

WHO WE ARE



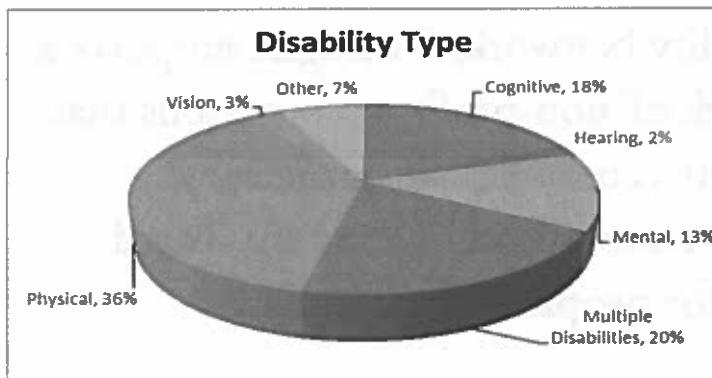
Disability Network/Michigan supports a network of non-profit organizations that promote economic self-sufficiency, barrier removal and community-based living for people with disabilities.

WHO WE ARE



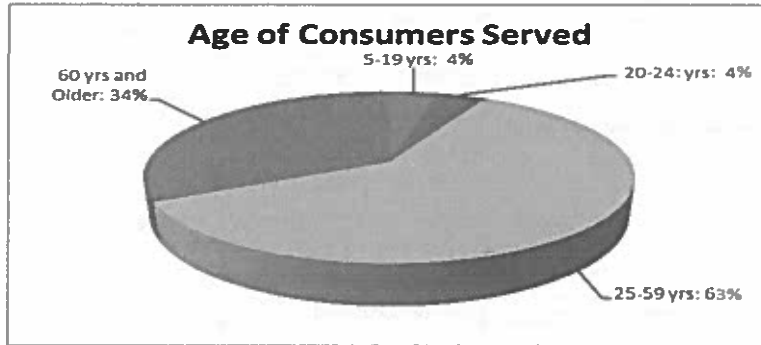
- Disability Network affiliated organizations are federally-funded as Centers for Independent Living (CILs); and as Independent Living Services in the MDHHS budget.
- There are 15 Centers for Independent Living located throughout the state.
- We are the only disability-related organizations that serve all ages of people, and all disability types.

DEMOGRAPHICS



DEMOGRAPHICS

DISABILITYnetwork



PROGRAM MANDATES

DISABILITYnetwork



- **Federal Oversight: Administration on Community Living**
- **State Oversight: MDHHS/Michigan Rehabilitation Services**
- **Mandates Core Services:**
 - Community Transitions
 - Skill Building
 - Information & Referral Services
 - Peer Support & Mentoring
 - Individual & Systems Advocacy

PERFORMANCE OUTCOMES

Category	Data Point	2015
Information & Referral Services	# of People	23,682
	# of Services	53,437
	Average # of Services/Person	2.26
Consumer Services: Mandated Core Services	# of People	8,779
	# of Services	57,907
	Average # of Services/Person	6.60
Total # of People with Disabilities Served		32,461
Systems Change- Community Education	# of People Educated	138,368
Total People's Lives Touched		170,829

PERFORMANCE OUTCOMES



Independent Living Domain	Goal Completion Rate*
Employment	61%
Education	65%
Housing	51%
Transportation	67%
Health Care	80%
Assistive Technology	85%
Accessibility	69%
Recreation & Leisure Activities	62%
Supports to Remain Independent in Community	66%
Transition from Nursing Facility to Community Living	76%

**Three year average of self-reported goal completion*

BARRIERS TO SELF-SUFFICIENCY



- Access to employment & livable wages
- Fear of losing benefits
- Affordable and accessible housing
- Transportation
- Access to higher education & literacy
- Access to personal assistance services

SELF SUFFICIENCY PILOT PROJECT



- n=1,139 (FY 14 & FY 15)
- Employment:
 - 70% unemployed
 - 16% part-time employment
 - 4% full-time
- Housing- 25% living in shelter/transitional housing

SELF SUFFICIENCY PILOT PROJECT



- Transportation:
 - 25% rely on public transportation
 - 14% no transportation
 - 23.5 rely on family and friends
- Education
 - 25% no diploma/GED
 - 63% obtained diploma/GED
 - 6% post-secondary education

PATH TO SELF SUFFICIENCY



- The disability is seldom the barrier
- It's a journey
- It requires some trial and error (and a safety net)
- There is inter-connectedness between education, safe housing, access to community resources and stable employment...a focus on one area, and not the other, may hinder overall success...services must be holistic.

FY 2017 LEGISLATIVE ASK



- We are requesting you support the Governor's budget recommendation of \$12,031,600 (no increase)
- The amount of GF/GP= \$3,570,000
- Remainder is Federal funding; much of which relies upon the GF/GP for match
- Independent Living Services saves the state money...total calculated return on investment for FY 15 was \$48 million
 - Transition from nursing homes
 - Employment



SARA GRIVETTI, MA, CRC
CHIEF EXECUTIVE OFFICER
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House DHHS- Human Services Subcommittee

Judith Jove
Family Services & Children's Aid and
Michigan Federation
3/3/2016

Dear Chairman Poleski and Members of the House Human Services Subcommittee,

My name is Judy Jove and I am the Executive Director of Family Service & Children's Aid, a not for profit company located in Jackson, Michigan. Our agency provides a variety of programs including child welfare services as a licensed child-placing agency contracted with the Department of Health and Human Services. While we also provide counseling, education and adult guardianship services, foster care and adoption comprise approximately 29% of our agency's 2.4 million dollar budget. We receive an administrative rate from DHHS that helps cover the costs of service delivery as a partner in the child welfare system.

As you consider the DHHS budget, I would like to share updates on the impact of the renegotiated Modified Settlement Agreement on a small agency like ours. We meet significantly increased service requirements under MSA - now called Implementation, Sustainability and Exit plan or ISEP, to assure adequate time for child welfare services can occur and more timely permanency plans will be established.

One thing MSA/ISEP requires is implementation of the web platform MISACWIS.

We have worked hard over the past several years to implement MISACWIS. After a nightmarish rollout, things have continued to improve. In the field we are seeing better integration of MISACWIS. But while the MDHHS has provided renewed support, training and visits from state teams, the necessary agency efforts have not decreased and we all have more to do. A small example of what those efforts look like. We currently have 45 children in our child welfare program. We spend many hours involved in capturing and reviewing data. While timeliness of data is necessary and critical, it requires time to accomplish activities and we continue to incur costs related to needs for increased staffing, increased IT, submission and resubmission of billings, training and retraining on data system, staff turnover, computer hardware and other technology costs, cyber liability insurance and other costs of program administration.

There are still additional implementation activities required to meet the intent of ISEP. Workers are required to have at least 32 hours of continuing education this year, and starting in October they are required to have 40 hours. This adds time demand and cost. Parental visit requirements, particularly those occurring multiple times a week for children under 3, have caused my agency to hire a full-time transporter/visit monitor to accomplish. Case managers, even with reduced caseloads are hard pressed to accommodate the transportation and visit time, and with many of our foster families containing two parent working families, we had to add the additional help.

Our administrative rate for services includes payment in partial recognition of the significantly increased service requirements under ISEP. The amount is not

Michigan Department of Health and Human Services
Michigan Department of Health and Human Services
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sufficient to cover the other costs incurred due to the ISEP requirements, MiSACWIS implementation and new contractual requirements. To cover costs for child welfare services, our local community generously donates additional dollars to support services to foster and adoptive children and families. In fiscal year 2015, my agency raised over \$115,000 in private donations to help support needed services in foster care and adoption. Part of the need for fundraising comes from the need to subsidize child welfare services for required services beyond what the current rate supports. Part came from waiting on outstanding payments which we and our partners at DHHS have spent countless hours working out. Although things have improved for us, there still remain outstanding payments: agencies like ours should not have to bear the burden of waiting for payments over several fiscal years.

I also want to update you on adoption program needs. As a provider of the Dave Thomas Foundation for Adoption Wendy's Wonderful Kids program, a child-specific recruitment program designed to match the hardest to place, longest waiting children with adoptive parents, we have matched 143 children from mid-Michigan with adoptive families. Many of these children evidence significant emotional and medical needs, not all of which are apparent at the time subsidy is negotiated. Their adoptive families come with willingness to take children into their hearts and homes, but frequently lack the financial resources to provide care to youth with significant special needs. The inability of many adoptive parents to shoulder the additional financial burden can only negatively impact children's ability to secure permanent families.

It is likely that savings in adoption subsidy by inability to renegotiate the rate may result in more children languishing in temporary care, moving from placement to placement, or remaining in residential care due to their more extensive needs.

Please ensure that the DHHS appropriation budget includes retaining the present administrative rate for child placing agencies so community agencies like Family Service can continue to support the needs of our families locally. Further, please do not eliminate the ability of adoptive families to renegotiate adoption subsidy. The financial and human costs to cuts for Michigan's children and families will be far more than the savings projected.

I would like to thank you for your openness to this input on the Department of Health and Human Services Budget Appropriations.

Sincerely,

Judy Jove
Executive Director, FSCA



**Testimony Presented to the House Appropriations
Human Services Subcommittee
for the Department of Health and Human Services**

Gilda Z. Jacobs, President and CEO

March 3, 2016

Good afternoon, Chairman Poleski and members of the Subcommittee. I am Gilda Jacobs, President and CEO of the Michigan League for Public Policy. The League has been advocating for low-income families and children in Michigan for more than 100 years, and I am pleased today to have the opportunity to present our comments about the governor's proposed DHHS budget for the upcoming fiscal year.

