

Michigan

IMPLEMENTATION REPORT FY 2006

COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

OMB - Approved 08/26/2004 - Expires 08/31/2007

(generated on 12-8-2005 1.41.09 PM)

Center for Mental Health Services
Division of State and Community Systems Development

Introduction:

The CMHS Block Grant application format provides the means for States to comply with the reporting provisions of the Public Health Service Act (42 USC 300x-21-64), as implemented by the Interim Final Rule and the Tobacco Regulation for the SAPT Block Grant (45 CFR Part 96, parts XI and IV, respectively).

Public reporting burden for this collection of information is estimated to average 563 hours per response for sections I-III, 50 hours per response for Section IV-A and 42 hours per response for Section IV-B, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0080); Room 16-105, Parklawn Building; 5600 Fishers Lane. Rockville. MD 20857.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0080.

Table of Contents

State:
Michigan

Adult - Summary of Areas Previously Identified by State as Needing Improvement	pg. 4
Adult - Most Significant Events that Impacted the State Mental Health System in the Previous	pg. 7
Adult - Purpose State FY BG Expended - Recipients - Activities Description	pg. 10
Child - Summary of Areas Previously Identified by State as Needing Improvement	pg. 31
Child - Most Significant Events that Impacted the State in the Previous FY	pg. 34
Child - Purpose State FY BG Expended - Recipients - Activities Description	pg. 38
Adult - Implementation Report	pg. 43
Child - Implementation Report	pg. 75
Adult - Documentation of Activities Under Each Indicator for Each Criterion	pg. 93
Adult - Description of Activities and Strategies Used to Address the Performance Indicator	pg. 94
Adult - Changes in Implementation Strategy in the Prior State FY	pg. 95
Adult - Innovative or Exemplary Model and its Unique Features	pg. 96
Child - Documentation of Activities Under Each Indicator for Each Criterion	pg. 97
Child - Description of Activities and Strategies Used to Address the Performance Indicator	pg. 98
Child - Changes in Implementation Strategy in the Prior State FY	pg. 99
Child - Innovative or Exemplary Model and its Unique Features	pg. 100
Appendix B (Optional)	pg. 101

Michigan

Adult - Summary of Areas Previously Identified by State as Needing Improvement

Adult - Report Summary of areas which the State identified in the prior FY's approved Plan as needing improvement

Limited access to services for persons who do not have Medicaid coverage is a challenge. Medicaid is the primary funding source of the public mental health system. Services to people who are Medicaid beneficiaries have improved as a result of MDCH's 1915(b) Medicaid waiver program as Michigan is able to offer many optional services to address their treatment, support, and rehabilitation needs. However, CMHSPs must utilize a portion of their state general fund allocations as the required state match necessary to claim federal reimbursements for the provision of these added Medicaid services, making less funding available to serve individuals who are not Medicaid beneficiaries. The Michigan Mental Health Code requires that priority be given to those with the most severe and persistent mental illness. Over the last several years, limited state financial resources have been increasingly dedicated to individuals with Medicaid and those who are not covered by Medicaid and have a severe and persistent mental illness.

Compounding this situation is the weakness of the state economy. Having lost several hundred thousand well-paying manufacturing jobs, Michigan's unemployment rate is high and revenues are down. While we continue to enjoy the continuing support of the governor and legislature, programs that rely exclusively upon state funding have either been capped or reduced. Michigan has had to limit general access to state-funded public mental health services based upon severity of condition and urgency of need and within legislation appropriation. Persons with serious mental illness and children with serious emotional disturbance are priority populations as specified in the Michigan Mental Health Code and will as a matter of law continue to be promptly serviced. However, persons with mild conditions or less urgent needs can expect to be placed for some period of time on waiting lists for services or be referred to private non-profit mental health providers for service. To some members of the public it appears that individuals have to be in crisis in order to access the mental health system.

There is variability in access to state funded mental health services and supports between regions, largely due to differences in funding. More uniformity in access was recommended by the Mental Health Committee and is currently being examined.

MDCH's improved mental health data system, which includes encounter reporting, will assist in the analysis of who is served and what particular services and supports each person receives. During FY05, pilot testing of assessment tools to determine level of functioning of adults was begun. Once a tool is selected and implemented statewide, MDCH will have a better understanding of the characteristics of the people it serves and eventually will be able to look at consumer outcomes. Consistency of practice and standards continues to be monitored through MDCH site visits and data reviews. In FY05 MDCH's Quality Improvement Council reviewed performance indicators and made recommendations for a smaller set of more meaningful and better defined measures which have been adopted for this fiscal year. Jail Diversion Guidelines for adults were strengthened with a FY05 revision.

Mental health services can be improved by assuring that evidence-based models are available as a choice for consumers. MDCH's Practice Improvement (formerly Evidence-Based Practice) Steering Committee selected two adult practices for concentrated implementation over the next two years. \$1.5 million in block grant funds was made available to support the development and implementation of two adult practices: Co-occurring Disorders: Integrated Dual Disorder Treatment (COD:IDDT) and Family Psychoeducation. All 18 PIHPs applied for funding in response to a Request for Applications. Nine PIHPs are receiving funding to develop and implement COD:IDDT. Ten PIHPs are receiving funding to implement Family Psychoeducation. One PIHP is implementing both.

In Michigan, the substance abuse and mental health service systems operate

separately. Michigan historically has had a parallel and serial system of treatment. PIHPs and CMHSPs had responsibility to serve those with serious mental illness and Substance Abuse Coordinating Agencies had the responsibility to serve (through subcontracts) those with substance disorders. As a result, a large number of consumers with co-occurring disorders have had to seek services from both systems. This issue is being addressed by both the COD:IDDT Subcommittee and by the COD Policy Academy. The academy has three workgroups: Advisory/Consensus Building; Treatment/Outcome and Workforce Development; and Administrative/Finance/Policy and Legal. These workgroups are meeting regularly. The subcommittee consists of a core group, including MDCH staff, network180 (PIHP) staff, and Wayne State University staff. The core group oversees three workgroups within the subcommittee. Administrative/Finance/Policy and Legal is focusing on issues related to system and program infrastructure; Training and Program Development is addressing technical assistance and training needs for program and staff development; and the Measurement Workgroup is focusing on fidelity and outcome measures.

The COD:IDDT Subcommittee of the Practice Improvement Steering Committee is focusing on implementation of COD:IDDT for adults with serious mental illness and a substance disorder, whereas the Co-occurring Policy Academy is focusing on policy issues related to integrated treatment for all populations with co-occurring mental illness and substance disorders. Some MDCH staff members are serving on both the COD:IDDT Subcommittee and the COD Policy Academy to assure coordination.

The Family Psychoeducation (FPE) Subcommittee of the Practice Improvement Steering Committee is working to develop a strategy for assisting PIHPs who choose to implement FPE. The subcommittee includes consumers, representatives from PIHPs, and the University of Michigan. The University is helping with fidelity monitoring and development of an outcome strategy. The subcommittee has already developed work plans for assisting the PIHPs in implementation. Part of the implementation strategy is to start a learning collaborative with all the PIHPs who are participating in developing the McFarland model of FPE. Dr. Bill McFarland is providing technical assistance and training to the eleven PIHPs that selected FPE for implementation.

As part of the Practice Improvement Initiative, each PIHP is forming an Improving Practices Leadership Team to assure the infrastructure necessary to support and guide system transformation efforts at the regional level. The team will oversee implementation of Evidence-Based Practices, Promising Practices, and Emerging Practices within the PIHP network. The goals are to offer an improved array of services to adults, and to children and their families, from which they may choose; and to provide quality services that consumers want and which result in the best outcome possible for each individual. Each team is composed of program leaders; consumers including peer support specialists; family members; finance, data and evaluation representatives; and is led by a Improving Practices Leader. The department will work directly with these leaders to move the system forward.

Existing practices have also been targeted for improvement. Assertive Community Treatment (ACT) has been practiced in Michigan for many years. There are currently 100 teams providing services. Private Flinn Family Foundation funding was used to develop an ACT Field Guide to assist programs to assess themselves and assure compliance with evidence-based practice components as well as Michigan Medicaid criteria. MDCH will sponsor a training on the Supported Employment as an evidence-based practice. MDCH is funding a drop-in center study that will result in a state fidelity model, which will become minimal requirements over the next two years. MDCH is also working with a project team established by the Flinn Family Foundation to select PIHP sites for pilot implementation of the Michigan Medication Algorithms.

Michigan

Adult - Most Significant Events that Impacted the State Mental Health System in the Previous FY

Adult - Report Summary of the most significant events that impacted the mental health system of the State in the previous FY

In October 2005, the governor's Mental Health Commission presented its final report to Governor Granholm. The report contained 71 recommendations to meet seven goals. The goals identified by the commission are:

1. The public knows that mental illness and emotional disturbance are treatable, recovery is possible, and people with mental illness lead productive lives.
2. The public mental health system will define clearly those persons it will serve and will address the needs of those persons at the earliest time possible to reduce crisis situations.
3. A full array of high-quality mental health treatment, services, and supports is accessible to improve the quality of life for individuals with mental illness and their families.
4. No one enters the juvenile or criminal justice systems because of inadequate mental health care.
5. Michigan's mental health system is structured and funded so that high-quality care is delivered effectively and efficiently by accountable providers.
6. Recovery is supported by access to integrated mental and physical health care and housing, education, and employment services.
7. Consumers and families are actively involved in service planning, delivery, and monitoring at all levels of the public mental health system.

MDCH has developed a targeted implementation plan in response to the recommendations contained in Michigan's Mental Health Commission's October 25, 2004 final report. A team leader for each of the seven goal areas has been named. In addition, MDCH's planning council, the Advisory Council on Mental Illness, has agreed to address some of the recommendations. The council has formed four follow-up work groups: Uniform Criteria regarding Eligibility and Priority Status; External Service Grievance for Non-Medicaid Consumers; Service Selection Guidelines; and Secure Residential Facilities.

The Mental Health Commission recommended that MDCH adopt evidence-based practices. Evidence-based practices remain a central focus of MDCH's systems transformation. The adoption of evidence-based practices should be understood as part of MDCH's effort to offer program choices that are likely to result in outcomes that are highly valued by consumers and families. The Performance Improvement Steering Committee, which consists of consumers, family members, providers, universities, public and private providers/organizations, and MDCH staff, selected two adult practices and one child practice for concentrated implementation. The steering committee, in coordination with the Michigan Association of Community Mental Health Boards (MACMHB), had the initial kick off of the evidence-based practices implementation through the May, 2005 Board Association Conference named "Making the Move to Evidence-based Practice" which was attended by well over seven hundred clinicians, administrators, and consumers. The main goal of this two-day conference was to give an overview of the evidence-based practices.

COD:IDDT and FPE are already being practiced in varying degrees across the state. MDCH invited all 18 PIHPS to partner with MDCH through a Request for Applications (RFA) issued in May 2005 to initiate change and become a transformation agent in the community. Successful implementation of evidence-based practices involves changing the way we think about mental health services. This requires systems change processes within organizations at the state, regional, and local levels.

The RFA required each PIHP to form an Improving Practices Leadership Team with membership from the PIHP's clinical and administrative areas and with mandatory consumer and family participation. The teams will oversee implementation of EBPs, promising practices, and emerging practices by the PIHP. The goal will be to offer an improved array of services to adults, and to children and their families, from which they may choose.

MDCH's work with evidence-based practices is discussed in more detail in Section 1, above.

Michigan's concurrent 1915(b)/(c) Medicaid Managed Specialty Supports and Services waiver program was renewed by the Centers for Medicare and Medicaid Services for the two fiscal years ending September 30, 2007. Two new 1915(b)3 services are added so Medicaid funding may be used for them. The first, Peer Specialist Services, was piloted with Community Mental Health Block Grant Funds. It provides individuals with opportunities to support, mentor and assist beneficiaries to achieve community inclusion, participation, independence, recovery, resiliency and/or productivity. Peers are individuals who have a unique background and skill level from their experience in utilizing services and supports to achieve their personal goals of community membership, independence and productivity. Peers have a special ability to gain trust and respect of other beneficiaries based on shared experience and perspectives with disabilities and with planning and negotiating human services systems. Peer support services include vocational assistance, housing assistance, and services and supports planning and utilization assistance.

The second new 1915(b)3 service, Fiscal Intermediary Services, assists the adult beneficiary, or a representative identified in the beneficiary's plan, to meet the beneficiary's goals of community participation and integration, independence or productivity while controlling his/her individual budget and choosing staff who will provide the services and supports identified in the individual plan of service and authorized by the PIHP. The fiscal intermediary helps the individual manage and distribute funds contained in the individual budget.

MDCH is actively promoting the vision of a life in the community for everyone and the mission of building resiliency and promoting recovery through its system transformation work.

Michigan

Adult - Purpose State FY BG Expended - Recipients - Activities Description

Adult - A report on the purpose for which the block grant monies for State FY were expended, the recipients of grant funds, and a description of activities funded by the grant.

In Michigan, public funds for mental health, substance abuse, and developmental disability services are contracted by MDCH with 46 regional CMHSPs. Medicaid funds, which are paid on a per-enrollee capitated basis, are contracted with CMHSPs, or affiliations of CMHSPs, as PIHPs. Each region is required to have an extensive array of services which allows for maximizing choice and control on the part of individuals in need of service. Individual plans of service are developed using a person-centered process for adults and a family-centered process for children. MDCH is promoting values of recovery and self-determination, which are enhanced by opportunities afforded by this block grant.

Community Mental Health Block Grant funds were used to support and improve services for adults with serious mental illness and for children with serious emotional disturbance. Approximately two-thirds of the Community Mental Health Block Grant funding was used to advance community-based services for adult with serious mental illness. A portion of the funds was used to fund ongoing services. In addition, approximately \$3 million was contracted with CMHSPs for one or two year projects which were proposed in response to a Request for Proposals issued by MDCH. All submitted proposals are considered by a team of reviewers and funding recommendations made. FY05 projects were funded in the areas of Rural Services; Anti-Stigma; Crisis Planning; Recovery; Peer Support Specialists; Person-Centered Planning; Self-Determination; Jail Diversion; Co-occurring Mental Health and Substance Disorders; Consumer-Run, Delivered, or Directed Services; Supports and Services for Older Adults; Assertive Community Treatment, Clubhouse Programs; Vocational/Employment; Homeless; and Other Special Populations. These projects were funded with block grant funds on a one-time basis; sustainability is a consideration for award. Projects were monitored by program specialists through quarterly and final report review, and site visits as indicated.

More information on block grant funded projects for adults follows.

ADULT PROGRAM AREA UPDATES

Person-Centered Planning:

Public mental health services in Michigan are required by law to be provided through an Individual Plan of Service developed using a person-centered planning process. This requirement was added in the 1996 Michigan Mental Health Code revision. Section 712 of the code includes the right for all individuals to have their Individual Plan of Service developed through a person-centered planning process regardless of age, disability, or residential setting. In person-centered planning the individual directs the planning process with a focus on what he/she wants and needs. The development of the Individual Plan of Service, including the identification of possible services and supports, is based upon the expressed needs and desires of the individual. Health and safety issues are documented in the plan with supports that will be provided.

MDCH last revised the Person-Centered Planning Practice Guideline in 2003. The guideline is an attachment to the contract between MDCH and PIHPs/CMHSPs. The guideline describes the values and principles of person-centered planning including essential elements. The essential element section is used to develop site review indicators to measure the performance of

PIHPs/CMHSPs in the area of the person-centered process. The site review team includes individuals with disabilities who interview beneficiaries regarding their satisfaction and knowledge of person-centered processes.

Individuals have the opportunity to request an independent facilitator for their Individual Plan of Service to ensure it is completed using a person-centered process. A variety of individuals including persons with disabilities from across the state have become facilitators and many persons with serious and persistent mental illness have facilitated their own plan with support of chosen families, friends, allies, and paid staff.

A variety of projects have been developed to strengthen person-centered processes. These projects include developing and building natural supports to enhance community inclusion; providing training, guidance, and mentoring for people to become independent facilitators; developing peer relationships to build community connections; and employing consumers as Peer Support Specialists to assist others in the development and implementation of their plan of service. The manual "Planning for Yourself," is utilized in a variety of areas across the state. Peer Support Specialists have been instrumental in providing technical assistance and mentoring with the manual. Michigan has made additional investments in the Peer Support Specialist movement that will greatly benefit the quality of person-centered processes provided in partnership with persons with mental illness.

On September 20 and 21, 2005, MDCH sponsored the 8th annual person-centered planning conference with over 450 individuals attending. Speakers included consumers, family members, executive directors, and a variety of direct care/service providers. The theme of the conference this year was "Pathways to Choice: Avenues for Control." A variety of past grantees including beneficiaries attended and presented at the conference highlighting innovations that have occurred across the state and nationally. Intensive half-day seminars included facilitation techniques, mediation, peer supports, Wellness Recovery Action Planning, employment, person-centered planning, and self-determination to provide sessions that would lead to longer training opportunities to enhance statewide outcomes. Past block grant person-centered planning projects are a foundation to develop planning as consumers with chosen allies request self-determined arrangements to have control over budgets for their services and supports.

Self-Determination:

Michigan continues to move forward in assisting adults of all disability groups move toward choices and options involving self-determined arrangements. A Self-Determination Policy and Practice Guideline has been a contract requirement with the 18 PIHPs since October 1, 2004. This contract requirement provides adults with developmental disabilities and adults with serious mental illness the opportunity to request self-determined arrangements.

MDCH has supported multiple CMHSPs and PIHPs in implementing self-determined arrangements including the development of individual budgets. Four times per year MDCH provides technical information through implementation leadership seminars that consist of statewide self-determination coordinators, supports coordinators, case managers, supervisors, providers, and interested others. Consumers and families are encouraged to attend the trainings

at a reduced price that covers their meal costs. In addition, MDCH is finalizing a Choice Voucher System booklet on how individuals directly hire and supervise their own staff through the use of a fiscal intermediary. MDCH is working toward providing information on additional self-determined arrangements such as Agency with Choice. A new website is currently being added to the MDCH home page to provide easy-to-use information on the requirements for self-determined arrangements in Michigan. The website will offer brochures and booklets to assist adults with serious mental illness to choose a self-determined arrangement.

On June 20 and 21, 2005, the 8th annual Self-Determination Conference was held with over 400 people attending. A variety of presentations from local, state, and national experts were provided. Past and present grantees provided information on self-determination for persons with mental illness. Several consumers participated in the workshop.

MDCH continues to request proposals and support PIHPs/CMHSPs to apply innovative techniques with persons with serious mental illness in the area of self-determination. Education and training have been a focus in various regions of the state. In the past two years, counties who were awarded funding have worked toward costing out services to fulfill the request of consumers who choose to separate case management and other supports from psychiatric treatment for additional choices among providers. Several persons with serious mental illness have developed individual budgets leading to an increase in choice and control. Michigan has several success stories of individuals who benefited from block grant funded projects and developed self-employment opportunities by choosing self-determined arrangements.

In October of 2003, Michigan received a three-year federal grant from the Centers for Medicare and Medicaid Services entitled Independence Plus. This federal grant provides initiatives that impact the infrastructure with changes needed to move self-determination forward. The grant has a specific workgroup comprised of mental health consumers, advocates, and providers.

Case Management:

Case management services, which have been updated in the Medicaid provider manual, assist consumers in designing and implementing strategies for obtaining services and supports that are goal-oriented and individualized. Services include assessment, planning, linkage, advocacy, coordination, and monitoring to assist beneficiaries gain access to needed health and dental services, financial assistance, housing, employment, education, social services, and other services and supports developed through the person-centered planning process.

CMHSPs have continued to struggle with caseload sizes and MDCH has addressed this issue in multiple ways. MDCH continues to request proposals for consumers with serious mental illness to become Peer Support Specialists. Peer Support Specialists have recently been approved as a Medicaid 1915(b)3 alternative service. Several PIHPs/CMHSPs employ Peer Support Specialists to work directly with consumers in the recovery process including activities such as applying for entitlement programs, assisting with finding new places to live, supporting independence, connecting to communities, facilitating person-centered planning processes, and addressing a variety of life domains. Grantee agencies have understood the benefit and continue to employ consumers after block grant funding has ended.

To assist with education and training, including statewide networking, MDCH has contracted for consultation and training using the Georgia Certified Peer Support Model. Larry Fricks, Ike Powell, Beth Filson, and Linda Buckner have provided two one-week trainings with over ninety Peer Support Specialists being trained in the Georgia model (which is being used in development of a SAMHSA tool kit). Peers attending the training have verbalized significant positive statements regarding their knowledge and ability to provide better quality and cost effective services. In addition to peers, agency supervisors have been trained on the supports peers need to be successful in their positions. MDCH has received a systems transformation grant to instill recovery in the service delivery system. This grant will work in tandem with the efforts supporting Peer Support Specialists. In April of 2006, Michigan will certify peers trained in the Georgia model and work toward providing this valuable opportunity for other peers in the state.

Vocational Services:

MDCH continues to support vocational services innovations to move individuals toward gainful employment. In conjunction with the Clubhouse Training Initiative, MDCH offered various training opportunities for job coaches, job developers, and staff involved in employment and training across the state. The training focused on using systematic instruction in training work skills to people with mental illness. Presenting tasks, using reinforcement, and teaching self-management techniques were discussed. Training participants also learned to identify types of existing supports and ways in which supports can be facilitated and developed to ensure consumers a more satisfying and successful employment outcome.

A statewide training on Evidence-Based Supported Employment services is being planned for 2006. As part of several activities in the systems transformation process, MDCH has committed to work on improving model fidelity with the state's existing Supported Employment services.

