

DEPARTMENT OF COMMUNITY HEALTH



JANET OLSZEWSKI, DIRECTOR

Lewis Cass Building
320 South Walnut Street, Lansing, MI 48913
Phone: (517) 373-3500, TDD: (517) 373-3573

The Michigan Department of Community Health (MDCH) is the largest department within the executive branch, administering over \$9.24 billion annually. The functions of MDCH include development of state health policy and management of the state's publicly funded health service systems. More than 2 million Michigan residents will receive services this year funded in whole or in part through MDCH.

The department was created by Executive Order No. 1996-1, issued on January 31, 1996, by the governor, in order to provide a more holistic approach to health care in Michigan. The Executive Order consolidated the Department of Public Health, the Department of Mental Health, and the Medical Services Administration, the state's Medicaid agency. The Office of Drug Control Policy, the Crime Victim Services Commission, and the Office of Services to the Aging were added to the department by subsequent Executive Orders.

The **Surgeon General** shall:

- Provide advice to the Director of the Michigan Department of Community Health on issues critical to the health status of the citizens and families of the state of Michigan;
- Raise public and professional awareness of effective measures for preserving the health of Michigan families through all appropriate means including print and electronic media, community health education, task forces and expert groups, conferences, and professional education;
- Work to improve the health of Michigan's children with particular emphasis on those health indicators in which Michigan's children fall below the national averages;
- Monitor and serve as Michigan's chief advocate in efforts to reduce health disparities for Michigan's underserved and uninsured citizens;
- Promote the Michigan adoption of innovative state – local, public and private partnerships and national (and international) best practices in health promotion and health services;
- Serve as the chief state advocate in support of positive lifestyle changes and effective community and citizen health empowerment initiatives throughout the state;
- Spearhead the development of coordinated, department health plans, policies, and action strategies to increase the cooperation, collaboration, and effective interaction between the Michigan Department of Community Health programs and initiatives;
- Conduct special evaluations and other investigations to judge the effectiveness of Michigan's efforts to improve the health status of its citizens and families and to periodically report on the findings; and
- Perform all other duties as directed by the Director of the Department of Community Health.

The **Office of Drug Control Policy's** mission is to reduce and prevent drug use and crime through prevention, treatment/rehabilitation and incarceration. The Office of Drug Control Policy is responsible for the award and administration of grant projects with local criminal justice

agencies, state and local governmental agencies, education providers, courts, community-based organizations, prosecutors, and private nonprofit agencies to reduce and prevent substance abuse, adult and juvenile crime and violence, and to educate the children of Michigan about the dangers of substance abuse. Federal funding is received annually from the Department of Justice for Byrne Memorial Formula Grant programs, local law enforcement block grant programs, and residential substance abuse treatment for state prisoner programs. Federal funds are received from the Department of Education for Safe and Drug Free Schools programs.

Health Promotions and Publications promotes healthy life-style factors in individuals, vulnerable populations, and communities to improve the health status and quality of life for Michigan residents.

The **Policy and Legal Affairs Administration** facilitates the development of state policy designed to protect and improve the health of the people of Michigan. Other responsibilities under this administrative line include federal affairs and policy development, legislative support and analysis, administrative hearings, legal affairs, certificate of need, and community health assessment.

The **Health Programs Administration** assesses need, recommends policy, and promotes 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 clinics, maternal and infant health advocacy services, hearing and vision screening, dental health, lead poisoning prevention and testing, abstinence programming, and child health. This administration also coordinates all of the housing, supported community living, and self-determination programs and activities of the department. The Administration is comprised of the Bureau of Children and Family Programs, the Bureau of Hospital/Center Forensic Mental Health Services, the Bureau of Integrated Health Services, the Bureau of Mental Health, Substance Abuse and Long-Term Care Programs, and the Bureau of Precertification, Pharmaceutical, and Beneficiary Services.

Mental Health and Substance Abuse Services promote and maintain an adequate and appropriate system of services for children and adults who have a serious emotional disturbance, a serious mental health condition, a developmental disability, a substance abuse problem, or a pathological gambling addiction. Community mental health services programs are available in all 83 counties, under the auspices of 48 single- or multi-county community mental health boards.