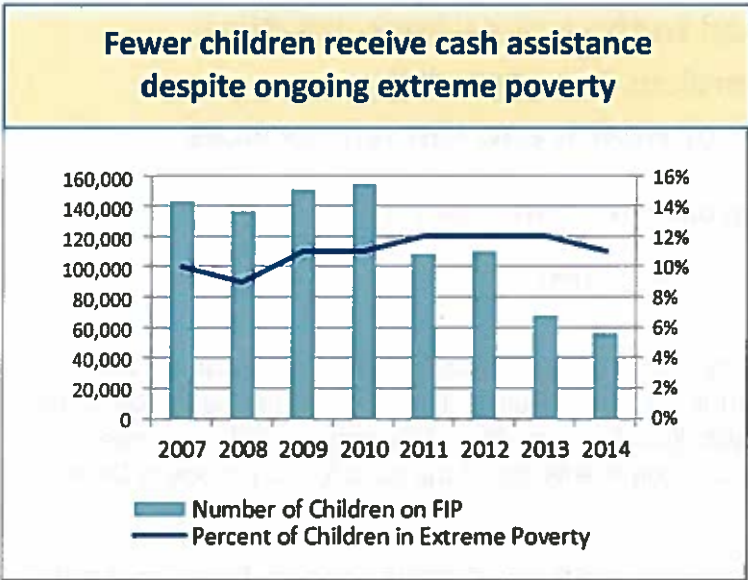
We certainly support the recommended funding and the work being done in Flint to resolve the water crisis. However, we simply cannot continue to bury our heads in the sand when problems are identified claiming the state cannot afford to address them. To date, that strategy has failed our kids, our roads, and most recently our veterans. Crisis management, particularly when avoidable, is not a good way to manage our resources – people or money. We must do better.

Human Services

In the area of human services, *we urge you to support the following:*

- **Expansion of the back-to-school clothing allowance:** The governor recommends that all children receiving FIP be eligible for a clothing allowance of \$200 to ensure that they have proper clothing, shoes and coats to return to school in the fall. Currently, only children who live with grandparents or other caretakers that are not eligible for FIP receive an allowance of \$140, and the governor's proposal will help another 25,000 children as they head to school.
- **Additional funding to prevent child abuse and neglect:** The governor recommends \$10 million in federal funds to expand the Parent Partners and Family Reunification programs. Both programs provide supports to families so children can return and remain at home safely. Almost one in every 100 children in Michigan lives in a family investigated for abuse or neglect, and 34,000 are confirmed victims—up 17% between 2006 and 2013. Michigan has made investments in its child welfare system to comply with the settlement agreement, but that agreement does not address the *prevention* of child abuse and neglect, and more investments are needed.

Overall, we are dismayed by the continued disinvestment in economic security programs despite high levels of poverty, especially among children. In the chart provided in your testimony you will see that the percentage of children living in *extreme* poverty in Michigan—



Source: Kids Count Data Center

approximately \$12,000 per year for a family of four—has remained very high, increasing from 9% in 2009 to 11% in 2014, yet the number of children receiving FIP has dropped precipitously. In fact, income assistance caseloads in Michigan are at their lowest point since the Kennedy Administration in 1961.

We recommend changes in the following areas:

- **FIP sanctions and time limits:** While economic improvements might account for some case closures, stricter sanctions, including the sanctioning of an entire family if one child is truant and the more rigid enforcement of lifetime limits are likely major causes and should be reconsidered.
- **Food assistance asset limits:** The number of families receiving federally funded food assistance has declined. This is disturbing given what we know about the importance of nutrition to children’s development, particularly when they are exposed to toxic substances like lead. Michigan should do whatever it can to fully take advantage of available federal dollars for the Food Assistance Program. Unfortunately, Michigan adopted an asset test for food assistance in the face of a national trend against such limits. We urge you to reverse this policy. FAP is 100% federally funded and any increase in access to food for low-income children and families would come at no state cost.
- **Retroactive Extended-FIP:** The League was pleased that the Extended-FIP program was eliminated this year. E-FIP provided only \$10 of assistance per month for six months, but those months counted against a family’s lifetime limit for assistance. As a matter of fairness, we believe this should be corrected retroactively so lifetime limits are not affected for families who received E-FIP.
- **Sanctions related to work requirements:** Michigan has strict sanctions for failure to fully comply with work requirements, culminating with a lifetime sanction after three incidences of noncompliance. Given the many barriers facing low-income families, including transportation and unstable child care arrangements, these should be reconsidered. The Flint crisis highlights these problems as parents struggle to secure water and ensure their children get adequate health care—all while trying to comply with work requirements.

Medical, Dental and Behavioral Health Services

In terms of the health-related programs in DHHS, *we urge your support of the following:*

- **Final expansion of the Healthy Kids Dental program:** We support the expansion to the remaining kids in Wayne, Oakland and Kent counties. Finally, all Medicaid-eligible children will be covered by this program. We know that tooth decay remains the most prevalent chronic disease in children resulting in lost school days and learning, as well as the potential for long-term negative health consequences. Children cannot learn when they are in pain or not in school. Tooth decay is preventable.
- **Healthy Michigan Plan:** We appreciate continuing support of the Healthy Michigan Plan and inclusion of funds in the Executive Budget to meet the state's new funding requirement beginning January 1, 2017. This program is making a difference in people's lives with its focus on prevention and healthy lifestyle changes. The Healthy Michigan Plan is enabling more than 600,000 individuals to take control of their health by focusing not only on prevention services but on also chronic disease management.
- **Public health services:** We support increased funding, \$2 million, for local public health essential services. The importance of local public health cannot be overstated at this time.
- **Streamlining services:** We support proposed funding to streamline the application and redetermination processes and improve the customer experiences of those served by the Department of Health and Human Services. As Chief Deputy Tim Becker noted in his testimony, "The current application experience is very effective in keeping people out." When he and staff unrolled the current application during his testimony, it was easy to understand why. We are pleased that no administrative savings are assumed with the systems upgrades. Staff continues to be stretched too thin, with unmanageable caseloads –in some areas as high as 800 per worker, and the crisis in Flint is requiring a huge portion of staff time in all areas of the Department.

We are very concerned about the boilerplate requirement in the Executive Budget that mandates the transfer of services funding for Medicaid mental health and substance use disorder services, HMP behavioral health services, and Autism services to the Medicaid health plan services line item by September 30, 2017. In his budget documents, the Governor stated that he is asking "the legislature and the health provider community to engage in an important conversation about integrating physical and behavioral health services into the larger consideration of patient need." This boilerplate presumes the answer before the first question is even asked or the first dialogue takes place. This boilerplate is premature and should be revised to allow a robust stakeholder process and discussion to take place before any funding decisions are made.

Thank you.

3/3/16

LIVE UNITED



Testimony before the Michigan House Appropriations

Subcommittee on the Department of Health & Human Services Budget

By

Christine Robere, President & CEO, United Way of the Lakeshore

March 3, 2016

Mister Chairman, members of the Subcommittee, guests, my name is Christine Robere and I am the President and CEO of the United Way of the Lakeshore. I have been working in the United Way system in Michigan for more than 23 years, from Gaylord, to Midland, and the past 13 years on the Lakeshore in Muskegon. In 1999, I began working to bring and grow the 2-1-1 Network in Michigan. I realized its value and the important function it performs to help those in need get appropriate services for them and their families. Previously, getting help was a nightmare. Today, 2-1-1 is a heavily relied upon service that provides information and referral on the basis of 24 hours a day, seven days per week. It doesn't close after 5 p.m., on weekends, or holidays. The State has made an ongoing half-million dollar commitment for the past decade, for which we are grateful to you and your former legislative colleagues. We have had a good public-private partnership where the State has relied heavily upon 2-1-1 since its inception. However, as the State's reliance grew, the funding has not kept pace. Today we have the same appropriation as we did more than a dozen years ago. At the same time, we have gone through a recession and helping working people is at an all time high, especially those in the Asset Limited, Income Constrained, Employed category that we refer to as ALICE. In addition, we see 1 of 4 children in families living in poverty. The health and human service needs of both working people in every Michigan community have grown, along with the reliance on 2-1-1 to serve those needs. Members of the Subcommittee, it's time that the State step up to properly fund the increased usage, otherwise I believe that the system that has grown to be the backbone for response during crises will itself be in crises.

2-1-1 is an easy to remember phone number that connects individuals with resources in their community.

With the untold numbers of nonprofit organizations in each community across the State, plus scores of government agencies, finding help can be confusing and intimidating. 2-1-1 call centers are staffed by trained specialists who quickly assess the callers' needs and refer them to the help they seek. It's simple to remember, accessible to everyone at no cost to the caller seeking help, and available 24/7 with multilingual capabilities.

2-1-1 enables people to get help or give help.

2-1-1 offers information on a broad range of services, including rent assistance, food banks, affordable housing, health resources, child care, after-school programs, elderly care, financial literacy, and job training programs. Specialists at 2-1-1 centers facilitate thousands of volunteer hours and direct donors to locations where their gifts may be most needed and appropriate. From September 2014 to September 2015 our Lakeshore 2-1-1 call center serving 11 counties had 41,477 total one-on-one contacts (phone, walk-in, e-mail) and an additional 23,410 web searches for help. Copies of the Problem Needs Report for the region are attached, along with individual county reports for Muskegon, Newaygo, and Oceana Counties.

2-1-1 benefits the state.

