

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH**

**PRESENTATION TO THE HOUSE APPROPRIATIONS  
SUBCOMMITTEE ON COMMUNITY HEALTH**

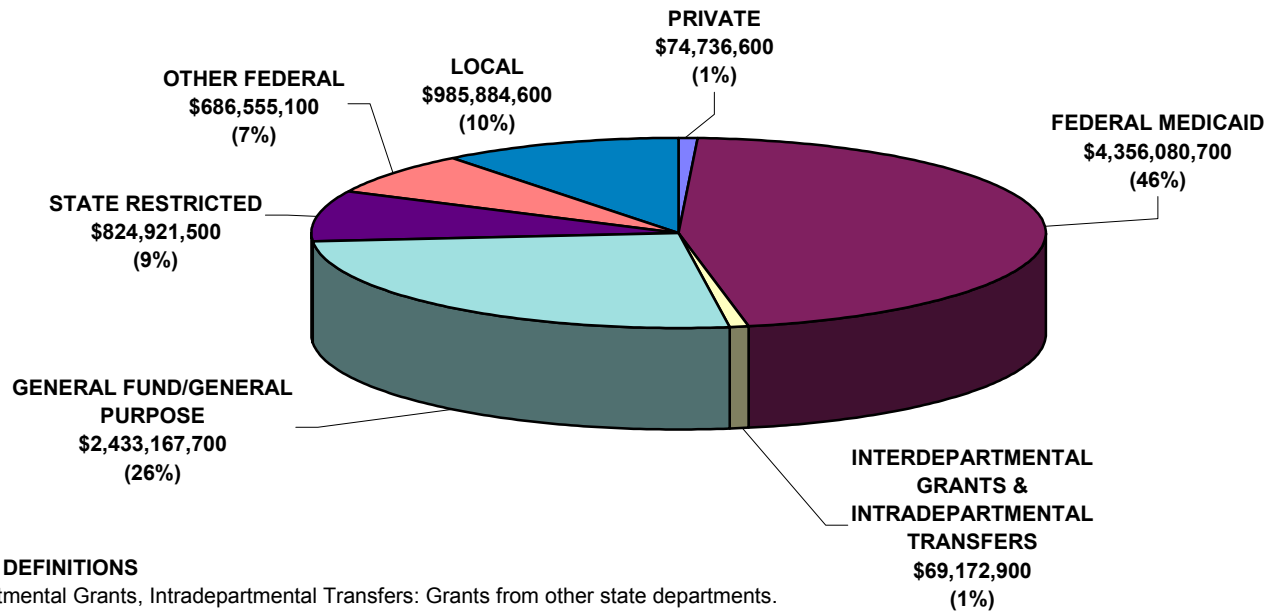
**FEBRUARY 2003**

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DIRECTOR**

# FY 2003 DEPARTMENT OF COMMUNITY HEALTH

## FY 2003 Adjusted Appropriation

### Source of Financing - \$9,430,519,100



#### FUNDING DEFINITIONS

Interdepartmental Grants, IntraDepartmental Transfers: Grants from other state departments.

Federal: Funding obtained under Title XIX of the Social Security Act and various federal grants and programs.

Local: Revenue obtained from local units of government required by statute.

Private: Various revenue sources from private entities; gifts, bequests & donations.

State Restricted: State of Michigan taxes, fees or payments specifically designated by statute.

Tobacco Settlement: (State Restricted).

General Fund: State of Michigan taxes, fees or other revenues not specifically designated.

\*Reflects all supplementals, boilerplate appropriations, and executive orders.

# FY 2003 DEPARTMENT OF COMMUNITY HEALTH

## APPROPRIATIONS SUMMARY

The Department of Community Health is responsible for health policy and management of the state's publicly-funded health services systems. These include Medicaid health coverage for persons with limited incomes, mental health services for people with mental illnesses or developmental disabilities, services for persons in need of substance abuse treatment, maternal and child health services, state and local public health services provided through local health departments, public and private agencies, community-based services to senior citizens, and services support and compensation to victims of crime.

The Fiscal Year 2003 total budget for the Department of Community Health, after executive order reductions approved in December 2002, is **\$9.43** billion. Federal funds, including **\$4.36** billion for Medicaid alone, account for **\$5.0** billion and **53%** of the total appropriation. The Department of Community Health's budget accounts for **24%** of State total appropriations in FY 2003 and **27%** of the total General Fund appropriations.

### Major Funding Sources

Federal Funds: Total Federal funding for FY 2003 is **\$5.0** billion, including **\$4.36** billion for Medicaid. Major federal programs, other than Medicaid, include Women, Infants and Children (WIC) (**\$125** M), Substance Abuse Prevention and Treatment (**\$59** M), Byrne Drug Control (**\$20** M), Bioterrorism (**\$30** M), Maternal and Child Health Block Grant (**\$21** M), Title III (Aging) (**\$37**M), Crime Victims (**\$15** M), Mental Health Block Grant (**\$15** M), Ryan White (HIV/AIDS) (**\$13** M), Immunization (**\$9** M), and Cancer (**\$8** M). The department manages over **100** federal grant programs.

General Fund/General Purpose Funds: total **\$2.43** billion, **26%** of the total DCH budget

State Restricted Funds: State restricted funds total **\$824,921,500**, **9%** of the total DCH budget. State Restricted Funds include, but are not limited to, the following:

Healthy Michigan Fund: The Healthy Michigan Fund was created to provide funding for various health prevention programs. It is comprised of **6%** of the tobacco products tax revenue. In FY 2002, approximately **\$37.3** million was deposited into the HMF for health prevention programs. Programs funded with HMF dollars include smoking prevention, breast and cervical cancer control, Alzheimer information network, diabetes program, immunization registry, pregnancy prevention, and provides federal match for Medicaid.

Michigan Health Initiative Fund: The Michigan Health Initiative Fund was established in 1987 to provide funds for the creation of an information clearinghouse to maintain and provide current information on major risk factors and preventable diseases and conditions, not limited to but including AIDS, and to provide information on risk reduction service providers and AIDS treatment programs throughout the state. The source of the fund is a **4%** tax on the retail sale of computer software. Programs funded with MHI funds include the AIDS prevention, testing and care program, diabetes and kidney program, sexually transmitted disease control management, and field support.

Medicaid Benefits Trust Fund: The Medicaid Benefits Trust Fund was established in 2000 to provide a funding source to finance anticipated shortfalls in Medicaid expenditures resulting from the disallowance of Medicaid payments by the federal government, and to offset any declines in revenues caused by changes in federal Medicaid policy. It is comprised of unexpended Medicaid special financing payments plus interest earnings on investments of the fund. In FY 2003, **\$286** million will be expended from the fund to cover state Medicaid services, leaving a balance of approximately **\$44** million which may be needed to cover the costs related to the increase in Medicaid beneficiaries.

Quality Assurance Assessment Fees: The state will receive over **\$166** million in fees from Health Maintenance Organizations (HMOs), hospitals and nursing homes in the form of quality assessments, which the state will use to match federal Medicaid funds to provide funding increases to the HMOs, hospitals, and nursing homes.



## **BUDGETARY SAVINGS AND EXECUTIVE ORDER**

**(\$202,611,300 GROSS / \$108,661,800 GF)**

**Caretaker Relative** (\$72,807.8 Gross/\$32,457.7 GF): Eliminated the Medicaid caretaker relative category affecting approximately 40,000 beneficiaries effective March 1, 2003.

**Medical Services Provider Rate Decreases** (\$29,229.8 Gross/\$13,030.6 GF): Reduced rates by 1.85% for Hospitals, Nursing Facilities, Home Health Services and Health Maintenance Organizations effective March 1, 2003.