Under the **Mental Health Code**, the department shall:

- Engage in planning for the purpose of identifying, assessing, and enunciating the mental health needs of the state;
- Review and evaluate the relevance, quality, effectiveness, and efficiency of mental health services provided by state and county community mental health services programs;
- Establish minimum standards governing the operation of community mental health services programs;
- Direct mental health services to individuals who have a serious mental illness, developmental disability, or serious emotional disturbance with priority to be given to individuals having the most severe forms of these disabling conditions who are in urgent or emergency situations;
- Promote and maintain an adequate and appropriate system of community mental health services programs throughout the state;
- Promote and maintain “Person-Centered Planning” approach to case planning and service delivery by all publicly funded mental health programs;
- Develop and establish arrangements and procedures for the effective coordination and integration of all public mental health services, and for effective cooperation between public and nonpublic services, for the purpose of providing a unified system of statewide mental health care;
- Review and evaluate the relevance, quality, effectiveness, and efficiency of mental health services being provided by the department and assure the review and evaluation of mental health services provided by community mental health services programs; and
- Provide statewide forensic services.



The department operates the following **hospitals and centers**:

- A center for children with serious emotional disturbances:

HAWTHORN CENTER

SHOBHANA JOSHI, M.D., Director
18471 Haggerty Road, Northville, MI 48167

Hawthorn Center is a psychiatric hospital for children who are emotionally disturbed. The center is accredited by the Joint Commission on Health Care Organizations (JCAHO) and is certified by the Health Care Financing Administration (HCFA). It is also a training center in child psychiatry and related disciplines in affiliation with Wayne State University and other local universities.

Hawthorn Center was completed early in the summer of 1956.

FY 2001-2002, Average census 83

- Adult psychiatric hospitals:

CARO CENTER

ROSE LASKOWSKI, R.N., Director
2000 Chambers Road, Caro, MI 48723

The **Caro Center** was originally established in 1913 as the Michigan Farm Colony for Epileptics under the authority of Act 173 of 1913 as a state hospital to serve persons with epilepsy. Subsequent name changes included the Michigan State Hospital for Epileptics, Caro State Hospital for Epileptics, Caro State Home and Training School, Caro Retardation Center, Caro Regional Center, Caro Regional Mental Health Center, and, lastly, to Caro Center in 1995. Today, the facility provides inpatient services for adults who have mental illness. The facility is accredited by JCAHO and is certified by HCFA.

FY 2001-2002, Average census 168

KALAMAZOO PSYCHIATRIC HOSPITAL

JAMES COLEMAN, Ed.D., Director
1312 Oakland Drive, Kalamazoo, MI 49008

The **Kalamazoo State Hospital**, the oldest state-operated hospital in Michigan, was opened on August 29, 1859. The hospital was established for the “humane, curative, scientific and economical treatment of insane persons,” and is situated on 178 acres of land.

On January 1, 1978, the name of the hospital was changed to Kalamazoo Regional Psychiatric Hospital and subsequently changed to Kalamazoo Psychiatric Hospital in July 1995. The hospital is accredited by JCAHO and certified by HCFA.

The hospital’s physical plant was conveyed to Western Michigan University by authority of Act 480 of 1996 and is currently leased from the university.

FY 2001-2002, Average census 114

NORTHVILLE PSYCHIATRIC HOSPITAL

SHOBHANA JOSHI, M.D., Director
41001 Seven Mile Road, Northville, MI 48167

The legislature authorized the development of **Northville State Hospital** for persons with mental illness by an appropriation in 1944, but the name of the hospital was not recognized in legislation until 1947 and was not included in the Hospital Act for Mentally Ill Persons until 1952. The site of the hospital rests on 502 acres in northwest Wayne County. The name was changed to Northville Psychiatric Hospital in March 1995.

The hospital serves adults with mental illness and is accredited by JCAHO and is certified by HCFA. The hospital is expected to close by the summer of 2003. The sale of portions of the Northville Hospital property was authorized by Act 6 of 2002.

FY 2001-2002, Average census 330

WALTER P. REUTHER PSYCHIATRIC HOSPITAL

NORMA JOSEF, M.D., Director
30901 Palmer Road, Westland, MI 48185

In December 1977, psychiatric services at Wayne County General Hospital became a state operation. It was renamed the Metropolitan Regional Psychiatric Hospital. On October 1, 1979, the state purchased one of the buildings at Wayne County General Hospital and renamed it the **Walter P. Reuther Psychiatric Hospital**. The Metropolitan Hospital was then closed and persons requiring continued treatment were transferred to Reuther. Reuther operates today as a hospital serving adults with mental illness.

