

*Michigan Department
of Community Health*



**Rick Snyder, Governor
James K. Haveman, Director**

Family Support Subsidy Program

Annual Report

For

FY11

FAMILY SUPPORT SUBSIDY PROGRAM

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FAMILY SUPPORT SUBSIDY PROGRAM

ANNUAL REPORT FOR FY11

The Purpose of the Subsidy is to Keep Families Together

Supporting families is a priority of Michigan's public mental health system, as evidenced by the Family Support Subsidy Program (FSSP). Michigan's philosophy is that children with developmental disabilities, like all children, need loving and enduring family relationships. For over two decades, the Michigan Department of Community Health's policy has been that children should be supported to live with their families. If out-of-home placement becomes necessary, it should be temporary and time-limited with a goal of family reunification whenever possible or, for some children, adoption. Permanency planning practices within Michigan's public mental health system have supported this guiding principle by enabling families to keep their children out of institutional settings and other out-of-home placements.

The Family Support Subsidy Act, Public Act 249 of 1983, was the beginning of a major shift of Michigan's mental health resources and services toward supporting, maintaining, and establishing permanent family relationships for children with severe developmental disabilities. The FSSP provides an essential support for families of children with developmental disabilities to assist with the extraordinary expenses associated with raising them. Unlike typically developing children, children with severe developmental disabilities often need lifetime support for daily activities such as walking, feeding, or dressing. Often, they have both mental and physical impairments and require 24-hour care. As a result, the families of children with severe developmental disabilities incur many expenses that other families do not. This program recognizes that these families have unique needs; it empowers them to decide what is needed to support the care of their children.

The subsidy enables families to stay together and allows them the flexibility to purchase goods and services that best meet the needs of their children and families. Children who live with their families thrive within their home environment. Parents want their children at home. Finally, it is less expensive for taxpayers than residential care.

Annual Evaluation

❖ Subsidy program evaluation.

Each year, the department gathers information from four sources to satisfy the reporting requirements of the Subsidy Act: (1) community mental health services programs' annual subsidy reports, (2) follow-up reports on children leaving the subsidy program due to out-of-home placements, (3) a family questionnaire sent to parents annually, and (4) enrollment information from the department's FSS data base. In FY11, the annual family questionnaire was returned by 18.6 percent of families.

- This is an excellent program and it has helped to ease financial burdens in my household. Also it has improved the quality of life for my son and allowed us to purchase items that are beneficial for his development. Thanks so much for your department time and effort.

A Family Served by Allegan County Community Mental Health Services

- Receiving FSS has been a weight lifted off of my shoulders. It is such a great help in providing for my daughter on a daily basis. A wonderful program.

A Family Served by Lifeways

- Wonderful program that is so helpful and allows us to give our child extras to improve his quality of life.

A Family Served by Northern Lakes Community Mental Health Authority

- These checks are so very helpful to anyone with a child who has special needs. They are helpful with all the many costs and needs that my child has. I don't know what we would do without it. My son deserves any extra help available. It is very hard on families - emotionally and financially - when there are special needs a child has. All you want to do is help them and fix their problems and that's not physically possible. Any help financially helps soften the blow.

A Family Served by Saginaw County Community Mental Health Authority

- The FSSP has been a tremendous support to my family. It has assisted us in many ways as it relates to providing our quality of life and support services for my son. We appreciate it and value the assistance.

A Family Served by Washtenaw Community Health Organization

❖ Subsidy families represent a wide range of income levels and ethnic backgrounds.

Demographic characteristics of the sample of families responding to the family questionnaire compared to all families in the program are presented in Table 1. Families who returned the surveys showed similar characteristics to those families who did not.

Table 1: Characteristics of Families Receiving the Subsidy in FY11

Characteristics	FY11	
	Percent Based Upon Total Number of Families Responding to Questionnaire	Percent of All Families Enrolled in the Program
Age of child in years		
3 or younger	3.1	4.9
4 to 6	14.5	14.7
7 to 11	35.3	39.0
12 to 17	47.1	41.4
Mean age in years	10.9	10.4
Standard deviation	4.1	4.1
Gender of child		
Male	74.7	74.3
Female	25.3	25.4
Not reported	0.0	0.3
Race		
White	70.1	64.9
Black or African American	17.1	20.3
American Indian or Alaska Native	2.9	0.8
Asian	4.6	1.7
Some Other Race	5.2	7.4
Unknown Race (Not reported)	0.1	4.9
Educational eligibility category		
Cognitive Impairment	5.5	7.2
Severe Multiple Impairments	25.1	26.4
Autism Spectrum Disorder	68.3	66.4
Not reported	1.1	0.0
Taxable income level		
\$45,000 to \$60,000	15.4	8.8
\$20,000 to \$44,999	34.2	26.6
\$19,999 or less	44.5	64.6
Not reported	5.9	0.0

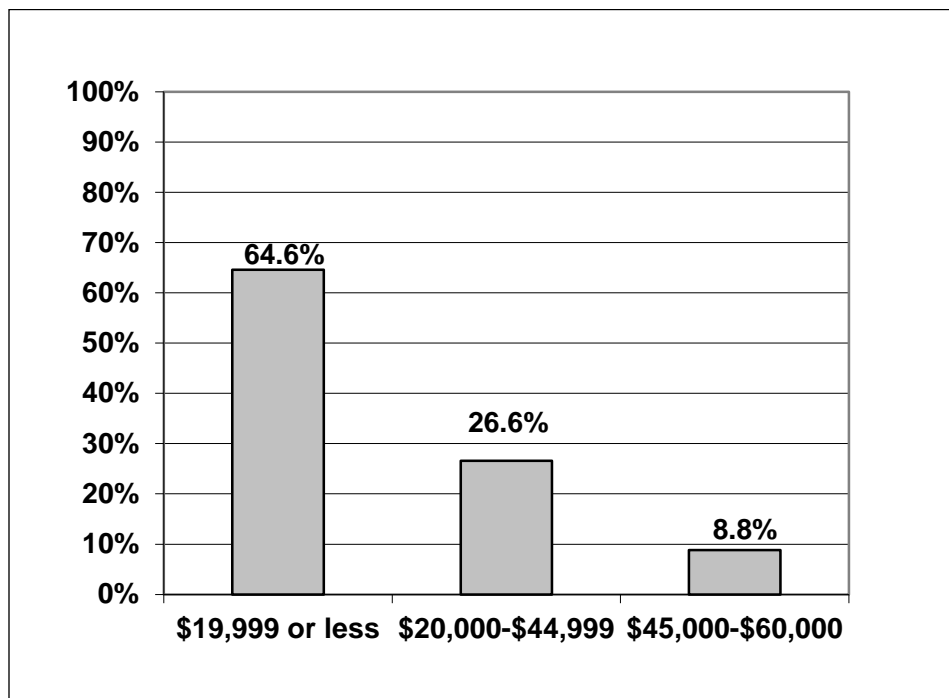
The Program

❖ Payments are the same for all families.