**Graduate Medical Education** (\$2,521.2 Gross/\$1,124.0 GF): Implemented a 2.5% reduction in the Graduate Medical Education program effective March 1, 2003.

**Outpatient Adjustor** (\$16,500.0 Gross/\$7,355.7 GF): Eliminated the outpatient adjustor payment for Hospitals and Health Maintenance Organizations.

**Convert Maternal Outpatient Medical Services (MOMS) Program** (\$2,985.1 GF): Convert the MOMS Program to a federal SCHIP/Title XXI program which has a federal match rate of approximately 70% - saving \$2.9 million.

**Home and Community Based Waiver Program (HCBW) Enrollment Freeze** (\$24,022.7 Gross / \$11,600.0 GF): Freeze enrollment in the HCBW program.

**Third Party Liability** (\$11,215.8 Gross / \$5,000.0 GF): Utilize savings from a new one-time initiative to collect credit balances from hospitals and nursing homes.

**Medicaid Mental Health Services** (\$7,969.3 Gross/\$3,552.7 GF): Reduce the Mental Health Medicaid rates by 1.1% effective March 1, 2003.

**CMHSP Non-Medicaid Services** (\$5,583.5 GF): Reduced the mental health funding formula by 2.5% effective February 1, 2003.

**Respite Services** (\$2,318.6 Gross / \$2,000.0 HMF / \$318.0 GF): Eliminated this program which provided respite services to children with serious emotional disturbances.

**State Disability Assistance Program** (\$2,943.8 GF): Reduced this program by \$2.9 M which provides room and board to disabled persons who do not qualify for SSI while they are receiving substance abuse services.

**Rebase Children's Waiver Program** (\$3,244.1 Gross/ \$1,446.2 GF): Rebasing the Children's Waiver Home Care Program to the actual FY 2002 levels created a savings of \$1.4 million.

**Medicaid Outreach** (\$4,325.8 Gross / \$2,162.9 GF): Eliminated this program which provided funding to Local Health Departments to provide Medicaid outreach services.

**Local Public Health Operations** (\$300.9 GF): Reduced the Local Public Health Operations by 1.1% which supports the following services: immunizations, infectious disease control, sexually transmitted disease control and prevention, hearing screening, vision screening, food protection, public and private water supply, and on-site sewage management.

**Local Health Services** (\$162.0 GF): Eliminated funding for the development and implementation of training events for Local Health Department staff for the delivery of required and allowable public health services and to build leadership skills.

**African-American Male Health Initiative** (\$213.3 GF): Eliminated funding to the Henry Ford Health System which provided health education and outreach activities to African American males regarding chronic diseases such as diabetes, hypertension, cardiovascular disease, etc.

**Cancer Prevention & Control Program** (\$2,538.3 GF): Eliminated funding for research and education/prevention projects at Michigan State University, Wayne state University, University of Michigan, and the Michigan Public Health Institute. Reduced funds provided to local health departments to provide screening and referrals and to support cancer education and prevention programs.

**Morris Hood WSU Diabetes** (\$291.7 HMF): Eliminated funding to Wayne State University that provided diabetes health education and outreach activities in Southeast Michigan.

**Osteoporosis Program** (\$266.7 HMF): Eliminated funding to the Michigan Public Health Institute that provided health education and prevention activities for osteoporosis.

**Safe Kids Program** (\$333.4 GF): Eliminated funding to the Michigan Safe Kids, Inc, and the Michigan Public Health Institute that supported the Safe Kids Coalition network providing education and training to prevent childhood injuries (Child passenger, sports injuries, water safety, fire safety, poison prevention, etc.)

**Obesity Program** (\$133.4 GF): Eliminated funding to support education and prevention activities to prevent obesity.

**Physical Fitness** (\$763.5 GF): Eliminated funding to the Michigan Fitness Foundation and other local agencies that supported physical fitness, nutrition education and prevention activities.

**Car Seat Program** (\$200.0 GF): Eliminated funding to various hospitals, local health departments, and other local agencies that promoted the use of children's car seats.

**Community Health Assessments** (\$1,333.3 Gross / \$333.0 HMF / 1,000.0 GF): Eliminated the Community Health Assessment and Improvement initiatives conducted by local health departments which included data surveillance, communicating health status and resources, establishing community partnerships and linkages and health initiatives/interventions.

**Minority Health** (\$226.1 GF): Reduced funding to various local health departments, various Indian Health services organizations, and other minority health agencies to provide health education and prevention services to minority populations.

**Meningitis** (\$165.9 GF): Did not implement this new initiative in FY 2003.

**Pregnancy Prevention** (\$500.0 GF): Reduced funding to local health departments, family planning/Planned Parenthood organizations, and other local pregnancy prevention agencies.

**Special Projects** (\$550.0 Gross/ \$100.0 HMF / \$450.0 GF): Eliminated \$250.0 GF/GP to fund various maternal and child health related one-time projects and \$100.0 for Parish Nursing. Funded the Fetal Alcohol Syndrome Project with carry-forward MCH block funding in lieu of GF/GP.

**Long Term Care Advisor** (\$608.8 Tobacco settlement): Eliminate the long-term care advisor program.

**Nutrition Services** (\$333.0 HMF): Reduced funding to support the nutrition program to seniors that provides home delivered meals.

**Office of Services to the Aging** (\$1,283.9 GF): Implemented an across-the-board reduction of 3.5% of their GF/GP appropriation to the following programs: Administration (\$89.5), Community Services (\$537.0), Nutrition Services (\$409.0), Senior Volunteer Services (\$208.9), and Senior Citizen Staffing (\$39.5).

**Department of Information Technology** (\$532.4 GF): Reduced 3.5% of the GF/GP appropriation through vacancy and other administrative savings.

**Budgetary Savings** (\$4,531.4 GF): The department is developing a plan to eliminate/reduce programs and/or achieve other administrative savings to satisfy the remaining negative appropriation of \$4,531.4 GF.

NOTE: The \$3,324.8 of HMF dollars and \$608.8 Tobacco settlement dollars were used to supplement general fund as Medicaid match to achieve the Executive Order and Budgetary Savings. The department also reduced various appropriations to achieve the required \$5,393.7 early retirement savings.



## MEDICAL SERVICES

Medicaid is a health coverage program for certain low income and medically needy individuals. At the federal level, the Center for Medicare and Medicaid (CMS), located in the Department of Health and Human Services, is responsible for administration of the program. Federal and state laws provide the framework for the Medicaid Program. **Title XIX of the Social Security Act, as amended, and related federal regulations advise states on how they must administer the Medicaid Program** so that they can receive federal funding, known as federal financial participation. Specified provisions regarding eligible groups, benefits, reimbursement, and administrative requirements are mandated at the federal level; other provisions are left at the state's option to include in the program. At the state level, Public Act 280, as amended, sets forth additional framework within which Medicaid policy is developed.

**Each state must maintain a Medicaid state plan.** This plan is a comprehensive statement submitted to the Center for Medicare and Medicaid Services describing the nature and scope of the program. Plans must be amended as changes in the program occur. The Center for Medicare and Medicaid Services conducts program reviews based on the state plan to determine whether the state is complying with federal requirements and whether Medicaid funds are being properly and efficiently spent. Federal financial participation cannot be received without an approved State Plan.