MDCH Community Mental Health Services representatives and Michigan Rehabilitation Services (MRS) representatives meet bi-monthly to address issues relating to mutual clients. Subject areas during FY 05 included Cash Match Agreements, Medicaid and Ticket to Work, Mental Health Commission recommendations, data collection and educational activities. PIHPs work with MRS district offices regarding their relative roles and responsibilities in providing rehabilitative services. They develop memorandums of understanding specifying responsibilities and methods of communication in the coordination and non-duplication of services between the two agencies.

Clubhouse/Psychosocial Rehabilitation Programs:

Michigan continues to support Clubhouse Programs throughout the state. Funding is provided to support members, including improving employment outcomes and assisting with housing supports. MDCH contracted with the Michigan Association of Clubhouses (MAC), to offer training across the state on a variety of topics including model fidelity, employment, self-assessment, developing consumer advocacy, Schizophrenics Anonymous group, developing public speakers in clubhouses, and other related topics. MDCH supports members and staff to

attend training as a team at national locations certified by the International Center for Clubhouse Development (ICCD).

The second annual Michigan Clubhouse Conference was held April 28 and 29, 2005. A variety of trainings were provided to assist programs to develop a supportive relationship with its auspice agency, including ICCD certification, developing and maintaining an array of employment opportunities, and supported education programs in the clubhouse. MAC has been instrumental in sponsoring the trainings and coordinating technical assistance in the state.

For next fiscal year, MDCH issued a Clubhouse Training Initiative Request for Proposals. This initiative is part of the overall MDCH mental health system transformation process. The CMHSP that receives the training initiative will provide training opportunities for all of Michigan's 47 clubhouses. Training programs will focus on strategies to support recovery, promote and secure employment, member leadership, and other innovative ideas to improve the quality of services provided in clubhouses.

Services for Older Adults:

People 65 years of age and older comprise an underserved specialty group for whom Mental Health Block grant funds are used. Initiatives are sought that increase and improve identification of those exhibiting significant changes; reduce stigma; facilitate access to appropriate mental health services; develop and test interventions that promote empowerment, self-determination, recovery, full citizenship and community participation; develop staff knowledge and expertise in geriatric services; improve coordination of efforts with primary care physicians and other service providers; develop expertise in the provision of customized information, education and case consultation; and expand clinician knowledge regarding promising practices and evidence-based protocols for identification, diagnosis, and enhancing case management for older adults.

Two regional meetings were held - one in Michigan's Upper Peninsula and one in the Lower Peninsula - where older adult community mental health service providers learned about recently funded block grant projects. Presenting were the Copper Country's Geriatric Mental Health Team; Hiawatha Behavioral Health's Increasing Access to Programs for Older Adults; the Inter-Tribal Council's Mental Health and Aging Project, Pathways End-of-Life Training Modules, Clinical Service Manual & Guidelines; Washtenaw County's Cognitive Impairment Training to Address Difficult Behaviors; Bay-Arenac Behavioral Health's Geriatric Case Management Expansion Project; Detroit-Wayne County - Hands Across Town, Deaf Options; Huron Behavioral Health: Expansion of the Gatekeeper Program; Lenawee County's Early Intervention for Independence; and Lifeways Serving Elders at Risk in the Community and Home.

Additionally, an overview of mental health problems that can accompany the progression of multiple sclerosis, Parkinson's, and other illnesses that affect sub-cortical areas of the brain was presented to all the attendees by one of the grantees. Participants learned about delirium, working with families, psychosis, borderline personality disorder, mental health treatment of older adults, guidelines for dealing with "difficult" people, and counting on kindness as one becomes more dependent. Attendees learned about Michigan's Practice Improvement and

Recovery Initiatives and the applicability to the older adult population. And finally, attendees learned about improving proposals submitted for consideration of block grant funding.

Sixty-four people participated in the training meetings. 100% of the attendees rated the value of the trainings either excellent, very good, or good.

Assertive Community Treatment:

Assertive Community Treatment (ACT) was implemented approximately 25 years ago across Michigan as an evidence-based practice. ACT addresses the needs of adults who experienced serious mental illness with essential treatment, rehabilitation and support services. ACT helps individuals live as independently as possible in natural community settings. ACT was and remains an effective practice. In Michigan, each ACT team is comprised of 5-6 members. When the essential elements are followed, fidelity to the model is achieved and ACT services result in positive, and predictable outcomes. As one component of the current practice improvement initiative in Michigan, ACT is a part of the continuous quality improvement process. Over many years, adaptations and revisions not in the model have become an institutionalized component of some ACT teams and, as a result, significant program drift away from the model has occurred. To varying degrees, understanding of the principles and practices of ACT have eroded over time.

Michigan is committed to enhancing fidelity in the approximately 100 ACT teams by assuring that the understanding and knowledge level of teams is consistent throughout the state, and that the understanding incorporates ACT and Medicaid standards. Staffs require training, support, and encouragement to develop a recovery expectation mindset that will help consumers believe in and move toward recovery. This is an important concept and is taught in training; it is an important part of the System Transformation currently occurring in Michigan. This year, ACT 101, a two-day training program, contracted with federal Community Mental Health Block Grant funds and provided through the national Assertive Community Treatment Association was required for ACT team members. (Training from the past four years in ACT 101 was also counted as current for the 219 attendees when site reviewers looked at teams' adherence to Medicaid requirements.) Five training sessions were offered in the past fiscal year and 275 participants completed the course, which upon completion included a completion certificate and continuing education credits. The attendees, on a one-to-five scale, with one being the lowest and five the highest, evaluated the training sessions. Attendees also rated the teaching efficacy of each presenter using the same one-to-five scale. The average totals for the five training sessions were: Training Score: 4.42, Presenter Score: 4.78. A sampling of comments: "I really enjoyed my time learning more about the ACT team, and a better understanding of how the team works and reasons why! Thank you." (Lansing); "Very good program, clear speeches, kept agenda moving." (Livonia); "I have learned so much this time. I will bring it back and will advocate for the changes needed, taught here, today. Thanks!" (Grand Rapids); "Good, valuable training-well worth our team's time." (Marquette); "Need administrators to participate in training to increase knowledge of ACT as a treatment modality." (Lansing); "Very much enjoyed this meeting. Extremely informative and educational." (Grayling)

Sponsored through a private foundation grant, an ACT Field Guide was developed and is in the process of being field piloted, edited, and produced. Created for both ACT teams and administrators, the Field Guide will survey current fidelity, assist staff to make a plan to correct deviations from model fidelity, and determine how to implement the plan. Training on the Field Guide will be offered and technical assistance will also be available. In addition to ACT 101, 1 training provided with block grant funds for the upcoming fiscal year will include: ACT Team Development; Resolving Conflict among Team Members and Within ACT Teams; Working with Clients with Challenging Styles: Techniques for Direct Service Providers; Hearing Voices that are Distressing; How Medications Work: An Overview of Psychotropic Medications for the Non-Psychiatrist; and Successfully Treating Persons with Serious Mental Illness in the Community.

Consumer-Run and Peer-Operated Services:

Support for consumer-run drop-in centers and peer-operated community services has been very instrumental in creating a peer-to-peer resource for consumers who attend and participate in consumer activities and ease their transition into long-term community living. Block grant funds provide a needed resource, which allows consumers to have a comfortable, independent sense of ownership of the drop-in facilities and other consumer-run services delivered by their peers. Drop-in centers have proven over the past twenty years their cost effectiveness, peer satisfaction, and community partnership in delivery of peer-to-peer support services to mental health consumers with disabilities. Fiscal year 2005 has seen tremendous activity and support in many areas such as housing, transportation supports, legal issues, social security assistance, medical assistance, employment, educational, personal and mental health needs. Of the nearly fifty drop-in centers currently operating in the state, at least four of the drop-in centers own their own building with at least two additional ones in the process of obtaining ownership. This move to strengthen independence and autonomy shows the developing partnership between local CMHSPs and consumer-run programs and the confidence that the mental health system has in the consumerism concept.

Beginning October 1, 2004, CMHSPs/PIHPs were required to seek approval from MDCH prior to establishing new drop-in centers. Criteria in Section 17.3. H of the Medicaid provider manual is the basis for new drop-in approval. One new drop-in center in a rural community has submitted the necessary documentation to meet the criteria for approval. It is anticipated that, by October 1, 2007, all new and current drop-in centers will have to meet the approval criteria. In addition there are ongoing discussions around utilizing drop-in centers to introduce and promote the use of the person-centered planning process to be delivered by consumers. Other consumer driven services continue to grow and be provided within the drop-in setting such as Project Stay, peer case management, and consumer advocates.

Along with an increased attendance within the drop-in centers there is an increased need for resource support in the areas of furnishings, supplies, transportation support, minor facility repairs, computer purchases, training, and general enhancement of the physical consumer sites used to operate and provide consumer services. These consumer-run drop-in sites and consumer services are instrumental in keeping consumers from relapse and helps reduce their need for traditional mental health service interventions. High attendance volume has created a strain on

furnishings and equipment within the drop-in settings, thus creating the ongoing need for support and maintenance of the buildings.

The Justice In Mental Health Organization, Inc. (JIMHO), an MDCH contracted technical assistance and consultation peer-staffed and operated agency, continues to provide consumers a comfortable consumer-led resource to address identified needs by consumers and strategies and solutions developed by consumer. JIMHO has been a foundation of peer support from training consumer staff and boards of directors, providing crisis intervention, and assisting CMHSPs in the development of better consumer/CMHSP relations and development of autonomous independent consumer-run services. Staff of this peer-led advocacy agency, travels across the state weekly visiting consumer-run drop-in centers, their staffs, and the local CMHSPs to act as support and to provide peer consultation to both mental health professionals and consumers.

JIMHO has developed regional drop-in affiliations to allow consumer drop-in centers to convene with other drop-ins in their geographic areas to strategize and discuss mutual problems, provide peer encouragement, and share in the development of independence and self-worth in the consumer movement. These regional affiliations meet quarterly and are now beginning to show a positive impact in supporting and advocating for themselves. This year JIMHO has made a giant step in the statewide resource development for consumers and community agencies by re-introducing their consumer developed web page, which is available to the vast majority of consumers, community agencies, and mental health professionals. It is anticipated that this revised and valuable tool will allow for more consumer dialogue, access to consumer information, and promote consumerism and mental health wellness to a wider consumer base. They plan to link with many other relevant consumer and mental health resources. With the support of JIMHO and the growth of consumer drop-ins and other consumer service delivery options, the support from block grant resources remains an important asset for consumer growth.

Part of MDCH's Data Infrastructure Grant was used in FY05 to fund a drop-in center study. In an effort to develop the fidelity of the drop-in model, the information from the national multi-site research on consumer organizations by Jean Campbell, as well as site visits to selected drop-in centers, was used to identify core elements to become an effective drop-in center in Michigan. The research team from Michigan State University also provides ongoing support and service to assist JIMHO in developing their resource based web site for Michigan consumer organizations. Currently, a training module in the form of a CD-ROM is being developed for staff working with drop-in centers.

Jail Diversion:

As a priority service initiative within MDCH and through the block grant application directives, there continues to be a focus and service delivery activity around pre- and post-booking jail diversion for persons who have contact with the criminal justice system for minor or non-violent felony crimes. In keeping with the Michigan Mental Health Code requirements, block grant resources are used to assist CMHSPs in the development and provision of a jail diversion programs (both pre- and post-booking) to individuals with serious mental illness (including those with co-occurring substance disorders), serious emotional disturbances, or developmental disabilities, with the intent to divert them from jail incarceration when appropriate.

The eleven block grant funded projects from FY 05 have finished their contractual obligations and are in the process of gathering pre- and post-booking data to forward to MDCH. Block grant resources provided staffing; promoted enhancement of existing programs; strengthened collaborative agreements with law enforcement agencies, courts, prosecutors, and mental health providers; and/or developed better screening and assessment tools to divert those who meet the criteria for diversion instead of incarceration. During FY 05, MDCH utilized the 2002 Criminal Justice/Mental Health Consensus Project report as a basis to strengthen Michigan's focus and efforts to address the measures to improve the response to individuals with mental illness who are in contact or at high risk of involvement with the criminal justice system. MDCH's block grant RFP required that any CMHSP seeking block grant resources for jail diversion projects utilize this consensus report document as their foundation for submission of a proposal. Only those proposals using that consensus report were considered for funding. Contact has been made with the Criminal Justice/Mental Health Consensus Report technical assistance staff to set up consultation from the Gains Center to better understand the Consensus Report policy statements and how to best incorporate these national standards into our state system and serve as a guide in improving the Mental Health and Criminal Justice systems' response to individuals with mental illness.

A revised Jail Diversion Policy Practice Guideline was issued to all CMHSPs/PIHPs, which applies to adults with serious mental illness, including co-occurring substance disorders, or developmental disabilities. This guideline is part of contracts between MDCH and PIHPs and CMHSPs. The practice guideline was originally developed pursuant to Mental Health Code, PA 258 of 1974, Sec. 330.1207, Diversion from jail incarceration (Add. 1995, Act 290, Effective March 28, 1996). The revised practice guideline, along with the Criminal Justice/Mental Health Consensus Report, will inform current state jail diversion programs.

Office of Consumer Relations:

The Office of Consumer Relations, within the Bureau of Community Mental Health Services at MDCH, was organized in 1993 to bring primary consumer representation to policy development at the top management level. Headed by a primary consumer, the emphasis is on inclusiveness of primary consumers in all aspects of the office and connected funding. Throughout the state, the office conducts consumer trainings for administrators, consumers, medical staff, and general staff in the following areas: recovery, anti-stigma, self-esteem, empowerment, crisis planning, and employment skills.

The Office takes the initiative to promote primary consumers' participation in block grant funding awards. It helps to support approximately 50 consumer-run drop-in centers, 2 crisis homes, and 3 Project Stays. A Project Stay offers supports and skills to stay out of hospitals and stay in the community. The annual Consumer Conference, planned and implemented by primary consumers, is partially supported by block grant funding. The conference entitled "Beyond Recovery" was held on July 28, 2004. More than 25 workshops were offered to participants including recovery and dual diagnosis, how working affects SSDI and SSI, Wellness Recovery Action Plan (WRAP), perspectives of consumer organization, and advance directives.

Crisis Planning:

Crisis Planning, an ongoing initiative connected in the performance of person-centered planning (PCP), is a critical step in meeting the requirements of both PCP and recovery. The promotion of crisis planning is independent and voluntary among primary consumers. Various formats of crisis planning are acceptable with standardized basic information required. Block grant awards were made to projects that emphasized primary consumers in the planning, implementation, and review of the initiative. Both staff and consumers were involved in training on crisis planning and development of materials to be used in the services and resources for consumers. For FY 06, written information on psychiatric advance directive policies and a description of applicable state law will be offered to consumers who are given the option of participating as mandated by federal law. Trainings will be provided to consumers to help disseminate and implement advance directives across the State of Michigan.

Anti-Stigma:

Anti-Stigma is a strong initiative encouraged and funded by MDCH. Stigma is considered the number one barrier to receiving services and recovering from mental illness. The emphasis for anti-stigma grants is for the involvement, participation, and implementation by primary consumers to dissolve stigma within the system and community. Anti-stigma has the distinction of various approaches including education, acting, and internal training. For example, in the contract with the Arab-American Chaldean Council, a media campaign with radio and TV broadcast was presented to the Arab community to reduce the effects of stigma associated with mental illness. The project team also provided Cultural Sensitivity Training to providers of mental health services, community organizations, and the public.

Recovery:

MDCH is actively promoting the vision of a life in the community for everyone and the mission of building resiliency and promoting recovery through its system transformation work. MDCH is facilitating the process to implement an infrastructure supportive of recovery as the foundation of services delivery in the Michigan mental health system.

While recovery training and participation is the underlying foundation for all consumer-run initiatives including crisis planning and stigma reduction, specific recovery projects are funded by the block grant to further promote the principles and concepts for recovery: personal responsibility, support, education, self-advocacy, and hope. Primary consumers take the initiative to create, plan, and implement recovery projects and programs in their own unique ways to meet their needs.

MDCH applied for and was recently awarded a Centers for Medicare and Medicaid Services (CMS) Mental Health Systems Transformation Grant to facilitate a rapid movement toward a Michigan consensus among consumers, professionals and service system managers about recovery, what it is comprised of, what models and pathways can be delineated and implemented in the Michigan mental health system, and to assure that an infrastructure supportive of recovery models is in place as the foundation of services delivery in the public

mental health system. A Recovery Council is being formed and MDCH leadership will work with the council to assure that MDCH is consumer-centered, sensitive to and informed of consumer experiences. Locally based models of recovery will be established as learning environments for consumers, families, professionals and service system managers to facilitate local pathways and models that are successfully focused on applying the principles and methods of recovery as the foundation for service delivery.

Services for Individuals with Co-occurring Mental Health and Substance Disorders:

During FY05, there were three co-occurring disorders projects supported by the block grant. One of the projects looked at a system change model, which includes the Substance Abuse Coordinating Agency, criminal justice system, and other providers. The second project looked at treating older adults with co-occurring disorders. The third project approached co-occurring disorders with the CCISC model. These projects accomplished their goals in varying degrees and will be valuable resources for the statewide co-occurring disorder initiative during FY06.

More information regarding Co-occurring Disorders can be found in the “Most Significant Events that Impacted the State Mental Health System in the Previous FY” section of this report.

Services For Special Populations:

There were six proposals funded in FY 05 to serve special populations. They served persons with serious mental illness in the areas of Hispanic services, homeless persons with physical disabilities, Hispanic women, Enhancement of Services to Russian-speaking Populations, Dialectical Behavior Therapy Training, and Production of a Statewide Recipient Rights Video Series. The Recipient Rights Video Series will be one of the highlights of the fall Recipient Rights conference. Each special populations project accomplished its goals and provided a valuable service enhancement to the identified special population. MDCH will continue to assist in identifying and supporting service interventions that focus on the needs of special populations not covered by other mainstream categories.

Targeted Services to Rural and Homeless Populations:

Rural Services

MDCH recognizes that both the prevalence and incidence of serious mental illness (the three major categories: Schizophrenia, Affective disorders, Anxiety disorders) occur at similar rates in both rural and urban populations, but that the suicide rate is higher in rural areas (Kessler et al., 1994, “One Healthy People 2010,” National Center for Health Statistics, 2001). Mental health and mental disorders are the fourth highest ranked rural health concern (Journal of Rural Health 18(1)9-14, 2002). Rural populations tend to either not recognize mental illness or not perceive the need for care until later than urban populations and tend to be more concerned about costs. In addition the rural population experiences other barriers (e.g., transportation, age, isolation, substance misuse, unemployment, and a lack of availability of mental health providers), which make accessing care more difficult than in urban areas. This may lead to under utilization of

available services. (Draft Report of the Subcommittee on Rural Issues to the President's New Freedom Commission on Mental Health, 2003)

Michigan has assured the availability of mental health services to seriously mentally ill adults by requiring the full array of services in the CMHSP region. Access standards, timeliness, and geographic availability are contractually required. When people live in an urban area, services must be available within 30 minutes or 30 miles. When people live in a rural area, the same service array must be available, but must be available within 60 minutes or 60 miles. Support for staff training in continuing education as well as the development and delivery of evidence-based practices is challenging but critical for rural areas.

In Michigan there are seventy-two eligible counties for rural initiatives. Proposals are intended to increase awareness of mental health and mental disorders among the rural populations in Michigan, improve the availability and accessibility of mental health services in rural areas, and promote the use of evidence-based practices among mental health providers in rural areas through training or other strategies.

One project under the Rural Category funded in fiscal year 2005 was a Rural Disease Management Initiative. The goal was to implement a disease management pilot program, targeting individuals with depressive disorder and co-morbid health conditions, using a case management model. The project has experienced mixed results. Many other projects, funded under other categories, are located in rural areas of Michigan, and are addressed in other areas of this report.

Funded projects, like all other block grant projects, report quarterly on progress attained through individual workplans. Accomplishments, challenges, concerns, needed follow-up activities, and upcoming goals and plans were addresses and technical assistance offered as needed. Michigan has a well-developed and committed rural service network; MDCH supports these efforts.

MDCH aggressively pursues federal resources from the U.S. Department of Housing and Urban Development) for permanent supportive housing for homeless persons in rural areas in Michigan.

Housing and Homelessness Programs/Partnerships:

Supportive Housing Program (SHP) Partnership: This program is in its ninth year and has facilitated over 900 units of housing. The first three years of the project concentrated on building partnerships both at the state and local levels, with current production levels at approximately 200 new units per year. A minimum of 1500 units of housing will have been generated by this Michigan State Housing Development Authority (MSHDA)/Corporation for Supportive Housing (CSH)/MDCH partnership by 2008. Community coalitions exist in Allegan, Kent, Genesee, Washtenaw, Livingston, Traverse City-Benzie, Out-Wayne, and Kalamazoo counties. Additional efforts have been initiated in Detroit, Ottawa County, and Sault Ste Marie as the result of training and technical assistance through the partnership. The final number of units will likely far exceed the current estimate.

Long-Term Care Housing Workgroup: This group has identified goals and a work plan. The CMS Nursing Home Transition has carried out significant components of this plan.

Homeless Programs: These programs consist largely of the Projects for Assistance in Transition from Homelessness (PATH), Shelter Plus Care, and SHP grant programs described below in addition to a program of training and technical assistance made available to sub-grantees as well as other requesting parties (e.g., U.S. Department of Housing and Urban Development (HUD)-sponsored trainings; HUD-requested special assistance; CMH, MSHDA, and CSH requests). A total of approximately 540 rental-housing options are generated through these programs. In addition MDCH participates on the Michigan Interagency Committee on Homelessness (MICH).