Payments are uniform for all families. Payments were \$222.11 per month in FY11. The original payment in FY85 was \$225.54. The Michigan Department of Community Health may decrease the amount after notifying the Governor and the House and Senate Appropriations Committees that available revenues are insufficient to cover the program's obligations. The department is not permitted to reduce the amount of the monthly payment by more than an aggregate of 25 percent in one fiscal year without written approval of the House and Senate Appropriations Committees.

In FY91, as a result of state budget reductions, payments were decreased to \$215.66 and then increased slightly to \$222.11 per month, where it has remained for the past 20 years. In addition to the decrease in the dollar amount of the subsidy, the purchasing power of these dollars has also declined over the years. In 2011, \$471.70 was needed to have the same buying power as \$225.54 in 1985. The rate may be increased annually by legislative appropriation to match the Supplemental Security Income (SSI) rate for an adult living in the household of another. The 2011 SSI rate in Michigan was \$458.67. FSSP is now funded entirely with federal dollars through the Temporary Assistance for Needy Families (TANF) program. Figure 1 represents the income levels of families receiving FSS payments.

Figure 1: Income Level for Families



Nearly two-thirds of the families (63.9 percent) were satisfied with the amount of the subsidy in FY11 (Figure 2). Families are also asked about the adequacy of the amount of the subsidy in helping them care for their child with disabilities. Nearly two-thirds of families (62.0 percent) in FY11 said the amount of the subsidy was usually or always adequate to help them meet the needs of their children (Figure 3).

Figure 2: Families' Satisfaction with the Amount of the Subsidy in FY11

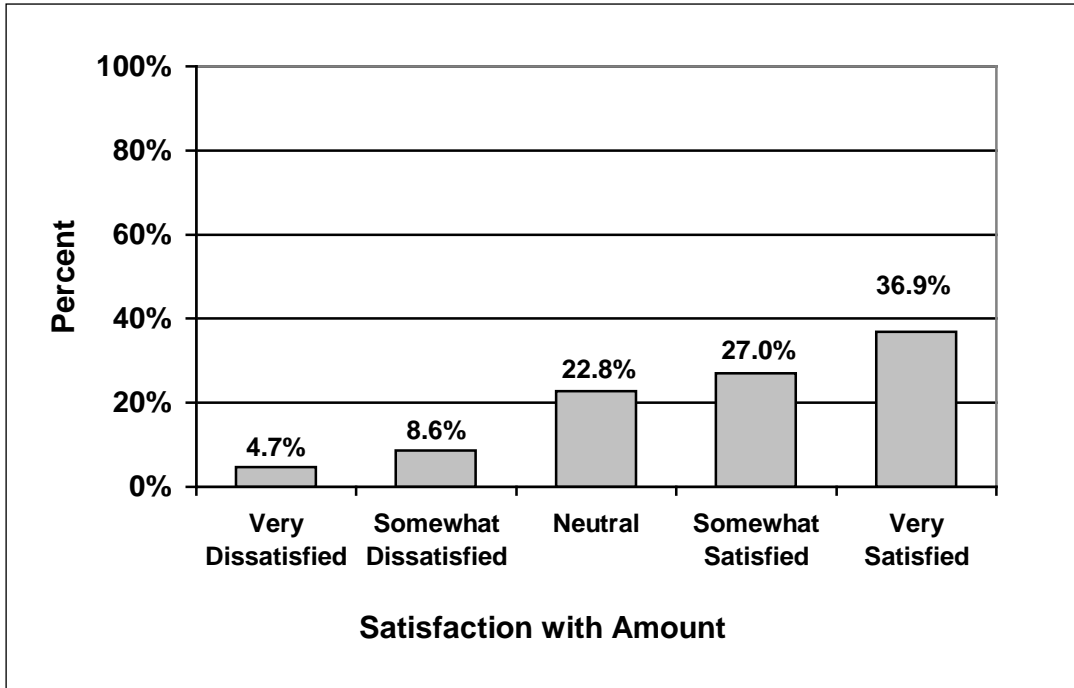
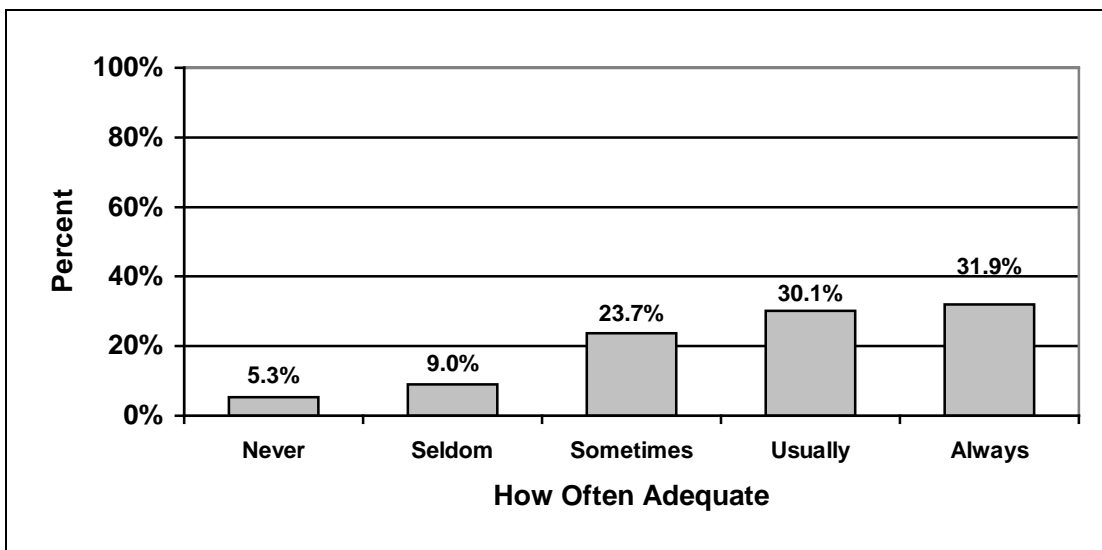