In Michigan almost **1.3** million Michigan residents receive Medicaid health care benefits. Individuals qualifying for Medicaid services include:

- C Family Independence Program participants
- C Persons with disabilities and older adults receiving Supplemental Security Income
- C Pregnant women and newborn children at or below 185 percent of the federal poverty level
- C Children over age 1 and under age 19 whose family income is at or below 150 percent of the federal poverty level
- C Persons with disabilities and older adults with incomes up to 100 percent of the federal poverty level
- C Former Family Independence Program participants whose cases were closed due to employment but who do not have health insurance coverage (Transitional Medical Assistance)
- C Medically needy persons with income/resources above regular financial eligibility levels if their medical expenses reduce them to assistance levels (spend down)

**Comprehensive Health Plan** - Most Medicaid beneficiaries are provided services through health plans. Medicaid beneficiaries choose the plan they wish to enroll in through an enrollment counseling service called MICHIGAN ENROLLS. If a beneficiary does not choose a plan, MICHIGAN ENROLLS will select a health plan based on a formula provided by the department. Medicaid beneficiaries may switch plans during the annual open enrollment period. Currently there are nearly **795,000** beneficiaries enrolled in one of the **18** contracting health plans.

Some Medicaid beneficiaries are exempt from enrollment in the Comprehensive Health Care Program, such as persons receiving long term care or the medically needy with income/resources above financial eligibility levels (these are typically referred to as “spenddown” beneficiaries). Additionally, some persons may voluntarily enroll into managed care but cannot be mandated to enroll. Persons choosing not to enroll or who are exempt from enrollment receive services under the Medicaid Fee For Service Plan unless they are eligible for another managed care program offered by the department.

All health plans will be held accountable for the delivery of quality services and measurable outcomes. Quality of care is paramount. **The quality oversight system for the Comprehensive Health Plans contain the following components:**

1. **Reporting:** Plans are required to submit regular reports of service and administrative activity, as outlined in their contract with the state. Required reports include:
  - 1) Health Employer Data Information Set (HEDIS) reports;
  - 2) complaint and grievance activity reports;
  - 3) internal quality improvement activity reports; and,
  - 4) provider network activity and financial reports.
2. **Accreditation:** Health plans are required to be accredited as managed care organizations.
3. **Structured On-Site Reviews:** The state performs semi-annual contract oversight and on-site reviews of health plan operations in conjunction with licensure activities.
4. **Consumer Surveys:** The state contracts for an independent consumer survey using the Consumer Assessment of Health Plan Survey, a nationally recognized survey tool. Health plans are expected to use the results of the survey in their quality improvement efforts.
5. **Disease Management:** The health plans have developed key measures that represent quality care for the prevention, diagnosis, and treatment of diabetes. The health plans collect data to determine how much of the care provided to enrollees with diabetes adhere to professionally recognized standards of care. Plans then target provider education and quality improvement efforts on areas requiring improvement.

6. **Dissemination of Results of Monitoring Activities:** The department has a consumer guide that discloses information from the quality oversight activities to beneficiaries to improve their ability to make informed choices. The department used the Foundation for Accountability (FACCT) model to develop this guide, which is a nationally recognized and well-tested model.
7. **External Quality Reviews:** The state conducts external reviews of quality of care and access for the health plans. The reviews included prenatal care, well-child care 0<2, pediatric asthma, immunizations status of 2-year-olds, children with special health care needs, and care of persons with HIV/AIDS.

**Children with Special Health Care Needs** - The State of Michigan maintains a separate medical program for children with special health care needs. Children become eligible for this program based on their diagnosis and severity of the diagnosis. The program includes children who are also eligible for Medicaid. The non-Medicaid funding source for this program is Title V-Maternal and Child Health Block Grant and general fund. The program covers services such as physician care, hospitalization, home health, pharmacy, speech/physical/occupational therapy, medical equipment, and the use of orthotics/prosthesis. Care coordination services for some of the fee-for-service population are provided to children with special health care needs and their families through local health departments. The local health departments also perform outreach, authorize diagnostic and follow-up services, and facilitate program enrollment for this population. The program also provides transportation services for families in need of assistance to access clinically necessary services. Children enrolled in the CSHCS program have the option of participating in a managed care plan designed exclusively for the CSHCS population. These health plans deliver and coordinate both primary and specialty care services through a consultative process with the child's family.

FISCAL YEAR	MEDICAID/ TITLE V	TITLE V ONLY	TOTAL
FY2000	11,357	13,197	24,554
FY2001	13,582	14,466	28,048
FY2002	15,200	14,265	29,465
FY 2003 (thru 11/02)	14,716	12,741	27,457

The state has managed care contracts with two Special Health Plans to provide quality family-centered managed care specifically designed for children in the special health care needs population. **“Kids Care of Michigan”** is operated by the University of Michigan Health System and serves over **2,500** children in **37** counties in Michigan. **“Children’s Choice of Michigan”**, is a Detroit Medical Center plan and currently serves over **1,700** in Wayne, Oakland and Macomb counties. Both plans include a comprehensive network of pediatric specialists and pediatric primary care physicians to provide high quality, accessible, family-centered, culturally competent and coordinated health care to this population. A key administrative role of **“Family-Centered Care Coordinator”** is filled by a consumer or parent of a child in the Children’s Special Health Care Services Program who is enrolled in the Special Health Plan. **Enrollment into a Special Health Plan is voluntary.** Contracted Special Health Plans will be held accountable for the delivery of quality services and measurable outcomes as our comprehensive health plans.

Children in the Children’s Special Health Care Services (CSHCS) Program who are also part of the MICHild Program can receive both services through a CSHCS Special Health Plan. If the child lives in a county without a Special Health Plan, MICHild benefits through the Blue Cross/Blue Shield MICHild contractor are coordinated with CSHCS specialty services.

**Children’s Health Insurance Program – MICHild/Healthy Kids Expansion** - MICHild and the expansion of Healthy Kids continues to further reduce the number of uninsured children in the state. Outreach for MICHild and Healthy Kids continues through the media, school outreach and through local outreach conducted by local health departments and their community partners. Since the program’s inception in May 1998, almost **175,000 children** not eligible for MICHild have been referred to the Healthy Kids Program.

MICHILD AVERAGE BENEFICIARIES							
FY 1999	FY 2000	% Increase – from Prior Year	FY 2001	% Increase – from Prior Year	FY 2002	% Increase – from Prior Year	FY 2003 (thru 11/02)
8,568	12,697	55.8%	19,778	28.8%	27,183	11.5%	30,300

**Michigan's Elder Prescription Insurance Coverage (EPIC)** program was designed to provide prescription assistance for enrolled residents age 65 or over and at or below 200% of the Federal Poverty Level. Emergency coverage has an income limit of 150% of the Federal Poverty Level. The legislation limits enrollment to available funding. Both eligibility/enrollment and pharmacy benefits management are provided through a contractual arrangement.

The program covers most prescription drugs, plus insulin and syringes. An annual application fee of **\$25** is required. Co-payments include **\$15** for some branded medications plus a co-pay of between **1%** and **5%** depending on the participant's income. Prescription medications are available through about **2,000** Michigan pharmacies enrolled in the EPIC program.

There are about **15,000** participants and enrollment is currently closed. However, EPIC maintains an emergency component that remains open for new enrollment and provides **45** days of coverage, up to **two** times a year. The application fee and co-pays are required for the emergency program.

This program replaced both the Michigan Senior Prescription Drug Tax Credit which provided a tax credit of up to **\$600** to eligible seniors and the MEPPs program which provided emergency prescription assistance for 30 days and up to 3 times a year for eligible, enrolled seniors.

The department applied for a federal Pharmacy Plus waiver on February 5, 2003. This waiver will allow expansion of the EPIC program to **another 25,000 low-income senior citizens**. The Department of Community Health anticipates approval of the waiver in May 2003.

**Long-Term Care** – The Department manages the long-term care needs of seniors and persons with disabilities through a single budgeted line item for nursing facilities, home and community based waiver programs, and adult home help. The Department will be piloting use of revised medical eligibility criteria for nursing facility level of care. This will ensure consistency in the determination of medical and functional necessity for placement in a nursing facility or the Home and Community Based Waiver program. Services will be guided by the individual's needs, the revised medical eligibility criteria, and the total long term care budget. The Department has frozen enrollments in the Home and Community Based Waiver program as a result of Executive Order 2002-22. There are approximately **7,500** individuals currently enrolled in the Home and Community Based Waiver program.

## MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

The Department of Community Health is responsible for administering mental health and substance abuse services.

**These services are delivered through 18 Affiliations/Specialty Prepaid Health Plans, partnerships with 48 Community Mental Health Services Programs (CMHSPs) and 16 local Substance Abuse Coordinating Agencies.**

The department also operates state psychiatric hospitals for persons with mental illness and state centers for persons with developmental disabilities for persons who need this level of care.

The department has **established outcomes** relating to mental health and substance abuse services to monitor the effectiveness, efficiency, and accountability of services which are to:

- C Achieve a cohesive direction for state health policy and consistency between the implementation of programs, policy, and health care financing.
- C Assure persons with the most severe forms of mental illness and developmental disabilities as well as persons with substance abuse problems have access to services.
- C Make mental health services available through the **18** Affiliations/Specialty Prepaid Health Plans and/ or the **48** local CMHSPs and shall include services at state hospitals or centers.
- C Make substance abuse services available through the **18** Affiliations/Specialty Prepaid Health Plans and/ or **16** coordinating agencies.
- C Assure that systems of service are accountable as demonstrated by accreditation, certification, and outcome measures.
- C Assure that a person centered planning process is used in developing a plan of mental health services in partnership with the recipient as required by the Mental Health Code.

**Medicaid Specialty Prepaid Health Plans for Mental Health Services and Services to Persons with Developmental Disabilities** - The Department of Community Health implemented the Specialty Prepaid Health Plan in October 2002. The 1915(b) Specialty Services and Supports Waiver from the Centers for Medicare and Medicaid Services was based upon providing CMHSPs with a first opportunity to provide Mental Health and Substance Abuse services. CMHSPs have the experience and expertise, strong coordination linkages with other community agencies, and have made a local investment in providing specialized care services and supports. Only CMHSPs or affiliations, where all affiliate members are CMHSPs, with more than **20,000** Medicaid covered lives in their service area qualified. There are **18** Affiliations/Specialty Prepaid Health Plans.

## COMMUNITY MENTAL HEALTH SERVICES

Community Mental Health Services Programs provide services and supports to persons with mental illness and developmental disabilities. Services and supports are also provided to **children with serious emotional disturbances**. In addition, Community Mental Health Services Programs provide gate-keeping functions and alternative services to persons who would otherwise be admitted to community inpatient psychiatric programs, state psychiatric hospitals and state centers for persons with developmental disabilities. The Mental Health Code establishes community mental health services programs to provide mental health services and supports.

Community Mental Health Services Programs are responsible to provide a **comprehensive array of mental health services** appropriate to conditions of individuals who are located within the geographical service area. Services for individual recipients are expected to be person centered. This means a process for planning and supporting the individual in receiving services that builds upon the individual's capacity to engage in activities that promote community life and honor the individual's preferences, choices, and abilities. The person centered planning process also requires the involvement of families and professionals as the individual chooses or requires.

All Community Mental Health Services Programs maintain the following **required services** and supports:

All supports and services as described in the Medical Services policy for Community Mental Health Services Programs must be provided if in the individual's person-centered plan.

Home-based services for children.

At least one consumer delivered or operated system.

If the service population is over 150,000, have at least one Assertive Community Treatment (ACT) program and at least one Psychosocial rehabilitation clubhouse.

If the service population is under 150,000, have either an assertive community treatment program or a psychosocial rehabilitation clubhouse.

Crisis stabilization and response including a 24-hour, 7-day per week crises emergency service which include inpatient or other protective environments for treatment.



Pre-admission screening with 24-hour availability to provide assessment and screening for individuals being considered for admission into hospitals or alternative treatment programs.

**Essential services for persons with mental illness:**

- C emergency services in addition to the above--crises lines and children's diagnostic and treatment services for persons with mental illness
- C inpatient and outpatient hospital services
- C housing and residential support
- C community support services including intensive support and outreach, ACT, case management, prevocational and integrated employment services
- C mental health clinics and rehabilitation services
- C prevention
- C personal care and transportation

**Essential services for persons with developmental disabilities:**

- C support and services coordination
- C prevention and consultation
- C community living supports
- C housing and residential support
- C skill building
- C family support services
- C enhanced health care services
- C applied behavioral services
- C integrated employment services

All Community Mental Health Services Programs are **required to maintain and implement quality improvement systems** both to monitor and continuously improve the quality of services. This quality management system is implemented through the contracts between the department and each Community Mental Health Services Programs.

CMHSPs provide a wide variety of innovative **consumer-oriented programs**.

**Consumer Run Drop In Centers** provides a safe supportive environment where primary consumers can go and voluntarily participate in non-structured social, recreational and personal development activities. These activities are

planned and developed by the consumer themselves. Activities within the drop-in setting are intended to assist consumers to better develop and learn coping skills and strategies to build or enhance self-esteem and self-confidence.

**Clubhouse Programs** are psychosocial rehabilitation centers that provide a place where persons with mental illness can seek meaningful relationships, work, and support. Clubhouse programs are consumer centered and involve professional staff who work side by side with consumer members to accomplish the activities/tasks of the program. Through this rehabilitative environment members find support and an opportunity to regain confidence and skills. A key philosophy of the program is the creation of a supportive community to provide long term social integration and support. Program components include vocational services and social/recreational activities.

**Assertive Community Treatment Program (ACT)** is a comprehensive model of services provided by a multi disciplinary team which includes both psychiatric and skilled medical staff. ACT services are targeted for persons with a history of persistent mental illness who may require or benefit from continuing psychiatric rehabilitation. The Team provides acute, emergency and long term psychiatric rehabilitation services as well as case management and care coordination. Services are individually tailored and may include multiple daily contacts in the individual's residence or other community settings. ACT is increasingly being used for persons with mental illness, who in addition may have other complex co-existing diagnoses or conditions such as dual diagnosis, as an alternative to jail/prison or a condition of probation, and persons with chronic complex medical conditions.

**Jail and Diversion Services** are provided to persons with serious mental illness who reside in county jails, detention facilities, are under court supervision and parole. Services include consultation; emergency services, assessment, inpatient screening; substance abuse services; suicide risk assessment; and, individual, group and family therapy.

**Fairweather Consumer Run Businesses** are based on the Fairweather model of a group-owned consumer run business. The group usually consists of 5 to 8 consumers with a history of mental illness. The original model also involved a group living situation. Currently, Fairweather programs focus only on the business aspect which allows individuals to participate and move to a more independent living setting if desired. The model provides strong peer support and the group business concept is very tolerant of the episodic nature of mental illness. Fairweather programs join together to create a larger workforce to enhance business opportunities.

**Home-Based Services** are provided to children and families with multiple service needs who require access to a continuum of mental health services. Mental health home based services intervention combines the use of individual therapy, family therapy, case management and family collateral contacts as an approach to reducing reliance on placement in substitute care settings such as hospitals or residential treatment centers.

**WrapAround Services** refers to an individually designed set of treatment and personal support services provided to minors with serious emotional disturbance or serious mental illness and their families to maintain the child in the home. Wraparound services are developed through an interagency collaborative approach and are effective in servicing children served by multiple systems.

**Respite Care Services** are provided to families of children with serious emotional disturbance. These services provide short term intermittent care and supervision to children and adolescents in their own home or in out-of-home settings to provide short-term relief to their families. All services are expected to include parent and family involvement; to provide for both regular, planned respite and crises respite; to assure training to respite providers and staff as well as incorporate the use of existing community support services and resources.