- **PATH B**: This is a formula grant through SAMHSA intended to link persons with mental illness and at risk of homelessness with community-based resources and supports (including assistance with applications for income supports) to avoid becoming homeless. It is delivered through the CMHSPs. One-time financial assistance may also be available to recipients at risk of homelessness to mitigate the identified risk.
- **Shelter Plus Care B**: This is an 11.7 million dollar program of Section 8-type housing options for homeless persons with disabilities. The targeted disabilities include mental illness, substance abuse, HIV-AIDS and/or developmental disabilities. The initial HUD award came in 1992 and was the fourth largest in the nation with this newly established program. We continue to renew this grant each year and are viewed by HUD as one of the best practice examples for running this kind of program. HUD funding is for the housing subsidy. The match requirement is the documentation of equivalent dollar value in supportive services to the participant population.
- **SHP Grants B**: This program is funded by \$3.3 million of the HUD funds made available to the state's Continuum of Care (COC) Planning body. It involves a S+C type program of housing subsidies made available to community-based organizations (CBOs) struggling to respond to individuals/families in need but which lack organized community programs to do so. MDCH is the grantee and sub-grantees were determined via a Request for Proposals process available to any locality covered by MSHDA's COC Plan.

Home Ownership: MDCH participates in a homeownership coalition for people with disabilities. The goal is to enable people with disabilities or families with a member(s) with disabilities (and typically low or very low income) to qualify for a mortgage and ultimately purchase a permanent home of their own. Mortgage products pursued are those through community lenders willing to absorb the higher than ordinary risk, including MSHDA loans, RDA loans, and the Fannie Mae Home Choice program, which Michigan helped to pilot. Coalition members/partners are community-based organizations that assist potential borrowers, lenders, MSHDA, Rural Development, Fannie Mae, people with disabilities and advocates. Assistance for down payments and closing costs is available through MSHDA (up to 5K for qualifying borrowers). Approximately 90 families have achieved homeownership over the last nine years with total home values approaching \$5 million.

Housing Opportunities for People Living with AIDS (HOPWA): MDCH is the grantee for the state funds for HOPWA. The program is administered through the AIDS Care Consortia affiliated with the local public health systems of service. The FY05 award was \$862,000 of which \$342,200 has been used to fund two-year certificates which can offset the housing related costs incurred by a person living with HIV/AIDS. A total of 689 persons received housing assistance thru the HOPWA program; with 205 persons receiving short-term or emergency assistance; and 484 persons benefiting from rental assistance (including the two-year certificates). Additionally, 489 family members benefited from that assistance and 406 people received supportive services (some of the people received help in more than one category of assistance).

Michigan Team: The Michigan Team was formed approximately eight years ago. It grew out of the need to form a state delegation to participate in a NAMHPD/SAMHSA invitation-only forum on how to address housing needs for persons with serious mental illness and substance abuse. Representatives from the MSHDA executive and special needs housing sections participated along with representatives from MDCH, a representative from substance abuse, consumer relations, and the private sector. We resolved to pursue ideas generated from this forum, met on a periodic basis, and quickly saw the link to our goals and activities in other arenas. We now are an interagency group, with representatives from several program areas of MSHDA (homeless, community development, tax credits, special needs, etc.), their executive office, Michigan Department of Human Services (MDHS), MDCH, CSH and, as needed, other areas of the public service systems. Aside from CSH, the private sector is included using a focused consultation model. Several accomplishments have resulted from this effort:

- Low Income Housing Tax Credit Program: Special Needs Points. The Tax Credit program has been amended to offer bonus points for development proposals, which commit to house persons with special needs conditions within their projects. This initiative seeks to facilitate integrated housing options for the special needs populations and foster collaborative arrangements with housing developers and human services systems and providers. The most recent allocation round realized over 100 units out of the total number receiving credit reservations.
- Section 8 Program expansions and modifications. Several hundred Section 8 certificates/vouchers have been obtained in Michigan through targeted advocacy with housing agencies eligible to request them. Additionally, MSHDA has requested additional subsidies benefiting the special needs population, and had amended its Administration Plan for its existing portfolio to include such provisions as “preferences,” project-based designations, and reservations for organizations/developments benefiting the special needs populations.
- CSH/MDCH/MSHDA Supportive Housing Program expansion/problems resolution. This previously discussed program is managed and discussed as a Michigan Team project.
- Plans for the education, training technical assistance, and skills building of the essential stakeholders for the programs are planned here. Targeted audiences include CMH, housing developers, housing agencies, case managers/care coordinators, MDHS workers,

non-profit organizations, other service providers, lenders/funders, property managers, community consortia, and the annual Affordable Housing Conference participants.

- Additional strategies increase funding efficiencies and the prudent use of available funds, including MDCH review and technical assistance provided for HUD Section 811 and 202 proposals for funding received in the Grand Rapids and Detroit offices.
- MSHDA has established a goal of closing the housing gap for individuals most in need. This includes all persons who are recipients of services funded by MDCH. The Michigan Team advises MSHDA on issue areas, needs analyses, and problems needing resolution, in pursuit of this goal. One noteworthy example is MSHDA's Retrofit Program, whereby MSHDA made funds available to owners of MSHDA-financed housing to improve the barrier-free and physical accessibility accommodations available. Efforts are intended to result in an increase in the number of such units available.

Other: Inspections, costs estimations and advising the Children's Waiver Program, homeownership efforts and assisting housing-troubled citizens, thereby mitigating the risk of them becoming users of or increasing the utilization of/dependence on the systems of care as the result of housing-related crises are among the other activities of the program. This includes management of the Revolving Consumer Loan Fund (which has loaned \$502,959 to 251 persons since 1994) and assuring that housing issues cited by the Dignified Lifestyles Program receive follow-up attention. MDCH staff members provide assistance to approximately 500 families per year to access community resources through MDCH's Community Living Division.

Management Systems:

Financial Resources, Staffing, and Training

The Michigan Legislature appropriated approximately \$9 billion dollars in fiscal year 2004 to MDCH to administer statewide mental health, public health and Medicaid programs. This includes revenues from all sources including federal and state Medicaid, state general funds and other revenues. MDCH contracts with 18 PIHPs (which are single CMHSP or affiliations of CMHSPs) to provide mental health services to Medicaid recipients and with 46 CMHSPs to provide mental health services using state funds and federal mental health block grant funds. CMHSPs provide some direct service but the majority of services are provided by subcontract service agencies. PIHPs and CMHSPs are required to demonstrate continuous competency and capacity to fulfill administrative responsibilities necessary for the state mental health system. By contract, management of existing resources will continually improve by moving away from high cost, highly structured and regulated service models to more individualized, cost-effective services and supports for consumers. These include options for consumer-directed or managed services and supports.

MDCH provides the PIHPs state and federal share of Medicaid funds as capitated payments based on a Per Eligible Per Month (PEPM) methodology for contractually identified and described covered services. MDCH provides the CMHSP full-year State Mental Health General

Funds (SMHGF) for individuals meeting the priority service population criteria in need of supports and services for contractually identified and described covered services. Data used to construct the funding formula for general funds includes: total population, total population under the age of 18 and at the poverty level or below, total population age 18 and older at the poverty level or below, and total population estimate of adults with serious mental health disorder.

Block grant funding is directed to Michigan's CMHSPs and PIHPs to expand and improve adult mental health services. These funds are expended in compliance with state and federal statutes, principles and guidelines in a manner that best meets the needs of consumers.

To meet its responsibility for statewide mental health services, the state has received an appropriation for approximately 4,400 full-time equivalent employee positions to provide and administer the mental health (both MI and DD), public health and Medicaid services. This total includes staff for the state-operated hospitals and centers. The MDCH estimates that there are over 25,500 persons employed to provide community-based mental health services through CMHSP service providers or other providers under contract to community mental health or MDCH. Through the provisions of the contract with the MDCH, the local CMHSP is required to provide, maintain and/or enroll and continually evaluate a network of credentialed and competent providers adequate to fulfill the obligations of the contract.

MDCH's improved mental health data system, which includes encounter reporting, will assist in the analysis of who is served and what particular services and supports each person receives. MDCH has a three-year contract with Health Services Assessment Group (HSAG) to conduct an external quality review of Medicaid mental health services per Balance Budget Act (BBA) requirements for Prepaid Health Plans. The reviews focus on three areas: PIHP compliance with BBA requirements and selected state requirements; validation of performance indicators; and validation of performance improvement projects. Over two years ago, each PIHP was required to develop a performance improvement project related to coordination of care with primary care providers including Medicaid Health Plans. HSAG submitted its External Quality Review Technical Report for 2004-2005 to MDCH in July and results have been shared with the PIHPs. PIHPs are developing corrective action plans to respond to areas identified as needing improvement, and MDCH will submit an overall plan to CMS.

In addition to the external quality review, MDCH conducts other important quality management activities, including annual on-site reviews of the programs where nearly 2,000 consumers are interviewed about their experiences with the community mental health agency (e.g., involvement in person-centered planning, awareness of their due process rights, comfort with their own health and safety). The site reviews are conducted by MDCH staff and joined by reviewers who are also mental health consumers. MDCH also conducts an annual statewide survey of (adult) consumer satisfaction using the MHSIP consumer questionnaire. There are plans to use the MHSIP youth survey beginning next year. In addition, MDCH collects and reports on 15 performance indicators that measure access to, and adequacy, efficiency and outcomes of community mental health services. Finally, MDCH collects encounter and demographic data monthly on all the services provided to the state's public mental health service consumers, and annually collects cost information. MDCH uses this data to track

service utilization, compare service costs among the CMHSPs, monitor the expenditures for administrative activities and make various state and federal reports.

Training for all individuals involved in the mental health system, whether directly employed by MDCH or CMHSPs, under contract to either organization, or a consumer of the services, is actively promoted. MDCH works with the Michigan Association of Community Mental Health Boards in planning training events.

CMHSPs are, by contract, required to collaborate and coordinate with primary health service providers at their local level, including Medicaid Health Plans. They are required to work with the substance abuse coordinating agency in systems planning to identify ways that the respective systems, working together, can bring about appreciable improvements in services, management or both. They are further required to have a documented policy and set of procedures to assure that coordination regarding mutual consumers is occurring.

Training of providers of emergency health services regarding mental health

Community level activities include training of emergency health services providers as well as other first responders on mental health issues. As well as mental health in the general population, some initiatives focus on the special needs of older adults and others who have Alzheimer’s disease. Every CMHSP region has at least one jail diversion program and much is done in this area to educate the health care workers and local police who first come in contact with people with serious mental illness when a crisis occurs. In Detroit, a long-time program educates hospital emergency staff on how to deal with both mental health and substance abuse issues, especially for those who present with co-occurring disorders.

A sample community guide addresses the following: Who are the people with mental illness?; Where do people with mental illness live?; Factors surrounding emergency response; What is mental health?; What is a disability?; What is mental illness?; What causes mental illness?; Description of schizophrenia, mood disorders, anxiety disorders, personality disorders, amnesia; Crisis behavior; Differences between mental retardation and mental illness; Americans with Disabilities Act; Recognizing characteristics and behaviors that are symptomatic of mental illness; Psychiatric medications; and Community referrals.

ADULT BLOCK GRANT PROJECTS FUNDED FOR FY05

Funded Agency	Project Name
Allegan County CMH Services	Drop-in Equipment
Allegan County CMH Services	Hispanic Services for Allegan County Residents
Allegan County CMH Services	Peer-Based Employment Options and Innovations
Assertive Community Treatment Association (ACTA)	ACTA Training
Bay-Arenac Behavioral Health	Families in Action Program
Bay-Arenac Behavioral Health	Peer Case Management Support
Bay-Arenac Behavioral Health	Assistance to Seniors - Medication Management

Funded Agency	Project Name
Bay-Arenac Behavioral Health	Drop-In Program Enhancement
Bay-Arenac Behavioral Health	Geriatric Case Management Expansion Project
Berrien Mental Health Authority	Crisis Planning
Berrien Mental Health Authority	Consequential Minds Drop-In Center
CEI CMH Authority	JIMHO Drop-In Equipment
CEI/CMHAMM	Jail Diversion - Pre & Post Booking
Central Michigan CMH	Co-occurring Disorders Proposal
Central Michigan CMH	ACT Peer Support Advocate
Copper Country CMH Services	Drop-In Enhancement
Copper Country CMH Services	Geriatric Community Mental Health Team
Copper Country CMH Services	Building Natural Supports for Persons with Mental Illness
Detroit-Wayne County CMH Agency	Arab-American and Chaldean Mental Illness and Treatment Anti-Stigma Project
Detroit-Wayne County CMH Agency	Drop-In Center Enhancement
Detroit-Wayne County CMH Agency	Peer Support Specialists
Detroit-Wayne County CMH Agency	Improving Employment Outcomes
Detroit-Wayne County CMH Agency	Supported Education in a Clubhouse Setting
Detroit-Wayne County CMH Agency	Employment Unit Development - A Place of Our Own Clubhouse
Detroit-Wayne County CMH Agency	Independent Living Transition Initiative
Detroit-Wayne County CMH Agency	Crisis Intervention-WRAP
Detroit-Wayne County CMH Agency	Services for homeless people with mental illness
Detroit-Wayne County CMH Agency	36th District Court Post Booking Central Diagnostic & Referral
Detroit-Wayne County CMH Agency	Jail Diversion
Detroit-Wayne County CMH Agency	Services for MI homeless people with physical disabilities
Detroit-Wayne County CMH Agency	MI/SA
Detroit-Wayne County CMH Agency	Comprehensive Services - Adult
Eastern Michigan University	Alzheimer's Disease Training Manual
Genesee County CMH Services	Homeless Crisis Intervention Program
Gratiot County CMH Services	Gemini Treatment Program
Hiawatha Behavioral Health	Recovery Education Center
Hiawatha Behavioral Health	Schoolcraft Drop-In
Huron Behavioral Health	Consumer Run Drop-In Program Enhancement
Huron Behavioral Health	Project Stay
Inter-Tribal Council of Michigan	Mental Health and Aging Project
Ionia County CMH	River's Edge Drop-in Center
Kalamazoo CMH Services	Supported Education
Kalamazoo CMH Services	Togetherness Group - A Natural Support - Consumer Initiated and Directed
Kalamazoo CMH Services	Hispanic Women's Mental Health Services

Funded Agency	Project Name
Kalamazoo CMH Services	Pre-booking Jail Diversion
Kalamazoo CMH Services	Wellness Recovery Action Plan
Kalamazoo CMH Services	Peer Support Specialists
Lapeer County CMH Services	Peer Support Advocate - ACT Team
Lapeer County CMH Services	Homeless Population-Increasing Independent Housing
Lenawee CMH Authority	Early Intervention for Independence
Lenawee CMH Authority	Improving Employment Outcomes at New Focus Clubhouse
LifeWays	Mental Health Recovery Initiative
LifeWays	Rural Disease Management Initiative
LifeWays	ICCD Clubhouse Training
LifeWays	Anti-Stigma Campaign with Older Adult Emphasis
Livingston County CMH Authority	Michigan Clubhouse Training Initiatives
Macomb County CMH Services	Recovery Enhancement Project
Macomb County CMH Services	Arab-American and Chaldean Anti-Stigma Project
Manistee-Benzie CMH	Manistee-Benzie Jail Diversion Program
Manistee-Benzie CMH	Peer Delivered and Operated Self-Help Group
Montcalm Center for Behavioral Health	Miracle Drop-in, Inc.
Muskegon County CMH Services	ACT Leisure and Recreation
Muskegon County CMH Services	Case Management Assistants/Peer Advocates
Muskegon County CMH Services	ACT Peer Support Advocates
Muskegon County CMH (in affiliation)	Moving Self-Determination Forward
Muskegon County CMH (in affiliation)	Peer to Peer Orientation
Network of West Michigan	Program Enhancements
Network of West Michigan	Treating Older Adults with Co-occurring Disorders
Network of West Michigan	Peer Support Staff on ACT Teams
Network of West Michigan	MI/SA
Newaygo County Mental Health	Empowerment Network supplies and materials
North Country CMH	Equipment & Supplies
Northern Lakes CMH Authority	Drop-In Program Development or Enhancement
Northern Lakes CMH Authority	Education and Training for Peer Supports
Northern Lakes CMH Authority	Grand Traverse and Leelanau Case Management Assts.
Northpointe Behavioral Healthcare	Family Connections Older Adult Day Program
Oakland County CMH Authority	Drop In Center Enhancement (Comfort Zone Unlimited)
Oakland County CMH Authority	Drop In Center Enhancement (FAIR Drop-In Center)
Oakland County CMH Authority	Enhancement to Services to Russian-speaking Population
Oakland County CMH Authority	Enhancement to Pre-Booking Jail Diversion
Oakland County CMH Authority	Empowerment Zone: Consumer run Education Program
Oakland County CMH Authority	Anti-Stigma Community Education Initiative (Easter Seals)
Oakland County CMH Authority	Arab-American and Chaldean Mental Illness and Treatment Anti-Stigma Project

Funded Agency	Project Name
Oakland County CMH Authority	Freedom Road - Transportation Initiative
Pathways	Brantley Drop-In Center
Pathways	Computer technology upgrade
Pathways	Dial-A-Ride
Saginaw County CMH Authority	Case Management Assistants
Saginaw County CMH Authority	Jail Diversion
Sanilac County CMH	Drop-in Program Enhancement
Shiawassee County CMH (in affiliation)	Dialectical Behavior Therapy Training
St. Clair County CMH Services	Transition housing for mentally ill individuals exiting correctional system
St. Clair County CMH Services	Port of Hopes, Inc. Drop-in Enhancements
St. Clair County CMH Services	Thumb Region Anti-Stigma Fine Arts Initiative
St. Clair County CMH Services	Project Stay
Tuscola Behavioral Health Systems	Statewide Recipient Rights Video Series
Van Buren CMH Authority	South Haven Drop-In Center Program Enhancement
Washtenaw Community Health Org.	Cognitive Impairment Training to Address Difficult Behaviors

Michigan

Child - Summary of Areas Previously Identified by State as Needing Improvement

Child - Report Summary of areas which the State identified in the prior FY's approved Plan as needing improvement

The following areas were identified as needing improvement in the FY2005 Application and this section addresses progress made in resolving the issues. The narrative for each area described in the application appears below followed by the description of progress.

Decrease differences in the array of services available at the local level
At present time, communities that have been more innovative and have aggressively sought funding tend to offer more programming and services. Other communities that have taken a "wait and see" approach and are not as collaborative, now are behind and do not have the same array of services available for children. Collaborative groups at the state level continue to work with these communities to expand their local system of care and ameliorate differences in services available to children and families.

Progress made toward decreasing the differences in the array of services has only begun. Two significant changes during this fiscal year are the beginning of evidence-based practice training and use and further clarification in policy and discussions about the system of care and components that every community should include. Continuing efforts will occur in FY06 to further both of these efforts.

Expansion of Current Innovative Projects

At present time, evidence-based practice training and innovative projects such as the Mental Health Juvenile Justice Screening, Assessment, and Diversion Projects and the Michigan Level of Functioning Project cannot be expanded statewide due to limited funding. To resolve this problem, Michigan is seeking outside grants to support evidence-based practice training and is increasing collaboration with state partners to expand projects.

Progress has been made to begin training for Parent Management Training - Oregon Model and the Department was able to increase the participation in the Michigan Level of Functioning Project through by tying participation to other initiatives. The Department spent FY2005 planning for and requesting participation in the Parent Management Training - Oregon Model. Efforts to promote the benefits of participation in the Michigan Level of Functioning Project have paid off as 14 of the remaining 24 CMHSPs joined this project in FY2005 that focuses on the analysis of outcomes for youth served.

Services to Children in Foster Care

Children in foster care are excluded from the Medicaid Health Plan benefit, which includes an outpatient mental health benefit. The Medicaid capitated Mental Health Specialty Services provided through CMHSPs serves children with serious emotional disturbance including children in foster care. Children in foster care with mild and moderate mental health conditions have Fee for Service Medicaid mental health services, which is a very limited benefit. This has reduced access to the public mental health system and led to services being purchased for children in foster care from the private mental health system. These services are often inadequate to meet the needs of the children and their families. Michigan was cited, in the most recent federal Child and Family Services Review by the Department of Health and Human Services, for children not receiving adequate mental health services. To resolve this, there has been a collaborative group addressing this issue and their recommendations have been forwarded to the Michigan Mental Health Commission.

Progress was made toward this goal includes a joint meeting of parents, Department staff, state and local state of the Department of Human Services, and local CMHSPs meeting together with a staff from the Bazelon Center to identify current efforts to collaborate and discuss new ways to increase collaboration. This was a strategy identified in the Mental Health Commission Implementation Plan that has led to an ongoing effort to improve services for children with mental illness that are in the child welfare system, particularly

those in foster care. In FY2006, this work will continue and models will be developed.