The human services system in Michigan and in many of our cities are not only inefficient and costly, but they are confusing and time consuming for consumers seeking to give or get help. The water situation in Flint is an example of how the state has relied on 2-1-1 to not only deal with emergency needs of callers, but also to continually provide accurate information on the situation and to dispel misinformation. Inside of only a few days, 2-1-1 call centers within the 2-1-1 network had handled more than 10,000 calls in Flint. Those calls were handled throughout the 2-1-1 network beyond Flint, including call centers in Detroit, the Upper Peninsula, Battle Creek, and Grand Rapids. Currently, the state has a half-million dollar commitment to 2-1-1, but the costs and revenues have a gap. It is putting a severe strain on the entire network. **That is why United Ways and the 2-1-1 Call Centers are seeking a \$3 million increase in your budget for 2-1-1. We believe this to be a cost/benefit situation where the benefits to our state and communities will far outweigh the total \$3.5 million cost that will be matched statewide through local dollars.** A 2004 University of Texas at Austin cost-benefit analysis of 2-1-1 estimates a net value to society approaching \$130 million in the first year alone, and a conservative estimate of \$1.1 billion over ten years. A national 2-1-1 system produces cost savings for tax payers, employers and government; and 2-1-1 in any community saves time and enhances the human services experience for those needing assistance.

Supporting 2-1-1 benefits your community.

2-1-1 is locally designed by community stakeholders who are aware of their local and

state needs and resources. 2-1-1 is part of the community fabric, employs local citizens, and serves the local community. Businesses, nonprofit organizations, and government officials support 2-1-1 as a way to improve the lives of the residents in their communities. We began 2-1-1 in Michigan in 2002. Nationally, as of January 1, 2007, 2-1-1 was available to more than 190 million Americans – approximately 65% of the U.S. population – with 209 active 2-1-1 systems operating in 41 states, the District of Columbia and Puerto Rico. Unfortunately, 2-1-1 is being challenged where some areas are shuttering call centers. This alone will shift calls to local units of government including 9-1-1 and to state health and human services personnel who already have a lack of capacity. Each time a community is in crisis, 2-1-1 is in high-gear. State governmental agencies use the system as the backbone of support during these crises. Where state governmental offices close at 5 p.m. on week days and are closed on holidays and weekends, the 2-1-1 call centers are open 24 hours a day, seven days a week. It is therefore necessary to fully support the statewide 2-1-1 network in Michigan and recognize that the service it provides to our residents is unique and necessary. Without 2-1-1 services, our residents in communities across Michigan would suffer.

2-1-1 enhances public safety and crisis recovery efforts.

From public health crises to hurricanes and floods to bio-terrorism, 2-1-1 call centers that already exist in communities, operating 24/7, have been the platform for building emergency response communication capacity. In the wake of Hurricanes Katrina and Rita, hundreds of thousands of Louisiana, Texas and Alabama residents called 2-1-1 with a multitude of needs, including shelter, transportation, medical, food and water, construction materials, mental health, and questions about the availability of and application process for federal, state, and nonprofit assistance. 9-1-1 referred non-emergency calls to 2-1-1, freeing up 9-1-1 operators for life-and-death situations. 2-1-1 offers information on a broad range of services, including rent assistance, food banks, affordable housing, health resources, child care, after-school programs, elderly care, financial literacy, and job training programs. **In Flint**, 2-1-1 has served to provide accurate and timely information and referral service for residents. It continues to be on the crisis response team to direct appropriate, timely, and accurate information flow and serves as a valuable referral agency for those seeking help with water, and other needed family supports.

2-1-1 is a private-public partnership that needs to be fully funded to be sustained.

2-1-1 is funded through local and state sources including local United Ways and other nonprofits, foundations, businesses, and state and local government. It's use has increased as a valuable tool for state government to respond to community needs. Yet, the funding has not followed suit. We encourage lawmakers to look at 2-1-1 with a critical eye to the need, and the return on investment, and to fully fund it as a tool necessary to ensure the health and human service needs in communities across Michigan are addressed.

Thank you.

C.A.L.L. 2-1-1

AIRS Problem Needs Report for CALL 211 Region 10/01/2014 To 09/30/2015

Total Contacts in Date Range: 41477

14537	35.05%	Information Services
8723	21.03%	Utility Assistance
5339	12.87%	Housing
5128	12.36%	Income Support/Assistance
2840	6.85%	Food/Meals
2123	5.12%	Health Care
1885	4.55%	Individual, Family and Community Support
1602	3.86%	Clothing/Personal/Household Needs
1072	2.59%	Transportation
1000	2.41%	Legal, Consumer and Public Safety Services
699	1.69%	Mental Health/Addictions
160	0.39%	Volunteers/Donations
157	0.38%	Employment
156	0.38%	Education
143	0.35%	Other Government/Economic Services
79	0.19%	Disaster Services
36	0.09%	Arts, Culture and Recreation

45679 TOTAL AIRS Problem Needs

C.A.L.L. 2-1-1

AIRS Problem Needs Report for Muskegon County

10/01/2014 To 09/30/2015

22871 Muskegon County Contacts

5887	25.74%	Information Services
5152	22.53%	Utility Assistance
3831	16.75%	Income Support/Assistance
3066	13.41%	Housing
1737	7.60%	Food/Meals
1309	5.72%	Health Care
1152	5.04%	Individual, Family and Community Support
1061	4.64%	Clothing/Personal/Household Needs
638	2.79%	Transportation
519	2.27%	Legal, Consumer and Public Safety Services
340	1.49%	Mental Health/Addictions
102	0.45%	Volunteers/Donations
96	0.42%	Employment
80	0.35%	Other Government/Economic Services
76	0.33%	Education
20	0.09%	Arts, Culture and Recreation
13	0.06%	Disaster Services
25079 TOTAL AIRS Problem Needs		

C.A.L.L. 2-1-1

AIRS Problem Needs Report for Newaygo County

10/01/2014 To 09/30/2015

1522 Newaygo County Contacts

502	32.98%	Income Support/Assistance
379	24.90%	Utility Assistance
234	15.38%	Information Services
196	12.88%	Housing
98	6.44%	Health Care
77	5.06%	Food/Meals
59	3.88%	Individual, Family and Community Support
52	3.42%	Legal, Consumer and Public Safety Services
38	2.50%	Transportation
36	2.37%	Clothing/Personal/Household Needs
20	1.31%	Mental Health/Addictions
14	0.92%	Disaster Services
4	0.26%	Other Government/Economic Services
3	0.20%	Education
3	0.20%	Employment
3	0.20%	Volunteers/Donations
1	0.07%	Arts, Culture and Recreation
1719 TOTAL AIRS Problem Needs		

**C.A.L.L. 2-1-1
AIRS Problem Needs Report for Ottawa
10/01/2014 To 09/30/2015**

5565 Ottawa County Contacts

1337	24.03%	Information Services
1125	20.22%	Housing
1064	19.12%	Utility Assistance
606	10.89%	Food/Meals
429	7.71%	Health Care
398	7.15%	Individual, Family and Community Support
381	6.85%	Income Support/Assistance
258	4.64%	Clothing/Personal/Household Needs
234	4.21%	Mental Health/Addictions
220	3.95%	Transportation
214	3.85%	Legal, Consumer and Public Safety Services
48	0.86%	Education
41	0.74%	Employment
35	0.63%	Other Government/Economic Services
33	0.59%	Volunteers/Donations
8	0.14%	Arts, Culture and Recreation
8	0.14%	Disaster Services
6439		TOTAL AIRS Problem Needs

DHHS - Human Services
Subcommittee
3/3/16

Dr. Phillip Knight,
Food Bank Council of Michigan

Testimony House Sub Committee – DHHS Programs Michigan Agricultural Surplus System

The Michigan Agricultural Surplus program began in 1990 with the objective to help move fresh MI produce through Michigan's food bank network. Our 7 food banks serve all 83 counties through more than 3200 pantries. In addition, MASS provides a secondary market for Michigan Farmers for their surplus and/or cosmetically challenged produce.

The handouts allow you to see the Food Bank Council of MI secured more than 9 Million pounds of produce using MASS dollars at the rate of just .13 per pound. The USDA equates 2.2 pounds of food for every meal and so you can calculate the number of meals these dollars provide.

In addition to MASS we combined a new program MIFBAN to double the amount of fresh produce we are pushing through our network. The total for both of the programs administered by the FBCM is 18 million pounds and the total our 7 food banks procured and distributed was almost 40 million pound of produce last year.

Recently, the Feeding America leadership, headquartered in Chicago approached me and asked if the FBCM would consider taking on the responsibility to source MI grown produce to the entire FA network. Since January of 2016, our team under the leadership of Kath Clark has opened 23 additional secondary markets for our farmers and we estimate that this will be an additional 5 million pounds of produce this year with the goal to source 8 million next year. I look forward to reporting back to you the economic impact results of these programs in the near future.

MASS has grown and developed from a great idea to a huge success for the people who need us to help bridge the gap in their household incomes. The vital role to the Food Banks and our distribution network now become critical to those who are working but aren't quite able to make ends meet. Thank you for your recent efforts on their behalf.

As I have met with state leaders including the Director of DHHS and State Budget Office, I am queried about the ROI of the investment of state dollars in MASS and the FBCM. The benefits MASS creates for our farmers, our clients and the unintended opportunities MASS has created for us to create the secondary markets for farmers 2nds across the FA network and the massive amount of fresh produce our network is distributing and our ability to help solve a crisis demonstrates a huge return on investment.