**Gambling Addiction Services** is provided through a contract with the Neighborhood Service Organization (NSO) to answer our 24-hour toll-free Helpline with a live answer, to coordinate free initial assessment consultations for compulsive gamblers and their families and to provide outpatient treatment programs. Neighborhood Service Organization has members of their in-house suicide prevention team on call during all shifts. NSO coordinates their consultation and treatment efforts with groups such as Gamblers Anonymous and the Salvation Army to better meet the needs of compulsive gamblers.

## SUBSTANCE ABUSE SERVICES

Prevalence data indicates that approximately **12 percent** of the population of the State of Michigan has a substance abuse problem. There are currently approximately **400 different organizations** which receive substance funding from the department. These funds are administered through a network of **18 Specialty Prepaid Health Plans and 16 regional coordinating agencies**.

- C The majority of admissions (**58 percent**) were admitted on an outpatient basis, while nearly one in every four (**28 percent**) entered residential services for detoxification or treatment. Admissions to intensive outpatient services made up **14 percent** of total admissions.
- C Alcohol was the most common primary drug of abuse (**50 percent**) among admissions, followed by cocaine/crack (**17 percent**) and marijuana (**16 percent**). Admissions for heroin made up **12 percent** of admissions, followed by those involving several categories of other drugs (**5 percent**).

The **16** regional coordinating agencies are responsible for comprehensive planning, review, data collection, and contracting with licensed substance abuse providers. Each coordinating agency must ensure a continuum of substance abuse prevention, assessment, and treatment services based on a local determination of need.

Medicaid substance abuse treatment services are administered under contract with 18 Specialty Prepaid Health Plans as part of the Managed Specialty Supports and Services Program.

### **Substance Abuse Services for Pregnant Women and Women with Dependent Children**

Pregnant women, including those who are injecting drugs, receive the highest priority for admission into substance abuse services. The substance abuse system has designed treatment services specifically for pregnant women and women with dependent children that make available ancillary support services, including prenatal care and child care. The department has over 60 programs designed for pregnant chemically dependent women. Women and family case managers coordinate ancillary services, outreach services, and provide case management services in the central diagnostic and referral programs within each coordinating agency jurisdiction. Some of the model women's treatment programs are: Eleanor Hutzel Recovery Center, Salvation Army Evangeline Center, Self-Help Addiction Recovery (SHAR) Women and Children's Program all located in Detroit; Flint Odyssey House, Inc., in Flint and Project Rehab in Grand Rapids.

## HEALTH

During 2002, nearly **four million** health service encounters were provided to Michigan citizens through programs operated by the Department of Community Health. These health services are provided to Michigan residents directly from the Department and through the **45** local health departments, in partnership with public and private agencies.

Key service units provided in FY 2002 through the Health Administration and the local health departments are as follows:

AIDS Services – **230,600** persons served

Laboratory Testing - over **491,306** specimens tested.

Immunizations - over **2,041,586** doses of vaccine were distributed to local health departments and private physicians for administration to children and also some high risk adults.

Breast and Cervical Cancer Services – **21,800** women were served; **168** breast cancers were diagnosed; **43** cervical cancers were diagnosed; and **28** pre-cervical cancers were diagnosed.

Diabetes - About **8,500** patients received services through the Diabetes Outreach Network along with thousands participating in over **530** public awareness events (eg. Health fairs, community awareness presentations) **19,500** persons received diabetes self-management education; and **12,350** health professionals received educational services.

Unintentional Injuries – **3,750** child safety seats distributed to low-income families by SAFE KIDS Coalition; **10,441** were checked for recalls and correct installation; over **47,000** booklets on preventing sport injuries were supplied to parents, coaches, and young athletes.

Health Promotion Clearinghouse/Michigan Resource Center – Handled almost **33,000** calls and distributed over **5,300,000** pieces of health prevention educational material in response to the Department's media campaign on various health issues such as tobacco cessation and prevention, immunizations, HIV/AIDS, early detection of breast and cervical cancer, diabetes, and healthy lifestyles (physical activity & nutrition).

## Critical Health Indicators

The Department of Community Health tracks a set of critical health indicators which are used to review trends and improvements in the health of Michigan's population. Funding for these prevention/reduction programs comes from a variety of sources, including various federal grant awards and the Michigan's Health Initiative and the Healthy Michigan Fund.

CRITICAL HEALTH INDICATORS	
Abortions	Homicides
Adequacy of Prenatal Care	Infant Mortality
Adolescent Use of Alcohol, Tobacco and Other Drugs	Kidney Disease Deaths
AIDS Deaths	Mammography
Alcohol – Induced Deaths	Medicaid Managed Care Quality Assurance
Cancer Deaths	MiChild and Healthy Kids Enrollment
Chlamydia	Overweight
Childhood Immunizations	Pneumonia and Influenza Deaths
Chronic Liver Disease and Cirrhosis Deaths	Stroke Deaths
Chronic Lower Respiratory Disease Deaths	Suicides
Cigarette Smoking	Teen Pregnancy
Diabetes Related Deaths	Tuberculosis
Heart Disease Deaths	Unintentional Injury Deaths

The latest Critical Health Indicators report can be accessed at the Department's web site: [www.mdch.state.mi.us](http://www.mdch.state.mi.us)

**Cancer Prevention and Control** - The Michigan's Breast and Cervical Cancer Control Program provides access to annual screening and follow-up care and activities related to the Michigan Cancer Consortium. The number of female breast cancer cases diagnosed in early stage between 1985-1987 was **52.0%** and between 1995-1997 increased to **67.5%** due to increased awareness and access to annual screening. The department is in its second year of receiving an enhanced federal match rate to provide full Medicaid benefits for uninsured women under age 65 who are identified through the Centers for Disease Control and the National Breast & Cervical Cancer Early Detection Program in need of treatment for breast or cervical cancer.

**Diabetes Program** - Funds are authorized to reduce morbidity and mortality due to diabetes and its complications. The Diabetes Control Program strives to improve diabetes health care in Michigan through projects that emphasize the use of data to promote changes in agency policies and utilize education of patients and professionals to prevent the complications of diabetes and improve access to high quality health care, education, and support services. These are accomplished through grants to a statewide system of six regional diabetes outreach networks, the National Kidney Foundation of Michigan, several local health departments and numerous other agencies, as well as through collaborative partnerships with Health Maintenance Organizations and other entities. Services target high risk and underserved populations.

**Immunizations** - Over **2,194,000** doses of vaccines were distributed to protect children and adults in Michigan from **14** serious infectious diseases. Immunization is one of the most cost-effective measures available to protect the health of the people of Michigan. Each year in Michigan approximately **130,000** babies are born all of whom need to receive vaccines against such deadly diseases as measles, meningitis and diphtheria. The fact that diseases such as polio and measles are no longer common is a direct result of vaccination programs. Both the public and private sectors work together to educate, encourage and implement community and clinic efforts to assure that all children in the state have ready access to immunization services. The state and local health departments play a key role in the distribution of vaccines and to facilitate local assessments of immunization levels among the children in their community. The Michigan Childhood Immunization Registry (MCIR) provides a statewide registry of children that allows a physician to review and update a child's immunization history. Parents are informed about the MCIR every time their child receives a vaccine through the Vaccine Information Statement which is given to parents prior to any dose.

**The Michigan Asthma Initiative** goals are to reduce the burden of asthma in Michigan; continue statewide surveillance of asthma; and provide support to the state's **11** local asthma coalitions to provide locally-based asthma services and programs to Michigan residents. Additional efforts include promoting asthma education programs for health professionals and people with asthma to ensure utilization of the most accurate and highest quality care and self-management strategies; developing partnerships with managed care organizations to enhance asthma care and education services; and working with Michigan communities to increase access to materials and resources for effective asthma control. The Michigan Asthma Communication Network provides consumers and professionals current information on asthma and a forum for people involved in asthma to share information on asthma resources, activities and events. The Network can be reached by phone or internet at 1-866-EZ LUNGS or [www.GetAsthmaHelp.org](http://www.GetAsthmaHelp.org) or [www.GetAsthmaHelp.com](http://www.GetAsthmaHelp.com).