Michigan

Child - Most Significant Events that Impacted the State in the Previous FY

Child - Report Summary of the most significant events that impacted the mental health system of the State in the previous FY

Significant events that occurred this year were the Department developing strategies for implementation of the MHC Recommendations. Several recommendations are being implemented or addressed at present time, as they relate to children. These include:

MHC Recommendation	Implementation Activities	Progress
<p>4. Michigan’s Surgeon General should lead the implementation of the draft Suicide Prevention Plan of the Michigan Suicide Prevention Coalition.</p>	<ul style="list-style-type: none"> ▪ MDCH will request the assistance of the MDCH Advisory Council on Mental Illness to review the draft Suicide Prevention Plan produced by the Coalition, and to work with the Coalition to produce materials for the Surgeon General to use in promoting implementation of the plan. ▪ MDCH will require every CMHSP to establish and report on its Suicide Prevention and Response Plan as part of the annual program plan and budget submission cycle. 	<ul style="list-style-type: none"> ▪ The Advisory Council on Mental Illness reviewed and provided support on the Suicide Prevention Plan. The Plan was promoted by the Surgeon General. ▪ Every CMHSP is required to submit its Suicide Prevention and Response Plan by November 15, 2005.
<p>8. MDCH should (a) implement uniform screening and assessment for priority populations, as well as all other populations, and uniform operational definitions and service selection guidelines statewide for individuals eligible for public mental health treatment and support service and (b) expand the system’s capability for serving individuals with previous mental illness and mild and moderate disorders.</p> <p>a) “Enhanced access” status b) Crisis stabilization c) Coordination assistance</p>	<ul style="list-style-type: none"> ▪ MDCH will work with the MDCH Advisory Council on Mental Illness and other stakeholders to review available methodologies and to select an approach – to be used by all CMHSPs – for assessing, determining and certifying that an applicant seeking services is seriously emotionally disturbed (SED) or seriously mentally ill (SMI). Several states already have such certification criteria for both children (SED) and adults (SMI). Such certification will not, however, confer “enhanced access” status as proposed by the Commission, since there is no legal or regulatory basis for such a designation. ▪ MDCH will review available mental health assessment tools for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) and will recommend modifications of MSA’s EPSDT policy regarding screening instruments. ▪ MDCH will collaborate with the 	<ul style="list-style-type: none"> ▪ Service eligibility standards are being developed for children with serious emotional disturbance and adults with mental illness through the Advisory Council on Mental Illness. ▪ Staff from Mental Health Services to Children and Families and other stakeholders met to review EPSDT screening instruments and make recommendations for use. ▪ MDCH is part of the

MHC Recommendation	Implementation Activities	Progress
	<p>MDCH Advisory Council on Mental Illness and other affected parties to update the existing Service Selection Guidelines (SSGs). However, the revision (for regulatory and contractual reasons) will be less extensive than the modifications suggested by the Commission.</p>	<p>team with the Advisory Council for Mental Illness to update current Service Selection Guidelines. This process has just begun.</p>
<p>20. Michigan’s interagency approach to prevention, early intervention, and treatment for children should be strengthened.</p>	<ul style="list-style-type: none"> ▪ MDCH, along with DHS and DOE has already undertaken an initial step to reinvigorate early intervention activities and collaboration, through a conference (sponsored by multiple organizations) in January 2005. ▪ MDCH is also working with DHS and local agencies on a federal waiver to improve services for certain high-risk youth. The Interdepartmental Directors have endorsed this approach. ▪ MDCH will encourage PIHPs to use Medicaid savings for expansion/enhancement of prevention and early intervention services (Medicaid “community reinvestment” plans submitted by PIHPs). ▪ MDCH, in conjunction with DHS, will solicit volunteer counties (CMHSPs and DHS) to pilot joint purchasing of behavioral health care services for children and families. 	<ul style="list-style-type: none"> ▪ The conference occurred in January 2005 and helped to encourage joint early intervention activities and collaboration. ▪ MDCH received approval from CMS for a new home and community-based waiver for children with serious emotional disturbance, effective 10/1/2005. ▪ A letter is being drafted by MDCH to use Medicaid savings for expansion/enhancement of prevention and early intervention services. ▪ An initial meeting (referenced above) was held to address joint purchasing of services for children in foster care.
<p>36. Strengthen the role of the current MDCH medical director of mental health so that s/he becomes the leader in the development and adoption of evidence-based practice in the mental health system.</p>	<ul style="list-style-type: none"> ▪ The department has already established an initiative to identify, select and implement evidence-based practices (EBPs) in the public mental health system, consistent with the Commission recommendation in this regard. However, due to personnel constraints, this effort is not currently being led or directed by the MDCH Office of Medical 	<ul style="list-style-type: none"> ▪ One practice for children, Parent Management Training – Oregon Model, has been chosen for implementation with children who have a serious emotional disturbance and their families.

MHC Recommendation	Implementation Activities	Progress
	<p>and Psychiatric Affairs. Rather, a broad-based steering group – composed of MDCH staff, consultants, university researchers, CMHSPs and provider groups has been formed and is meeting on a regular basis to review EBPs and select practices for system-wide dissemination.</p>	
<p>69. MDCH should develop and require implementation of a formal mechanism to utilize service recipient and family feedback on user satisfaction and outcomes in an ongoing quality assurance process.</p>	<ul style="list-style-type: none"> ▪ To promote the concepts of recovery (adults) and resiliency (children and families), MDCH will propose modifications to satisfaction/feedback survey and interviews, to include the recipient's (and/or family's) perspective on whether recovery/resiliency has been the core paradigm or framework for service delivery and supports orientation. 	<ul style="list-style-type: none"> ▪ MDCH is planning to bring a group together to review consumer satisfaction early in FY2006.

Michigan

Child - Purpose State FY BG Expended - Recipients - Activities Description

Child - A report on the purpose for which the block grant monies for State FY were expended, the recipients of grant funds, and a description of activities funded by the grant.

Purpose State FY BG Expended – Recipients – Activities Description for Children

The Mental Health Block Grant was expended to support the following intensive, community-based services that are needed by children who have a serious emotional disturbance and their families.

Wraparound Services: A services approach that has continued to grow is wraparound. Wraparound was introduced in Michigan in 1993. DCH has made Mental Health Block Grant funding available for this service planning strategy since that time. CMHSP led initiatives are supported by annual federal block grant awards. The Department of Human Services (DHS) also is a major funder of wraparound and other funders varyingly include the courts, schools and substance abuse services. There has continued to be focus on entrenchment of the wraparound model and improvement in service proficiency and capacity for wraparound services to children with SED and their families. All wraparound services in Michigan are provided as a collaborative effort targeted to preserve families and reduce reliance on inpatient and residential treatment. Wraparound services initiatives in Michigan must be structured to involve a community team, a wraparound facilitator, and a child and family team. The initiative must plan and facilitate services based on the principles of strength-based assessments, life domains planning, the philosophy of unconditional care, and 10 other core wraparound values. These fundamental elements are published in an informational advisory and are included as requirements in all MDCH/CMHSP wraparound contracts. In addition, wraparound is included in the capitated 1915(b) waiver managed special services and supports as a B3 service for children and adolescents. Wraparound is also included in Michigan's Mental Health Code as a service that CMHSPs must provide to children, when appropriate.

Respite Services: Respite services provide an interval of relief to the families of children, who have a serious emotional disturbance, utilizing short-term care to the child within or out of the family's home. Parents of children with serious emotional disturbance have identified respite as a critical support service to families to keep their child within the family home. The provision of respite services to families of children with serious emotional disturbance has been a primary element supporting the successful reduction of reliance on inpatient services and out-of-home placements by allowing the family a break for their child, often reducing frustration for both the parents and the child. This helps to improve the child's overall functioning. CMHSPs provide respite services as part of their array of services and this is included in the capitated 1915(b) waiver managed special services and supports as a B3 service for children and adolescents.

Family-Centered Practice: By policy and under the Mental Health Code, Michigan requires CMHSPs to utilize the Person-Centered Planning (PCP) approach. MDCH has developed a curriculum that focuses on the implementation of Family-Centered Practice (FCP). MDCH provides PCP/FCP training upon the request of CMHSPs and works with the CMHSPs to design training specific to the needs of that CMHSP. Each community designs its family-centered training with state assistance, based on an assessment of the level of family-centered practice in the community. With continued emphasis on family-centered, community-based interventions and efforts to keep children out of more restrictive, more costly, and often less beneficial out-of-home placements, the CMHSPs continue to be encouraged to focus on providing appropriate care that families and children request and desire. In addition, the MDCH Site Review Team

monitors family-centered practice in the development of plans of services for children and families as part of their protocols. CMHSPs are cited for this and are referred to MDCH for technical assistance and training. In FY05, guidance was drafted for use by CMHSPs to better implement Family-Centered Practice.

Transition to Adult Services: MDCH has contracted for two sites to create models of transition to adulthood. A request for proposal was created specifically for models that:

- target youth with serious emotional disturbance 16 through 22 years of age;
- incorporate the wraparound individualized services planning approach; and
- focus on interagency collaborative development of a seamless array of age appropriate services that provide transition linkages between children's and adult's mental health services systems, and provide linkages to education and vocational rehabilitation services.

The mental health youth to adult transition services project has the potential to bring significant revision to the local community mental health services structure. Current adult services eligibility policies do not recognize behavior disorders in individuals over the age of 18. These are frequent diagnoses in the late adolescent population. In addition, at the state and local levels, the pilots will be developed around a strength-based, individualized, person-centered services planning process, emphasizing service integration and collaboration. It is anticipated that blended efforts of the children's and adult's services systems will advance Michigan's effort to develop interagency, integrated and seamless systems of care. In addition, MDCH has developed a best practice document on transition services in conjunction with education and rehabilitation services.

Juvenile Justice Diversion: In collaboration with the Department of Human Services (DHS), the State Court Administrators Office, parents of children with SED, Community Mental Health Service Programs (CMHSPs), and a Circuit Court Family Division Judge, the MDCH has created a model for juvenile justice diversion to occur at the local level. The mental health system, in cooperation with the local juvenile justice system, has a role to play at each stage in the adjudication process. Youth with mental health needs may be identified for diversion from the juvenile justice system at any point, including pre-adjudication (before formal charges are brought) or during the disposition process. Pre-adjudication diversion occurs at the point of contact with law enforcement officers and relies heavily on effective interactions between police and community mental health services. During the disposition process, youth may be screened and evaluated for the presence of serious emotional disturbance. After the determination of serious emotional disturbance is made, diversion may include negotiations with prosecutors, defense attorneys, community-based mental health providers, the local DHS, and the courts to produce a community-based disposition in lieu of prosecution or as a condition of a reduction in charges. In the diversion process, youth and families would be linked to an array of community-based services.

CMHSPs will partner with the local DHS and the juvenile justice system in diverting youth with serious emotional disturbance from the juvenile justice system. Family and youth input into the development and implementation of these services is required.

Staff Development: For many years, training on development and delivery of the community-based services has been a major focus, not only for pilot project demonstration site staff but also for other staff of CMHSPs, DHS, juvenile courts, and schools statewide, in order to support continued development of these models in Michigan. A diverse statewide children’s services training agenda has targeted enhancement of community capacity to plan and provide culturally competent wraparound, home-based, and respite services. These trainings focused on strength-based assessments and a family-centered approach. This comprehensive training strategy focuses on building on families’ strengths and working with families in the community. Training of staff to deliver family-centered, culturally relevant services is a major priority of MDCH. Family trainers, parents or family members of children with serious emotional disturbance, are incorporated in trainings provided to staff both as participants and as trainers. Family trainers are past recipients of services and provide a critical perspective in the training sessions.

MDCH has used Federal Mental Health Block Grant funds to continue cultural relevance training as an element of the overall home and community-based services support and development effort and expand training to emergency services personnel. Cultural relevance is emphasized for the family-centered training being completed in Michigan and has expanded beyond ethnicity and race to respecting a person’s economic status, living situation, and family culture. Some training, such as the wraparound conference has included paramedics and other first responder personnel.

FY05 CHILDREN’S MENTAL HEALTH BLOCK GRANT PROJECTS

ACMH FAMILY ADVOCACY PROJECT	MACOMB RESPITE
ALLEGAN RESPITE	MACOMB JUVENILE JUSTICE
ALLEGAN JUVENILE JUSTICE	MANISTEE-BENZIE RESPITE
ALLEGAN WRAPAROUND	MANISTEE-BENZIE WRAPAROUND
AUSABLE RESPITE	MILES CONSULTING
AUSABLE WRAPAROUND	MONROE RESPITE
BARRY RESPITE	MONROE JUVENILE JUSTICE
BARRY COUNTY JUVENILE JUSTICE	MONROE TRANSITION
BAY ARENAC RESPITE	MONROE WRAPAROUND
BAY-ARENAC JUVENILE JUSTICE	MONTCALM RESPITE
BERRIEN RESPITE	MPHI - BLENDING FUNDING INITIATIVE-SW
CEI RESPITE	MPHI - FAMILY-CENTERED PRACTICE
CEI JUVENILE JUSTICE	MUSKEGON RESPITE
CEI TRANSITION	N. MICHIGAN JUVENILE JUSTICE DIVERSION
CEI WRAPAROUND	N. MICHIGAN WRAPAROUND
CENTRAL MICHIGAN RESPITE	NEIL BROWN CONSULTING
CENTRAL MICHIGAN JUVENILE JUSTICE	NEWAYGO RESPITE

CENTRAL MICHIGAN WRAPAROUND	NORTH COUNTRY RESPITE
COPPER COUNTRY RESPITE	NORTHEAST RESPITE
COPPER COUNTRY JUVENILE JUSTICE	NORTHERN LAKES RESPITE
DETROIT-WAYNE RESPITE	NORTHERN LAKES WRAPAROUND
DETROIT-WAYNE CHILD	NORTHPOINTE RESPITE
EMU LOF PROJECT	NORTHPOINTE JUVENILE JUSTICE
GENESEE RESPITE	NORTHPOINTE WRAPAROUND
GENESEE JUVENILE JUSTICE	OAKLAND RESPITE
GENESEE TRANSITION	OTTAWA RESPITE
GENESEE WRAPAROUND	PATHWAYS RESPITE
GOGEBIC RESPITE	PATHWAYS WRAPAROUND
GRATIOT RESPITE	PATHWAYS JUVENILE JUSTICE
GRATIOT JUVENILE JUSTICE	PINES RESPITE
GRATIOT WRAPAROUND	SAGINAW RESPITE
HIAWATHA RESPITE	SANILAC RESPITE
HIAWATHA WRAPAROUND (E.U.P.)	SANILAC JUVENILE JUSTICE
HURON RESPITE	SHIAWASSEE RESPITE
IONIA RESPITE	SHIAWASSEE WRAPAROUND
IONIA JUVENILE JUSTICE	ST CLAIR JUVENILE JUSTICE
IONIA WRAPAROUND	ST CLAIR TECHNICAL ASSISTANCE
KALAMAZOO RESPITE	ST JOSEPH WRAPAROUND
KALAMAZOO JUVENILE JUSTICE	ST. CLAIR RESPITE
KALAMAZOO WRAPAROUND	ST. JOSEPH RESPITE
KENT RESPITE	SUMMIT POINTE RESPITE
KENT JUVENILE JUSTICE	SUMMIT POINTE JUVENILE JUSTICE
LAPEER RESPITE	SUMMIT POINTE WRAPAROUND
LAPEER WRAPAROUND	TUSCOLA RESPITE
LENAWEE RESPITE	VAN BUREN RESPITE
LENAWEE WRAPAROUND	VAN BUREN WRAPAROUND
LIFEWAYS RESPITE	VROON VANDENBERG CONSULTING
LIFEWAYS JUVENILE JUSTICE	WASHTENAW RESPITE
LIFEWAYS WRAPAROUND	WASHTENAW WRAPAROUND
LIVINGSTON RESPITE	WEST MICHIGAN RESPITE
LIVINGSTON FAMILY-CENTERED PRACTICE	WEST MICHIGAN WRAPAROUND
LIVINGSTON JUVENILE JUSTICE	WOODLANDS RESPITE
LIVINGSTON WRAPAROUND	

ADULT - IMPLEMENTATION REPORT

Name of Performance Indicator: Increased Access to Services

Population: Adults with mental illness

Criterion: Criteria 1 or 3

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2003 Actual	FY 2004 Actual	FY 2005 Target	FY 2005 Actual	FY 2005 Target % Attained
Performance Indicator	94.60	97	95	98	100
Numerator	7413	11991	--	11478	--
Denominator	7838	12358	--	11759	--

Table Descriptors:

Goal:	Assure access to the comprehensive service array.
Target:	To provide a face-to-face meeting within 14 days of non-emergency request for services.
Population:	Adults with mental illness
Criterion:	Criteria 1 or 3
Brief Name:	Access: Face-to-Face
Indicator:	The percentage of persons receiving a face-to-face meeting with a mental health professional within 14 calendar days of non-emergency request for service.
Measure:	Numerator: Number of persons receiving an initial assessment within 14 calendar days of first request. Denominator: Number of persons receiving an initial non-emergency professional assessment following a first request.
Sources of Information:	Michigan Performance Indicator Report Consultation Draft for the period January 1, 2005 to March 31, 2005, dated May 19, 2005 (Indicator #2b).
Special Issues:	
Significance:	Quick, convenient entry into the mental health system is a critical aspect of accessibility of services. Delays can result in appropriate care or exacerbations of distress. The time from scheduling to face-to-face contact with a mental health professional and commencement of services is a critical component of appropriate care.
Activities and strategies/ changes/ innovative or exemplary model:	In FY05, the Performance Indicator Workgroup of the Quality Improvement Council developed definitions for this standard so measurement will be consistent statewide.
Target Achieved or Not Achieved/If Not, Explain Why:	This target was achieved. NOTE: Corrected data for FY04.

ADULT - IMPLEMENTATION REPORT

Name of Performance Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 30 days

Population: Adults with mental illness

Criterion: Criteria 1 or 3

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2003 Actual	FY 2004 Actual	FY 2005 Target	FY 2005 Actual	FY 2005 Target % Attained
Performance Indicator	8.90	7.90	15	11.10	100
Numerator	376	427	--	544	--
Denominator	4219	5393	--	4892	--

Table Descriptors:

Goal:	Increase reliance on community-based alternatives to inpatient care.
Target:	To reduce, or maintain, the recidivism rate for people hospitalized within a year.
Population:	Adults with mental illness
Criterion:	Criteria 1 or 3
Brief Name:	Community-based Alternatives
Indicator:	The number of people with serious mental illness who are re-hospitalized within 30 days of discharge.
Measure:	Numerator: The number of persons discharged within a quarter and re-admitted to inpatient care within 30 days of discharge. Denominator: Total number of persons who are discharged from inpatient care within a quarter.
Sources of Information:	Michigan Performance Indicator Report Consultation Draft for the period January 1, 2005 to March 31, 2005, dated May 19, 2005 (Indicator #5b).
Special Issues:	
Significance:	The use of high cost alternatives such as inpatient care directly impacts the availability of other appropriate community-based services. Rapid readmission may suggest premature discharge, and/or untimely or insufficient follow-up. MDCH's standard is 15% or lower.
Activities and strategies/ changes/ innovative or exemplary model:	This information is collected within 90 days after the end of each quarter; persons who are admitted during the last month of the quarter are included in the 30-day recidivism count.
Target Achieved or Not Achieved/If Not, Explain Why:	This target was achieved. NOTE: Corrected data for FY04.

ADULT - IMPLEMENTATION REPORT

Name of Performance Indicator: Evidence Based - Number of Practices

Population: Adults with mental illness (for therapeutic foster care and children with serious emotional disturbance)

Criterion: Criteria 1 or 3

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2003 Actual	FY 2004 Actual	FY 2005 Target	FY 2005 Actual	FY 2005 Target % Attained
Performance Indicator	N/A	3	5	5	100
Numerator	0	0	--	0	--
Denominator	0	0	--	0	--

Table Descriptors:

Goal: To implement and provide evidence-based services

Target: To maintain existing services and promote other types of evidence-based practices

Population: Adults with mental illness (for therapeutic foster care and children with serious emotional disturbance)

Criterion: Criteria 1 or 3

Brief Name: Provision of evidence-based services

Indicator: The eight evidence-based services

Measure: 1. Provision of Standardized Pharmacological Treatment - No 2. Provision of Supported Housing - Yes 3. Provision of Supported Employment - Yes 4. Provision of Assertive Community Treatment - Yes 5. Provision of Therapeutic Foster Care - No 6. Provision of Family Psychoeducation - Yes 7. Provision of Integrated Treatment for Co-occurring Disorders - Yes 8. Provision of Illness Management and Recovery Skills - No

Sources of Information: State Mental Health Data System; Evidence-Based Practice Steering Committee

Special Issues:

Significance: Evidence-based practices are services that have demonstrated positive outcomes for people with mental illness.

Activities and strategies/ changes/ innovative or exemplary model: The Michigan Mental Health Commission convened by the Governor issued its final report in October 2004. This report included seven goals for systems transformation, including a recommendation to adopt evidence-based practices (EBPs). As a result, MDCH convened the EBP Steering Committee, later renamed the Practice Improvement Steering Committee (PISC), which is examining mental health practices that are evidence-based, promising practices, and emerging practices. PISC discussed the benefits of EBPs and then selected Co-occurring Disorders: Integrated Dual Disorders Treatment (COD: IDDT), Family Psychoeducation (FPE), and Parent Management Training - Oregon Model (PMTO) for focused implementation over the next few years. MDCH has also committed to work on improving model fidelity with the state's existing Assertive Community Treatment services and Supported Employment. PISC is also considering other emerging practices/evidence-based practices for implementation in the future.

Target Achieved or Not Achieved/If Not, Explain Why: This target was achieved.