It is with appreciation for our history, the belief in our partnership for the future that I asked for an increase in MASS funding of \$705,000 to bring our total line item to \$2.5. These additional funds will allow us to take advantage of more MI grown produce for a longer period and allow our food banks to increase their impact on hunger and health by distributing an additional 5 million pounds.

Respectfully,

Dr. Phillip Knight
Executive Director
Food Bank Council of Michigan



FOOD BANK COUNCIL
OF MICHIGAN

A SNAPSHOT OF MICHIGAN'S FOOD BANK NETWORK

2014  lbs

9.3 MILLION
POUNDS FOR MASS AND MFFB

2015 

MASS: **9,066,863** POUNDS
(MICHIGAN ONLY PRODUCE)

MIFBAN: **9,230,718** POUNDS
(MOSTLY MICHIGAN PRODUCE)

KEY:

MASS: MICHIGAN AGRICULTURAL SURPLUS SYSTEM

MFFB: MICHIGAN FARM TO FOOD BANK

MIFBAN: MICHIGAN FOOD BANK ACCESS TO NUTRITION



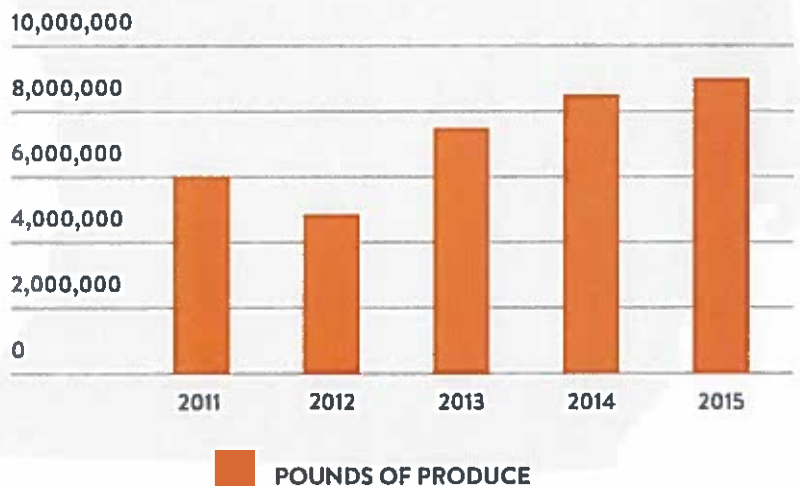
39 MILLION
POUNDS OF
FRESH PRODUCE
DISTRIBUTED BY MICHIGAN
FOOD BANKS IN 2014

5 WAYS IN 5 YEARS

MASS Makes a Difference in Michigan

1. Rescued **35 million pounds** of food
2. Invested **\$5 million dollars** into MI agribusiness
3. Purchased fresh produce at average cost of **\$.14 per pound**
4. Partnered with over **50 farmers**
5. Produce distributed to all **83 counties** in Michigan

MASS RESCUED OVER 35 MILLION POUNDS OF PRODUCE ON THE LAST 5 YEARS



100,000
VOLUNTEERS ANNUALLY

This means that each year, more people than the entire population of Grand Traverse County care so deeply about ending hunger they will take time out of their day to do something about it!



FOOD BANK COUNCIL
OF MICHIGAN

POWER OF MASS

POUND RATE FOR MASS

2014: \$.14/lb 2015: \$.13/lb

AN ADDITIONAL
\$700,000

WILL ALLOW FBCM TO
PURCHASE AN ADDITIONAL
5,000,000 POUNDS
OF MI PRODUCE AT \$.14/LB

POUNDS SOURCED BY FEEDING AMERICA

2014: 3.8 million 2015: 5 million

For 2016, that growth would mean approx. 6.5 million pounds. If the value is \$.14/lb (our rate) that would be \$910,000 into the Michigan economy.

In 2015 we purchased over 21 different types of produce plus milk. While almost half of what we purchase is potatoes at approx. 4 million pounds, we also purchase 1.5 million pounds of onions and almost 1 million pounds of apples. The balance is everything from Asparagus to Zucchini.

AN ADDITIONAL 5 MILLION POUNDS COULD EASILY EXTEND ALL FOOD BANK PURCHASES BY AT LEAST 2 MONTHS.

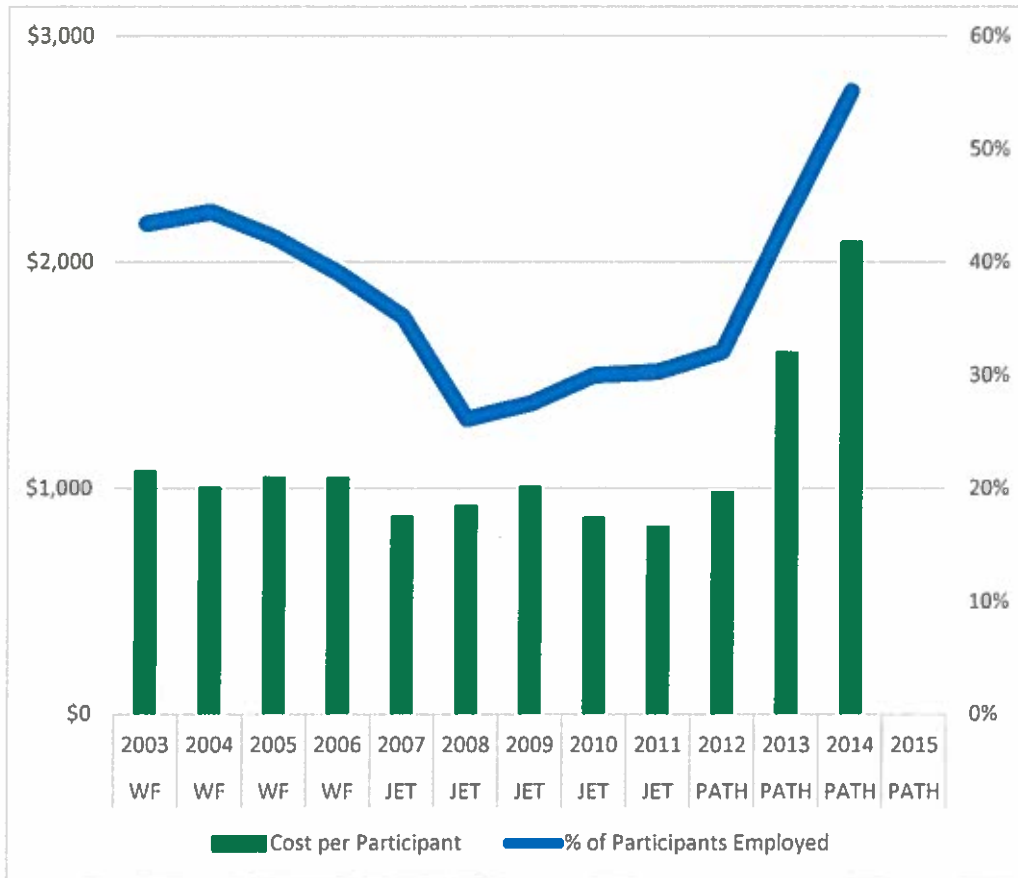
There are vast differences in what that can mean:

- An additional \$700,000 is the equivalent of 4+ million meals
- Gleaners was finished with their MASS funds by April
- FBEM used most of their allocation by January.
- FAWM used most of their \$ by July

House DHHS - Human Services Subcommi:
 Sarah Hartzler
 Ben Damerow
 Michigan Works 3/3/14

Michigan Works! - Welfare to Work Program
 Over a Decade of Metrics

Program	Program Year Beginning	Funding	Participants	Cost per Participant	% of Participants Employed
WF	2003	\$119,170,483	111,075	\$1,073	43%
WF	2004	\$101,324,010	101,213	\$1,001	44%
WF	2005	\$99,903,600	95,499	\$1,046	42%
WF	2006	\$99,335,146	95,004	\$1,046	39%
JET	2007	\$91,711,431	104,978	\$874	35%
JET	2008	\$92,599,331	100,519	\$921	26%
JET	2009	\$95,258,600	94,754	\$1,005	27%
JET	2010	\$84,098,000	96,843	\$868	30%
JET	2011	\$75,583,000	91,206	\$829	30%
PATH	2012	\$75,583,000	77,043	\$981	32%
PATH	2013	\$75,199,000	47,041	\$1,599	44%
PATH	2014	\$71,506,000	34,253	\$2,088	55%
PATH	2015	\$69,791,000			



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We are a non-profit membership association built to power a strong talent development system.

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Detroit Employment Solutions Corporation
Great Lakes Bay Michigan Works!
GST Michigan Works!
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Michigan Works! West Central
Networks Northwest
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UPWARD Talent Council Michigan Works!
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2500 Kerry Street, Suite 210 | Lansing, MI 48912

517.371.1100 | [800] 285-WORKS [9675]

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Delivered.



**2015
RETURN ON
INVESTMENT**

PROSPERITY.

Michigan Works! is making it happen.

Top-notch, demand-driven employment services are only part of what we offer.

We also:

- Have thoroughly reinvented the way people move from welfare to work—with amazing results
- Identify economic opportunities and boost regional quality of life
- Offer comprehensive, localized labor market information
- Shape sound state and federal policy solutions

RESULTS:

80,946

Michigan jobs filled

34,377

Michigan employers served

1 IN 10

Michiganders served

1.6 MILLION

Agency visits managed

100%

State and federal performance targets met or exceeded



Michigan Works! is an **ESSENTIAL** organization that connects employers and potential employees with life changing opportunities.