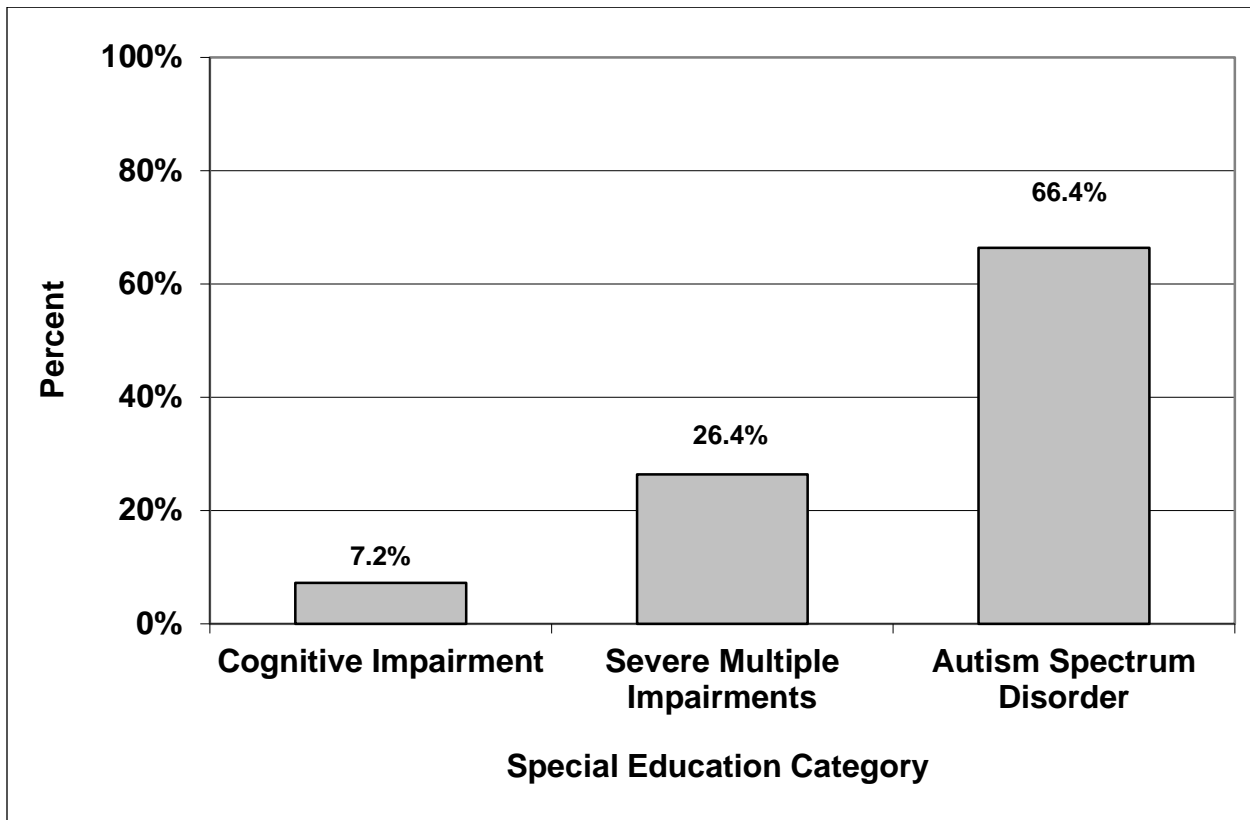
Figure 3: Families' Ratings of the Adequacy of the Subsidy Amount in FY11



❖ **Only children with the most severe impairments are eligible.**

Families may be eligible for this program if they have a child under age 18 who has been recommended by a public school district's Multidisciplinary Evaluation Team (MET) as meeting the requirements for the special education categories of cognitive impairment, severe multiple impairments, or autism spectrum disorder. Children with an eligibility category of cognitive impairment may be eligible if their development is in the severe range of functioning as determined by the local or intermediate school district. Children with autism spectrum disorder must be receiving special education services in a program designed for students with autism spectrum disorder or in a program designed for students with severe cognitive impairment or severe multiple impairments. Figure 4 shows the distributions of children by educational eligibility category in FY11.

Figure 4: Distributions of Children in the Subsidy Program by Special Education Category in FY11



❖ **Families in every part of the state receive the subsidy.**

The program is advertised on the Michigan Department of Community Health’s website at www.michigan.gov/mdch (type *Family Support Subsidy Program* in the search box). Michigan’s community mental health services programs (CMHSPs) also perform outreach activities to advertise the program within their geographic locations. CMHSPs target their efforts to local public school systems, CMHSP access centers, Early On, hospitals, physician offices, public health agencies and more. Table 2 displays the distribution of children participating in the subsidy program by CMHSP catchment areas in FY11.

Table 2: Distribution of Children Enrolled in Family Support Subsidy Program FY11

CMHSP	Number enrolled FY11	CMHSP	Number enrolled FY11
Allegan	101	Muskegon	143
Ausable Valley	28	network 180	379
Barry	40	Newaygo	49
Bay Arenac	65	North Country	155
Berrien	119	Northeast Michigan	31
Centra Wellness Network	43	Northern Lakes	329
Central Michigan	180	Northpointe	42
Clinton Eaton Ingham	330	Oakland	605
Copper Country	22	Ottawa	209
Genesee	365	Pathways	72
Gogebic	20	Pines	29
Gratiot	32	Saginaw	204
Hiawatha	57	Sanilac	31
Huron	26	Shiawassee	48
Ionia	86	St. Clair	130
Kalamazoo	180	St. Joseph	31
Lapeer	54	Summit Pointe	88
Lenawee	66	Tuscola	36
Lifeways	225	Van Buren	50
Livingston	194	Washtenaw	176
Macomb	575	Detroit-Wayne	1323
Monroe	112	West Michigan	71
Montcalm	53	Woodlands	41

❖ **7,163 children with severe disabilities received the subsidy in FY11.**

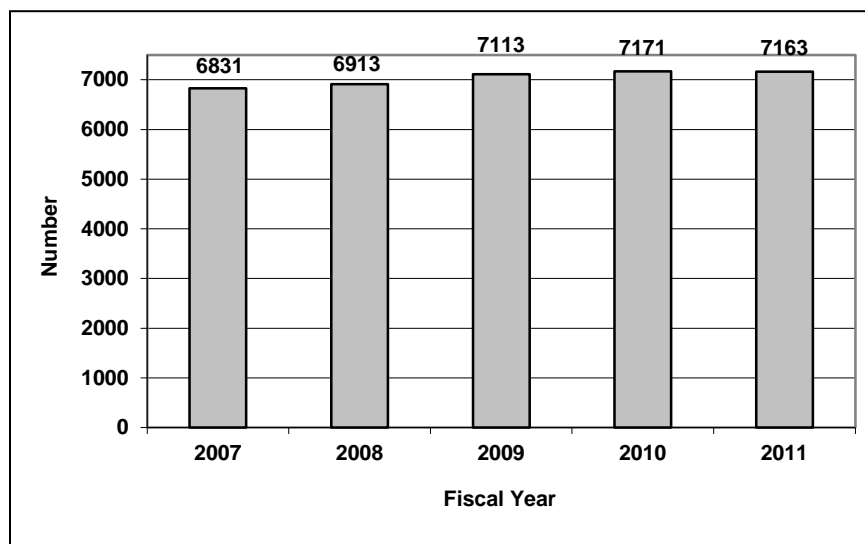
During FY11, 7,163 children were enrolled in the subsidy program. In FY85, the first year of the program, 2,530 children were enrolled. On average, the number of children enrolled in the program has increased every year by about four percent.