The hospital is accredited by JCAHO and certified by HCFA.

FY 2001-2002, Average census 197

- A center for persons with developmental disabilities:

MT. PLEASANT CENTER

KENNETH LONGTON, Director
1400 West Pickard, Mt. Pleasant, MI 48858

This center opened in 1934 as the Michigan Home and Training School. The name was changed to the Mt. Pleasant State Home and Training School with the establishment of the Department of Mental Health in 1945. In 1975 the center was renamed the Mt. Pleasant Center for Human Development with subsequent name changes to the Mt. Pleasant Regional Center for Developmental Disabilities in 1978 to the current **Mt. Pleasant Center** in 1995. The center serves persons with developmental disabilities providing a full range of treatment and rehabilitation services to persons from 79 counties of the state.

The center is certified under the ICF/MR program of HCFA.

FY 2001-2002, Average census 175

- A hospital for prisoners via contract with the Department of Corrections:

HURON VALLEY CENTER

ROSETTUS WEEKS, Director
3511 Bemis, Ypsilanti, MI 48197

Huron Valley Center opened in August 1994 in Ypsilanti, Michigan. It is part of a coordinated effort between the Department of Community Health and the Department of Corrections, providing treatment to the mentally ill offender.

This hospital gives acute and rehabilitative care to both men and women within the corrections system and is accredited by JCAHO.

FY 2001-2002, Average census 240

- Forensic services:

CENTER FOR FORENSIC PSYCHIATRY

WILLIAM H. MEYER, J.D., Director
Box 2060, Ann Arbor, MI 48106

The **Center for Forensic Psychiatry** was established as an agency of the Department of Mental Health under the authority of Act 175 of 1996, and, beginning August 1975, under Act 258 of 1974. The center is under the jurisdiction of the Bureau of Forensic Mental Health Services. The center is accredited by JCAHO.

The facility was established for the diagnosis, evaluation, and treatment of persons committed to the department by criminal courts; for the reporting of findings and recommendations to the department and courts as indicated; and for the conduct of research on the relationship between mental disability and criminal law.

The center is located on the grounds of the former Ypsilanti Regional Psychiatric Hospital. Construction of a new forensic center was initiated in Spring 2001 and will be completed in 2003, with funding for the project appropriated in Act 265 of 1999. The location of the new center will be on the grounds of the former Ypsilanti Regional Psychiatric Hospital.

FY 2001-2002, Average census 205

Substance Abuse Services is the other major component of the Mental Health and Substance Abuse Services line. It is governed by the Public Health Code. Its duty is to promote the health and welfare of individuals through the reduction of substance abuse and to participate in efforts to address its social, personal, and economic consequences. To accomplish this mission, Substance Abuse Services administers state and federal funds, advocates for effective public policy, and develops appropriate resources.

The **Women, Infants and Children's Division** is responsible for the administration of a special supplemental nutrition program. The program provides nutritional food, nutrition education, breastfeeding education, and support and referrals to health care and other services for women, infants and children with incomes at or below 185% of poverty and who have a nutritional or growth risk. Services are delivered through local public health departments and community agencies.

The **Bureau of Integrated Health Services** is responsible for the administration and management of the Michigan Medicaid Program and other health benefit programs. These programs are designed to provide medical assistance to persons with low incomes and high health needs. The bureau purchases health benefits from private qualified health plans across the state and administers a fee-for-service program that reimburses hospitals, nursing homes, physicians, and other providers for health benefits provided to Medicaid beneficiaries.

The **Chief Operating Officer** for the department has responsibility for the Bureau of Human Resources and Administrative Services, the Developmental Disabilities Council, the Office of Recipient Rights, the Crime Victim Services Commission, Project Development and Implementation – the Division of Vital Records and Health Statistics, and the Administrative Tribunal and Appeals Division.

The **Crime Victim Services Commission** is charged with overseeing a wide range of services and funding for victims of crimes. It administers the Crime Victim Compensation, Crime Victims Rights and Assessments, Federal Victim Assistance Grants, and Automated Victim Notification programs. Its goal is to promote services and supports that enhance the health, well being, dignity, and rights of victims of crime in Michigan.