-Craig Tausk, The Dow Chemical Company



MY name is Christopher Nielsen. I am originally from Detroit. I moved to Hale 10 years ago with my Mom and Dad. We lived in the country. I spent a lot of time in my room alone, listening to music.

My sister signed me up for CMH services. I began to go out and make friends. I even got my own apartment, where staff help me with things like cooking, shopping and budgeting.

I even worked in Oscoda at Insta-cash for 7 years. I love my independence. I have a nice life because of the support from CMH. Please remove section #298 from the budget for 2017. It could affect my services at CMH. Thank you.

3/3/16

Diana's Journey

My name is Diana Lutman. I was born in Flint, Michigan and there were 10 kids in my family. I have three children that are all grown and I have 12 grandkids. I was married for 25 years before my husband passed. It has been 16 years since he has been gone.

My life is a lot different from then. I live on my own and do what I want to do. I have a boyfriend, we have been together for a long time. I have a lot more friends than when I was married. I love being with my friends.

I'm in the Regional Inclusive Community Coalition (RICC). With the RICC I have traveled to Washington DC, Chicago, and given a speech to a large crowd in Lansing at the Capitol. I have had meetings with Senator Stabenow, Congressman Stupak, Representative Pettalia, and Senator Stamas. I was a member of RICC when we received "The RICC that Made a Difference" award.

I do work and I like it. I'm a peer mentor. I use self-determination and I have my own staff. I choose my own activities and set the times to do those activities. I was the first one in Oscoda to become self-determined and would like to help others to know about it.



I am proud to be me.

In school I was often bullied and tormented; people didn't like that I was in Special Ed. Much of the bullying was from young women and that caused me to fear them. My friends on the cheer squad helped me get through it. I had friends that were young women that were my strength as well as my weakness.



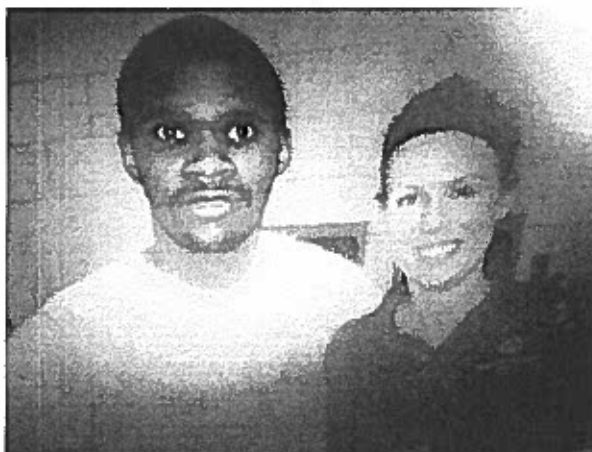
I was born in Long Island, NY. I was raised in a rural area much like where I live now. I have two loving parents and a younger sister. I also have a birth mother. In school I ran track and cross-country and hung out with the cheer squad.

In 2010 I moved to Michigan. I was scared. I did not have the same support that I had in New York. I got connected to AVCMH which I think is the best thing that happened to me. My life changed for the better. My case manager got me the support I needed.

I now live on my own, I thought that would never happen in my lifetime. These experiences gave me the courage to try Special Olympics. I enjoy competing in these events. I have been able to become the Chairperson of the RICC. I am now able to meet and talk with different people without fear.

When I think about where I started, I never thought I would be able to do all the things I do today.

I am Sam Monroe.



Hi, my name is Belinda LaBeau. Four years ago I moved to Oscoda with my family. We have a very large family and I help my Mom and Dad take care of my younger sister and niece. Sometimes this is really hard work!

My mom met with AVCMH and signed me up for services. I work with Supported Employment to help me develop my job skills. I also work with Community Services staff to do other things in the community. I am the secretary for our RICC group. The staff helps me with things like spelling and how to prepare the minutes. I like helping organize the meetings.

This year I made a goal to move into my own apartment. I am learning a lot about being healthy and taking care of myself. I am thankful for the support I have in my life.

Please remove the section #298 from the proposed budget for 2017. I need support in my life to be happy and successful. Thank you.

Tasha...driving forward

My name is Tasha Smith. I was born in Tawas, Michigan. I have three brothers and one sister. I love my family a lot. I would like to see my family more.



I live in a COH home. I like to cook. I enjoy baking brownies and rock candy! I like to play Wii. Having my own house is a lot of work. I have to clean, organize, and rake leaves. I like working in my home.

I like to play basketball in the Special Olympics. I like to go shopping at Goodwill. I love all three staff in my home. They are wonderful people.



I hope to take driver's training one day.

I like to work a lot. I have a job cleaning. I like to make money: I like to shop even more. One day I hope to live and work in downtown East Tawas so I have access to all the things I want to do.



I have the freedom to make my own choices

My name is Jennifer Smith and I was born in Tawas, Michigan. I have one brother and one sister. I love my family very much. I did not always live with my family. I lived in foster care and it was not easy. I was abused and it made me very upset.

I stutter. I have had to learn to be patient in helping people understand me. When I would get mad, I would run away. I have had to learn to use my words to talk about my feelings. My friends and staff listened when I needed to talk.

I now live in my own home. Friends and staff help me take care of my home. I get to see my sister and brother when I want to.



I am working to build better friendships. Having good friends adds to my happiness.

I enjoy riding my bike. It allows me to go visit my friends.

I am happy with my life.

Good afternoon. My name is Keith Morris and I am the President of Elder Law of Michigan. We are a statewide nonprofit that provides assistance to seniors through its various programs, like the Legal Hotline for Michigan Seniors, the Pension Rights Project, the Housing Rights Center, and the MiCAFE program. MiCAFE stands for Michigan's Coordinated Access to Food for the Elderly. I would like to take just a few minutes to update you on the work of the MiCAFE program.

I'd like to start with a quick story about one of our MiCAFE clients, Mary from Jackson. She lived in a subsidized senior apartment complex and had very limited access to transportation. She struggled monthly to find enough money for food. She was also unable to apply for any food assistance because she could not get to the Department of Human Services Office and wasn't able to use a computer to fill out the application herself.

Mary attended a MiCAFE presentation at her apartment complex and immediately scheduled a phone appointment. Our staff helped Mary complete her application, gather her documentation, and submit the application. This was done by phone and with a follow up visit to her apartment by one of our staff.

Mary began receiving her benefits shortly after that. She shared that the fact that MiCAFE was willing to come to her apartment was instrumental in her getting the food assistance that she needed.

With the new food benefit, Mary is able to buy more nutritious fruits and vegetables and eats a balanced, healthy diet – something she wasn't able to do before getting this benefit. Mary said, when we last talked with her, that she was "grateful beyond words" for the help that MiCAFE gave her.

This story is pretty typical of the clients that MiCAFE helps each year. In fiscal year 2015, we educated over 10,000 likely-eligible seniors about the Supplemental Nutrition Assistance Program (SNAP). We screened 4,500 of these seniors for the SNAP benefit and other benefits. Of those, we assisted over 1,500 seniors apply for this federal benefit, with 3 out of 5 being found eligible and receiving an average benefit of \$104/month. That may seem like a small amount of

money to many of us, but for many of our clients, it is a huge increase in their monthly available income and gives them the ability to buy the food needed to eat a healthier diet.

Mary's story exemplifies why Elder Law of Michigan, Michigan's Department of Health and Human Services, and over 125 local senior-friendly community locations have sustained a partnership for the past fifteen years to educate seniors about this federal benefit, to help each senior individually complete the application, and then to provide ongoing support with any issues that they may have.

Only one in three eligible seniors in the United States participates in the SNAP program. In Michigan, 60% of those eligible seniors are not participating. The reasons that prevent them from applying and using the benefit range from lack of knowledge, lack of transportation, stigma, etc. MiCAFE was conceived to try and address these barriers and to bring the service to the senior. This program started in Genesee County, and it has since expanded to 34 counties throughout the state. It is our hope to continue expanding to cover the entire state in the near future.

The concept is basically this: by reaching out to educate seniors that may have misconceptions about the SNAP benefit, then allowing them to go to a community center near where they live to apply, and also providing them with one-on-one help to fill out the application, the senior would be able to overcome several obstacles that may have kept them from applying.

The partners that formed the MiCAFE Network worked together to first identify people that were likely to be eligible for the benefit and then designed and tested outreach materials and messages to get the attention of these seniors and explain the program to them. These senior-specific messages are designed to explain the benefit to them in a way to dispel misconceptions.

Another obstacle that keeps seniors from applying is the embarrassment of having to ask for help. Many of these seniors always paid cash for everything and always paid their debts. The thought of asking for a handout was not something they would entertain. Oh, and not to mention the thought of their neighbor seeing them at the welfare office.

We probably all know someone like that. Someone that would never ask for help if they were sick or even as they got older, wanted to try and take care of everything themselves. So, if you

think about it, these stigmas and misconceptions are real reasons that would keep a senior from taking the step to apply.

Additional obstacles included the inability to physically travel to the office and the inability to complete the application on their own due to limited literacy, cognitive impairments or other disabilities, or simply just not being able to understand it.

The MiCAFE Network set up a model that addresses each of these obstacles. By training and supporting community partners and application assistants that help seniors at these locations, MiCAFE has been able to provide a senior friendly, easy-to-get-to location that someone would not be embarrassed to be seen at. Additionally, having someone work with them one-on-one to explain the benefit, to walk through the questions, and then to help gather the paperwork overcame other obstacles.