Between FY85 and FY11, the program increased its enrollment by 183.1 percent. In FY11, 1,180 children were enrolled in the subsidy program for the first time. Of the new applicants in FY11, 214 (18.1 percent) were under age four and 966 (81.9 percent) were ages 4 to 17. This increase can be partly attributed to the explosion in the diagnosis of autism spectrum disorder. The Centers for Disease Control and Prevention report that the 2008 national prevalence rate for autism spectrum disorder among eight year olds in public schools is 1 in 88. The Michigan Department of Education, Office of Special Education states that in 2011 there were 15,976 public school students with autism spectrum disorder. These students ranged in age from 1-26 years.

The number of newly enrolled children in each educational eligibility category in FY11 was: 97 in the severe cognitive impairment category (8.2 percent); 265 in the severe multiple impairments category (22.5 percent); and 818 in the autism spectrum disorder category (69.3 percent). Figure 5 presents the number of children enrolled in the subsidy program during the last five years.

To be eligible for the subsidy program, the child must live in Michigan with a birth parent, adoptive parent, or legal guardian. By law, the Michigan taxable income for the family cannot exceed \$60,000. In addition, when applying for the subsidy, the family cannot have an open medical subsidy with the Adoption Subsidy Program (administered by the Michigan Department of Human Services).

Figure 5: Number of Children Enrolled by Year



What Families Say About the Program

❖ The subsidy has positive effects on families.

The subsidy program had a number of positive effects on families in FY11 (Table 3). Nearly two-thirds (63.1 percent) of the families indicated that the subsidy had greatly or very greatly helped them in meeting the special needs of their child. Nearly two-thirds indicated that the subsidy had greatly or very greatly improved their ability to care for their child (61.1 percent). Families indicated that having the subsidy improved the quality of their family life (55.5 percent) and 45.5 percent reported a reduction in their stress level. The subsidy had the greatest impact on families in the lowest income category (less than \$19,999) in terms of families' perception of how helpful the subsidy has been in enabling them to meet the special needs of their child and improving their ability to care for their child.

Table 3: Subsidy Program's Effects on Families in FY11

Program Effects on Families	Percent				
	Not at all	A little	Some	Greatly	Very Greatly
Quality of life	2.1	10.0	32.4	31.4	24.1
Reduced stress	5.6	17.3	31.6	23.2	22.3
Ability to care for child	1.1	9.2	28.6	33.7	27.4
Meeting special needs	0.3	8.1	28.5	34.7	28.4

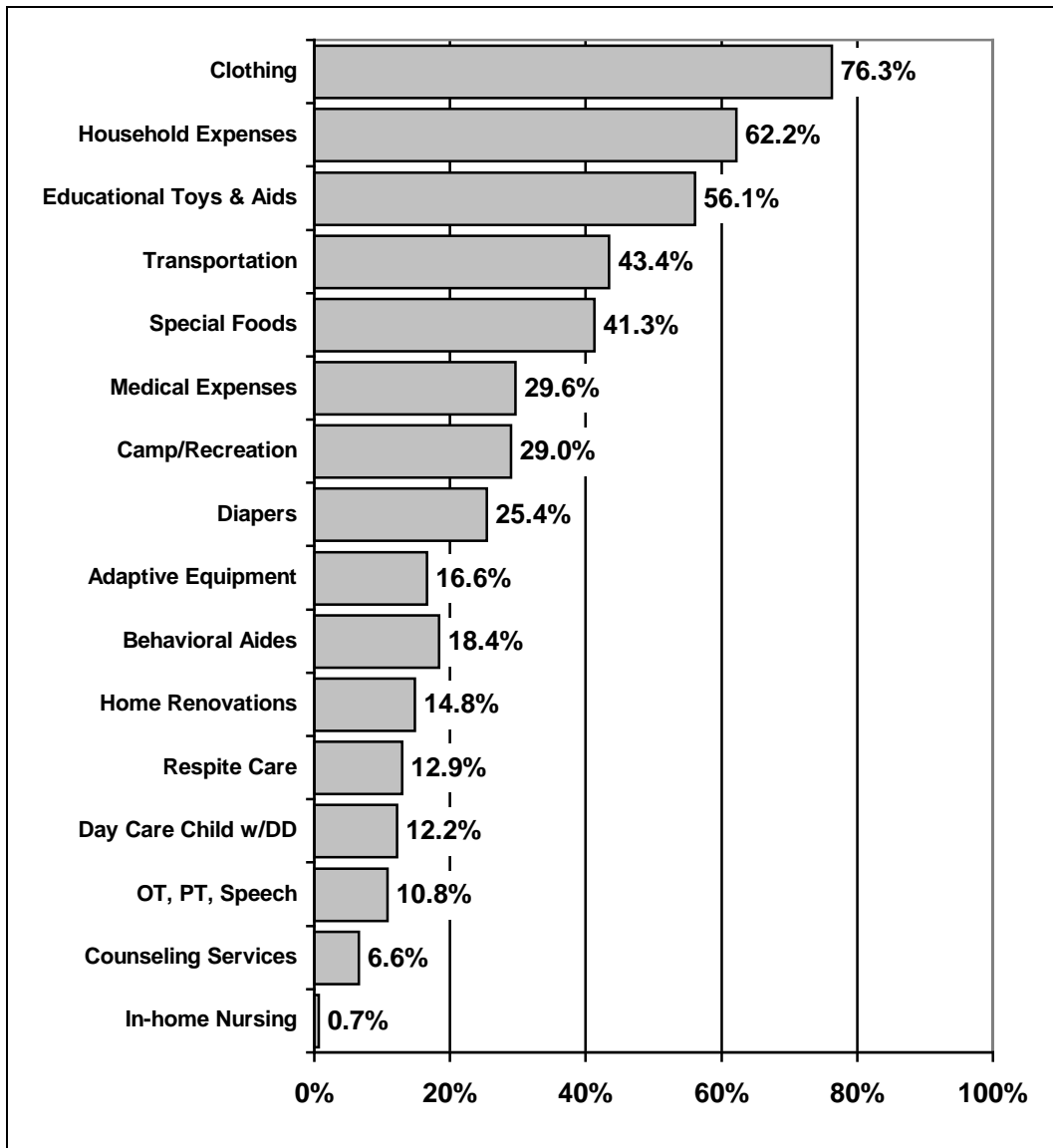
- The FSSP has been a very beneficial and helpful program to my child and family. It has been a godsend to help us make ends meet and provide our child with the things he needs to help him continue to succeed. I am grateful for the program and appreciate the helpful and supportive staff.