The **Division of Vital Records and Health Statistics** is responsible for collecting and analyzing information on vital events such as births, deaths, marriages, divorces, and related information such as paternity establishment, fetal deaths, induced abortions, persons diagnosed with cancer, children identified as having birth defects, and health services available within the state. It provides documentation and analyses of all vital events which are compiled through a registration system begun in 1867.

The **Health Administration** is responsible for assessing community needs and for prolonging life and promoting health through the prevention and control of communicable and chronic disease. These responsibilities and objectives are administered by the following units:

The **Bureau of Epidemiology** is responsible for four major activities: surveillance and prevention of communicable diseases and the response to epidemics; promotion of immunization among children and adults; assessment of the health implications of exposures to environmental agents; and the analysis of health and disease patterns in the populations.

The **Bureau of Laboratories** provides services for the identification and monitoring of infectious disease agents such as HIV and other sexually transmitted diseases, tuberculosis, hepatitis, and Legionnaires disease. It has the responsibility for testing each Michigan newborn for 8 genetic and metabolic disorders; provides a lead screening program for Michigan children; and provides analysis for chemicals such as pesticides and herbicides in both human and animal tissue.

The **Division of HIV/AIDS-STD** is responsible for planning, directing, and coordinating prevention, control, and intervention for HIV/AIDS among infected and affected populations in Michigan. This program also aims to control syphilis, gonorrhea, and other sexually transmitted diseases. Primary treatment drugs and laboratory support are supplied by MDCH.

The **Office of Public Health Preparedness** is responsible for protecting the health of Michigan citizens against chemical, biological, and radiological threats. The office works closely with local, state, and federal authorities to develop a regional plan for dealing with bioterrorist attacks and other public health emergencies.

The **Division of Chronic Disease and Injury Control** promotes healthy lifestyle factors in individuals, vulnerable populations, and communities to improve the length and quality of life for Michigan residents; and translates behavioral science technology into actions to promote healthy behaviors, and prevent diseases and injuries.

The **Health Administrator** is responsible for local contracts management and interfacing with local health services. The Office of Minority Health and Multicultural Services provides coordination of programs and policies with focus on the health status of communities of color.

The **Budget and Finance Administration** is responsible for the following functions:

- Revenue enhancement
- Accounting
- Contracts and grants
- Budgeting

The **Office of Services to the Aging**'s mission is to promote and enhance the dignity and independence of older persons. The office is state government's focal point for issues important to our state's 2 million older men and women and, as such, it allocates and monitors state and federal funds for all Older American Act services: nutrition, community services, legal hot line, emergency prescriptions, and care management. The office provides technical assistance to the Medical Services Administration on the home and community based waiver, develops programs through Area Agencies on Aging, advocates on behalf of seniors with the legislature, governor, state departments, federal government, is responsible for state planning of aging services, and develops the state formula for distribution of state and federal funds.



MICHIGAN COMMISSION ON
SERVICES TO THE AGING

	<i>Term expires</i>
LIANA M. BACHAND, Midland	July 28, 2005
DELORES BUSSEY, Detroit	July 28, 2004
CHRISTINA CLARK, Metamora	July 28, 2005
HERMAN DOOHA, Detroit	July 28, 2006
JOHN M. GONZALES, Imlay City	July 28, 2004
SONIA HARB, Birmingham	July 28, 2006
DONALD J. HOFFMAN, Portage	July 28, 2004
JERUTHA KENNEDY, Detroit	July 28, 2006
ROBERT W. LITTKE, PH.D., Sturgis	July 28, 2005
DONNA G. MALONE, Zeeland	July 28, 2004
JAMES W. SHELTON, Battle Creek	July 28, 2006
ANN M. SHOOP, R.N., M.S.N., Novi	July 28, 2004
ALBERTA WILBURN, Detroit	July 28, 2006
DONA J. WISHART, Gaylord	July 28, 2005
VACANCY	July 28, 2005

The **Michigan Commission on Services to the Aging** was created by Act 146 of 1975, and redefined by Act 180 of 1981. The commission advises the Office of Services to the Aging, the governor, and the legislature on matters relating to policies and programs for older and aging persons in Michigan; promotes senior citizen interests within state government and communities; and administers the federal Older Americans Act programs and state-funded programs.

The 15 commission members are appointed by the governor, with the advice and consent of the senate, to serve 3-year terms. A majority of the members are 60 years of age or older, and no more than 8 members are of the same political party.