MiCAFE is successful because of the partnerships with the Department of Health and Human Services, who has worked with us to test several ways to increase access to the benefit for seniors, and its Aging and Adult Services Agency, formerly the Office of Services to the Aging, which provided the original web system that we used to do an electronic application. Together, we are able to provide education and access to the benefits through a senior-friendly community location, individualized application assistance, and supporting all this through technology.

I'd like to tell you a quick story about Patty, one of our clients. She is 71, divorced, and living alone. Her only income is a very modest social security check of about \$1100 a month. While she didn't consider herself to be poor, she realized that she had to watch every penny and struggled each month to pay all of the bills.

MiCAFE reached out to Patty through a letter campaign in partnership with her local DHHS office. She called our toll-free number and was excited to learn that she might be eligible for this help. With the help of a nearby senior center, Patty applied for SNAP and she received \$200 a month in benefits. MiCAFE also helped her understand how to use her new card. A year later, MiCAFE also helped her go through the recertification process so that she could keep her benefit.

Patty IS our typical client: a woman in her seventies, living alone due to the death of a spouse or a divorce. She takes medications, when she can afford them, for four or five chronic illnesses.

She is under nourished and at risk of continuing nutritional deficiency. She pays nearly 80% of her gross income (often nothing more than survivor's Social Security) for housing and medical care. As a result, our typical client receives \$104 a month to buy food.

From a purely economic standpoint, MiCAFE is good for Michigan's economy. In October 2015, there were over 6,000 seniors in Michigan who are receiving benefits because they were assisted by MiCAFE over the past few years. The average benefit for these cases is \$109 a month. That equates to \$654,000 in federal SNAP benefits being brought into the state each month. Over a twelve-month period, these cases will generate \$7.8 Million in benefits for Michigan's poor seniors.

We ask that you fund this program at the amount in the Governor's recommended budget.

Thank you again for the opportunity to address the committee today, and on behalf of the Michigan seniors that we have already helped and those that we will be helping in the coming year, thank you for your support of the MiCAFE program.

Any questions?



Elder Law of Michigan, Inc.

Make One Call for Help

866.400.9164

or visit www.elderlawofmi.org.

Older adults, people with disabilities, and family caregivers can make One Call for Help to receive counseling on legal, pension, housing, and benefits access. We are available to receive calls Monday through Thursday 9 AM to 3 PM or visit our website anytime. Our programs are available at no charge and most are offered statewide.



The Legal Hotline for Michigan Seniors is available over the telephone to assist individuals across Michigan regardless of income. We advise on a wide range of topics including Social Security, Medicare, Consumer Law, Financial Exploitation and Scams, Wills/Probate, Long Term Care Medicaid, and many more.

"I was grateful for the convenience of the rapid phone response and the knowledge of the pleasant attorney that called me. Thank you." - Client



MiCAFE helps individuals apply for benefits that meet their basic needs including utilities, food, housing, medical assistance, and prescription drugs. Application assistance is available in person and over the telephone, and is primarily for people age 60 and older. We also provide nutrition education, food preparation tips, and much more.



The Mid-America Pension Rights Project assists retirees of any age or any income with retirement benefits. Individuals can receive basic advice about pension laws and rights, and our staff will investigate pension benefit denials and file appeals when necessary. The pension rights of divorced persons, pension-related assistance for surviving spouses, and help finding lost pensions are included in our services.



The Housing Rights Center of Michigan helps people of all ages with housing issues including foreclosure prevention, landlord/tenant issues, affordable housing, property taxes, and fair housing rights/discrimination.

"There has been such a burden lifted from me. Now I can stay on top of [my property taxes] without that worry of playing catch-up all of the time." - William, HRCMI Client

Elder Law of Michigan is a nonprofit organization whose mission is to advocate for, educate, and assist our target populations. While our services address the needs of many different people, we continue to target our services to older adults and persons with disabilities. For 25 years, we have provided no-cost counseling on legal, pension, housing, nutrition, and benefits access. We also provide direct and collaborative partner assistance to organizations that work with our target populations. We receive financial and in-kind support from many sources, including the U.S. Administration for Community Living, Michigan Department of Health and Human Services, Michigan Aging & Adult Services Agency, the National Council on Aging, the Michigan State Bar Foundation, over 120 community organizations throughout Michigan, several hundred volunteers, and over 100 donors. Contributions of time, money, and other resources are always appreciated and can be made at www.elderlawofmi.org/donate.



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Unable to pay your
property taxes?

Does it feel like things are **unraveling?**



We are here to assist you with
your property tax issues.

Call today to speak with our Housing Counselors.

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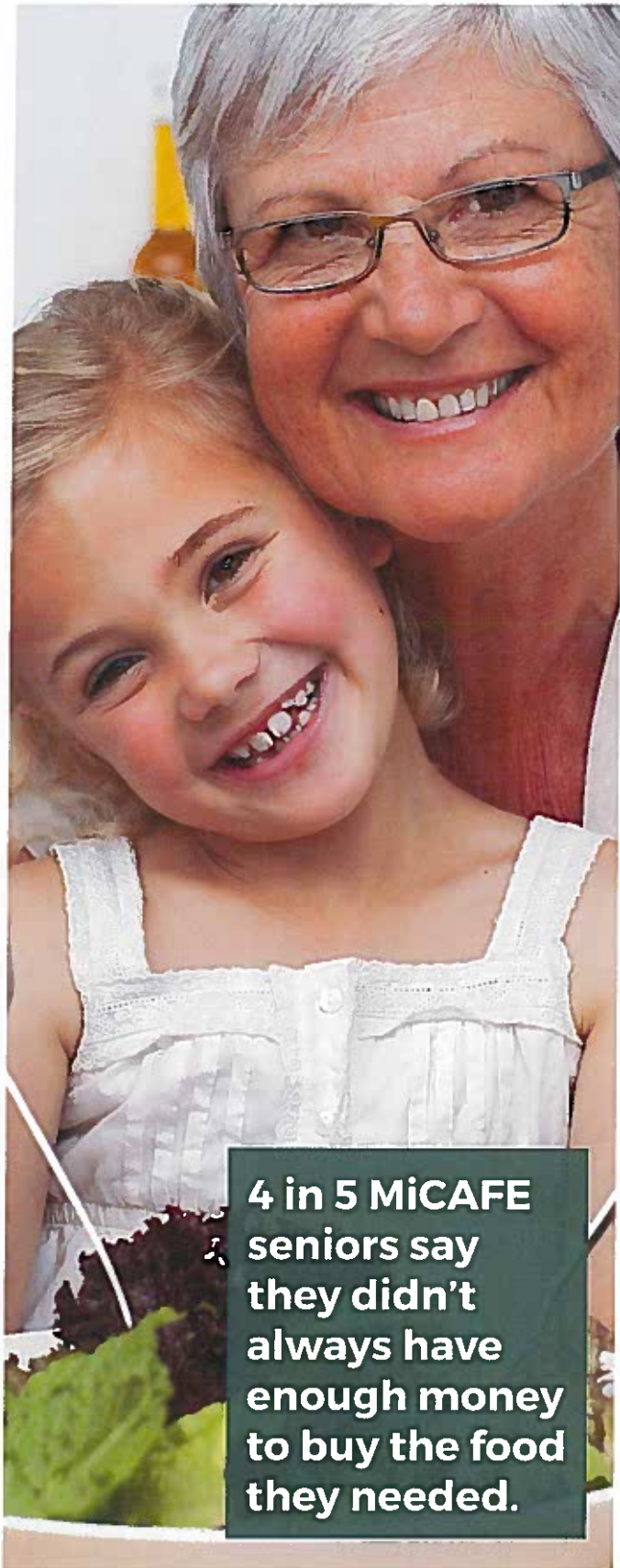
www.hrcmi.org

There is no charge regardless of age or income.

The Housing Rights Center of Michigan is a program of Elder Law of Michigan,
a 501(c)(3) non profit organization, and is HUD/MSHDA approved.

NATIONAL
COMMUNITY
REINVESTMENT
COALITION





4 in 5 MiCAFE seniors say they didn't always have enough money to buy the food they needed.

Did you know that nearly 160,000 Michigan seniors face hunger everyday?

Thousands of these seniors have to choose between food, medicine, and utilities on a daily basis. MiCAFE, a program of Elder Law of Michigan, Inc., and the MiCAFE Network, a network of 125 community organizations across Michigan, work to connect eligible seniors with food assistance benefits. These benefits are vital to the health of these seniors, empowering them to purchase healthy foods that they otherwise could not afford.

Since 2001, the MiCAFE Network has helped seniors access nearly 20 million meals they could otherwise not afford to purchase.

In fiscal year 2015, the MiCAFE Network:

- Educated 10,329 likely-eligible Michigan seniors on benefits programs and how to apply;
- Screened over 4,500 Michigan seniors for benefits eligibility;
- Assisted over 1,500 seniors from 55 Michigan counties in applying for SNAP benefits; and,
- Helped nearly 900 Michigan seniors receive an average food assistance benefit of \$104 per month to purchase food they otherwise could not afford.

Due to the efforts of the MiCAFE Network, thousands of seniors have beat hunger.

MiCAFE

Michigan's Coordinated Access to Food for the Elderly

www.micafenetwork.org

877.664.2233

elm
Elder Law of Michigan, Inc.

Elder Law of Michigan, Inc. (ELM), is a nonprofit organization whose mission is to advocate for, educate, and assist our target populations. While our services address the needs of many different people, we continue to target our services to older adults and persons with disabilities. For 25 years, we have provided no-cost counseling on legal, pension, housing, nutrition, and benefits access. MiCAFE, a program of ELM, helps individuals apply for benefits that meet their basic needs including food, utilities, housing, medical assistance, and prescriptions. For more information about ELM, contact us at 866.400.9164 or visit us at www.elderlawofmi.org.