A Family Served by Oakland County Community Mental Health Authority

❖ **Families have flexibility in how they use the subsidy.**

Families use the subsidy in a variety of ways to help care for their children. Nearly half of families (44.5 percent) responding to the family survey report an income below \$19,999 (64.6 percent overall). Almost one half of the families indicated they are using the subsidy for clothing, household expenses, toys, transportation, and special foods their child (Figure 6). When various types of respite (respite care and camp/recreation) are considered, 36.3 percent of families¹ used the subsidy for some form of respite.

Figure 6: How Families Used the Subsidy in FY11



¹ Based on an unduplicated count of 410 families who used the subsidy for one or two services out of 1128 families who responded to the annual family survey.

❖ **Families that include children with autism spectrum disorder used the subsidy in different ways.**

Families that include children with an educational eligibility category of autism spectrum disorder (ASD) were compared to families that include children with the eligibility categories of cognitive impairment or severe multiple impairments on the ways in which they used the subsidy. Table 4 presents the percentage of families that used the subsidy for each purpose grouped by educational eligibility category. Families that included children with autism spectrum disorder were more likely to use the subsidy for behavioral aides, camp or recreation, and various therapies (occupational, physical or speech).

Table 4: Families That Include Children with ASD Used the Subsidy Differently in FY11²

	Percent of Families	
	Cognitive Impairment or Severe Multiple Impairment	Autism Spectrum Disorder
Adaptive equipment for your child*	29.7	10.7
General household expenses	62.7	62.3
Behavioral aides*	9.6	22.8
Individual or family counseling	4.8	7.6
Camp or recreation for your child*	21.8	32.5
In-home nursing care	1.4	0.4
Changes to make house accessible for your child*	25.4	10.1
Medical expenses	28.0	30.2
Clothing for your child	78.8	75.4
Occupational, physical, or speech therapy*	7.1	12.6
Day care for your child with disabilities	15.0	11.1
Respite services*	18.1	10.7
Diapers*	36.4	20.2
Special foods	37.9	43.2
Educational aides or toys	62.4	53.5
Transportation expenses*	54.0	38.7
Other uses	5.1	6.9

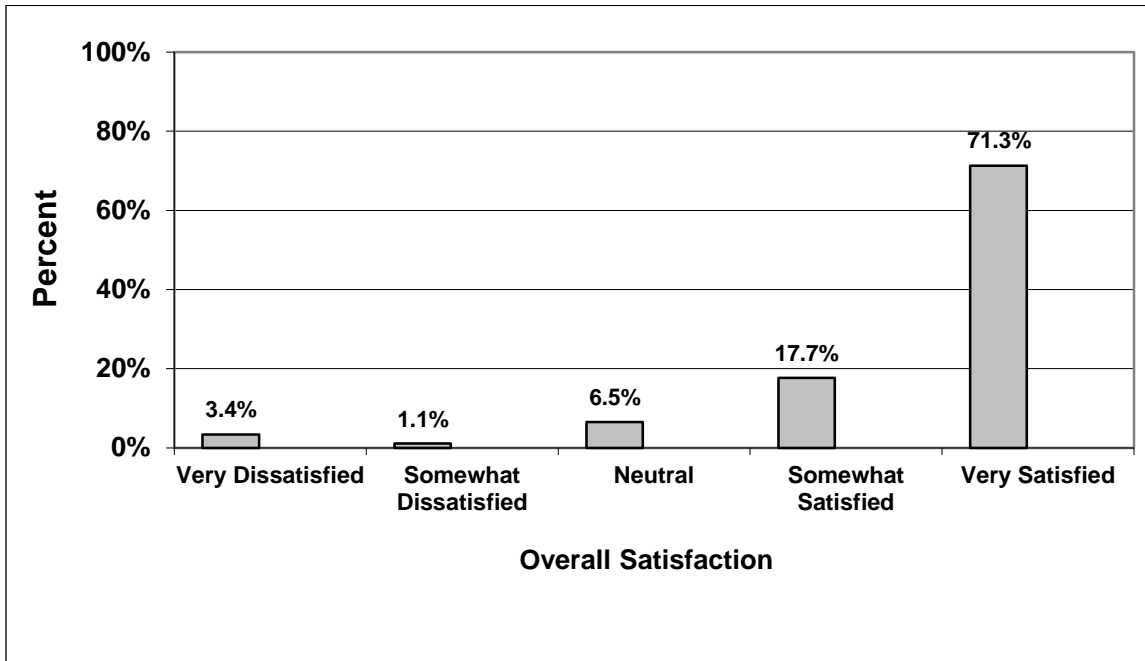
* Percentage is statistically significantly different $p < .003$

² Chi-square tests were used to test the statistical significant of the differences. Seventeen tests were performed and the p-values for statistical significant was set at .003 in order to correct for the number of tests conducted.

❖ **Families are satisfied with their experience.**

The subsidy is paid to the parent or legal guardian on behalf of the child. Checks are mailed to families monthly. The subsidy income is not taxable and families may use the subsidy for any purpose that helps them care for their child. Families were overwhelmingly satisfied with their overall experience with the subsidy program. Figure 7 illustrates families' satisfaction with the subsidy program in FY11.

Figure 7: Families' Overall Satisfaction in FY11



- The subsidy has helped my son with the things that he needs such as out of the home activities. It has helped me as his mother with his social skills and using appropriate behavior.

A Family Served by Detroit-Wayne County Community Mental Health Authority

- Wonderful program that is so helpful and allows us to give our child extras to improve his quality of life.

