55 FR 21690, 21702, May 25, 1990]



Signature and Date

Christopher Stickney

Printed Name

Departmental Specialist, AOR

Title

Michigan Department of Health and Human Services

Organization

CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103227, Part C Environmental Tobacco Smoke, also known as the Pro Children Act of 1994, requires that smoking not be permitted in any portion of any indoor routinely owned or leased or contracted for by an entity and used routinely or regularly for provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children’s services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1000 per day and/or the imposition of an administrative compliance order on the responsible entity by signing and submitting this application the applicant/grantee certifies that it will comply with the requirements of the Act.

The applicant/grantee further agrees that it will require the language of this certification be included in any subawards which contain provisions for the children’s services and that all subgrantees shall certify accordingly.



Signature and Date

Christopher Stickney

Printed Name

Departmental Specialist, AOR

Title

Michigan Department of Health and Human Services

Organization

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.



Signature and Date

Christopher Stickney

Printed Name

Departmental Specialist, AOR

Title

Michigan Department of Health and Human Services

Organization

CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS

Certification Regarding Debarment, Suspension, and Other Responsibility Matters - -
Primary Covered Transactions

Instructions for Certification

1. By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.

2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

4. The prospective primary participant shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

5. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations.

6. The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency entering into this transaction.

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusive-Lower Tier Covered Transaction," provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant

may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

Certification Regarding Debarment, Suspension, and Other Responsibility Matters - - Primary Covered Transactions

(1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency;

(b) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and

(d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

(2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - - Lower Tier Covered Transactions

Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.

2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other

remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.

4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.

5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph five of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - - Lower Tier Covered Transactions

(1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared

ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

(2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.



Signature and Date

Christopher Stickney

Printed Name

Departmental Specialist, AOR

Title

Michigan Department of Health and Human Services

Organization

Appendix C: Proof of Audit

Federal regulations state that: "Each State shall, not less often than every two years, audit its expenditures from amounts received (or transferred for use) under this title...Within 30 days following the completion of each audit, the State shall submit a copy of that audit to the legislature of the State and to the Secretary." (Sec. 2006 [42 U.S.C. 1397a, Sec. 2006]).

Proof of Audit

The single audit report for the year ended September 30, 2018 is posted on the Michigan Office of the Auditor General's website at:

<https://audgen.michigan.gov/wp-content/uploads/2019/07/r000010019.pdf>

In addition, the audit report has been received by the Federal Audit Clearinghouse.

Appendix D: Grant Authority Signing Letter



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

ROBERT GORDON
DIRECTOR

March 18, 2019

Dear Grant Administrator:

This letter is to assign authority to the Michigan Department of Health and Human Services Federal Reporting Section to sign and certify all grant-related documentation with federal agencies as the Department's Authorized Organizational Representative.

Due to the size of the Michigan Department of Health and Human Services and the large number of grants it administers, the Federal Reporting Section has been tasked with administration of the application, receipt and management of grants within the Department. Chris Stickney, Departmental Specialist, and Rebecca Jones, State Administrative Manager, within the Federal Reporting Section are hereby authorized to apply for, enter into and administer grant agreements with federal agencies as the Department's Authorized Organizational Representatives.

Any questions regarding this authorization may be directed to Rebecca Jones, Federal Reporting Manager, at 517-284-9383 or JonesR6@michigan.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert Gordon", written over a white background.

Robert Gordon

RG:cs

VII. Additional Information
PROTECTION OF RIGHTS OF PERSONS
APPLYING FOR OR RECEIVING SERVICES
FUNDED BY THE SOCIAL SERVICES BLOCK GRANT

Confidentiality

Michigan Act 280 of Public Acts of 1939 contains provisions that govern the use and disclosure of information in social services records. These are found in Section 35 and 64 of Act 280, being Sections 400.35 and 400.64, Michigan Compiled Laws. In addition to the state law, the Department has promulgated Administrative Rule 400.6. Other state laws and administrative rules that apply to specific programs include:

- Section 748, Act 258, 1974, being MCLA 330.1748 (Mental Health Code).
- Section 11, Act 220, 1935, being MCLA 400.211 (MCI Act).
- Section 8, Act 150, 1974, being MCLA 803.308 (Youth Rehabilitation Act).
- Section 5 and 7, Act 238, 1975 as amended by Act 372, 1988, being MCLA 722.627 and 722.627 (Child Protection Act)
- Section 67 and 68, Act 296, 1974, as amended by Act 116, 1980 and Act 505, 1988, being MCLA 710.67-68 (Adoption Code).
- Section 13, Act 442, 1977, being MCLA 15.243 (Freedom of information Act).
- Section 28, Act 288, 1939, as amended by Act 330, 1982; Act 420, 1984; Act 170, 1986; Act 18 and 91, 1988; and Act 73, 1989 being MCLA 712A.28 (Juvenile Code).
- Section 10, Act 116, 1973, being MCLA 772.120 (Child Care Organization Act).
- Section 12, Act 218, 1979, being MCLA 400.712 (Adult Foster Facility Licensing Act).
- The law and the administrative rules provide protection of confidentiality for clients in services programs supported by Social Services Block Grant funds.

Hearings and Appeals

Act 280 of Public Acts of 1939, Section 65, as amended by Act 401, 1965, being Section 400.65 of Michigan Compiled Laws, specifies that the department shall prescribe rules and regulations for the conduct of hearings, appeals and complaints. Administrative Rule 400.901-922 provides the same hearing procedure for all department clients.

Standards of Promptness

Administrative Rule 400.2 states that applications shall be processed within the standard of promptness established in federal regulations. With the elimination of any federal regulations governing the standard of promptness for Title XX Social Services, programming receiving Social Services Block Grant funds will be governed by department policy. Department policy will continue with standards of promptness for Social Services Block Grant funded services that require processing applications within 45 days.