A program of



er Law of Michigan, Inc.
www.elderlawofmi.org

Services to older adults
For 25 years, we have
provided legal, pension,
and benefits access. We also
provide partner assistance to
our target populations.

and support from
U.S. Administration for
the Department of Health
and Human Services
Michigan's Aging and Adult
Services Council on Aging,
and various
contributions of time,
are always appreciated
www.elderlawofmi.org/donate.



MiCAFE

Michigan's Coordinated Access to Food for the Elderly

Are you unable to afford
food or medicine?

MiCAFE can help!

877.664.2233

www.elderlawofmi.org/MiCAFE



MiCAFE is here to help!

If you or someone you know is 60 or older and living on a limited income, MiCAFE is here to help! MiCAFE will help you or your loved one apply for benefits you may have earned, but might not know about.

What is MiCAFE?

MiCAFE is a community partner network of over 130 organizations and locations across Michigan that allows seniors to visit their local community centers, churches, senior centers, and housing complexes to apply for benefits. Application assistance is also available over the phone.

MiCAFE, a program of Elder Law of Michigan, Inc., helps individuals apply for benefits that meet their basic needs including food, utilities, housing, medical assistance, and prescriptions.



Call MiCAFE Today!
877.664.2233

Mary's Story

Living with a disability and with no transportation, Mary needed food assistance, but it was impossible for her to get to her local DHHS office to apply. Mary heard about the MiCAFE network and called to schedule a phone appointment. A MiCAFE Application Assistant completed Mary's application over the phone and then scheduled a home visit with her to finalize her application.

MiCAFE is "compassionate and caring, listening and helping me in any way they can."

Soon after applying, Mary began receiving her benefits. Mary shared that "the fact that MiCAFE was willing to come to me was instrumental in getting the food assistance I needed."

After applying for assistance through MiCAFE and receiving benefits, Mary found that she could afford to purchase fruits, vegetables, and meat on a regular basis. As a result, she now eats a balanced, healthy diet. She is thrilled with MiCAFE's service and is "grateful beyond words."





February 29, 2016

The Honorable Rob VerHeulen, Chair
Health Services Subcommittee of the
House Appropriations Subcommittee on
Health and Human Services
Michigan House of Representatives
P.O. Box 30014
Lansing, MI 48909-7514

The Honorable Chris Afendoulis, Chair
Medicaid Subcommittee of the
House Appropriations Subcommittee on
Health and Human Services
Michigan House of Representatives
P.O. Box 30014
Lansing, MI 48909-7514

Re: 2016-17 Michigan Department of Health and Human Services Budget

Dear Representatives VerHeulen and Afendoulis:

Michigan Assisted Living Association (MALA) appreciates the opportunity to provide testimony regarding services funded through the Michigan Department of Health and Human Services (MDHHS) budget. Our organization's membership consists of 1,000 members providing supports and services to over 37,000 persons throughout the state. These persons include older adults and individuals with intellectual and developmental disabilities, mental illness, substance use disorders, traumatic brain injuries or physical disabilities.

Behavioral Health Services – Proposed Boilerplate Section 298

MALA opposes proposed boilerplate Section 298 which would transfer the Medicaid funding currently received by the Prepaid Inpatient Health Plans (PIHPs) to the Medicaid Health Plans by September 30, 2017. We are particularly concerned about the potentially adverse impact upon services and supports to persons with disabilities. The public mental health system has a long-standing commitment to provide a high quality of life to these individuals.

We are participating in the Lt. Governor's workgroup to develop an alternative to Section 298. It is essential for the various stakeholders to be involved in an in-depth analysis of the current mental health system. Major changes to the system without thorough planning create the risk of disrupting and potentially devastating the provision of specialty mental health services. Persons receiving services should be able to rely upon a continuity of services from the PIHPs and their Provider Networks throughout the state as system changes are considered.



Workforce Challenges

MALA appreciates the decision by the Michigan Legislature to include boilerplate Section 1009 in the current MDHHS budget bill. Section 1009 established a workgroup within MDHHS to analyze the workforce challenges of recruitment and retention of staff providing Medicaid funded supports and services through the PIHPs. It is our understanding that the workgroup will be releasing its report soon.

The severe staff recruitment and retention challenges throughout the state threaten the stability of services for people with disabilities. More competitive wage levels for direct support staff are essential.

MALA is a convening member of the Partnership for Fair Caregiver Wages. We strongly support the Partnership's advocacy efforts for additional Medicaid funding to increase the wage levels of caregivers/direct support staff.

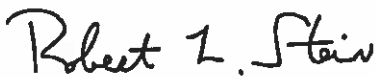
Medicaid Personal Care Supplement

MALA recommends a modest funding increase of \$30.00 per month in the Medicaid Personal Care Supplement that is received by adult foster care (AFC) and home for the aged (HFA) providers. The executive budget recommendations do not include a funding increase in the Medicaid Personal Care Supplement. As indicated in the overview provided with this testimony, the Medicaid Personal Care Supplement has increased by only \$29.54 per month since 2000 or a 16.9 percent total increase for the entire 16-year period.

Adequate Medicaid Personal Care Supplement funding is critical to the provision of personal care services to older adults and persons with disabilities. The personal care services include assistance with bathing, grooming, dressing, toileting, transferring, eating, medication, specialized skin care, and other services as needed. The AFC and HFA providers receiving the Medicaid Personal Care Supplement and behavioral health services providers funded through the PIHPs face similar workforce challenges.

Thank you again for the opportunity to testify. Please contact me if any additional information is needed regarding our organization's testimony.

Sincerely,



ROBERT L. STEIN
General Counsel

cc: Health Services Subcommittee
Rep. Jon Bumstead, Majority Vice-Chair
Rep. John Bizon
Rep. Laura Cox
Rep. Harvey Santana, Minority Vice-Chair
Rep. Kristy Pagan

Medicaid Subcommittee
Rep. Rob VerHeulen, Majority Vice-Chair
Rep. Edward Canfield
Rep. Larry Inman
Rep. Pam Faris, Minority Vice-Chair
Rep. Harvey Santana



Overview of Medicaid Personal Care Supplement

1. Adult foster care (AFC) and home for the aged (HFA) licensees provide services to several thousand persons for whom licensees receive a Medicaid Personal Care Supplement of \$203.92 per month. This payment level is clearly inadequate based upon the personal care needs of the adults choosing to obtain services in licensed AFC and HFA settings.
2. The Medicaid Personal Care Supplement level has increased minimally for the past 16 years as indicated below:
 - 10/01/2014 – increase to \$203.92 per month
 - 10/01/2008 – increase to \$192.38 per month
 - 10/01/2006 – increase to \$184.38 per month
 - 10/01/2000 – increase to \$174.38 per month

Thus, the Personal Care Supplement payment has increased by only \$29.54 per month since 2000 or a 16.9 percent total increase for the entire 16-year period.

3. The personal care services provided to AFC and HFA residents include assistance with the following:

A. Bathing	F. Eating
B. Grooming	G. Medication
C. Dressing	H. Specialized skin care
D. Toileting	I. Other personal care services as needed
E. Transferring	
4. A modest increase in the Medicaid Personal Care Supplement to \$233.92 per month effective October 1, 2016 is essential to the health and well-being of AFC and HFA residents. This amount would result in an average of a 2.13 percent cost-of-living increase factor for each year since 2000.

The estimated cost for this increase is additional Medicaid funding of \$1,418,000. The General Fund portion of this funding is approximately \$500,000. This estimate is based upon the executive budget recommendation for FY 2017 of \$9,639,900 for personal care services.

For additional information on the Medicaid Personal Care Supplement, please contact Michigan Assisted Living Association.

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March 2016

DHHS- Human Services Subcommittee
Catherine Pinto
3/3/16

I can not be at the hearing today in Lansing because I am out of state. However, I wanted to share with you my comments and concerns. The Statewide Transition Plan for HCBS have the potential to eliminate crucial funding for innovative programs like AACORN Farm. My son Tom and the many farmers like him at AACORN Farm deserve to have their CHOICE respected and funded. Lack of adequate funding has already resulted in a crisis of too few options available in our community as well as a crisis in the ability of service providers to hire and retain qualified support staff. Our state legislators need to listen and understand that budget considerations directly affect the quality of life for thousands of individuals with disability and their families who are struggling to find appropriate services and support. Below is my testimony:

I am Catherine Pinto and I live in Kalamazoo County, Michigan. I have a 24 year old son with autism, Tom Pinto, who currently attends AACORN Farm. I am a Board Member of AACORN Farm. The AACORN Farm Board has worked diligently for over 4 years to take the concept of a vocational program in a farm setting designed to support individuals with developmental/intellectual from a concept to reality. We currently serve approximately 20 adults in our small program but most of the adults we serve, like my son Tom, count their time at AACORN Farm as their favorite activity. Make no mistake, they are indeed farmers. The work our farmers do caring for animals, growing food, interacting with each other and the farm staff as they go about the business of taking care of the farm are all important opportunities to learn skills and take pride in work well done. Our farmers regular trips into the community to buy animal feed, construction equipment for building on the farm and regular egg deliveries offer community involvement that has meaning and purpose. AACORN Farm's ability to deliver quality services in our community depends on adequate funding allocated to HCBS service providers.

I ask 2 things of your committees: First, that the committees and subcommittees support CHOICE of the individual when determining HCBS funding. Second, allocate adequate funding to service providers enabling them to retain professionally trained and qualified support staff.