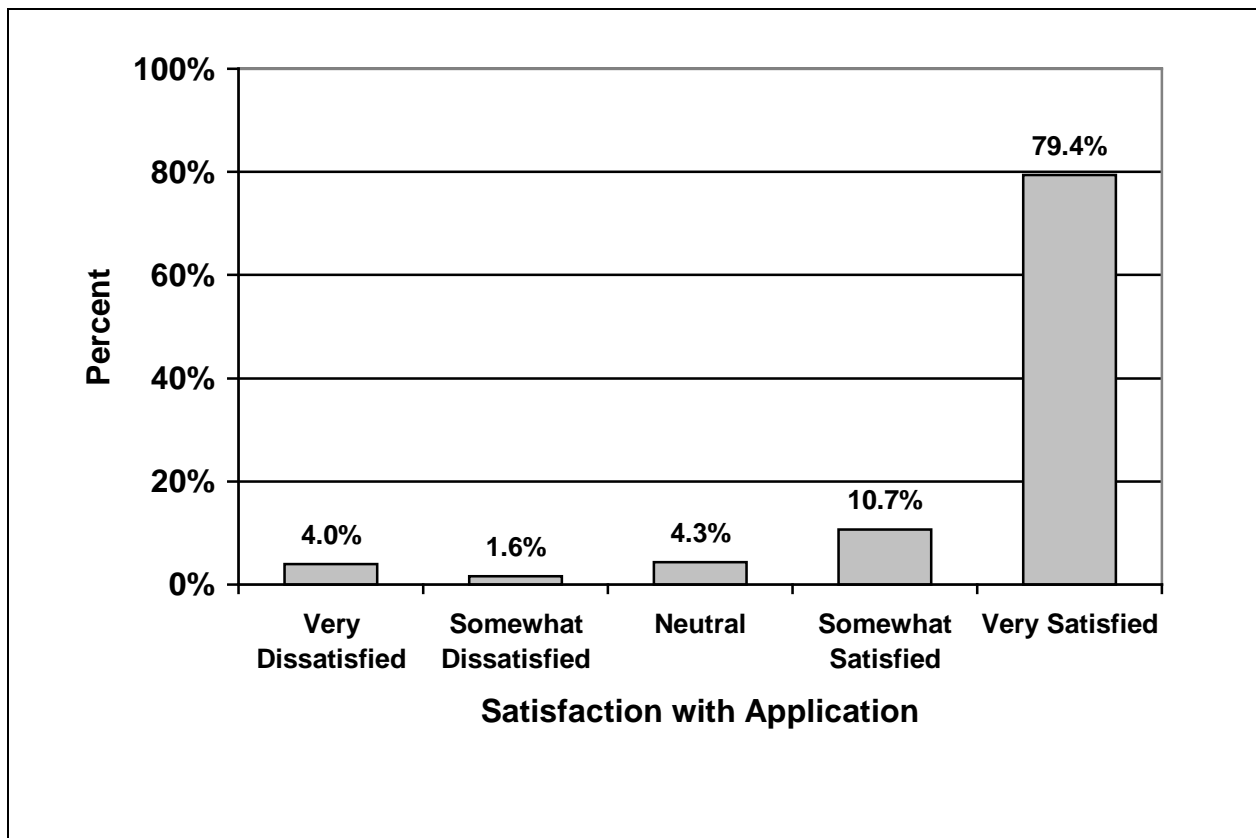
A Family Served by North Country Community Mental Health

❖ **The application process is friendly and efficient.**

The application process was designed to be simple, logical, and include documents already available to families. The application form must be supported by a copy of the child’s birth certificate to verify age, a copy of the family’s Michigan income tax return to verify taxable income, and verification from the local school district of an eligible educational category. Although it is not a requirement for eligibility, it is strongly encouraged that the child has a social security number. Upon receipt of the completed application, the Community Mental Health Services Program (CMHSP) verifies the family’s eligibility. Each year, in the birth month of their child, the family is required to re-verify eligibility for the program. Coverage in the program begins the month following the CMHSP’s receipt of the completed application and supporting documentation.

Figure 8 shows families’ responses about their satisfaction with the subsidy program application process in FY11. The vast majority of families were satisfied or very satisfied with the application process and how their application was handled by the CMHSP.

Figure 8: Families’ Satisfaction with the Application Process in FY11



❖ Families need additional services and supports.

The family questionnaire asked families to indicate the level of help they needed with 18 different services/supports. Two of these services were respite and camp/recreation (Table 5). Over eighty percent of families indicated that they sometimes, usually or always needed help with respite (82.0 percent) and with camp or recreational activities for their children (82.9 percent).

Table 5: Extent to Which Families Needed Help with Respite in FY11

Help with	Percent				
	Never	Seldom	Sometimes	Usually	Always
Respite	5.2	12.8	26.1	20.5	35.4
Camp	3.1	14.0	36.6	26.6	19.7

Three of the listed services addressed the need for specialized medical services, therapies (occupational, physical, and speech), and in-home nursing (Table 6). Over eighty percent of families (85.1 percent) indicated that they sometimes, usually or always needed help with obtaining occupational therapy, physical therapy, and speech therapy for their children. Nearly two-thirds of families (61.3 percent) said they needed help sometimes, usually, or always with specialized medical services. About forty percent of the families (40.4 percent) needed help with in-home nursing, while two-thirds (64.7 percent) indicated needing help (enrolling and obtaining services) from the Children’s Waiver Program.

Table 6: Extent to Which Families Needed Help with Medical Services in FY11

Help with	Percent				
	Never	Seldom	Sometimes	Usually	Always
Therapies	3.4	11.5	26.5	23.3	35.3
Specialized medical services	9.7	29.0	27.6	16.0	17.7
In-home nursing	32.9	26.7	18.3	7.4	14.7
Children’s Wavier Program	16.6	18.7	29.2	13.1	22.4

Families were asked about their need for help with adaptive equipment to assist their children in interacting with their environments. They were also asked about home modifications to make their homes accessible for their children (Table 7). More than two-thirds of families indicated that they needed help sometimes, usually or always with adaptive equipment (70.3 percent) or home modifications (64.4 percent).

Table 7: Extent to Which Families Needed Help with Environment Adaptation in FY11

Help with	Percent				
	Never	Seldom	Sometimes	Usually	Always
Adaptive equipment	7.5	22.2	35.1	16.8	18.4
Home modifications	13.6	22.0	30.9	15.2	18.3

For some children enrolled in the subsidy program, behavioral problems and management of these problems are substantial issues for their parents (Table 8). Two-thirds of families (69.6 percent) indicated that they sometimes, usually or always needed help from a mental health behavioral aide (in-home mental health worker). More than three-fourths of families (79.6 percent) indicated that they sometimes, usually or always needed training on managing behavioral problems.