**HIV/AIDS** - Approximately **40** community-based agencies provide health education and risk reduction activities targeting at-risk and minority communities. The Department promotes early identification of HIV infection and access to prevention and treatment services that are culturally competent and sensitive to diverse populations. Interventions range from individual-level prevention counseling, small group counseling, outreach and community-level mobilization. HIV

counseling, testing and referral services are provided at over **400** sites through local public health departments, community-based organizations, hospitals, universities, and prisons. The Michigan HIV/AIDS hotline number (1-800-872-AIDS) provides general information on HIV and AIDS, and responds to questions and concerns from the general public.

Approximately **65** service providers serve between **6,000** and **7,000** persons living with HIV disease. The department funds the following HIV care services statewide: medical care/outpatient primary care, dental care, mental health counseling, case management/care coordination, buddy-companion services, emergency financial assistance, transportation, substance abuse counseling and treatment, client advocacy, day/respice/child care, housing assistance, food banks, support groups, health education and risk reduction, outreach, emergency medication, lab work, health insurance, home health care, and other counseling and support services. HIV/AIDS Drug Assistance Program provides certain FDA-approved drugs (including protease inhibitors and other HIV/AIDS therapies) free of charge to uninsured and under insured eligible individuals living with HIV.



## CHILDREN & FAMILY SERVICES

Children and Family Services Programs assess need, recommend policy, and promote the development of capacity within communities to provide quality, accessible, culturally competent services. These services address conditions focused on improving the health, well-being, functioning and/or quality of life for those infants, children, adolescents, and adults who are at risk of or have physical, emotional or mental disabilities, and for their families. Funding is provided for prenatal care outreach, maternal and infant health advocacy services, hearing and vision screening, dental health, lead poisoning prevention and testing, abstinence programming and child health.

### Highlights of Services Provided

The **Childhood Lead Poisoning Prevention Program** focuses on statewide screening and laboratory testing, appropriate health and environmental follow-up of children with elevated blood lead levels and outreach and education to local health care providers and communities. In FY 2002, there were **23,632** children tested. There were **1,281** children referred for follow-up due to elevated ( $\geq 10$  mg/dh) blood lead results.

**Lead Hazard Remediation Program** - The primary mission of this program is to protect children from the dangers of lead-based paint exposure. Funds from the U.S. Department of Housing and Urban Development and Clean Michigan Initiative are used to perform lead hazard control activities in Michigan housing. The department has abated a total of **565 homes** with Housing and Urban Development funding and **228 homes** with Clean Michigan Initiative funding as of September 30, 2002.

The **Newborn Screening Program** screens all Michigan infants for **eight** disorders: phenylketonuria, congenital hypothyroidism, galactosemia, biotinidase deficiency, maple syrup urine disease, congenital adrenal hyperplasia, sickle cell anemia, and medium chain acyl-coenzyme A dehydrogenase (MCAD) deficiency. The Newborn Screening Unit provides follow-up for all positive and unsatisfactory test results. In addition, infants suspected of having a disorder are referred to the appropriate medical management center for diagnosis and treatment. In FY 2002, **128,980** newborns were screened for **eight** very serious disorders. The **194** children who screened positive and referred will be able to lead healthy and normal lives. Without testing and treatment, these children would have died or required long-term care.

**Infant Mortality** - The department aims to reduce infant mortality through a variety of programs including family planning, pre-natal care including pre-natal smoking cessation, Medicaid outreach, maternal and infant health support advocacy services, the Maternal Outpatient Medical Services (MOMS) program, Pregnancy Risk Assessment and Monitoring System (PRAMS), the Infant Mortality Network, Sudden Infant Death Syndrome (SIDS), and support for local Fetal/Infant Mortality Reviews and Child Death Teams.

The **Infant Mortality Network** is comprised of community representatives, university researchers, neonatologists, obstetricians/gynecologists, and epidemiologists to evaluate issues; provide recommendations, program strategies, and research opportunities; review findings and recommendations from the Fetal/Infant Mortality Review program; and serve as resource to communities addressing infant mortality.

The local **Fetal/Infant Mortality Review process (FIMR)** identifies and examines the factors that contribute to fetal and infant death through a systematic evaluation of individual cases. Case reviews are done by a team of local providers, consumers, advocates and leaders to analyze and make recommendations for change to prevent future deaths. The Child Death Review teams operate in 80 counties and review the circumstances behind sudden and unexpected death of any child. Local Child Death Review teams provide their findings and recommendations to the State Child Death Review team, which the department is a member.

The **Sudden Infant Death Program (SIDS)** informs the public about measures to reduce the risk of sudden infant death, educates the professional community about sudden infant death, supports families who have experienced a sudden infant death, and improve the use of death scene investigation, health history and autopsy findings in the diagnosis of sudden infant death syndrome.

The **Maternal Outpatient Medical Services (MOMS) Program** ensures that pregnant women have immediate access to prenatal care. A pregnant woman who visits a Local Health Department, local Family Independence Agency office or a Federally Qualified Health Center is screened for eligibility and is provided a Guarantee Letter if she appears to meet the income guidelines for Medicaid or MOMS. The woman is also assisted in the completion of a Medicaid application. The Guarantee Letter allows a pregnant women to make an appointment with their doctor as soon as they become pregnant and should reduce the number of pregnancies that result in a low birth weight baby. The majority of pregnant women that receive a Guarantee Letter become Medicaid beneficiaries. In April 2003, women who are only eligible for limited Medicaid benefits (emergency services only) will convert to a new MOMS program funded with 70% federal Title XXI funds.

FISCAL YEAR	MOMS EXPENDITURES	COST/PER MOMS ENROLLEE	MOMS ENROLLEES	MEDICAID ENROLLEES	TOTAL ENROLLEES
1999	1,410,800	\$438.27	3,219	341	3,560
2000	2,703,600	\$803.45	3,365	368	3,733
2001	4,400,200	\$763.26	5,765	8,474	14,239
2002	4,455,900	\$678.63	6,566	11,575	18,141

The **Michigan Family Planning Program** provides general reproductive health assessment services; advice on methods of contraception; contraceptive supplies and devices; related health education and counseling; and referrals for follow up care as indicated and needed. The program's strong educational and counseling component helps to reduce health risks and promote healthy behaviors. Education and counseling services include specific messages on abstinence as the most effective contraceptive method and counseling and voluntary testing for HIV. Teens are encouraged to discuss their sexuality and sexual behaviors with their parents and persons having sex with multiple partners and outside of monogamous relationships are counseled on the dangers of their behaviors. The primary target population is people with limited income. Individuals with income at or below the federal poverty level can receive a full array of services at no cost.

The **Michigan Abstinence Program (MAP)** aims to positively impact adolescent health problems by promoting abstinence from sexual activity and related risky behaviors such as the use of alcohol, tobacco, and other drugs. A comprehensive approach targeting 9-17 year old youth and their parents/guardians is used and includes activities that are designed to meet the unique needs of the community. These activities are developed and implemented by local coalitions that are made up of members that reflect the diversity of the community and target population.

**Special Supplemental Nutrition Program for Women, Infants and Children (WIC)** is a supplemental food and nutrition program that operates as an adjunct to prenatal and pediatric health care, thereby improving health outcomes and the prospects for appropriate growth and development during infancy and childhood to age 5 years. Participation in WIC by pregnant women provides a cost-effective intervention for preventing low birth weight deliveries and reducing deliveries of infants which are small for their gestational-age among low-income women. Services include nutrition education, food coupons, coupons for fresh fruits and vegetables, encouragement to breastfeed, referrals to other appropriate health and social services such as Medicaid, MI Child, prenatal care, immunizations, smoking cessation programs, and substance abuse programs.