I hope that my comments can be acknowledged and included at today's meeting. Thank you for your time.

Sincerely
Catherine Pinto

*****Photo below is Tom Pinto working at AACORN Farm.

Toni Sergeant

3/3/16

HFA
~~Katie Estimar~~

From: Toni S <tsergeant06@yahoo.com>
Sent: Thursday, March 3, 2016 9:41 AM
To: ~~Katie Estimar~~, HFA
Subject: Statewide Transition Plan for HCBS - testimony
Attachments: Em Hug.jpg; Emily & cos.jpg; Emily kiss horse.jpg

Hello

I am the mother & legal guardian of a 28 year old lady with a developmental disability. I wish to share my input on the need to have adequate funding to support a person's choice in regards to where they spend their time, live and gain meaningful life experiences. My daughter Emily started participating at AACORN Farm in Kalamazoo, MI about 2 years ago. If you were to look back through her educational plans from very early in her education you will see that she has always had the desire to work with animals. In fact, she seems to have a gift for animals and they take to one another like puzzle pieces, meant to be together. Since she started with AACORN Farm her funding has dwindled down to no more than respite dollars. Her time there is away from her primary caregiver, me, however, it is so much more than respite for Emily. Her growth socially, verbally and the skills she is learning have all enhanced her overall quality of life. AACORN does an amazing job of teaching skills that bring true meaning and worth to a persons life. Something that my daughter will not find locally in other situations. Her skill set and abilities, in addition to personal care needs, cannot be supported in other programs in our area. The worker that assists her to help with her personal care makes about half of the current minimum wage. If I were to lose this current worker I am not sure that I could replace her at the current funding rate. If you were to ask Emily about what she wants from her life, and we have through a MAP process with our whole family, she would tell you that the farm is number one. Her CHOICE would be to spend time learning, caring, growing, interacting and even community involvement that she is able to access through her participation at AACORN Farm. The long term vision of this organization includes housing. When I compare a group home, an apartment, or living with support on a farm such as AACORN Farm I can see the quality of life she will experience. She currently still lives at home with me. This will not be possible forever. I know I will go to my grave and rest easy if I know she is settled in a CHOICE that she is comfortable with for the rest of her days. I believe with my whole heart that a farm setting is exactly the choice she will make for herself given the option. To know that she could walk out her door and be right in the place where she knows what to do and what needs to be done. She can walk to a barn, pasture or garden and be involved and included at anytime of the day. She will not need to rely on someone to get her there or another's schedule. That is independence in my opinion. I hope you can see the importance of giving a voice for CHOICE to people with disabilities. You and I get to determine our fate and future by the choices we make. Don't others deserve the same?

Thank you for your time. I hope you can include my input with the greater group.

Sincerely,

Toni Sergeant for Emily Sergeant

DHHS- Human Services Subcommittee

Jim Casha

3/3/16

Public comment - Senate Appropriations: Health and Human Services - Feb. 23rd, 2016

f- HOUSE " " " " - MAR 3RD, 2016

Chair Jim Marleau - SENATE

CHAIR EARL POLESKI - HOUSE

Jim Casha

Norwich, ON, CANADA

540-717-9240

jim.casha@gmail.com

Re: Children's Services Agency/Foster Care/Juvenile 'Justice(?)' & Prenatal Alcohol Exposure (PAE)

Is there a doctor in the house at DHHS?

If so, can we get a second opinion on whether or not we can have a discussion about, Children's Services, foster care, and/or juvenile justice and, NOT ONCE, mention the words Prenatal Alcohol Exposure(PAE) and Fetal Alcohol Spectrum Disorders (FASD)?

The DHHS Director Nick Lyon, a trained 'economist' (bio attached), told me after Governor Snyder's Budget Release that there is no money in the budget to deal with the issue of Prenatal Alcohol Exposure because Nick doesn't think it's a problem.

I want a second ...qualified, opinion.

Will this Committee call the State's, *now* full-time, Medical Officer, Dr. Eden Wells, before this Committee to talk about Prenatal Alcohol Exposure (PAE) and how it impacts the health, safety and care of Michigan's foster and adopted children?

This is not a new problem. The first child diagnosed with Fetal Alcohol Syndrome (FAS) was diagnosed in 1971. The State of Michigan has done virtually NOTHING to help these innocent child victims, as reflected in the current federal oversight of MI's foster care system. There are references to not drinking when pregnant ...in the bible, and, the CDC, the one DHHS ignored in Flint, issued a statement nationwide just a couple of weeks ago warning women not to drink when pregnant ...or not to get pregnant ...when drinking.

It is estimated that 70% of foster kids are affected by Prenatal Alcohol Exposure (PAE). (NOFAS Fact Sheet attached)

You can't talk about foster care and not talk about Prenatal Alcohol Exposure It is just as Governor Snyder likes to say, '**common sense**', that this is where you would find the majority of these children. There ...and later in our jails and prison.

Just like Flint, denying there is a problem ...will not make it go away. Just like lead ...prenatal alcohol exposure causes lifetime brain disabilities in the children affected.

PREVENTION is the only real solution. Dr. Eden Wells is an expert in Prevention Medicine.

Can we get her medical opinion ...please?

Pressing on, with unwavering faith,

Jim Casha



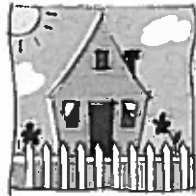
National Organization on Fetal Alcohol Syndrome

Helping children & families by fighting the leading known cause of mental retardation & birth defects

FASD: What the Foster Care System Should Know

The majority of children with Fetal Alcohol Spectrum Disorders (FASD) are not raised by their birth parents.

- It is reported that up to 80% of children with FASD do not stay with their birth families due to the high needs of parents and children.
- Studies suggest that a rise in alcohol and drug use by women has resulted in 60% more children coming into state care since 1986.



The incidence rate of FASD is unusually high among the U.S. foster care population.

- It is estimated that almost 70% of the children in foster care are affected by prenatal alcohol exposure in varying degrees.
- Children from substance abusing households are more likely to spend longer periods of time in foster care than other children (median of 11 months versus 5 months for others in foster care).

Many children with FASD go unidentified or are misdiagnosed. Often, behavioral problems caused by brain damage due to prenatal alcohol exposure are mistakenly thought to be solely a result of difficulties in the child's previous home environment.

Secondary behavioral disorders associated with FASD can further complicate a child's transition into and out of foster care homes.

Children with FASD often have difficulty :

- translating body language and expressions;
- understanding boundaries;
- focusing their attention; and
- understanding cause and effect.

Children with FASD can be easily frustrated and require a stable, structured home and school environment. Adjusting to a new home, a new family, and a new school can be particularly difficult.

Children with FASD can benefit from:

- Consistent routines;
- Limited stimulation;
- Concrete language and examples;
- Multi-sensory learning (visual, auditory and tactile);
- Realistic expectations;
- Supportive environments; and
- Supervision.



The foster care system can help prepare for children with FASD by:

- Providing training to foster care/adoption personnel to help recognize the disorder's characteristics in order to seek diagnoses for suspected cases and ensure appropriate placements;
- Providing education to parents entering the foster care system, as well as for families who already have foster children, in order to help recognize the disorder's characteristics, seek a diagnosis, and appropriately respond to the unique needs of the child; and
- Developing and/or enforcing policies on obtaining and disclosing information on birth mothers' history of drinking during pregnancy.

Nick Lyon

Director of the Michigan Department of Health and Human Services

Nick Lyon brings a wealth of policy, budget, and department operations expertise to his new role as director of the Michigan Department of Health and Human Services (MDHHS).

Lyon was named to the position effective April 10 by Gov. Rick Snyder when he created the new agency in February of 2015 by Executive Order. MDHHS is a merger of the former Michigan Departments of Human Services (DHS) and Community Health (MDCH).

Previously, Lyon had served as MDCH director beginning in September 2014, when Gov. Snyder selected him to succeed James K. Haveman. The governor also appointed Lyon as interim DHS director to succeed Maura Corrigan, who retired Dec. 31, 2014.

Prior to becoming MDCH director, Lyon served as the agency's chief deputy director beginning in 2011. In this role, he upheld the mission of the MDCH by overseeing the day-to-day operations of all of the department's administrations including Medical Services, which oversees the Michigan Medicaid program; Public Health; Behavioral Health and Developmental Disabilities; Policy and Planning; and Operations.

Lyon brings leadership experience overseeing daily departmental operations, as well as representing the department with various stakeholders, the Michigan legislature, and community partners to his role as Director. He also oversees the department's interactions with the Office of Recipient Rights, the Michigan Developmental Disabilities Council, the Health and Human Service Office of Inspector General, the Autism Council, the State Child Abuse and Neglect Prevention Board, and the Human Trafficking Health Advisory Board.

During his time at MDCH, Lyon has been involved in a number of key health initiatives including the successful implementation and management of the Healthy Michigan Plan, as well as the advancement of Health Information Technology in the state of Michigan.

Previously, Lyon served as Deputy Director of the MDCH Operations Administration as well as the Deputy Director of the MDCH Health Policy and Regulation Administration. Prior to joining the MDCH, Nick served as the Director of the Office of Budget Development and General Government within the State Budget Office and as the Finance Officer for the Department of Attorney General. Through his previous experience, Lyon has a distinguished track record of success overseeing and crafting health policy and operations, finance and human resource, and budget development.

Lyon is a 1990 graduate of Yale University where he earned a Bachelor of Arts degree in Economics and Political Science.

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