ADULT - IMPLEMENTATION REPORT

Name of Performance Indicator: Client Perception of Care

Population: Adults with mental illness

Criterion: Criteria 1 or 3

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2003 Actual	FY 2004 Actual	FY 2005 Target	FY 2005 Actual	FY 2005 Target % Attained
Performance Indicator	62	56	60	60	100
Numerator	177	174	--	172	--
Denominator	286	310	--	286	--

Table Descriptors:

Goal:	Assure the existence of a quality, comprehensive service array responsive to consumer needs through planning.
Target:	To maintain consumer satisfaction with mental health services
Population:	Adults with mental illness
Criterion:	Criteria 1 or 3
Brief Name:	Consumer Satisfaction
Indicator:	Percentage of adults with mental illness who complete the Mental Health Statistics Improvement Programs' (MHSIP) consumer satisfaction survey who are satisfied with services.
Measure:	Numerator: Number of adults with mental illness who complete the MHSIP consumer satisfaction survey who agree with the statements regarding outcomes resulting from services received at PIHP facilities. Denominator: Number of adults with mental illness who complete the MHSIP survey.
Sources of Information:	Michigan 2004 Consumer Satisfaction Survey Report. Full Analysis Report: Michigan Public Mental Health, Developmental Disability, and Substance Abuse Services, March 2005.
Special Issues:	This type of indicator may show normal fluctuations from year to year and will need several years of data to indicate a systemic issue.
Significance:	Satisfaction with services is likely to increase adherence with goals established in the individual service plan through the person-centered planning process. Assessed outcome areas include social functioning, family relations, functioning at school or work, symptom improvement, ability to deal with crises and daily problems, housing situation, and a perception of greater control over life circumstances.
Activities and strategies/ changes/ innovative or exemplary model:	In order to address the significant proportion of respondents who were dissatisfied with their treatment outcomes, MDCH is pursuing two system-wide strategies: (1) the diffusion of evidence-based mental health practices such as Family Psychoeducation, integrated treatment for Co-occurring Disorders, ACT, and Supported Employment, and (2) the implementation of outcomes measurement, monitoring, and management using a standardized measurement tool. Both strategies are designed to promote the achievement of better individual-level outcomes, thereby leading to increased levels of consumer satisfaction.
Target Achieved or Not Achieved/If Not, Explain Why:	This target was achieved. NOTES: 1. Corrected data for FY04. 2. FY05 figures are estimated, as the data from the 2005 MHSIP consumer satisfaction survey will not be received until approximately March 2006.

ADULT - IMPLEMENTATION REPORT

Name of Performance Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 180 days

Population:

Criterion: Criteria 1 or 3

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2003 Actual	FY 2004 Actual	FY 2005 Target	FY 2005 Actual	FY 2005 Target % Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	0	0	--	0	--
Denominator	0	0	--	0	--

Table Descriptors:

Goal:

Target:

Population:

Criterion: Criteria 1 or 3

Brief Name:

Indicator:

Measure:

Sources of Information:

Special Issues:

Significance:

**Activities and strategies/
changes/ innovative or
exemplary model:**

Target Achieved or Not Achieved/If Not, Explain Why: NOTE: This was not one of our performance indicators in our FY05 Block Grant Application.

ADULT - IMPLEMENTATION REPORT

Name of Performance Indicator: Evidence Based - Number of Persons Receiving Supported Housing

Population: Adults with mental illness

Criterion: Criteria 1 or 3

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2003 Actual	FY 2004 Actual	FY 2005 Target	FY 2005 Actual	FY 2005 Target % Attained
Performance Indicator	1,117	1,127	1,117	1,719	100
Numerator	0	0	--	0	--
Denominator	0	0	--	0	--

Table Descriptors:

Goal: To provide supported independent housing to all eligible individuals who have it as a goal in their individual plan of service.

Target: To maintain the level of supported independent housing

Population: Adults with mental illness

Criterion: Criteria 1 or 3

Brief Name: Persons receiving supported independent housing

Indicator: The number of persons receiving supported independent housing

Measure: Count of persons receiving supported independent housing (not evidence-based)

Sources of Information: Demographic Data/Encounter data set FY 2004

Special Issues:

Significance: Research evidence supports the development of supported independent housing to meet the needs of persons with serious mental illness.

Activities and strategies/ changes/ innovative or exemplary model: The Supportive Housing Program (SHP) Partnership is in its 9th year of existence and has facilitated over 900 units of housing. The first three years of the project concentrated on building the partnerships both at the state and local levels, with current production levels at approximately 200 new units per year. A minimum of 1500 units of housing will have been generated by this Michigan State Housing Development Authority (MSHDA)/Corporation for Supportive Housing (CSH)/MDCH partnership by 2008. Community coalitions exist in Allegan, Kent, Genesee, Washtenaw, Livingston, Traverse City-Benzie, Out-Wayne, and Kalamazoo counties. Additional efforts have been initiated in Detroit, Ottawa County, and Sault Ste Marie as the result of training and technical assistance through the partnership. The final number of units will likely far exceed the current estimate.

Target Achieved or Not Achieved/If Not, Explain Why: This target was achieved.

Target Achieved or Not Achieved/If Not, Explain Why:

ADULT - IMPLEMENTATION REPORT

Name of Performance Indicator: Evidence Based - Number of Persons Receiving Supported Employment

Population: Adults with mental illness

Criterion: Criteria 1 or 3

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2003 Actual	FY 2004 Actual	FY 2005 Target	FY 2005 Actual	FY 2005 Target % Attained
Performance Indicator	2,649	2,517	2,649	3,054	100
Numerator	0	0	--	0	--
Denominator	0	0	--	0	--

Table Descriptors:

Goal:	To provide supported employment all eligible individuals who have it as a goal in their individual plan of service.
Target:	To maintain the level of supported employment
Population:	Adults with mental illness
Criterion:	Criteria 1 or 3
Brief Name:	Persons receiving supported employment
Indicator:	The number of persons receiving supported employment
Measure:	Count of persons receiving supported employment (not evidence-based)
Sources of Information:	Demographic Data/Encounter data set FY 2004
Special Issues:	
Significance:	Research evidence supports the development of supported employment to meet the needs of persons with serious mental illness.
Activities and strategies/ changes/ innovative or exemplary model:	MDCH provides services including job development, job placement, job coaching, and long-term follow-along services required to maintain employment under supported employment services. Assistance with consumer-run (e.g., microenterprise and self-employment) businesses is also provided. For FY05, block grant funds were provided to one CMHSP for a peer employment consultant to be hired by consumers to provide employment services. Support and training was offered to these consultants as needed as they are hired.
Target Achieved or Not Achieved/If Not, Explain Why:	This target was achieved.

ADULT - IMPLEMENTATION REPORT

Name of Performance Indicator: Evidence Based - Number of Persons Receiving Assertive Community Treatment

Population: Adults with mental illness

Criterion: Criteria 1 or 3

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2003 Actual	FY 2004 Actual	FY 2005 Target	FY 2005 Actual	FY 2005 Target % Attained
Performance Indicator	6,580	6,487	5,580	6,354	97
Numerator	0	0	--	0	--
Denominator	0	0	--	0	--

Table Descriptors:

Goal:	To provide assertive community treatment (ACT) to all eligible individuals who request it.
Target:	To maintain the level of ACT service provision
Population:	Adults with mental illness
Criterion:	Criteria 1 or 3
Brief Name:	Persons receiving ACT
Indicator:	Number of persons receiving ACT services
Measure:	Count of persons receiving ACT services (varying degrees of fidelity to evidence-based model)
Sources of Information:	Demographic Data/Encounter data set FY 2004
Special Issues:	
Significance:	ACT is an evidence-based practice implemented in Michigan. Program fidelity is assessed prior to approval and monitored regularly.
Activities and strategies/ changes/ innovative or exemplary model:	Strategies and activities to enhance program fidelity included five separate two-day required trainings for ACT workers. Included in the training are overviews of ACT history, ACT service delivery and key concepts, which include evidenced-based practices, recovery, and empowerment. This is a statewide initiative.
Target Achieved or Not Achieved/If Not, Explain Why:	This indicator was achieved at 97% of the target. Actual data for FY05 will not be available until early 2006. The number given is based upon data received thus far from the CMHSPs and is expected to rise.

ADULT - IMPLEMENTATION REPORT

Name of Performance Indicator: Evidence Based - Number of Persons Receiving Family Psychoeducation

Population:

Criterion: Criteria 1 or 3

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2003 Actual	FY 2004 Actual	FY 2005 Target	FY 2005 Actual	FY 2005 Target % Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	0	0	--	0	--
Denominator	0	0	--	0	--

Table Descriptors:

Goal:

Target:

Population:

Criterion: Criteria 1 or 3

Brief Name:

Indicator:

Measure:

Sources of Information:

Special Issues:

Significance:

**Activities and strategies/
changes/ innovative or
exemplary model:**

Target Achieved or Not Achieved/If Not, Explain Why: NOTE: This was not one of our performance indicators in our FY05 Block Grant Application.

ADULT - IMPLEMENTATION REPORT

Name of Performance Indicator: Evidence Based - Number of Persons Receiving Integrated Treatment of Co-Occurring Disorders(MISA)

Population:

Criterion: Criteria 1 or 3

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2003 Actual	FY 2004 Actual	FY 2005 Target	FY 2005 Actual	FY 2005 Target % Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	0	0	--	0	--
Denominator	0	0	--	0	--

Table Descriptors:

Goal:

Target:

Population:

Criterion: Criteria 1 or 3

Brief Name:

Indicator:

Measure:

Sources of Information:

Special Issues:

Significance:

**Activities and strategies/
changes/ innovative or
exemplary model:**

Target Achieved or Not Achieved/If Not, Explain Why: NOTE: This was not one of our performance indicators in our FY05 Block Grant Application.

ADULT - IMPLEMENTATION REPORT

Name of Performance Indicator: Evidence Based - Number of Persons Receiving Illness Self-Management

Population:

Criterion: Criteria 1 or 3

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2003 Actual	FY 2004 Actual	FY 2005 Target	FY 2005 Actual	FY 2005 Target % Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	0	0	--	0	--
Denominator	0	0	--	0	--

Table Descriptors:

Goal:

Target:

Population:

Criterion: Criteria 1 or 3

Brief Name:

Indicator:

Measure:

Sources of Information:

Special Issues:

Significance:

**Activities and strategies/
changes/ innovative or
exemplary model:**

Target Achieved or Not Achieved/If Not, Explain Why: NOTE: This was not one of our performance indicators in our FY05 Block Grant Application.

ADULT - IMPLEMENTATION REPORT

Name of Performance Indicator: Evidence Based - Number of Persons Receiving Medication Management

Population:

Criterion: Criteria 1 or 3

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2003 Actual	FY 2004 Actual	FY 2005 Target	FY 2005 Actual	FY 2005 Target % Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	0	0	--	0	--
Denominator	0	0	--	0	--

Table Descriptors:

Goal:

Target:

Population:

Criterion: Criteria 1 or 3

Brief Name:

Indicator:

Measure:

Sources of Information:

Special Issues:

Significance:

**Activities and strategies/
changes/ innovative or
exemplary model:**

Target Achieved or Not Achieved/If Not, Explain Why: NOTE: This was not one of our performance indicators in our FY05 Block Grant Application.

ADULT - IMPLEMENTATION REPORT

Name of Performance Indicator: Advisory Council on Mental Illness (ACMI)

Population: Adults with mental illness

Criterion: Criterion 1

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2003 Actual	FY 2004 Actual	FY 2005 Target	FY 2005 Actual	FY 2005 Target % Attained
Performance Indicator	1	1	1	1	100
Numerator	0	0	--	0	--
Denominator	0	0	--	0	--

Table Descriptors:

Goal:	Assure the existence of a quality, comprehensive service array responsive to consumer needs through planning.
Target:	To maintain a formal link between the Advisory Council on Mental Illness with other departmental or statewide planning bodies.
Population:	Adults with mental illness
Criterion:	Criterion 1
Brief Name:	Advisory Council on Mental Illness (ACMI)
Indicator:	ACMI member participation in councils and work groups which inform the department.
Measure:	Membership and active participation by ACMI members in other groups designed to inform the department and/or state on issues related to the delivery and quality of mental health services.
Sources of Information:	Membership rosters; ACMI meeting minutes and reports
Special Issues:	
Significance:	ACMI membership on the Quality Improvement Council, the Performance Indicator Workgroup, and the Practice Improvement Steering Committee assures that ACMI is informed and has an active role in the evaluation of Michigan's public mental health system.
Activities and strategies/ changes/ innovative or exemplary model:	The ACMI is represented by having six members on MDCH's Quality Improvement Council and/or on the Performance Indicator Workgroup and its subcommittees. The ACMI is also represented by having three members on the Practice Improvement Steering Committee and will be represented on the newly forming Recovery Council.
Target Achieved or Not Achieved/If Not, Explain Why:	This target was achieved. NOTE: 1 = Yes for measure above.

ADULT - IMPLEMENTATION REPORT

Name of Performance Indicator: Specialty Service Array

Population: Adults with mental illness

Criterion: 1

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2003 Actual	FY 2004 Actual	FY 2005 Target	FY 2005 Actual	FY 2005 Target % Attained
Performance Indicator	N/A	N/A	46	N/A	100
Numerator	47	46	--	46	--
Denominator	47	46	--	46	--

Table Descriptors:

Goal:	Assure the existence of a quality, comprehensive service array responsive to consumer needs through planning.
Target:	To provide a comprehensive mental health service array.
Population:	Adults with mental illness
Criterion:	1
Brief Name:	Specialty Service Array
Indicator:	A comprehensive mental health service array is available throughout the state of Michigan.
Measure:	Numerator: Number of CMHSPs with full service array Denominator: Number of CMHSPs
Sources of Information:	CMHSP contractual requirements, Site Review Reports, and Service Agency Profiles
Special Issues:	
Significance:	A comprehensive service array is necessary to provide a quality public mental health system.
Activities and strategies/ changes/ innovative or exemplary model:	A comprehensive array of services is contractually required. Additional services are allowed and encouraged through the 1915(b) Medicaid waiver program. Development of evidence-based practices is actively supported and funded.
Target Achieved or Not Achieved/If Not, Explain Why:	This target was achieved.

ADULT - IMPLEMENTATION REPORT

Name of Performance Indicator: Access-Emergency Referrals

Population: Adults with mental illness

Criterion: 1

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2003 Actual	FY 2004 Actual	FY 2005 Target	FY 2005 Actual	FY 2005 Target % Attained
Performance Indicator	97	89	95	97	100
Numerator	5	5748	--	7217	--
Denominator	6160	6466	--	7470	--

Table Descriptors:

Goal: Assure access to the comprehensive service array.

Target: To provide pre-admission screening for psychiatric inpatient care within three hours

Population: Adults with mental illness

Criterion: 1

Brief Name: Access-Emergency Referrals

Indicator: Percentage of persons receiving a pre-admission screening for psychiatric inpatient care, for whom the disposition was completed within three hours.

Measure: Numerator: Number of emergency referrals completed within three hours
Denominator: Number of emergency referrals for Medicaid inpatient screening during the time period

Sources of Information: Michigan Performance Indicator Report Consultation Draft for the period January 1, 2005 to March 31, 2005, dated May 19, 2005 (Indicator #1b).

Special Issues:

Significance: Persons who are experiencing symptoms serious enough to warrant evaluation for inpatient care are potentially at risk of danger to themselves or others. Thus, time is of the essence. This indicator assesses whether CMHSPs are meeting the MDCH's standard that 95% of the inpatient screenings have a final disposition within three hours. This indicator is a standard measure of access to care.

Activities and strategies/ changes/ innovative or exemplary model: In FY05, the Performance Indicator Workgroup of the Quality Improvement Council developed definitions for this standard so measurement will be consistent statewide.

Target Achieved or Not Achieved/If Not, Explain Why: This target was achieved. NOTE: Corrected data for FY04.

ADULT - IMPLEMENTATION REPORT

Name of Performance Indicator: Access - 7 day follow-up

Population: Adults with Mental Illness

Criterion: 1

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2003 Actual	FY 2004 Actual	FY 2005 Target	FY 2005 Actual	FY 2005 Target % Attained
Performance Indicator	77	74	82	86	100
Numerator	2967	2793	--	2763	--
Denominator	3847	3797	--	3207	--

Table Descriptors:

Goal: Assure access to the comprehensive service array.

Target: To provide follow-up services within 7 days after discharge.

Population: Adults with Mental Illness

Criterion: 1

Brief Name: Access - 7 day follow-up

Indicator: The percentage of persons discharged from a psychiatric inpatient unit who are seen for follow-up care within 7 days.

Measure: Numerator: Persons seen for follow-up care by CMHSP within 7 days. Denominator: Persons discharged from a psychiatric inpatient unit.

Sources of Information: Michigan Performance Indicator Report Consultation Draft for the period January 1, 2005 to March 31, 2005, dated May 19, 2005 (Indicator #8b).

Special Issues:

Significance: The continuity of care post discharge from a psychiatric inpatient unit is important to the recovery and stabilization processes for consumers. When responsibility for the care of an individual shifts from one organization to another, it is important that services remain continuous. If follow-up contact is not immediately made, there is more likelihood that an individual may not have all supports required to remain living in the community. Lack of community supports could result in additional/recurrent hospitalization. Thus, quality of care and consumer outcomes may suffer.

Activities and strategies/ changes/ innovative or exemplary model: In FY05, the Performance Indicator Workgroup of the Quality Improvement Council developed definitions for this standard so measurement will be consistent statewide.

Target Achieved or Not Achieved/If Not, Explain Why: This target was achieved. NOTE: Corrected data for FY04.

ADULT - IMPLEMENTATION REPORT

Name of Performance Indicator: Employment

Population: Adults with mental illness

Criterion: 1

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2003 Actual	FY 2004 Actual	FY 2005 Target	FY 2005 Actual	FY 2005 Target % Attained
Performance Indicator	93	90	91	88	97
Numerator	2422	2272	--	2155	--
Denominator	2617	2517	--	2449	--

Table Descriptors:

Goal:	Increase opportunities for persons with serious mental illness to become employed.
Target:	To maintain the percentage of persons with a serious mental illness who are in supported employment earning at least minimum wage.
Population:	Adults with mental illness
Criterion:	1
Brief Name:	Employment
Indicator:	Supported employment status of people who have a serious mental illness
Measure:	The percentage of persons with mental illness in supported employment earning the federal minimum wage or greater. Numerator: Total number of people with mental illness in supported employment earning minimum wage. Denominator: Total number of people with mental illness in supported employment.
Sources of Information:	Michigan Performance Indicator Report Consultation Draft for the period January 1, 2005 to March 31, 2005, dated May 19, 2005 (Indicator #35).
Special Issues:	Michigan's unemployment rate is the highest in the nation. This can affect all persons in the state including those with SMI. As part of MDCH's evidence-based practice initiative, supported employment will be a focus.
Significance:	Persons with psychiatric disabilities do not differ from persons without disabilities in their desire to have employment. However, persons with disabilities continue to experience high rates of unemployment, in part due to their needs for services and supports. Supportive employment opportunities including individual placements and transitional employment opportunities with clubhouses are expected parts of Michigan's service array.
Activities and strategies/ changes/ innovative or exemplary model:	MDCH's Evidence-Based Workgroup and the Practice Improvement Steering Committee are addressing Supported Employment in a continuous quality improvement effort. Staff resources are being dedicated to improvements in supported employment opportunities for consumers.
Target Achieved or Not Achieved/If Not, Explain Why:	Despite the State of Michigan continuing to have the highest unemployment rate in the nation, this indicator was achieved at 97% of the target. Supported employment and meaningful wages remain a priority for our system. Given that economic conditions and overall employment have declined in the state, and the future outlook continues to be grim, substantial attainment of this goal is positive. NOTE: Corrected data for FY04.

ADULT - IMPLEMENTATION REPORT

Name of Performance Indicator: Services to adults with dementia

Population: Adults with mental illness

Criterion: 1

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2003 Actual	FY 2004 Actual	FY 2005 Target	FY 2005 Actual	FY 2005 Target % Attained
Performance Indicator	.38	.53	.40	.32	80
Numerator	251	353	--	212	--
Denominator	66667	66667	--	66667	--

Table Descriptors:

Goal:	Assure that adults with dementia have access to mental health care.
Target:	To maintain the percentage of persons with dementia receiving community mental health services.
Population:	Adults with mental illness
Criterion:	1
Brief Name:	Services to adults with dementia
Indicator:	The percentage of people who have a diagnosis of dementia within the total CMHSP population living in the community.
Measure:	Numerator: Number of people with a diagnosis of dementia, residing in the community, who received CMHSP mental health services Denominator: Estimated total number of persons with a diagnosis of dementia with behavioral disturbances, depression, or delusions residing in the community
Sources of Information:	Data submitted by CMHSPs to data warehouse 2003 estimate on the prevalence of dementia in Michigan
Special Issues:	In 1996, Michigan's Mental Health Code included dementia with behavioral disturbances, depression, or delusions as a mental illness. CMHSPs are required to provide services to those meeting the definition of mental illness. In 2000, the Michigan Dementia Coalition estimated that there are 200,000 citizens who are experiencing dementia, of that number, 168,000 have Alzheimer's disease and the remaining 32,000 are experiencing other types of dementia. We estimate that approximately one-third of people with dementia meet clinical criteria as specified in the Mental Health Code.
Significance:	The vast majority of dementia occurs in those aged 65 and older. As age increases, the percentage of individuals experiencing dementia also increases. For example, in 2000, of people over 65 who had an Alzheimer's disease diagnosis, 7% were between 65 and 74 years of age, 53% were between 75 and 84, and 40% were over 85. Frequently perceived as an older adult issue, dementia is also diagnosed in younger adults and causes unalterable and progressively detrimental life changes to both those diagnosed and to their families.
Activities and strategies/	One innovative model is the FY05 project entitled 'Assistance to Seniors - Medication

changes/ innovative or exemplary model:

Management,' which assists older adults in rural areas in maintaining independence by providing (and monitoring) medication dispensing units. Many seniors receiving services have difficulty managing their medications independently; medications management services such as in-home nursing are not readily available in the rural areas or are too costly for seniors with limited financial resources. With these units, coordination with the pharmacy and physician, medication compliance should improve resulting in improved physical and mental health. Additionally, another block grant to the same agency funded a geriatric case manager. Staff from both projects work closely in the rural county in collaboration with homebound consumers, their physicians, pharmacists, family members, neighbors and other natural supports a consumer identifies. By the end of the 3rd quarter, people with assigned medication units were successful in using the units, medication adherence improved, and anxiety over prescriptions decreased. This project covered two rural counties.