COMMUNITY HEALTH ADVISORY COUNCIL

	<i>Term expires</i>
WILLIAM BIRCH, Ed.D., Chair, Marquette	Dec. 31, 2003
JEFFREY DAMEC, Grand Rapids	Dec. 31, 2003
KATHRYN DODGE, Sylvan Lake	Dec. 31, 2003
DON R. HALVORSEN, Lake City	Dec. 31, 2003
PAMELA JOY, Detroit	Dec. 31, 2003
JOYCE KELLER, Farmington Hills	Dec. 31, 2003
KATHLEEN KOVALCHIK-LACKO, Ludington	Dec. 31, 2003

COMMUNITY HEALTH ADVISORY COUNCIL (Cont.)

	<i>Term expires</i>
THEODORE LEWIS, Farmington Hills	Dec. 31, 2003
HAROLD MADDEN, Ludington	Dec. 31, 2003
PAMELA MARRON, Royal Oak	Dec. 31, 2003
MARK A. B. PETERSON, Detroit	Dec. 31, 2003
DR. ROBERT RICHARD, Grand Rapids	Dec. 31, 2003
KERIN SCANLON, Midland	Dec. 31, 2003
TERESA SMITH, Plymouth.	Dec. 31, 2003

Executive Order 1997-4 created the **Community Health Advisory Council** and transferred the functions of several boards and councils within the department to the director. The council was established by the governor to ensure community input in a broader policy process for improving the health status and mental health of Michigan citizens. The council members are appointed by the governor and consist of consumers, family members, agency representatives, and professionals.



MICHIGAN PUBLIC HEALTH INSTITUTE

Serves at the Pleasure of the Director of Community Health

JANET OLSZEWSKI, President, MPH
PETER L. TREZISE (Chair), Michigan Department of Community Health

	<i>Term expires</i>
KAREN ALDRIDGE-EASON, C.S. Mott Foundation	May 13, 2004
RONALD M. BASSO, J.D., Michigan Department of Consumer and Industry Services	May 13, 2004
VIRGINIA HARMON, Michigan Department of Community Health	May 13, 2003
MARK MILLER	May 13, 2004
MICHAEL A. MORTIMORE, Berrien County Health Department . .	May 13, 2003

Serves at the Pleasure of the President of the University of Michigan

JAMES RANDOLPH, Ph.D., D.Sc. May 13, 2003
JAMES H. VINCENT, Ph.D., D.Sc. May 13, 2004

Serves at the Pleasure of the President of Michigan State University

JOSEPH L. FARRELL, M.P.H. May 13, 2004
MARTHA L. HESSE, Ph.D. May 13, 2003

Serves at the Pleasure of the President of Wayne State University

GAIL A. JENSEN, Ph.D. May 13, 2003
R. MICHAEL MASSANARI, M.D. May 13, 2004

ex officio

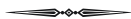
JEFFREY R. TAYLOR, Ph.D., Executive Director, MPH

Established under Act 264 of 1989, the **Michigan Public Health Institute**, a nonprofit 501(c)3 corporation, was developed for the purpose of planning, promoting, and coordinating health services research with a consortium of public universities including Systems Reform, the University of Michigan, Michigan State University, and Wayne State University. Research priorities include evaluation of health behaviors and nutritional practices; assessment of programs aimed at high-risk populations; health care costs and financing; accessible health care facilities; control of infectious and chronic diseases; control of environmental laboratory; social and other health-related hazards, and other issues considered appropriate by the Board.

HEALTH PLANS ADVISORY COUNCIL

THERESA ARINI	OTTO GRAESSER, D.O.
JAMES BEBERMEYER	WILLIAM GUTOS
NANNETTE M. BOWLER	DIANNE HAAS
DANIEL BRISKIE, D.D.S.	MARSHA MOERS
VERNICE DAVIS-ANTHONY	RICHARD NOWAKOWSKI
DAVID DOUMA	CAROL OLTHOFF

The **Health Plans Advisory Council** was appointed December 1997 by the Director of the Department of Community Health and consists of 17 members who represent consumers and consumer advocates, health care providers, and the community. The council's responsibilities include advising the department on policy issues related to Medicaid, Children's Special Health Care Services, and the MiChild program. The council will also focus on other issues including access, quality of care, and service delivery for managed care and fee-for-service programs.