Table 8: Extent to Which Families Needed Help with Behavior Problems in FY11

Help with	Percent				
	Never	Seldom	Sometimes	Usually	Always
MH behavioral aides	8.5	21.9	35.0	17.8	16.8
Behavior problems	4.4	16.0	34.5	22.1	23.0

➤ I find this program to be very helpful and any amount is greatly appreciated! This money helps my son so much we can do things that just weren't possible before. He loves the educational books and toys we can get for him now. Thank you so much!

A Family Served by Bay-Arenac Behavioral Health

Families were asked about their need for five services aimed at assisting them in their efforts to raise their children: teaching skills, parent support groups, sibling support groups, counseling, and day care (Table 9). Three-quarters of families indicated that they sometimes, usually or always needed help with learning how to teach basic skills to their children (74.6 percent). Nearly three-quarters of the families indicated that they sometimes, usually, or always needed help with parent support groups (72.1 percent), and two-thirds needed counseling (68.7 percent) and support groups for their child's siblings (63.3 percent). Two-thirds of families indicated that they sometimes, usually or always needed assistance with day care for their children with disabilities (66.6 percent).

Table 9: Extent to Which Families Needed Help with Supports For Raising Their Children FY11

Help with	Percent				
	Never	Seldom	Sometimes	Usually	Always
Teaching skills	5.8	19.6	33.5	19.3	21.8
Support groups	5.2	22.7	40.1	15.6	16.4
Counseling	7.0	24.3	36.8	15.3	16.6
Sibling support groups	11.5	25.2	35.1	13.0	15.2
Day care	11.9	21.5	32.2	15.1	19.3

Families were also asked about three services related to planning and coordination: services coordination, person-centered planning/family-centered practice (PCP/FCP), and transition to adult services (Table 10). Nearly three-quarters of the families indicated that they sometimes, usually, or always needed help with coordination of services (70.3 percent). Two-thirds of families indicated that they sometimes, usually, or always needed help with PCP/FCP (67.1 percent) as well as transitioning to adult services for their child (71.7 percent).

Table 10: Extent to Which Families Needed Help with Planning and Coordination of Services for Their Children FY11

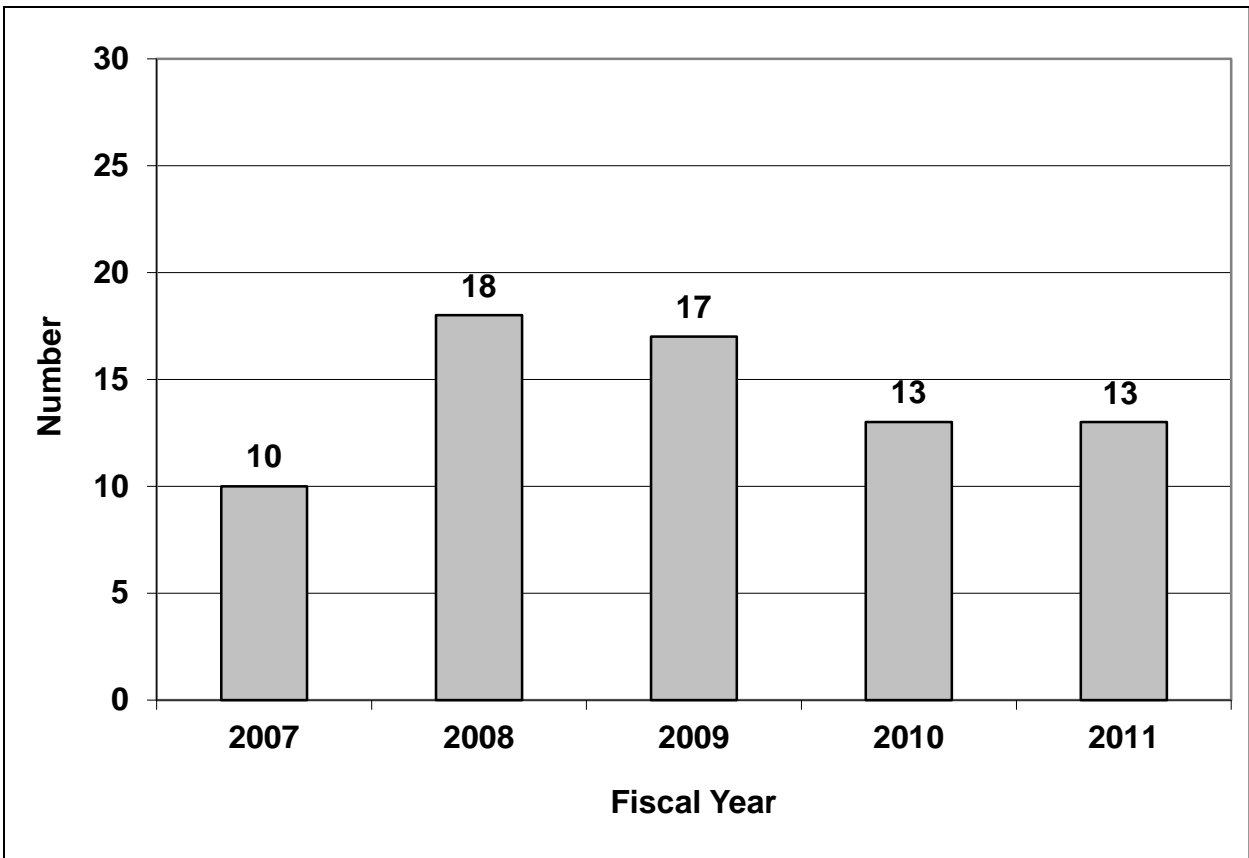
Help with	Percent				
	Never	Seldom	Sometimes	Usually	Always
Service coordination	6.3	23.4	34.4	16.5	19.4
PCP/FCP	8.3	24.6	37.0	13.9	16.2
Transition to adult services	7.4	20.9	29.6	22.5	19.6

Program Impact

- ❖ **Thirteen out of 7,163 children in the subsidy program had out-of-home placements during FY11.**

Follow-up at the end of the fiscal year indicated that 13 children (0.2 percent) were placed during FY11. The number of children enrolled in the subsidy program who have been placed out-of-home has dropped from a high of 45 (in FY86) to 13 in FY11. Figure 9 presents the number of children enrolled in the subsidy program who were placed out-of-home during the last five years.