Target Achieved or Not Achieved/If Not, Explain Why:

This indicator was achieved at 80%. Many eligible older adults receive non-CMHSP services through respite programs and other grant programs which are not reflected in public mental health encounter data. NOTES: 1. Corrected data for FY04. 2. Typographical error in the figure provided as the numerator (1,270) in the FY05 Block Grant Application; the numerator should have been listed as 270. This affected the value as well. 3. Estimated data for FY05.

ADULT - IMPLEMENTATION REPORT

Name of Performance Indicator: Jail Diversion Programs

Population: Adults with mental illness

Criterion: 1

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2003 Actual	FY 2004 Actual	FY 2005 Target	FY 2005 Actual	FY 2005 Target % Attained
Performance Indicator	47	46	46	46	100
Numerator	0	0	--	0	--
Denominator	0	0	--	0	--

Table Descriptors:

Goal:	Assure there is a jail diversion program in every CMHSP.
Target:	To assure the availability of jail diversion services in every CMHSP region.
Population:	Adults with mental illness
Criterion:	1
Brief Name:	Jail Diversion
Indicator:	Number of CMHSPs with a jail diversion program
Measure:	Number of CMHSPs with a jail diversion program
Sources of Information:	CMHSPs/CMHSP Site Review Team Reports
Special Issues:	
Significance:	Section 207 of the Mental Health Code requires all CMHSPs to provide services designed to divert persons with serious mental illness, serious emotional disturbance, or developmental disability from incarceration when appropriate. Each CMHSP is required to work with law enforcement, collect jail diversion service data, and maintain a database.
Activities and strategies/ changes/ innovative or exemplary model:	In February 2005, MDCH's revised Jail Diversion Policy Practice Guideline was issued to all CMHSPs/PIHPs, which applies to adults with serious mental illness, including co-occurring substance disorders, or developmental disabilities. This practice guideline, along with the Criminal Justice/Mental Health Consensus Report, is extremely informative to current state jail diversion programs.
Target Achieved or Not Achieved/If Not, Explain Why:	This target was achieved.

ADULT - IMPLEMENTATION REPORT

Name of Performance Indicator: Percentage Receiving Case Management

Population: Adults with mental illness

Criterion: 2

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2003 Actual	FY 2004 Actual	FY 2005 Target	FY 2005 Actual	FY 2005 Target % Attained
Performance Indicator	49	46	39	44	100
Numerator	43774	33587	--	36148	--
Denominator	87961	72589	--	82574	--

Table Descriptors:

Goal: Maintain or increase access to case management services among persons with serious mental illness (SMI).

Target: Maintain case management services for people who have a serious mental illness.

Population: Adults with mental illness

Criterion: 2

Brief Name: Percentage Receiving Case Management

Indicator: Percentage of adults with SMI receiving case management services

Measure: Numerator: The number of adult recipients who are diagnosed with SMI receiving case management services during the FY. Denominator: The number of adults with SMI served by CMSHPs during the FY.

Sources of Information: Demographic Data/Encounter data set FY 2004 (includes targeted case management, supports coordination, and ACT)

Special Issues:

Significance: Assuring access to case management services for persons diagnosed with a SMI is a primary goal of the mental health block grant. Data regarding case management services to individuals who meet the SMI definition as described in Public Law 102-321 is requested annually from each CMHSP. In 2004, MDCH began collecting encounter data, which provides a more accurate count of the actual services provided to each individual served in the public mental health system.

Activities and strategies/ changes/ innovative or exemplary model: Michigan has developed new definitions for the use of Peer Support Specialists adding this service coverage to our b(3) additional services. Peer Support Specialists assist Case Managers in providing services to persons with serious and persistent mental illness. With the new coverages, many PIHPs are hiring peers to assist with a variety of tasks of connecting people to their communities while enhancing productivity and participation. To assist in increasing and providing quality case management services for persons with mental illness, Michigan has contracted with the Georgia Association of Certified Peer Specialists and has had 90 peers trained in the tool kit supported by SAMHSA. The training has targeted geographical areas in the state and peers who have attended have developed a network to assist with further training. The development of new language with additional clarification to the b(3) additional services area and the comprehensive training that is provided to peers is a new implementation strategy compared to the prior fiscal year. This model of providing an avenue for increasing the hiring of Peer Support Specialists while supporting high quality training initiatives is both unique and innovative. We currently have an additional group of 45 peers being trained in April 2006 and are working toward developing a certification process modeled after the successful implementation in Georgia.

Target Achieved or Not This target was achieved. NOTES: 1. Corrected data from FY04. 2. This is an

Achieved/If Not, Explain Why: estimated figure, as the actual data for FY05 for this indicator will not be available until at least January 2006.

ADULT - IMPLEMENTATION REPORT

Name of Performance Indicator: Services to the 65+ Population

Population: Adults with mental illness

Criterion: 2

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2003 Actual	FY 2004 Actual	FY 2005 Target	FY 2005 Actual	FY 2005 Target % Attained
Performance Indicator	.60	.59	.60	.51	85
Numerator	7	7	--	6	--
Denominator	12	12	--	12	--

Table Descriptors:

Goal:	Assure service to persons 65 years of age and older.
Target:	To maintain the percentage of people over the age of 65 who receive community mental health services
Population:	Adults with mental illness
Criterion:	2
Brief Name:	Services to the 65+ Population
Indicator:	Ratio of percentage of persons over age 65 in the area population receiving mental health services to the percentage of persons over 65 in the area population.
Measure:	Numerator: Percentage of persons 65 and older served Denominator: Percentage of persons 65 and older in the CMHSP service area
Sources of Information:	Michigan Performance Indicator Report Consultation Draft for the period January 1, 2005 to March 31, 2005, dated May 19, 2005 (Indicator #19).
Special Issues:	
Significance:	This indicator addresses the degree to which adults over the age of 65, typically an underserved population, are receiving mental health services.
Activities and strategies/ changes/ innovative or exemplary model:	An innovative model would be the Geriatric Community Mental Health Team, which identifies, serves, and links homebound older adults with serious mental illness to services. Created prevention, early intervention, treatment and referral protocols, person-centered/family-centered care, academic mental health and aging training to university, community workshops on Geriatric Mental Health, new and expanded community awareness outreach activities, on-site screenings and assessments, outreach to discharge planners, coordination of services fostered, expanded Gatekeeper "Train the Trainer," consumer advisory committee used for feedback on service delivery, identification of additional resources, additional resources and linkages provided to consumers and widespread media campaign for the Gatekeeper referral system and the Dial HELP service. The project continues to integrate protocols into CMH elder services.
Target Achieved or Not Achieved/If Not, Explain Why:	This indicator was achieved at 85% of the target. The number of people 65+ served increased from 7,534 to 7,930. The percentage is lower due to a larger increase in the total people served. In addition, some older adults who are eligible for CMHSP services receive services from other agencies, such as Medicare providers, local Area Agencies on Aging, and local respite providers. These services are not included in the mental health data system. NOTE: Corrected data for FY04.

ADULT - IMPLEMENTATION REPORT

Name of Performance Indicator: Services to Persons from Ethnic/Minority groups

Population: Adults with mental illness

Criterion: 2

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2003 Actual	FY 2004 Actual	FY 2005 Target	FY 2005 Actual	FY 2005 Target % Attained
Performance Indicator	.88	.85	.89	1.16	100
Numerator	17	17	--	23	--
Denominator	19	19	--	19	--

Table Descriptors:

Goal:	Assure service to ethnic minority persons.
Target:	To maintain the percentage of people of ethnic minorities served in the community mental health system
Population:	Adults with mental illness
Criterion:	2
Brief Name:	Services to Persons from Ethnic/Minority groups
Indicator:	Ratio of the percentage of ethnic minority persons in the area population receiving mental health services to the percentage of ethnic minority persons in the area.
Measure:	Numerator: Percentage of persons of ethnic minorities served Denominator: Percentage of persons of ethnic minorities in the CMHSP service area
Sources of Information:	Michigan Performance Indicator Report Consultation Draft for the period January 1, 2005 to March 31, 2005, dated May 19, 2005 (Indicator #20).
Special Issues:	
Significance:	This indicator addresses the degree to which ethnic minorities, typically an underserved populations are receiving public mental health services. This indicator is a standard measure of access to care.
Activities and strategies/ changes/ innovative or exemplary model:	MDCH promotes cultural relevance through contractual language, training, and curriculums.
Target Achieved or Not Achieved/If Not, Explain Why:	This target was achieved. NOTE: Corrected data for FY04.

ADULT - IMPLEMENTATION REPORT

Name of Performance Indicator: Jail Diversion

Population: Adults with SMI

Criterion: 2

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2003 Actual	FY 2004 Actual	FY 2005 Target	FY 2005 Actual	FY 2005 Target % Attained
Performance Indicator	1,287	1,857	1,273	1,850	100
Numerator	0	0	--	0	--
Denominator	0	0	--	0	--

Table Descriptors:

Goal: Assure Jail Diversion Services to People with Serious Mental Illness.

Target: To maintain the number of people with serious mental illness who are diverted from jail into community mental health services

Population: Adults with SMI

Criterion: 2

Brief Name: Jail Diversion

Indicator: The number of people with serious mental illness who are diverted from jail into mental health services.

Measure: The number of people with mental illness receiving jail diversion services.

Sources of Information: Data submitted to MDCH from CMHSPs in response to special requests / Program Policy Guidelines information.

Special Issues:

Significance: Many consumers with mental illness who come into contact with local law enforcement are successfully treated in the community. Local programs allow for appropriate information about consumers to be provided to judges and others who make the determination whether to divert individuals from jail or not.

Activities and strategies/ changes/ innovative or exemplary model: MDCH plans to develop a way to collect this information through the data system.

Target Achieved or Not Achieved/If Not, Explain Why: This target was achieved. NOTES: 1. Corrected data for FY04. 2. This is an estimated figure, as the actual data for FY05 for this indicator will not be available until 2006.

ADULT - IMPLEMENTATION REPORT

Name of Performance Indicator: Rural Services Population

Population: Adults with mental illness

Criterion: 4

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2003 Actual	FY 2004 Actual	FY 2005 Target	FY 2005 Actual	FY 2005 Target % Attained
Performance Indicator	22	25	22	22.40	100
Numerator	27348	31833	--	28511	--
Denominator	127009	127009	--	127009	--

Table Descriptors:

Goal:	Increase availability of the service array in rural communities with funds from the Mental Health Block Grant.
Target:	To maintain the level of community mental health services to people living in rural areas of the state.
Population:	Adults with mental illness
Criterion:	4
Brief Name:	Rural Services Population
Indicator:	Percentage of rural persons with SMI who receive mental health services.
Measure:	Numerator: Number of people with SMI receiving services in rural counties Denominator: Total number of people with SMI in rural areas
Sources of Information:	Michigan Performance Indicator Report Consultation Draft for the period January 1, 2005 to March 31, 2005, dated May 19, 2005 (Indicator #21). Draft Estimation of the 12-month Prevalence of SMI in Michigan 2000.
Special Issues:	Counties with populations greater than 250,000 are considered urban. These counties are Wayne, Oakland, Macomb, Kent, Genesee, Washtenaw, and Ingham. All other counties, even though they may be good sized cities within, are considered rural based on county population and used as part of the measure.
Significance:	This indicator is being used to determine whether people living in the state's rural areas are being served at a level representative of the state population. Michigan has a significant portion of the population living in rural areas where they are sparsely distributed and often older, making concentrated services challenging to develop.
Activities and strategies/ changes/ innovative or exemplary model:	Michigan is unique, in that an Office of Consumer Affairs is located within the Mental Health and Substance Abuse Division. This results in an enhanced sensitivity to stigma and the reluctance to obtain services. Rural citizens seek mental help services later than those in urban areas, may not recognize the signs of mental illness, and worry more about their ability to pay. Campaigns for FY05 included senior mental health awareness bingo, mental health awareness posters, billboards, physician's informational luncheon, Alzheimer's Awareness, "Inner Me: Mental Health Out of the Shadows," as well as an art show and other activities.
Target Achieved or Not Achieved/If Not, Explain Why:	This target was achieved. NOTE: Corrected data for FY04.

ADULT - IMPLEMENTATION REPORT

Name of Performance Indicator: PATH

Population: Adults with mental illness

Criterion: 4

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2003 Actual	FY 2004 Actual	FY 2005 Target	FY 2005 Actual	FY 2005 Target % Attained
Performance Indicator	2,653	2,665	3,133	2,676	85
Numerator	0	0	--	0	--
Denominator	0	0	--	0	--

Table Descriptors:

Goal:	Maintain and increase housing opportunities through Michigan's PATH projects.
Target:	To maintain the number of adults with mental illness service in PATH projects.
Population:	Adults with mental illness
Criterion:	4
Brief Name:	PATH
Indicator:	The number of individuals served in PATH projects (programs for persons with serious mental illness who may be homeless or at risk of homelessness) in Michigan.
Measure:	The number of individuals enrolled in PATH projects
Sources of Information:	PATH 2004 Annual Report
Special Issues:	
Significance:	For FY05, 26 projects were operational and there was outreach to street homeless and a connection to other resources. Existing level of support for agencies was maintained. MDCH has expanded geographically the area served by the PATH project and has coordinated several PATH projects with McKinney-Vento Act funding to provide rental assistance to homeless persons with a mental illness.
Activities and strategies/ changes/ innovative or exemplary model:	In FY05, agencies used PATH funds to leverage additional dollars for outreach and rental subsidies. This should increase the amount of people reached, increase the stability of the people with mental illness, and increase the quality of life for people with mental illness.
Target Achieved or Not Achieved/If Not, Explain Why:	This indicator was achieved at 85% of the target. Since the target of 3,133 was set, MDCH has been working with the agencies to improve their data collection. In the process, it was discovered that there were some duplicative counts of people in their reports to us. Therefore the projection of 2,676 is more accurate. NOTES: 1. Corrected data for FY04. 2. This is an estimated figure, as the actual data for FY05 for this indicator will not be available until 2006.

ADULT - IMPLEMENTATION REPORT

Name of Performance Indicator: Housing Options

Population: Targeted Services to Homeless Populations and Targeted Services to Rural Populations.

Criterion: 4

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2003 Actual	FY 2004 Actual	FY 2005 Target	FY 2005 Actual	FY 2005 Target % Attained
Performance Indicator	N/A	125	118	186	100
Numerator	0	0	--	0	--
Denominator	0	0	--	0	--

Table Descriptors:

Goal:	Increase efforts to identify and develop housing options available to persons with serious mental illness.
Target:	Provide information to planning organizations and conferences regarding housing opportunities for people with mental illnesses.
Population:	Targeted Services to Homeless Populations and Targeted Services to Rural Populations.
Criterion:	4
Brief Name:	Housing Options
Indicator:	Presentation and discussion of housing issues and information at the meetings of the Advisory Council on Mental Illness (ACMI), Continuum of Care trainings, and conferences where staff of community mental health agencies are present.
Measure:	1) Focus on housing at ACMI meetings - Yes 2) Number of attendees at above trainings.
Sources of Information:	Meeting agendas and sign-in sheets at above trainings.
Special Issues:	
Significance:	Inclusion of this topic at meetings and conferences will provide continued focus and direction on housing issues. This subject will continue to be a topic of discussion for ACMI.
Activities and strategies/ changes/ innovative or exemplary model:	During FY05, trainings were held regarding accessing federal dollars and best practices in supportive housing. There are now supportive housing pilot projects in 10 counties in Michigan.
Target Achieved or Not Achieved/If Not, Explain Why:	This target was achieved. NOTES: 1. This indicator was established in FY04; therefore, there is no data listed for FY03. 2. Corrected data for FY04.

ADULT - IMPLEMENTATION REPORT

Name of Performance Indicator: Own Residence

Population: Adults with serious mental illness

Criterion: 4

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2003 Actual	FY 2004 Actual	FY 2005 Target	FY 2005 Actual	FY 2005 Target % Attained
Performance Indicator	55.20	56	55	52	95
Numerator	37440	35320	--	41423	--
Denominator	67822	63493	--	79812	--

Table Descriptors:

Goal:	Maintain or increase housing opportunities for people with mental illness in their own homes
Target:	To maintain the percentage of adults served living in a residence where the lease, rental agreement, or deed/mortgage of the home, apartment or condominium is in the consumer's name or that of his/her spouse.
Population:	Adults with serious mental illness
Criterion:	4
Brief Name:	Own Residence
Indicator:	Percentage of adults served living in a residence where the lease, rental agreement, or deed/mortgage of the home, apartment or condominium is in the consumer's name or that of his/her spouse.
Measure:	Numerator: Number of adults with serious mental illness living where the lease, rental agreement, or deed/mortgages of the home, apartment or condominium is in the consumer's name or that of his/her spouse. Denominator: Number of adults with SMI served through CMHSPs.
Sources of Information:	Michigan Performance Indicator Report Consultation Draft for the period January 1, 2005 to March 31, 2005, dated May 19, 2005 (Indicator #37).
Special Issues:	
Significance:	Use of this indicator is based on the assumption that, in general, the quality of life of adults with mental illness will be higher when they live in their own residence instead of in some other type of residential placement.
Activities and strategies/ changes/ innovative or exemplary model:	During FY05, the Michigan Homeownership Coalition met to improve access to mortgage products for people with disabilities. In addition, the CMHSPs provide support in the mortgage application process for consumers.
Target Achieved or Not Achieved/If Not, Explain Why:	Despite Michigan's economy, this indicator was achieved at 95% of the target. The number of adults with SMI living in their own residence increased. The percentage is slightly lower as the number of adults with SMI served through the CMHSPs increased at a greater rate. Continued access to mortgage information for adults with SMI will ensure that the numerator continues to rise. NOTE: Corrected data for FY04.

ADULT - IMPLEMENTATION REPORT

Name of Performance Indicator: Resource development

Population: Adults with serious mental illness

Criterion: 4

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2003 Actual	FY 2004 Actual	FY 2005 Target	FY 2005 Actual	FY 2005 Target % Attained
Performance Indicator	N/A	N/A	750,000	750,000	100
Numerator	0	0	--	0	--
Denominator	0	0	--	0	--

Table Descriptors:

Goal:	Increase housing opportunities for people with mental illness
Target:	Apply for and obtain federal grants funds to obtain new resources for housing opportunities for people with mental illness
Population:	Adults with serious mental illness
Criterion:	4
Brief Name:	Resource development
Indicator:	Additional resources obtained through grant applications
Measure:	Total additional resources received through grant applications
Sources of Information:	Grant award documentation for the period January 1, 2005 through March 31, 2005
Special Issues:	
Significance:	The regular applications for HUD resources enable us to provide resources to persons with mental illness for rental assistance.
Activities and strategies/ changes/ innovative or exemplary model:	Activity for FY05 centered on applying for HUD resources through renewals and a new application through the statewide Continuum of Care. MDCH applies for \$750,000 each year, which is the maximum amount we are eligible for, to provide leasing assistance to homeless people with disabilities. This allows them to obtain safe, affordable housing, and increases the likelihood that they will obtain services that will improve their quality of life.
Target Achieved or Not Achieved/If Not, Explain Why:	This target was achieved. NOTE: This is a new indicator for FY05.

ADULT - IMPLEMENTATION REPORT

Name of Performance Indicator: Block Grant Spending Plan

Population: Adults with serious mental illness

Criterion: Management Systems

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2003 Actual	FY 2004 Actual	FY 2005 Target	FY 2005 Actual	FY 2005 Target % Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	0	0	--	0	--
Denominator	0	0	--	0	--

Table Descriptors:

Goal:	Allocate block grant funds to support and improve services for people with serious mental illnesses.
Target:	Fully expend block grant funds within established time frames.
Population:	Adults with serious mental illness
Criterion:	Management Systems
Brief Name:	Block Grant Spending Plan
Indicator:	Allocations to program innovations through the annual block grant award expenditures.
Measure:	The amount of funding provided for services for people with serious mental illness. Indicator A. FY05 Adult Block Grant Spending Plan Amount State Administrative Expenses \$ 198,971 Detroit/Wayne Comprehensive \$5,135,155 Other Adult SMI Services \$3,163,828 Adult Services Award \$8,497,954
Sources of Information:	Mental Health Block Grant Spending Plan
Special Issues:	
Significance:	Opportunities to try new initiatives or foster service innovations and replications as well as capacity development and evaluation activities allow the community-based system of care to become more consistent and increase the quality of care.
Activities and strategies/ changes/ innovative or exemplary model:	Uncommitted funding is made available to programs by a competitive grant process that addresses adult needs primarily on a one-time basis. Service initiatives designed to carry out departmental priorities are intended to continue services, foster service innovation and replications, capacity development or evaluation activities to meet the needs of adults with serious mental illness.
Target Achieved or Not Achieved/If Not, Explain Why:	This target was achieved. NOTE: For a listing of Adult Block Grant Projects Funded for FY05, please see Purpose of State FY Block Grant Expended section of this report.