CERTIFICATE OF NEED COMMISSION

	<i>Term expires</i>
PETER AJLUNI	Apr. 14, 2005
RICHARD BREON	Apr. 14, 2005
BRADLEY NEAL CORY	Apr. 14, 2006
JAMES K. DELANEY	Jan. 1, 2005
EDWARD B. GOLDMAN, J.D.	Jan. 1, 2004
NORMA HAGENOW	Apr. 14, 2004
JAMES E. MAITLAND	Mar. 28, 2006
MICHAEL SANDLER	Apr. 14, 2006
JACK SMANT	Jan. 1, 2004
RENEE TURNER-BAILEY	Mar. 28, 2006
MICHAEL YOUNG	Apr. 14, 2005

The **Certificate of Need Commission** was created by Act 332 of 1988. The commission can approve or revise the Certificate of Need review standards that establish the need for new health facilities, covered clinical services, covered medical equipment, changes in bed capacity and covered capital expenditures.

The members of the commission are appointed by the governor with the advice and consent of the senate for 3-year terms. Membership was expanded by Act 619 of 2002 from 5 to 11 members effective March 31, 2002, with 6 members representing one major political party and 5 members representing the other major political party. Staffing support for the commission is provided by the department. The commission meets quarterly.



ADVISORY COUNCIL ON MENTAL ILLNESS

Advocates

ELMER CERANO	MARK REINSTEIN
PATRICK COYNE	ROSEANNE RENAUER
PATRICIA DEGNAN	BEN ROBINSON
COLLEEN JASPER	KERIN SCANLON
SANDRA LIBSTORFF	SALLY STEINER
SHEILA MILLER-LATHROP	CLAYTON "TONY" STRASESKE
ARLENE M. NAGANSHE	CHRIS VALENTINE
JAMIE PENNELL	BRIAN WELLWOOD

Providers

COLLEEN CONKLIN

ADVISORY COUNCIL ON MENTAL ILLNESS (Cont.)

State Agency

DOROTHY BYINGTON BOONE

JOE GOMEZ

MARLENE MALLOY

JOCELYN VANDA

The **Advisory Council on Mental Illness** was created as required by P.L. 102-321. The council advises the Department of Community Health regarding the goals pertaining to the Federal Mental Health Block Grant.

Members of the council are appointed by the Director of the Department of Community Health for 2 years. At least 10 of the members are advocates, consumers, or family members. The remaining members are state agency representatives or provider agency representatives. The council is staffed by the department.



CRIME VICTIM SERVICES COMMISSION

Term expires

MARTIN G. BANDEMER, Detroit	Sept. 27, 2004
DELORES BUSSEY, Farmington Hills	Sept. 27, 2005
WILLIAM A. FORSYTH, Grand Rapids.	Sept. 27, 2003
REV. DR. LAURA E. FOSTER, Highland Park.	Sept. 27, 2003
KEVIN RYNBRANDT, Grand Rapids	Sept. 27, 2005

The **Crime Victim Services Commission** was created by Act 223 of 1976. The commission meets 6 to 8 times per year.

A 5-member Crime Victim Services Commission is appointed by the governor and is composed of a practicing attorney, a county prosecutor, a peace officer, a member of the medical profession, and a community-based victim advocate.



COMMUNITY HEALTH SPECIALTY SERVICES PANEL

Term expires

ELIZABETH BAUER.	Feb. 28, 2003
VIRGINIA HARMON	Feb. 28, 2004
DR. HERBERT HUEBL.	Feb. 28, 2004
COLLEEN JASPER	Feb. 28, 2005
KATHLEEN KOVALCHIK-LACKO	Feb. 28, 2005
PAUL REINHART	Feb. 28, 2003
V. GAIL SIMPSON	Feb. 28, 2003
DAVID SPREY	Feb. 28, 2003
PETER L. TREZISE	Feb. 28, 2005

The **Community Health Specialty Services Panel** was established in Act 409 of 2000. The council reviews and makes determinations regarding applications or participation submitted by community mental health services programs or other managing entities.

The panel's members are appointed by the governor for 4-year terms. The members of the panel represent primarily consumers or family members, advocacy organizations, and local government. In addition, the director of the Department of Community Health and the director of the Department of Management and Budget (or their designees) serve on the panel.