To maximize opportunities for service coordination and delivery, WIC services are co-located with the Family Independence Agencies in southeast Michigan and is also co-located with several managed care organizations. WIC is a

valuable partner in identifying infants and young children in need of immunizations by virtue of the program's access to "hard-to-reach" children and many of the WIC clinics have immunization providers on site. WIC clinic staff assess and document participants' immunization status through access to the State's immunization registry , make appropriate referrals to related maternal and child health programs, and educate parents on the importance of having their children fully immunized.

The Farmers' Market Nutrition Program, Project FRESH, provides WIC participants with coupons to purchase fresh, locally grown fruits and vegetables at local farmers' markets. WIC participants receive Project FRESH in addition to the regular WIC food package. The Project FRESH program complements the 5 A Day for Better Health program sponsored by the National Cancer Institute. It encourages eating five or more servings of fruits and vegetables daily. Fruits and vegetables are low in fat and calories and good sources of Vitamin A, Vitamin C, Folic Acid and fiber.

The **Family Support Subsidy Program** helps to keep families together and to reduce the demand for state-provided out-of-home services. The program provides for a monthly payment of **\$222.11** to families with children living at home who are less than 18 years of age and recommended by a public school's multidisciplinary team as severely mentally impaired, severely multiply impaired, or autistic impaired. Children with autistic impairments must be receiving special education services in a program designed for the autistic impaired or in a program designed for the severely mentally impaired or severely multiply impaired. The payment is to defray the special costs of care for the family member who is developmentally disabled.

## OFFICE OF DRUG CONTROL POLICY

The mission of the Office of Drug Control Policy is to reduce and prevent drug use and crime through prevention, treatment/rehabilitation and incarceration. The Office works with local criminal justice agencies, education providers, faith-based and grassroots organizations and other state agencies to reduce and prevent substance abuse, adult and juvenile crime and violence, to reclaim and restore neighborhoods, and to educate the children of Michigan about the dangers of substance abuse.

Federal funding is received each year from the Department of Justice and the Department of Education. Grants are awarded for community policing strategies, juvenile intervention, domestic and family violence, gang task forces, Drug Abuse Resistance Education, treatment/rehabilitation for juveniles and adults, multi jurisdictional task forces and prosecutors, and education programs carried out by the school districts and grassroots organizations.

Safe and Drug Free Schools and Communities' funds are allocated to local school districts based on the number of enrolled students in each district. Supplemental grants are also awarded to "high needs" districts. These funds are used for effective drug and violence prevention programs and strategies. The Governor's discretionary grants are for drug and violence prevention programs with a focus on law enforcement partnerships, high risk and out of school youth, summer youth programs, and statewide drug and violence prevention activities. Eligibility is open to juvenile courts, probation departments, schools, detention centers, community-based organizations, and private non-profit entities.

**Byrne Memorial Formula Grant Program** - These funds are used to support state and local criminal justice efforts through grant projects to state and local governmental entities. Grant projects include the following:

- Community Policing Strategies where the focus is on creative, non-traditional law enforcement efforts to solve community problems.
- Juvenile Intervention Strategies which promote problem-oriented interventions to combat juvenile violence and delinquency including after school/summer programs, Drug Abuse Resistance Education (DARE) program, and Gang Task Force Strategies.
- Family and Domestic Violence Strategies

- Drug Testing and Treatment of Juveniles and Adults projects
- Multijurisdictional Task Forces integrate federal, state, county, and local law enforcement agencies and prosecutors
- Criminal Justice Records Improvements

**Department of Justice** - Local Law Enforcement Block Grant funds are awarded to **50** counties that do not receive funding directly from the Department of Justice. Grant projects include Youth Crime Prevention and Intervention Strategies and computer technology grants.

Department of Justice - Residential Substance Abuse Treatment for State Prisoners funding provides substance abuse treatment for adult and juvenile offenders through grants to the Michigan Department of Corrections and the Family Independence Agency. Offenders must participate in treatment for not less than six months and not more than 12 months and drug testing is required of both adult and juvenile offenders.

The Department continues to support the Campus Social Mentoring Program in collaboration with various colleges and universities to facilitate an alcohol and drug-free transition from high school to college.

## **CRIME VICTIM SERVICES COMMISSION**

The Constitution of the State of Michigan provides for certain rights to victims of crime. These include: the right to be treated with fairness and respect throughout the criminal justice process; the right to timely disposition of the case following arrest of the accused; the right to be reasonably protected from the accused; the right to notification of court proceedings; the right to attend all court proceedings and the right to restitution. Public Act 87 of 1985, the Crime Victim Rights Act, provides comprehensive, mandatory rights for crime victims.

The crime victim rights and services program is a combination of services, support, and compensation for victims of crime. The program is primarily financed by assessments to crime perpetrators. The program has a **five person board Commission appointed by the Governor** with the functions of hearing appeals by claimants of the crime victim compensation program, investigating and determining revenue and assessment amounts to pay for implementing crime victim rights, and providing advice on the expenditure of crime victim assistance funding.

The **Crime Victim Assistance program** provides grants to local public and non-profit agencies that engage in direct services to crime victims in the community. Annual support levels are determined by U.S. Treasury receipt of federal criminal fines and forfeitures. Priority is given to projects providing services to victims of child abuse, sexual assault, domestic violence, and other victims of crime. Services provided include crisis counseling, therapy, group treatment, shelter/safehouse, emergency legal and personal advocacy, information and referral, and criminal justice support. To be eligible, an agency must promote public and private coordination, utilize volunteers, have non-federal sources of service funds, and assist victims with compensation claims.

The **Crime Victim Rights program** collects assessments from convicted defendants by circuit, district and juvenile courts. Funds are disbursed to Michigan's **83** prosecuting attorneys to support implementation of P.A. 87 of 1985, the Crime Victim Rights Act. This Act provides comprehensive, mandatory rights for crime victims to participate in, and be notified of all pertinent proceeding in the criminal justice process for their case.

The **Crime Victim Compensation Program** provides compensation to crime victims who suffer injury and may include compensation for medical expenses, loss of earnings, counseling, and burial. Compensation is one of 'payor of last resort' and claims are reviewed for program compliance. To be eligible, a victim must not have contributed to the injury and must cooperate with the criminal justice investigation.

## OFFICE OF SERVICES TO THE AGING

The Office of Services to the Aging manages the state's aging network in accordance with the requirements of the federal Older Americans Act of 1965, as amended, and the state Older Michiganians Act of 1981. The aging network represents a state/regional/local partnership and system of delivering community-based services to older adults throughout Michigan, many of whom are frail, low income and at risk of losing their independence.

The mission of the Office of Services to the Aging is to promote independence and enhance the dignity of Michigan's older persons and their families. Duties include, but are not limited to, statewide policy development; oversight of **sixteen** Area Agencies on Aging and **three** Senior Volunteer Programs; compliance with federal and state rules and requirements; training and technical assistance; research; and serving as a focal point for matters relating to senior citizens.

A **fifteen** member Commission on Services to the Aging is appointed by the Governor, with the advice and consent of the Senate, to work with the Office of Services to the Aging on state aging policy. The Commission approves grants for a myriad of services offered through the aging network as well as appoints a State Advisory Council on Aging to advise on aging issues. Another of the Commission's duties is to designate planning and service areas and, in turn, appoint an Area Agency on Aging within each area to serve as a regional planning and administrative agency.