ADULT - IMPLEMENTATION REPORT

Name of Performance Indicator: Expenditures for Community Care

Population: Adults with mental illness

Criterion: 5

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2003 Actual	FY 2004 Actual	FY 2005 Target	FY 2005 Actual	FY 2005 Target % Attained
Performance Indicator	76.90	79.50	84	80	95
Numerator	379925152	376601451	--	383375475	--
Denominator	493868683	473769396	--	479160375	--

Table Descriptors:

Goal:	Maintain expenditures for adults with mental illness for community-based care.
Target:	To maintain state expenditures for community-based services for people with mental illness.
Population:	Adults with mental illness
Criterion:	5
Brief Name:	Expenditures for Community Care
Indicator:	Percent of expenditures for persons with mental illness used for community mental health care.
Measure:	Numerator: Total state expenditures for Community Mental Health Denominator: Total state expenditures for mental health services
Sources of Information:	Department of Community Mental Health, Budget Office Data, Sub-element Cost Report
Special Issues:	
Significance:	The direction of state funding efforts for mental health services has steadily been moving toward a community-based system from a parallel service provision system. A baseline of 66% was identified in FY 97, and the goal for the state was to maintain that expenditure level. Since then, MDCH has attempted to make gradual increases to the identified baseline and has provided a higher level of expenditures.
Activities and strategies/ changes/ innovative or exemplary model:	MDCH has worked with CMHS in follow-up to a recommendation from the August 2004 site review regarding maintenance-of-effort calculations. FY03 and FY04 data has been corrected to reflect the new methodology.
Target Achieved or Not Achieved/If Not, Explain Why:	Based on the target that was set for FY05 based on prior FY04 numbers, this indicator was met at 95%. With corrected data for FY04, the percentage of expenditures for Community Mental Health Care has risen slightly between the two years, which equates to the indicator being met at 100%. As noted above, new FY04 numbers were calculated using the improved methodology developed in response to a CMHS site review finding. FY05 data is calculated using the same methodology.

CHILD - IMPLEMENTATION REPORT

Name of Performance Indicator: Increased Access to Services

Population: Children diagnosed with serious emotional disturbance.

Criterion: Criteria 1

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2003 Actual	FY 2004 Actual	FY 2005 Target	FY 2005 Actual	FY 2005 Target % Attained
Performance Indicator	95	96	95	97	100
Numerator	14568	12584	--	12014	--
Denominator	15335	13066	--	12420	--

Table Descriptors:

Goal:	The Department of Community Health will monitor the quality, access, timeliness, and outcomes of community based services.
Target:	Through FY2007, the percentage of children with serious emotional disturbance who received a face-to-face meeting with a professional within 14 calendar days of a non-emergent request for service will average 95% or above.
Population:	Children diagnosed with serious emotional disturbance.
Criterion:	Criteria 1
Brief Name:	Access to Assessment.
Indicator:	Percentage of children with serious emotional disturbance who received a face-to-face meeting with a professional within 14 calendar days.
Measure:	Numerator: Children with serious emotional disturbance who received a face-to-face meeting with a professional within 14 calendar days. Denominator: Children with serious emotional disturbance who received a face-to-face meeting with a professional.
Sources of Information:	CMHSP Performance Indicator Report.
Special Issues:	Quick, convenient entry in the mental health system is a critical aspect of accessibility of services. Delays can result in inappropriate care or exacerbation of symptomatology. It is crucial to families and children to be able to access services in a short time frame to promote follow through with services and decrease the rate of dropout. By measuring and focusing on quick access to services, the MDCH is encouraging CMHSPs to be responsive to the needs of children and families.
Significance:	The time it takes to have a face-to-face contact with a mental health professional from the request for service is a critical component.
Activities and strategies/ changes/ innovative or exemplary model:	This target continues to be monitored by MDCH to determine access to services. Further clarification of access standards are currently being addressed to increase uniformity for access across CMHSPs.
Target Achieved or Not Achieved/If Not, Explain Why:	This target was achieved. Note 1: Data was corrected for FY04. Note 2: Data is estimated for FY05 and final data will not be available until March 2006.

CHILD - IMPLEMENTATION REPORT

Name of Performance Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 30 days

Population: Children diagnosed with serious emotional disturbance.

Criterion: Criteria 3

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2003 Actual	FY 2004 Actual	FY 2005 Target	FY 2005 Actual	FY 2005 Target % Attained
Performance Indicator	5.30	6.10	6.10	6.10	100
Numerator	181	156	--	198	--
Denominator	3396	2576	--	3230	--

Table Descriptors:

Goal:	Maintain a statewide, integrated children's services system to provide comprehensive community-based care.
Target:	To maintain or decrease the percent of children with serious emotional disturbance readmitted to inpatient psychiatric care within 30 days of discharge.
Population:	Children diagnosed with serious emotional disturbance.
Criterion:	Criteria 3
Brief Name:	Percent of children readmitted within 30 days.
Indicator:	The percentage of inpatient readmissions at 30 days for children with serious emotional disturbance.
Measure:	Numerator: The number of children with SED readmitted to inpatient psychiatric care within 30 days of discharge. Denominator: The total number of children with SED who are discharged.
Sources of Information:	CMHSP Data Reports, Performance Indicator Reports.
Special Issues:	For some children with serious emotional disturbance, the occasional use of inpatient psychiatric care is necessary. However, a rapid readmission following discharge may suggest that persons were prematurely discharged or that the post discharge follow-up was not timely or sufficient. The department standard for this indicator is 15% or lower.
Significance:	The percent of children with serious emotional disturbance readmitted to inpatient psychiatric care within 30 days of discharge is a significant indicator that helps to determine appropriate discharge and follow-up from restrictive inpatient care.
Activities and strategies/ changes/ innovative or exemplary model:	This target continues to be monitored by MDCH as a benchmark indicator. Significant changes in this indicator may indicate system problems in responding to the needs of children and families.
Target Achieved or Not Achieved/If Not, Explain Why:	This target was achieved. Note 1: Data was corrected for FY04. Note 2: Data is estimated for FY05 and final data will not be available until March 2006.

CHILD - IMPLEMENTATION REPORT

Name of Performance Indicator: Evidence Based - Number of Practices

Population: Children diagnosed with serious emotional disturbance.

Criterion: Criteria 3

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2003 Actual	FY 2004 Actual	FY 2005 Target	FY 2005 Actual	FY 2005 Target % Attained
Performance Indicator	N/A	N/A	N/A	N/A	100
Numerator	0	0	--	0	--
Denominator	0	0	--	0	--

Table Descriptors:

Goal:	Maintain a statewide integrated children's services system to provide comprehensive community-based care.
Target:	To establish and increase the number of Therapeutic Foster Care (TFC) Programs for children with serious emotional disturbance by FY07.
Population:	Children diagnosed with serious emotional disturbance.
Criterion:	Criteria 3
Brief Name:	Number of TFC Programs.
Indicator:	The number of Therapeutic Foster Care (TFC) Programs for children with serious emotional disturbance.
Measure:	The number of Therapeutic Foster Care (TFC) Programs for children with serious emotional disturbance.
Sources of Information:	CMHSP Data Reports, Performance Indicator Reports.
Special Issues:	Therapeutic Foster Care is an evidence-based practice for children with serious emotional disturbance and Michigan does not provide this service for children with serious emotional disturbance at this time. This evidence-based practice will allow for children to be placed out-of-home in closer proximity to their home and will be less restrictive than congregate care placements.
Significance:	The number of Therapeutic Foster Care (TFC) Programs for children with serious emotional disturbance is significant in helping to determine that Michigan is offering a broad array of services for children with serious emotional disturbance that is the least restrictive.
Activities and strategies/ changes/ innovative or exemplary model:	Currently, Therapeutic Foster Care is in its infancy in Michigan and has yet to occur in the mental health system. A new Home and Community Based Waiver in five communities should help to establish TFC in FY06.
Target Achieved or Not Achieved/If Not, Explain Why:	This target was achieved. Note: Goal for FY05 was to work toward establishment of TFC Programs. One program is working through final establishment issues.

CHILD - IMPLEMENTATION REPORT

Name of Performance Indicator: Client Perception of Care

Population: Children diagnosed with serious emotional disturbance.

Criterion: Criteria 1

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2003 Actual	FY 2004 Actual	FY 2005 Target	FY 2005 Actual	FY 2005 Target % Attained
Performance Indicator	N/A	N/A	N/A	N/A	100
Numerator	0	0	--	0	--
Denominator	0	0	--	0	--

Table Descriptors:

Goal:	The Department of Community Health will monitor the quality, access, timeliness, and outcomes of community based services.
Target:	To establish a baseline for children with serious emotional disturbance and their families who report positively on outcomes by FY06 and maintain this rate in FY07.
Population:	Children diagnosed with serious emotional disturbance.
Criterion:	Criteria 1
Brief Name:	% who report positively on outcomes.
Indicator:	Percentage of children with serious emotional disturbance and their families surveyed who report positively on outcomes.
Measure:	Numerator: Percentage of children with serious emotional disturbance and their families surveyed who report positively on outcomes. Denominator: Children with serious emotional disturbance and their families who are surveyed.
Sources of Information:	MDCH/CMHSP Consumer Surveys, Wraparound Quality Assurance Project
Special Issues:	This indicator focuses on the success of treatment for children and families who have received services and the positive outcomes achieved through this partnership. In FY05, Michigan plans to explore the feasibility of using the Youth Satisfaction Survey for Families and evaluate how this survey can be used in collaboration with local CMHSPs who are currently collecting consumer satisfaction information. In FY06, a baseline will be established and in FY07 the target is to meet this baseline.
Significance:	The percentage of children with serious emotional disturbance and their families surveyed who report positively on outcomes is a significant indicator in helping to establish that treatment is meeting children's and families' needs.
Activities and strategies/ changes/ innovative or exemplary model:	Discussions have occurred on several occasions about using the YSS-F and strategies for implementation. No plan has been finalized at present time, however discussions are ongoing.
Target Achieved or Not Achieved/If Not, Explain Why:	This target was achieved. Note: Goal for FY05 was to explore using YSSF Survey. This was accomplished. Hopefully, piloting in a few communities will occur in FY06. All sites are doing separate consumer satisfaction surveys, however instruments and data are not uniformly collected.

CHILD - IMPLEMENTATION REPORT

Name of Performance Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 180 days

Population:

Criterion: Criteria 1 and 3

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2003 Actual	FY 2004 Actual	FY 2005 Target	FY 2005 Actual	FY 2005 Target % Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	0	0	--	0	--
Denominator	0	0	--	0	--

Table Descriptors:

Goal:

Target:

Population:

Criterion: Criteria 1 and 3

Brief Name:

Indicator:

Measure:

Sources of Information:

Special Issues:

Significance:

**Activities and strategies/
changes/ innovative or
exemplary model:**

Target Achieved or Not Achieved/If Not, Explain Why: NOTE: This was not one of our performance indicators in our FY05 Block Grant Application.

CHILD - IMPLEMENTATION REPORT

Name of Performance Indicator: Evidence Based - Number of Persons Receiving Therapeutic Foster Care

Population: Children diagnosed with serious emotional disturbance.

Criterion: Criteria 3

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2003 Actual	FY 2004 Actual	FY 2005 Target	FY 2005 Actual	FY 2005 Target % Attained
Performance Indicator	N/A	N/A	N/A	N/A	100
Numerator	0	0	--	0	--
Denominator	0	0	--	0	--

Table Descriptors:

Goal:	Maintain a statewide, integrated children's services system to provide comprehensive community-based care.
Target:	To increase the number of children with serious emotional disturbance who receive Therapeutic Foster Care (TFC) by FY07.
Population:	Children diagnosed with serious emotional disturbance.
Criterion:	Criteria 3
Brief Name:	Number of children served by TFC Programs.
Indicator:	The number of children with serious emotional disturbance who receive Therapeutic Foster Care (TFC).
Measure:	The number of children with serious emotional disturbance who receive Therapeutic Foster Care (TFC).
Sources of Information:	CMHSP Data Reports, Performance Indicator Reports.
Special Issues:	Therapeutic Foster Care is an evidence-based practice for children with serious emotional disturbance and Michigan does not provide this service for children with serious emotional disturbance at this time. This evidence-based practice will allow for children to be placed out-of-home in closer proximity to their home and will be less restrictive than congregate care placements.
Significance:	The number of children with serious emotional disturbance who receive Therapeutic Foster Care (TFC) is significant in helping to determine access to this evidence-based practice.
Activities and strategies/ changes/ innovative or exemplary model:	Currently, Therapeutic Foster Care is in its infancy in Michigan and has yet to occur in the mental health system. A new Home and Community Based Waiver in five communities should help to establish TFC in FY06.
Target Achieved or Not Achieved/If Not, Explain Why:	This target was achieved. Note: Goal for FY05 was to work toward establishment of TFC Programs. One program is working through final establishment issues. No children have been served to date.

CHILD - IMPLEMENTATION REPORT

Name of Performance Indicator: Evidence Based - Number of Persons Receiving Multi-Systemic Therapy

Population:

Criterion: Criteria 1 and 3

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2003 Actual	FY 2004 Actual	FY 2005 Target	FY 2005 Actual	FY 2005 Target % Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	0	0	--	0	--
Denominator	0	0	--	0	--

Table Descriptors:

Goal:

Target:

Population:

Criterion: Criteria 1 and 3

Brief Name:

Indicator:

Measure:

Sources of Information:

Special Issues:

Significance:

**Activities and strategies/
changes/ innovative or
exemplary model:**

Target Achieved or Not Achieved/If Not, Explain Why: NOTE: This was not one of our performance indicators in our FY05 Block Grant Application.

CHILD - IMPLEMENTATION REPORT

Name of Performance Indicator: Evidence Based - Number of Persons Receiving Family Functional Therapy

Population:

Criterion: Criteria 1 and 3

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2003 Actual	FY 2004 Actual	FY 2005 Target	FY 2005 Actual	FY 2005 Target % Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	0	0	--	0	--
Denominator	0	0	--	0	--

Table Descriptors:

Goal:

Target:

Population:

Criterion: Criteria 1 and 3

Brief Name:

Indicator:

Measure:

Sources of Information:

Special Issues:

Significance:

**Activities and strategies/
changes/ innovative or
exemplary model:**

Target Achieved or Not Achieved/If Not, Explain Why: NOTE: This was not one of our performance indicators in our FY05 Block Grant Application.

CHILD - IMPLEMENTATION REPORT

Name of Performance Indicator: Assessment to Start of Services.

Population: Children diagnosed with serious emotional disturbance.

Criterion: Criterion 1

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2003 Actual	FY 2004 Actual	FY 2005 Target	FY 2005 Actual	FY 2005 Target % Attained
Performance Indicator	89	93	93	91	98
Numerator	10281	9659	--	8220	--
Denominator	12235	10368	--	9080	--

Table Descriptors:

Goal:	The Department of Community Health will monitor the quality, access, timeliness, and outcomes of community based services.
Target:	By FY2007, the percentage of children with serious emotional disturbance starting any needed on-going service within 14 days of a non-emergent assessment with a professional will average 95% or above.
Population:	Children diagnosed with serious emotional disturbance.
Criterion:	Criterion 1
Brief Name:	Assessment to Start of Services.
Indicator:	Percentage of children with serious emotional disturbance starting any needed on-going service within 14 days of a non-emergent assessment with a professional.
Measure:	Numerator: Children with serious emotional disturbance who started any needed ongoing service within 14 days of a non-emergent face-to-face assessment with a professional. Denominator: Children with serious emotional disturbance who started an ongoing service.
Sources of Information:	CMHSP Performance Indicator Report.
Special Issues:	This is a performance indicator that is utilized by the MDCH on a quarterly basis to monitor entry in the CMHSP system. Quick, convenient entry in the mental health system is a critical aspect of accessibility of services. Delays can result in inappropriate care or exacerbation of symptomatology. It is crucial to families and children to be able to access services in a short time frame to promote follow through with services and decrease the rate of dropout. By measuring and focusing on quick access to services, the MDCH is encouraging CMHSPs to be responsive to the needs of children and families.
Significance:	The time it takes from assessment to the start of services with a mental health professional is a critical component of appropriate care.
Activities and strategies/ changes/ innovative or exemplary model:	This target continues to be monitored by MDCH to determine the receipt of services
Target Achieved or Not Achieved/If Not, Explain Why:	This target was not achieved by 2%. This indicator is estimated, based upon three quarters of data and variance within quarters was up to 4%. Historically, there has been variance with this indicator as evidenced from 84% in FY03 to 93% in FY04. The target established, 93%, appears to have been too high and too aggressive, given unstable economic times and staffing patterns. A more realistic target may have been 91%, which may be met. Note: FY04 finalized. FY05 estimated.

CHILD - IMPLEMENTATION REPORT

Name of Performance Indicator: Case Management Services.

Population: Children diagnosed with serious emotional disturbance.

Criterion: Criterion 1

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2003 Actual	FY 2004 Actual	FY 2005 Target	FY 2005 Actual	FY 2005 Target % Attained
Performance Indicator	42	41	42	42	100
Numerator	13001	11820	--	12150	--
Denominator	31077	29180	--	29170	--

Table Descriptors:

Goal:	Maintain or expand access to high quality intensive, community-based services for children with serious emotional disturbance and their families.
Target:	To maintain or increase the rate of children with serious emotional disturbance receiving case management services, based upon the FY2004 actual rate.
Population:	Children diagnosed with serious emotional disturbance.
Criterion:	Criterion 1
Brief Name:	Case Management Services.
Indicator:	Percentage of children receiving case management services in FY2005.
Measure:	Numerator: Number of children with serious emotional disturbance receiving case management services. Denominator: Total number of children with serious emotional disturbance served by CMHSPs.
Sources of Information:	CMHSP data reports.
Special Issues:	By policy, those clients needing case management are those who have multiple service needs and who require access to the continuum of mental health services (i.e. those individuals needing or provided substantial services), and those who have a demonstrated inability to independently access and sustain involvement with needed services. The determination of the need for case management may occur at intake, at the initiation of the treatment planning process based on the above criteria, or at any other time due to changing circumstances. The need for case management services must be documented in the clinical record.
Significance:	The percentage of children with serious emotional disturbance receiving case management services indicate that community-based services continue to be provided, thus reducing the need for more restrictive out-of-home placements.
Activities and strategies/ changes/ innovative or exemplary model:	Case management services through CMHSPs continue to be an indicator that intensive services are available to children and families across the state.
Target Achieved or Not Achieved/If Not, Explain Why:	This target was achieved. Note 1: Data was corrected for FY04. Note 2: Data is estimated for FY05 and final data will not be available until March 2006.

CHILD - IMPLEMENTATION REPORT

Name of Performance Indicator: >=20 point reduction in CAFAS.

Population: Children diagnosed with serious emotional disturbance.

Criterion: Criterion 1

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2003 Actual	FY 2004 Actual	FY 2005 Target	FY 2005 Actual	FY 2005 Target % Attained
Performance Indicator	54	54	54	56	100
Numerator	1085	1231	--	1047	--
Denominator	2010	2270	--	1880	--

Table Descriptors:

Goal:	The Department of Community Health will monitor the quality, access, timeliness, and outcomes of community based services.
Target:	Through FY2007, the percentage of children with serious emotional disturbance with meaningful improvement on the CAFAS will remain consistent.
Population:	Children diagnosed with serious emotional disturbance.
Criterion:	Criterion 1
Brief Name:	>=20 point reduction in CAFAS
Indicator:	Percentage of children with serious emotional disturbance that have greater than or equal to 20 reduction on Child and Adolescent Functional Assessment Scale in the Michigan Level of Functioning Project (MLOF).
Measure:	Numerator: Children with serious emotional disturbance that have greater than or equal to 20 reduction on Child and Adolescent Functional Assessment Scale in the MLOF. Denominator: Children participating in the MLOF that completed treatment.
Sources of Information:	Michigan Level of Functioning Project
Special Issues:	This indicator reviews significant and meaningful change in the level of functioning for a child and family. CMHSPs that participate in the MLOF (participation is voluntary) also tend to be those that are interested in outcomes and using information for continuous quality improvement efforts. CMHSPs that are new to the MLOF may bring averages down due to previous lacking organized efforts to improve services. Thus, as new CMHSPs continue to join the project, the average for this indicator may continue to fall slightly until continuous quality improvement process is fully implemented. However, as cognitive behavior therapy use is expanded among current project sites, some individual CMHSPs may see improvements.
Significance:	A 20 point reduction or greater on the CAFAS is an indicator of significant and meaningful change in the life of a child and family.
Activities and strategies/ changes/ innovative or exemplary model:	The Michigan Level of Functioning Project has gained national recognition for monitoring outcomes of children and families and CMHSPs and is a national model that has been producing results for the past ten years. This is one of three outcome indicators that demonstrate effectiveness of treatment.
Target Achieved or Not Achieved/If Not, Explain Why:	This target was achieved. Note 1: Data was corrected for FY04. Note 2: Data is estimated for FY05 and final data will not be available until March 2006.

CHILD - IMPLEMENTATION REPORT

Name of Performance Indicator: No severe impairments at exit.

Population: Children diagnosed with serious emotional disturbance.

Criterion: Criterion 1

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2003 Actual	FY 2004 Actual	FY 2005 Target	FY 2005 Actual	FY 2005 Target % Attained
Performance Indicator	54	54	54	56	100
Numerator	590	600	--	1156	--
Denominator	1084	1111	--	2064	--

Table Descriptors:

Goal:	The Department of Community Health will monitor the quality, access, timeliness, and outcomes of community based services.
Target:	Through FY2007, the percentage of children with serious emotional disturbance who complete treatment with no severe impairments will remain consistent.
Population:	Children diagnosed with serious emotional disturbance.
Criterion:	Criterion 1
Brief Name:	No severe impairments at exit
Indicator:	Percentage of children with serious emotional disturbance that complete treatment and have no severe impairments on the Child and Adolescent Functional Assessment Scale in the Michigan Level of Functioning Project (MLOF).
Measure:	Numerator: Children with serious emotional disturbance that complete treatment and have no severe impairments on the Child and Adolescent Functional Assessment Scale in the Michigan Level of Functioning Project (MLOF). Denominator: Children participating in the MLOF had a severe impairment at intake and that completed treatment.
Sources of Information:	Michigan Level of Functioning Project
Special Issues:	This indicator focuses on the success of treatment for children and families exiting services. For CMHSPs that are part of the MLOF, this indicator monitors all children who entered the CMHSP with a severe impairment and who leave treatment with no severe impairments. Thus, as new CMHSPs continue to join the project, the average for this indicator may continue to fall slightly until continuous quality improvement process is fully implemented. However, as cognitive behavior therapy use is expanded among current project sites, some individual CMHSPs may see improvements.
Significance:	A 20 point reduction or greater on the CAFAS is an indicator of significant and meaningful change in the life of a child and family.
Activities and strategies/ changes/ innovative or exemplary model:	The Michigan Level of Functioning Project has gained national recognition for monitoring outcomes of children and families and CMHSPs and is a national model that has been producing results for the past ten years. This is one of three outcome indicators that demonstrate effectiveness of treatment.
Target Achieved or Not Achieved/If Not, Explain Why:	This target was achieved. Note 1: Data was corrected for FY04. Note 2: Data is estimated for FY05 and final data will not be available until March 2006.