Figure 9: Number of Children Enrolled in the Subsidy Placed Out-of-Home



- Our caseworker is very helpful and the agency personnel are cordial. The assistance is very much appreciated.

A Family Served by Community Mental Health Services of Muskegon County

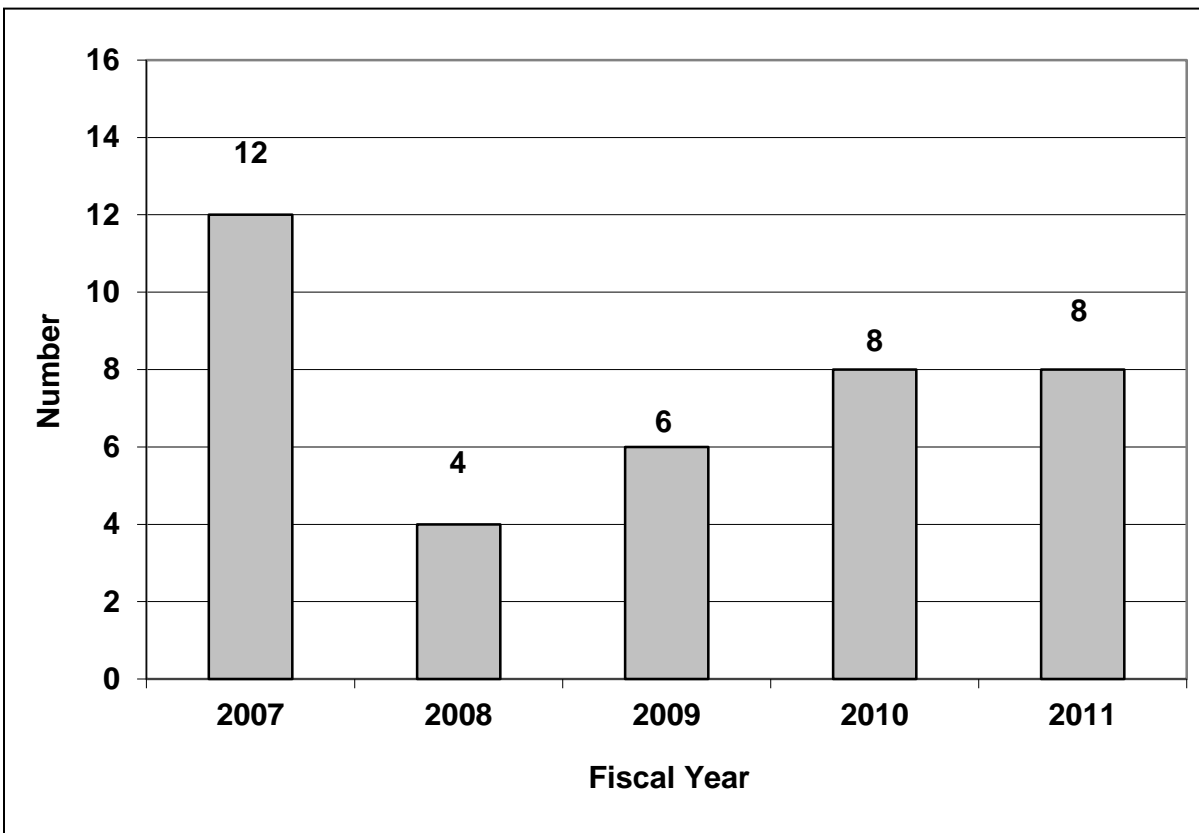
- The service is very very helpful. It is nice to know that people care.

A Family Served by Barry County Community Mental Health Authority

❖ **Eight children with severe disabilities were reunited with their families in FY11.**

No families qualified for the one-time double subsidy payment (provided to assist in a child's return to home from placement). Out-of-home placements decreased from a high of 24 in FY06 to 13 in FY11. Eight children in FY11 went home to their families, after an absence, and were returned to the subsidy program. One child in FY11 who had been enrolled in the subsidy program and then placed out-of-home was adopted. This is a reflection of the success of the program in keeping children at home with their families. Figure 10 presents the number of children reunited with their families over the last five years.

Figure 10: Number of Subsidy Program Families Reunited



➤ We very much appreciate the FSSP. It gives us the ability to give him the extra support he needs. Thank you so much.

A Family Served by Gratiot County Community Mental Health Services

❖ **The number of children with severe disabilities in institutions decreased from 104 in FY85 to no children in FY11.**

The subsidy has been instrumental in preventing children from being placed in institutions. When the subsidy program began in 1984, 104 children younger than age 18 were living in centers for developmental disabilities. The number of children living in these centers has declined steadily over the history of the subsidy program. The Mount Pleasant Center for persons with developmental disabilities closed its doors in September 2009 ending the era of children's admissions to state operated institutions. The last child placed at Mount Pleasant Center left the facility in August 2009. No children resided in state operated facilities in FY11. No children were admitted to a nursing home in FY11.

- As always we are grateful for all the help the subsidy program provides. We are able to get what is needed or the support we may need as our daughter gets older. The money helps us to actually go and have her enjoy activities we weren't always able to do. Thanks so much for everything.

A Family Served by Lifeways

- The subsidy is helpful and very much appreciated. It not only is a bit of a financial support but it also comforts us to know that there is support available and that makes us feel not so alone. Thank you.

A Family Served by Community Mental Health Services of Muskegon County

- I appreciate the help of the subsidy. It has helped to relieve some strain off our family. Thank you so very much.

A Family Served by Livingston County Community Mental Health Authority

- The FSSP has really helped my child. The people who work there are always very kind to us when we go there. I would just like to say thank you very much for what you do for families.

A Family Served by Monroe Community Mental Health Authority

- Our family greatly appreciates this program. It really helps with our son's medical bills and recreational outings that we would otherwise have difficulty affording. This has really reduced our stresses and allows us to better provide for our son. Thanks so much!

A Family Served by Detroit-Wayne County Community Mental Health Agency

❖ **A total of 1,156 children left the subsidy program in FY11.**

Children leave the subsidy program for several reasons (Figure 11). Turning age 18 was the most frequent reason for children exiting the subsidy program in FY11 (36.2 percent). Families not renewing enrollment is the second most frequent reason for leaving the program (35.6 percent). Nearly one-quarter (24.4 percent) of the children no longer eligible for the program became ineligible due to a family income that exceeded the limit, family move out-of-state, an educational eligibility category that no longer qualified under FSS law, the child went into placement, or the child had an open medical subsidy through the Michigan Department of Human Services, Adoption Subsidy Program.

Figure 11: Reasons Children Left the Subsidy Program FY11