Michigan has **sixteen** regional Area Agencies on Aging, each governed by a board of directors comprised of members of the local community. Once approved by the Commission on Services to the Aging, the Office of Services to the Aging issues grants to Area Agencies on Aging to meet senior needs identified within each planning and service area. Area Agencies on Aging contract with a cadre of local service providers who tailor services to meet needs of a diverse senior population.

**Michigan has 1.6 million older persons over age 60.** While many of these older persons are active and independent members of the community, others need help to maintain their independence. Without the support services the Office of Services to the Aging administers, many of Michigan's older persons would face placement in nursing home facilities that could result in a much higher overall cost of care for the individual and the State.



## COMMUNITY SERVICES

The Office of Services to the Aging provides for a variety of federal and state-funded community-based and in-home programs and services to seniors. Programs and services provided are designed to help maintain older adults in the least restrictive setting and avoid costly, premature nursing home placement.

**Care Management Program** – Through assessment of individual needs and the brokering of services, the Care Management Program assists frail elderly at risk of nursing facility placement. The program locates, mobilizes and manages a variety of home care and other services necessary to support individuals in their desire to maintain independence in their home. The annual allocation of **\$7.3** million is used for staffing as well as services. A total of **6,456** individuals were served by the Care Management Program during FY 2002, with **3,559** of those being new clients and the remainder being carry-in clients from the previous fiscal year.

**Access Services** – Access services are those that permit older persons and their families to gain entry into the array of services available at the local level. Programs included in this category are information and referral, outreach, escort, transportation and case coordination/support.

**In-Home Services** – Services provided in the home include home health aide, homemaker, personal care, chore services, respite care and telephone reassurance. Seniors served by this program have functional, physical or mental characteristics which prevent them from providing the service for themselves, and do not have available or sufficient informal support networks (i.e. family, friends, neighbors) to meet their service needs. Growth of the elderly population, inflation and reductions in Medicare reimbursement for home health services have all contributed to waiting lists for in-home services.

**Senior Citizen Centers** - Senior centers are funded by state General Fund/General Purpose funds that supplement federal Older Americans Act funds. Local funds available through senior mileages and local governments are also an integral part of the funding mix. Senior centers serve as community focal points for seniors and provide a variety of services to help maintain senior independence and foster social interaction. Services provided by centers include information and referral, congregate meals, health promotion, exercise programs, legal services and numerous educational/enrichment programs.

**Michigan Medicare/Medicaid Assistance Program (MMAAP)** - Health benefits counseling and assistance services are provided to older adult Medicare and Medicaid beneficiaries, and those on Medicare by way of disability. Three hundred MMAAP counselors provided information and assistance on eligibility and coverage, enrollment, claims, post-enrollment issues, and grievances and appeals related to Medicare, Medicaid, managed care, medigap and long term care insurance products. Counselors handled **35,000** cases in FY 2002 and the MMAAP hotline received calls from **64,000** people. Educational presentations were provided to 40,000 people. MMAAP helped Michigan seniors save **\$10,500,000** in out-of-pocket costs. Future goals include maintaining service levels and implementing a new reporting system that will allow more specific analysis of problems encountered and services provided.

**Elder Abuse Programs** - The Office of Services to the Aging works in partnership with many organizations to provide training, technical assistance and consulting services aimed at the prevention and treatment of elder abuse, neglect and exploitation of older individuals. OSA has provided specialized training on financial exploitation of vulnerable adults to some **500** representatives from the legal, health care, law enforcement, financial and human service professions, for example. In 2002, **14** mini-conferences entitled "Seniors: Safe, Sound and Secure" took place, expanding the training focus to include abuse, neglect and exploitation. Additionally, training is provided to members of the judiciary and legal profession on elder abuse prevention and related elder law issues. OSA will continue to work with the State Bar of Michigan, FIA, and Michigan Protection and Advocacy to provide training to advocates and medical providers on available alternatives to guardianships.

**Long Term Care Ombudsman Program** - This is an advocacy program designed to protect the rights, health, safety and welfare of residents of Michigan's long term care facilities. Older adults and their family members are helped through services designed to assist with placement decision-making and complaint resolution. During FY 2001 Ombudsman staff served **18,178** clients, handled **2,000** formal complaints, visited residential facilities **3,637** times, and provided consultation and technical assistance to **5,841** staff and lay persons. Future program goals include expansion of the volunteer program, establishment of an advisory council and implementation of a new web-based ombudsman reporting system.

**Legal Services** - These programs provide information, advice/counsel, legal education and direct representation. The types of cases most frequently dealt with relate to income, health care, long term care, nutrition, housing, utilities, guardianship, abuse/neglect and age discrimination. In FY 2002, **53,000** hours of service were provided to **9,740** clients. Legal services providers also conducted **238** community education sessions for almost **8,000** seniors and their advocates.

## SENIOR NUTRITION PROGRAM

The Senior Nutrition Program is the mainstay of community-based programs available to the state's elderly. The longest running program developed to meet senior's needs, the Senior Nutrition Program annually **serves over 12 million meals to over 108,000 older adults** throughout the state. The program is funded by Title III of the federal Older Americans Act, state funds, local dollars, senior contributions and a per meal supplement received from the United States Department of Agriculture. Meals are provided in two settings -- congregate and in the home.

A recent federal evaluation concluded that nutrition programs for the elderly have succeeded in improving the nutritional intake of older persons as well as in decreasing social isolation. Other research has shown that the Senior Nutrition Program has been successful in targeting the vulnerable elderly population, including the very old, individuals living alone, people below the poverty level, minority individuals and individuals with significant health conditions and/or physical or mental impairments. Nutritional risk has been found to be the most important predictor of the total number of visits to a physician, visits to the emergency room, and the occurrence of hospital episodes.

The congregate nutrition program provides nutritious meals in a variety of community settings, and helps combat social isolation by providing opportunities for interaction, access to community resources and education. Michigan has more than **700 congregate nutrition sites**.

Home-delivered meals, often referred to as "meals on wheels," are provided to those persons who are unable, due to physical or emotional disabilities, to participate in the congregate nutrition program. These meals assist older persons to remain in their own home, thereby preventing or delaying costly institutionalization. Individual assessments of home delivered meal recipients are conducted to determine eligibility for other supportive services.

The state's contribution to the Senior Nutrition Program is used primarily to support the needs of homebound seniors. State funds make up **35** percent of the total funding available for home-delivered meals; federal funds account for an additional **39** percent. Local funds and senior contributions account for the remaining **26** percent.

## RESPITE CARE PROGRAM

The Senior Respite Care Program is created through Public Act 171 of 1990 that allows the state to receive escheat funds from Blue Cross and Blue Shield of Michigan. Funds are distributed to Area Agencies on Aging annually, each receiving a minimum of \$25,000, if available. Funds remaining over the minimum allocation are distributed by the interstate funding formula.

Senior Respite Care Programs provide supervision, socialization and assistance to persons with cognitive or physical impairments during the absence of the caregiver. Respite can be provided in-home (the provider comes to the consumer's house) or in the community (the consumer attends an adult day care program). Funds may also provide respite to grandparents raising their grandchildren. Respite services allow family caregivers a break in their care-giving responsibilities, often extending the family's ability to provide care.

While most adult day care programs have participants with dementia or cognitive impairments, most programs are not designed to support people with moderate to severe cognitive deficits. In FY 2003, OSA will continue its strong support of dementia specific day care programs. Likewise, Office of Services to the Aging will advocate more consumer friendly programs that include expanded hours of day care operation to help working caregivers; overnight respite for times when the caregiver cannot be home; weekend programs; and programs with maximum flexibility to respond to caregivers in times of crisis. In FY 2002, the Office Of Services to the Aging received **\$7.1** million for caregiver respite in which **6,785** people were served.