CHILD - IMPLEMENTATION REPORT

Name of Performance Indicator: Percentage of SED Population Served by Public System.

Population: Children diagnosed with serious emotional disturbance.

Criterion: Criterion 2

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2003 Actual	FY 2004 Actual	FY 2005 Target	FY 2005 Actual	FY 2005 Target % Attained
Performance Indicator	1.20	1.12	1.12	1.12	100
Numerator	31077	29180	--	29170	--
Denominator	2595767	2595767	--	2595767	--

Table Descriptors:

Goal:	Assure the provision of mental health services to children with serious emotional disturbance through community mental health services programs.
Target:	To maintain or increase the rate of children with serious emotional disturbance accessing services, based upon the FY2004 actual rate.
Population:	Children diagnosed with serious emotional disturbance.
Criterion:	Criterion 2
Brief Name:	Percentage of SED Population Served by Public System.
Indicator:	Percentage of SED population served by CMHSPs.
Measure:	Numerator: The number of children identified as SED by CMHSPs. Denominator: Total number of children served by CMHSPs.
Sources of Information:	CMHSP Data Report, Michigan Level of Functioning Project.
Special Issues:	The Michigan Mission Based Performance Indicator System requires a measure of system access related specifically to children with SED. The above outcome indicator is based on the percentage of children served by CMHSP that are diagnosed as having SED. This percentage, based on the CAFAS scores, is computed by dividing the number of children reported with CAFAS scores of 50 or more by the number of children reported assessed using the CAFAS.
Significance:	The percentage of children with SED being served by CMHSPs is an important indicator to identify that the public system is serving children with SED.
Activities and strategies/ changes/ innovative or exemplary model:	The MDCH has been closely tracking the number of youth served for the past ten years and especially since the implementation of managed care. The recent trend appears to be flat to slightly downward.
Target Achieved or Not Achieved/If Not, Explain Why:	This target was achieved. Note 1: Data was corrected for FY04. Note 2: Data is estimated for FY05 and final data will not be available until March 2006.

CHILD - IMPLEMENTATION REPORT

Name of Performance Indicator: CCEP successful placement outcome.

Population: Children diagnosed with serious emotional disturbance.

Criterion: Criterion 3

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2003 Actual	FY 2004 Actual	FY 2005 Target	FY 2005 Actual	FY 2005 Target % Attained
Performance Indicator	N/A	80	80	83	100
Numerator	0	122	--	148	--
Denominator	0	153	--	179	--

Table Descriptors:

Goal:	Maintain a statewide integrated children's services system to provide comprehensive community-based care.
Target:	For children receiving Child Care Expulsion Prevention (CCEP) services, 80% or more will have a successful placement outcome.
Population:	Children diagnosed with serious emotional disturbance.
Criterion:	Criterion 3
Brief Name:	CCEP successful placement outcome.
Indicator:	Percentage of children receiving child care expulsion prevention who stay in their current setting or move to a new setting by parent choice.
Measure:	Numerator: The number of children receiving child care expulsion prevention who stay in their current setting or move to a new setting by parent choice. Denominator: The total number of children who are closed from services.
Sources of Information:	CCEP Quarterly Reports.
Special Issues:	Child Care Expulsion Prevention (CCEP) programs provide trained childhood mental health professional who consult with child care providers and parents in caring for children under the age of 6 who are experiencing behavioral and emotional challenges in their child care setting. This is a collaborative effort funded by the Department of Human Services and the Department of Community Health and provided through cooperation of local mental health agencies and the Michigan Community Coordinated Child Care Association. In Michigan, 60.9% of children under the age of six are in child care. Currently there are 12 CCEP projects serving 35 Michigan counties.
Significance:	The percentage of children receiving child care expulsion prevention who stay in their current setting or move to a new setting by parent choice is an important outcome indicator addressing the effectiveness of CCEP services.
Activities and strategies/ changes/ innovative or exemplary model:	CCEP is an exemplary model in working with children who are at risk of expulsion from childcare and their families and has received national recognition as a model for other states.
Target Achieved or Not Achieved/If Not, Explain Why:	This target was achieved. Note 1: Data was corrected for FY04. Note 2: Data is estimated for FY05 and final data will not be available until March 2006.

CHILD - IMPLEMENTATION REPORT

Name of Performance Indicator: Homeless and Runaway Programs statewide.

Population: Children diagnosed with serious emotional disturbance.

Criterion: Criterion 4

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2003 Actual	FY 2004 Actual	FY 2005 Target	FY 2005 Actual	FY 2005 Target % Attained
Performance Indicator	37	37	37	37	100
Numerator	0	0	--	0	--
Denominator	0	0	--	0	--

Table Descriptors:

Goal:	Continue to implement programs for runaway and homeless youth.
Target:	Through FY2007, the Department of Human Services will maintain runaway programs and homeless youth initiatives statewide.
Population:	Children diagnosed with serious emotional disturbance.
Criterion:	Criterion 4
Brief Name:	Homeless and Runaway Programs statewide.
Indicator:	Programs that exist to meet the needs of youth that run away or are homeless are available statewide.
Measure:	Number of programs to meet the needs of youth that run away or are homeless.
Sources of Information:	Department of Human Services.
Special Issues:	In a 1995 report (the most recent homelessness study in Michigan) on the youth served by Michigan Network for Youth and Families (MNYF) programs, over 2,000 reported depression; 1,318 indicated loss or grief; 992 reported being abandoned; 735 were treated as suicidal; 694 displayed behavioral disorders; 454 had family mental health problems. Although, data is not available for specific diagnosis, it is assumed that a number of these children are SED and are being served within MNYF programs on a short-term basis and referred for mental health services. Because of their transient "homeless" lifestyle, it is difficult to consistently track and document service needs and service outcomes for this population. Several MNYF agencies and CMHSPs have established relationships to facilitate services for mutual clients. MDCH continues to encourage the development of these relationships.
Significance:	Runaway and homeless youth programs to address the specific needs of homeless youth are crucial to keeping youth from engaging in delinquent activities and will likely lead to a more stable future.
Activities and strategies/ changes/ innovative or exemplary model:	Runaway and Homeless Youth Programs continue to be supported statewide and serving thousands of youth.
Target Achieved or Not Achieved/If Not, Explain Why:	This target was achieved. Note: This indicator is actually a "yes/no" indicator, however, the number of programs have been listed as well.

CHILD - IMPLEMENTATION REPORT

Name of Performance Indicator: Rural case management.

Population: Children diagnosed with serious emotional disturbance.

Criterion: Criterion 4

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2003 Actual	FY 2004 Actual	FY 2005 Target	FY 2005 Actual	FY 2005 Target % Attained
Performance Indicator	35	37	37	37	100
Numerator	5344	5578	--	5728	--
Denominator	15234	15190	--	15128	--

Table Descriptors:

Goal:	Continue to implement programs for runaway and homeless youth.
Target:	To maintain or increase the rate of children with serious emotional disturbance receiving case management services in rural settings, based upon the FY2004 actual rate.
Population:	Children diagnosed with serious emotional disturbance.
Criterion:	Criterion 4
Brief Name:	Rural case management.
Indicator:	Percentage of children receiving case management services in rural settings.
Measure:	Numerator: The number of children (rural) diagnosed with serious emotional disturbance who received case management services during the fiscal year. Denominator: The number of children (rural) and their families who received substantial amounts of mental health related public funds or services during the fiscal year.
Sources of Information:	CMHSP Budget reports, CMHSP Data reports.
Special Issues:	The managed care contract requires case management services as an essential element in all participating contractors' service arrays. Case management may be provided as a single service through community mental health or may be provided under home-based services as part of a package of treatment services for the child and family, or as part of wraparound services.
Significance:	The percentage of children with serious emotional disturbance receiving case management services indicate that community-based services continue to be provided, thus reducing the need for more restrictive out-of-home placements.
Activities and strategies/ changes/ innovative or exemplary model:	Case management services in rural CMHSPs continue to be an indicator that intensive services are available in rural areas.
Target Achieved or Not Achieved/If Not, Explain Why:	This target was achieved. Note 1: Data was corrected for FY04. Note 2: Data is estimated for FY05 and final data will not be available until March 2006.

CHILD - IMPLEMENTATION REPORT

Name of Performance Indicator: Family-Centered Training.

Population: Children diagnosed with serious emotional disturbance.

Criterion: Criterion 5

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2003 Actual	FY 2004 Actual	FY 2005 Target	FY 2005 Actual	FY 2005 Target % Attained
Performance Indicator	3,339	3,435	3,435	3,449	100
Numerator	0	0	--	0	--
Denominator	0	0	--	0	--

Table Descriptors:

Goal:	Increase the knowledge and skills of children's services staff and parents regarding coordinated, family-centered, community based services.
Target:	To maintain or expand the number of parents and professionals trained in family-centered community-based services.
Population:	Children diagnosed with serious emotional disturbance.
Criterion:	Criterion 5
Brief Name:	Family-Centered Training.
Indicator:	Number of people attending trainings.
Measure:	Count of parents and professionals attending family-centered trainings.
Sources of Information:	Attendance lists from training coordinators, counts collected by training coordinators' duplicated count.
Special Issues:	Training for parents and professionals in family-centered practice has been essential in moving Michigan forward to meet the need of children and families through a process that allows for partnerships between families and professionals and gives families voice and choice. Michigan has devoted resources to these efforts to help improve the system of care and continue to help all systems use a family-centered approach that is comprehensive and meets all needs of children and families. We would like to move toward a system to better track this data so as to determine an unduplicated count.
Significance:	The number of parents and professionals trained in family-centered practice is an important indicator related to the provision and advocacy of individualized services focused at meeting the needs for children and their families.
Activities and strategies/ changes/ innovative or exemplary model:	In FY05, there continued to be a significant amount of training provided to parents and professionals in family-centered practice, wraparound and other collaborative efforts. Training is a significant need to continue to develop the system of care in Michigan.
Target Achieved or Not Achieved/If Not, Explain Why:	This target was achieved.

CHILD - IMPLEMENTATION REPORT

Name of Performance Indicator: Federal Block Grant Allocation.

Population: Children diagnosed with serious emotional disturbance.

Criterion: Criterion 5

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2003 Actual	FY 2004 Actual	FY 2005 Target	FY 2005 Actual	FY 2005 Target % Attained
Performance Indicator	96	96	96	96	100
Numerator	4239153	4394412	--	4211696	--
Denominator	4413993	4574695	--	4383303	--

Table Descriptors:

Goal:	To utilize the Mental Health Block Grant to support family-centered, community-based services.
Target:	To allocate 95% of children's federal Mental Health Block support innovative, family-centered, community-based services and training for children and families.
Population:	Children diagnosed with serious emotional disturbance.
Criterion:	Criterion 5
Brief Name:	Federal Block Grant Allocation.
Indicator:	Percent of allocation of Mental Health Block Grant towards innovative, family-centered, community-based services for children and families.
Measure:	Numerator: Annual total block grant funds used to support innovative, family-centered, community-based services for children and families. Denominator: Annual total federal mental health block grant allocated for children with serious emotional disturbance.
Sources of Information:	Annual Block Grant Spending Plan.
Special Issues:	Mental Health Block Grant Funds for FY05 are targeted for continued development of intensive, community-based services and training. Wraparound services continuation and support is the major area of focus. Funds also were used to continue support for parent/support group activities and parent involvement in systems planning. Lastly, one state level staff position is funded to (as it relates to children): 1) coordinate the planning process required by P.L. 102-321; 2) oversee children's Mental Health Block Grant, and 3) provide technical assistance to CMH to meet the standards of enrollment to provide home-based services.
Significance:	The Mental Health Block Grant-Children's portion is intended to support family-centered, community-based services for children and families and this indicator demonstrates that these services are supported.
Activities and strategies/ changes/ innovative or exemplary model:	The Mental Health Block Grant continues to be used to support family-centered, community-based services for children with a serious emotional disturbance and their families.
Target Achieved or Not Achieved/If Not, Explain Why:	This target was achieved.

Michigan

Adult - Documentation of Activities Under Each Indicator for Each Criterion

Adult - For each of the targets and corresponding performance indicators, the State should provide a brief narrative containing the following information:

Documentation of the activities under each indicator for each criterion. This shall include data to support the State's report about its accomplishments for each target and performance indicator identified in the plan for the prior FY.

Michigan

Adult - Description of Activities and Strategies Used to Address the Performance Indicator

Adult - For each of the targets and corresponding performance indicators, the State should provide a brief narrative containing the following information:

Description of activities and strategies the State used to address the performance indicator

Michigan

Adult - Changes in Implementation Strategy in the Prior State FY

Adult - For each of the targets and corresponding performance indicators, the State should provide a brief narrative containing the following information:

Any changes in the implementation strategy described in the Plan for the prior State FY

Michigan

Adult - Innovative or Exemplary Model and its Unique Features

Adult - For each of the targets and corresponding performance indicators, the State should provide a brief narrative containing the following information:
Any innovative or exemplary model of mental health service delivery that the State developed, and its unique features

Michigan

Child - Documentation of Activities Under Each Indicator for Each Criterion

Child - For each of the targets and corresponding performance indicators, the State should provide a brief narrative containing the following information:

Documentation of the activities under each indicator for each criterion. This shall include data to support the State's report about its accomplishments for each target and performance indicator identified in the plan for the prior FY.

Michigan

Child - Description of Activities and Strategies Used to Address the Performance Indicator

Adult - For each of the targets and corresponding performance indicators, the State should provide a brief narrative containing the following information:

Description of activities and strategies the State used to address the performance indicator

Michigan

Child - Changes in Implementation Strategy in the Prior State FY

Child - For each of the targets and corresponding performance indicators, the State should provide a brief narrative containing the following information:

Any changes in the implementation strategy described in the Plan for the prior State FY

Michigan

Child - Innovative or Exemplary Model and its Unique Features

Child - For each of the targets and corresponding performance indicators, the State should provide a brief narrative containing the following information:

Any innovative or exemplary model of mental health service delivery that the State developed, and its unique features

Michigan

Appendix B (Optional)

OPTIONAL- Applicants may use this page to attach any additional documentation they wish to support or clarify their application. If there are multiple files, you must Zip or otherwise merge them into one file.

FACE SHEET
FISCAL YEAR/S COVERED BY THE PLAN

 FY 2005-2007 **FY 2005-2006** X **FY 2005**

STATE NAME: Michigan

DUNS #: 11-370-4139

I. AGENCY TO RECEIVE GRANT

AGENCY: Michigan Department of Community Health

ORGANIZATIONAL UNIT: Mental Health Administration

STREET ADDRESS: 320 South Walnut Street

CITY: Lansing STATE: Michigan ZIP: 48913

TELEPHONE: (517) 335-5100 FAX: (517) 241-7283

**II. OFFICIAL IDENTIFIED BY GOVERNOR AS RESPONSIBLE FOR
ADMINISTRATION OF THE GRANT**

NAME: Irene Kazieczko TITLE: Director, Bureau of Community Mental Health

AGENCY Michigan Department of Community Health

ORGANIZATIONAL UNIT: Mental Health Administration

STREET ADDRESS: 320 South Walnut Street

CITY: Lansing STATE: Michigan ZIP: 48913

TELEPHONE: (517) 335-5100 FAX: (517) 241-7283

III. STATE FISCAL YEAR

FROM: October 2004 TO: September 2005

Month

Year

Month

Year

IV. PERSON TO CONTACT WITH QUESTIONS REGARDING THE APPLICATION

NAME: Patricia Degnan TITLE: Service Innovation and Consultation Section Manager

AGENCY: Michigan Department of Community Health

ORGANIZATIONAL UNIT: Bureau of Community Mental Health Services

STREET ADDRESS: 320 South Walnut Street

CITY: Lansing STATE: Michigan ZIP: 48913

TELEPHONE: (517) 373-2845 FAX: (517) 335-5376 EMAIL: degnanp@michigan.gov

ADVISORY COUNCIL ON MENTAL ILLNESS

November 14, 2005

The Honorable Jennifer Granholm, Governor
State of Michigan
P.O. Box 30013
Lansing, MI 48909

Ms. Janet Olszewski, Director
Mich. Dept. of Community Health
201 Townsend
Lansing, MI 48913

Dear Governor Granholm and Ms. Olszewski:

The state's Advisory Council on Mental Illness, consistent with its bylaws and P.L. 102-321, recently devoted a half-day session to comprehensive review of Michigan's 2005 Block Grant Implementation Report. Our members appreciated the opportunity to analyze and make comment on a draft of said report.

The Council recognizes (as does the Department of Community Health) that there are unmet needs in Michigan regarding services for adults and minors experiencing serious mental illness or serious emotional disturbance. We are unanimous in concluding that the state plan elements and progress covered in the Block Grant Implementation Report represent a responsible use of available dollars for improving service access and delivery and reducing gaps that have existed in the public mental health system.

The members of the Council look forward to continuing our advisory role to the executive branch on important mental health matters.

Sincerely,



Mark Reinstein, Ph.D.
Chair

Contact Information

Mental Health Association in Michigan
30233 Southfield Rd., Ste. 220
Southfield, MI 48076
Phone: 248-647-1711
Fax: 248-647-1732
E-mail: mstrmha@aol.com

cc: Members, Advisory Council on Mental Illness
Patrick Barrie, Deputy Director, Mental Health & Substance Abuse Administration,
Michigan Department of Community Health

EXECUTIVE SUMMARY

This report on the October 1, 2004 through September 30, 2005, fiscal year (FY) 2005 is provided by the Michigan Department of Community Mental Health (MDCH). Michigan submitted a three-year application for FY05-FY07 on August 30, 2004, but the plan was accepted as a one-year plan. Modifications to the plan were submitted on November 16, 2004. Community Mental Health Block Grant funds from the Substance Abuse and Mental Health Services Administration, Center for Mental Health Services were used to support MDCH's system change initiative and to fund innovative services in Michigan's community-based system of care. The amount of the block grant award, after a reduction, was \$12,952,196.

In Michigan, public funds for mental health, substance abuse, and developmental disability services are contracted by MDCH with 46 regional Community Mental Health Service Programs (CMHSPs). Medicaid funds, which are paid on a per-enrollee capitated basis, are contracted with CMHSPs, or affiliations of CMHSPs, as Prepaid Inpatient Health Plans (PIHPs). Each region is required to have an extensive array of services which allows for maximizing choice and control on the part of individuals in need of service. Individual plans of service are developed using a person-centered process for adults and a family-centered process for children. MDCH is promoting values of resiliency, recovery, and self-determination, which are enhanced by opportunities afforded by this block grant.

The Community Mental Health Block Grant funds were used to support and improve services for adults with serious mental illness and for children with serious emotional disturbance. Approximately two-thirds of the Community Mental Health Block Grant funding was used to advance community-based services for adult with serious mental illness. A portion of the funds was used to fund ongoing services. In addition, approximately \$3 million was contracted with CMHSPs for one or two year projects which were proposed in response to Requests for Proposals issued by MDCH. FY05 projects were funded in the areas of Rural Services; Anti-Stigma; Crisis Planning; Recovery; Peer Support Specialists; Person-Centered Planning; Self-Determination; Jail Diversion; Co-occurring Mental Health and Substance Disorders; Consumer-Run, Delivered, or Directed Services; Supports and Services for Older Adults; Assertive Community Treatment, Clubhouse Programs; Vocational/Employment; Homeless; and Other Special Populations.

The other approximately one-third of the Community Mental Health Block Grant funding was used to support the development of a comprehensive system of care to address the needs of children with serious emotional disturbance and their families. The system of care continues to support children and families to receive collaborative, family-centered, community-based services that help to keep families intact. The majority of Community Mental Health Block Grant funding for children's services was awarded on an ongoing basis.

During FY05, MDCH developed a targeted implementation plan in response to the recommendations contained in Michigan's Mental Health Commission's October 25, 2004 final report. The seven goals address Public Awareness; Priority Populations and Early Intervention; Model Service Array; Diversion; Structure, Funding, and Accountability; Service Integration; and User Involvement. The department has assigned staff to each of these goal areas. MDCH's

planning council, the Advisory Council on Mental Illness, has formed four subcommittees to study specific recommendations per the request of the governor and MDCH.

MDCH is continuing its System Transformation activities through the Practice Improvement Steering Committee, Improving Practices Leadership Teams at the PIHPs, Quality Improvement Council, and continued dedication to recovery for adults and resiliency for children, as the basis for the public mental health services system.

Set-Aside for Children’s Mental Health Services Report

The fiscal year for the State of Michigan is the same as the federal fiscal year.

State Expenditures for Mental Health Services

Calculated FY 1994	Actual FY 2003	Actual FY 2004	Actual/Estimated FY 2005
\$3,509,106	\$4,413,993	\$3,522,544	\$3,759,575

* Children’s total block grant allocation for FY2005 is \$4,383,303.

Maintenance of Effort (MOE) Report

The fiscal year for the State of Michigan is the same as the federal fiscal year.

State Expenditures for Mental Health Services

Actual FY 2003	Actual FY 2004	Actual/Estimated FY 2005
\$379,925,152*	\$376,601,451*	\$383,375,475

* Corrected data for FY03 and FY04.